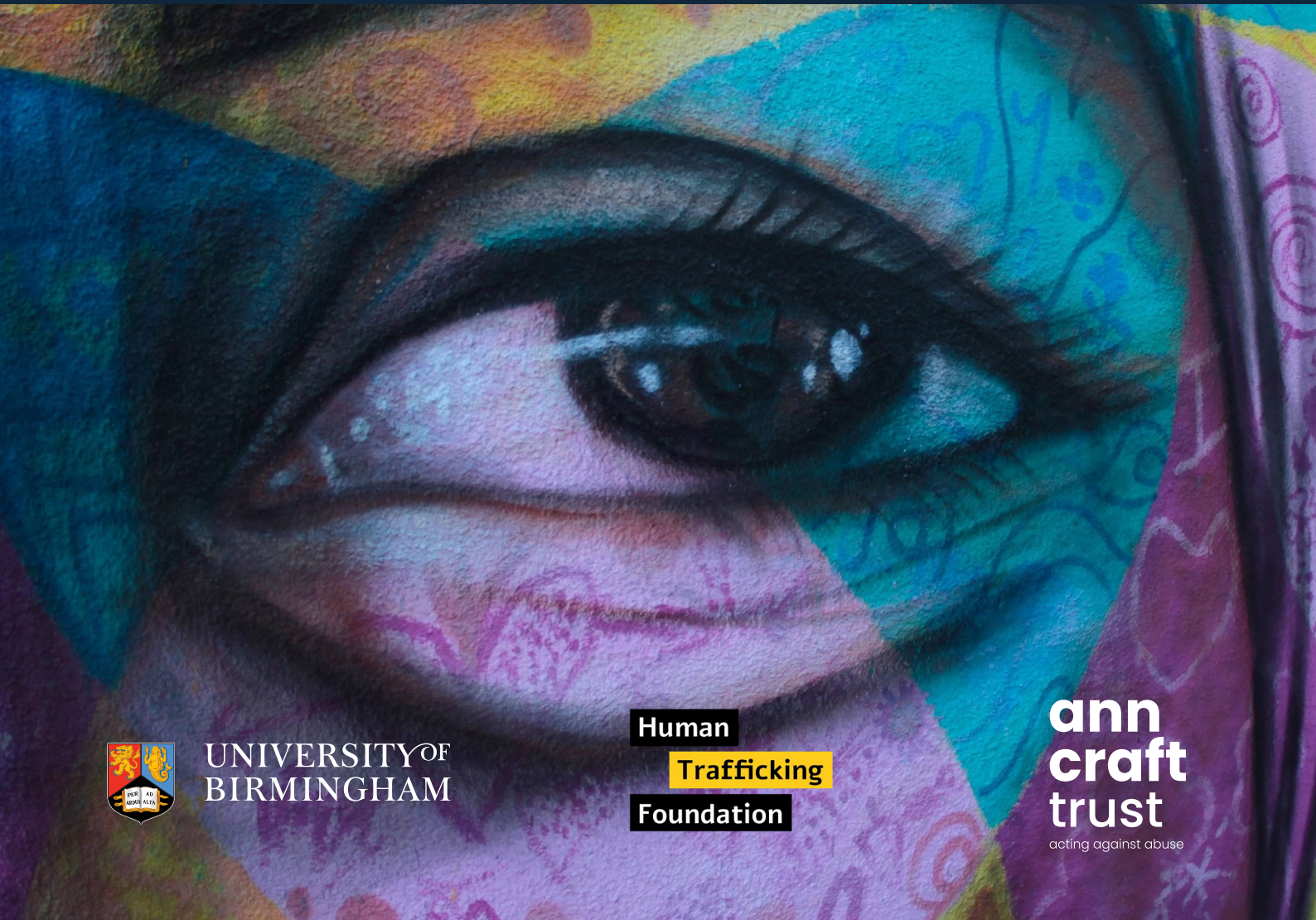University of
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Exploitation of Adults with Cognitive Impairment in England

An investigation into evidence, responses, and policy implications

UNIVERSITY OF BIRMINGHAM

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This report was researched and prepared by an interdisciplinary team of researchers from the University of Nottingham and the University of Birmingham

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Acknowledgements

Foreword

It is only by understanding how people end up in exploitation, that we can prevent it and effectively tackle modern slavery. This is why my work is underpinned by two core themes – improving the knowledge base and understanding of modern slavery, and the inclusion of survivor voices into policy design.

This report is an important addition to a nascent but growing evidence base on prevention of modern slavery in the UK, drawing attention to the increased exploitation risks that those with cognitive impairment face.

For too long, the connection between exploitation and different forms of cognitive impairment has been anecdotally acknowledged but left unexplored. From news stories of people with learning disabilities caught in labour exploitation, to media reports on 'County Lines' criminal exploitation, details of an individual's mental ill-health, substance misuse or intellectual disability usually receive no more than a passing mention.

By stitching together diverse data, the authors have created a compelling account of the ways in which cognitive impairment can heighten risk for exploitation. For people living with cognitive impairment, exploitation can be normalised as part of an 'everyday' experience. It may also include the very worst forms of abuse, including forms of modern slavery.

Too often, our systems and service responses are overlooking cases of adult exploitation, particularly when adults are perceived to have 'capacity' for making 'unwise choices', being 'uncooperative', or stigmatised for problems like substance abuse. This report highlights that coercion limits choice, that adults can be groomed and controlled, and we need to look again at systems and powers to understand and effectively safeguard people in these complex situations. There is also much we can do to strengthen individuals and our service responses, by acting on support needs earlier, reinforcing community-based safeguards, and intercepting those that target vulnerable adults for exploitation.

I hope that this report will mark the start of a new conversation about the way we recognise and act on adult exploitation. It is time to make 'everyday' exploitation a thing of the past.

Eleanor Lyons,
Independent Anti-Slavery
Commissioner

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Executive summary and recommendations

In recent years there has been increasing attention to 'modern slavery', human trafficking and wider forms of exploitation both in the UK and internationally. There has also been growing awareness that people can be placed at risk of exploitation by a wide range of personal, social and economic circumstances, including physical and mental health issues. News stories have highlighted examples of people with different forms of cognitive impairment experiencing control and exploitation by those seeking to profit from their labour or property, sometimes over long periods of time. However, statistics on this issue remain elusive.

This project aimed to provide the first robust description of the intersection between cognitive impairment and the exploitation of adults in England. We were interested mainly in cognitive impairment as a risk factor prior-to exploitation, rather than impairment caused by experiences of exploitation. Whilst we recognise that there is a wide spread of IQ and cognitive ability across populations, we define cognitive impairment broadly to include both developmental and acquired impairments including intellectual disability, dementia, brain injury, autistic spectrum disorders, ADHD, functional mental health disorders and substance misuse. We also examined a diverse spectrum of exploitation looking at a range of situations where one person, either opportunistically or premeditatedly, unfairly manipulates another person for profit or personal gain.

Research methods

Our multi—method study included the following methods of data collection and analysis.

- A wide-ranging scoping review of existing literature.

- Analysis of statistical information, including data on exploitation and support needs within the Safeguarding Adults Collection (SAC) from NHS England Digital between 2017 and 2022, as well as wider contextual data.

- Quantitative and qualitative analysis of evidence extracted from Safeguarding Adults Reviews (SARs) featuring exploitation during the same period (2017-2022). SARs (formerly known as serious case reviews) are initiated in cases where an adult with care and support needs has suffered serious harm or death, and abuse or exploitation is suspected. From our initial search of a national library of SARs we identified and analysed 58 narrative SARs featuring exploitation involving 71 people.

- An open online survey of practitioners who were working in roles relevant to safeguarding people with cognitive impairment, which gained 95 responses.

- Semi-structured interviews with 24 practitioners and 26 people who had lived experience of cognitive impairments and exploitation.

- Qualitative comparative analysis (QCA) to inform our understanding of how factors combine to increase risks for exploitation.

Key findings

1 **Previous studies suggest that cognitive impairments can increase vulnerability to exploitation**

Academic literature looking at cognitive impairment and exploitation is sparse, but our scoping review found 20 studies published in English that related to the topic. These covered three types of exploitation (sexual, financial and criminal) with intellectual disability and mental health the most frequently discussed types of impairments. The literature indicated that cognitive impairment was a factor increasing vulnerability to exploitation, but the limited number of studies meant that it was difficult to disentangle complexities in the relationship between cognitive impairment and exploitation without further research.

2 **Existing datasets and surveys miss important opportunities to publish intersecting data on cognitive impairment and exploitation.**

Building on the literature review, we went on to examine the data that was available in England relating to cognitive impairment and exploitation. A review of statistical information found that existing English surveys and datasets currently describe the prevalence of disability and exploitation separately. With minor adjustments these could collate and publish intersecting data on cognitive impairment and exploitation, but at present these opportunities are being missed.

Safeguarding Adults Collection (SAC) Data from NHS England includes statistics on support needs (including cognitive impairments) and various forms of abuse and exploitation, but has some limitations. In particular, it does not yet publish data showing the intersections between different types of support needs and forms of abuse. There were also significant regional variations in recorded safeguarding investigations, as well as potential for conflation between abuse and exploitation, which could create data inconsistencies.

The SAC data did show increased safeguarding investigations for people who were not previously in contact with services, indicating that more adults with support needs may not be known to services until a crisis occurs. There were also a small but increasing number of reports of modern slavery.

3 **Cognitive impairments are present within 96% of individuals in Safeguarding Adults Reviews that include exploitation**

Analysis of Safeguarding Adult Reviews (SARs) on exploitation showed clearer connection between cognitive impairment and exploitation. Approximately 96% of individuals in reviews that included exploitation between 2017 and 2022 focussed on adults who had some form of cognitive impairment.

4 **People are often exploited in multiple ways, and alongside other abuses**

The relationship between cognitive impairment and exploitation is complex, with multiple forms of exploitation and abuse often co-existing and overlapping, alongside diverse risk factors.

Both data from SARs and our survey suggests that financial exploitation and 'mate crime' (being exploited by someone posing as a friend) were the most commonly-experienced forms of exploitation. However, these more frequently observed forms often co-occur alongside others, such as sexual, labour or criminal exploitation. People with experience of living with cognitive impairment also identified 'everyday exploitation' as part of their regular experience, including issues like being targeted for phone and online scams.

5 **Risks for exploitation arise not just from cognitive conditions, but their social impacts. The presence of a coercive and controlling relationship is a key factor.**

Factors identified as contributing to vulnerability included substance misuse, intellectual disabilities, mental health and dementia or cognitive decline, though in many cases there were multiple diagnoses. Complex and developmental trauma in earlier life was frequently evident. A lack of diagnosis was also a frequent challenge for practitioners seeking to support individuals at risk of exploitation.

Beyond clinical factors, a range of social drivers impacted on vulnerability to exploitation, including limited or absent family support, harmful social networks, trauma and isolation. People with lived experience also described the impact of discrimination and hate-crime, and social precarity, sometimes driven through factors such as irregular immigration status or unemployment. Factors such as a history of abuse and/ or other adverse experiences such as bullying could also be present. Coercive and controlling relationships were also a significant factor predicting exploitation alongside the existence of social networks used to target a potential victim.

6 **The current legislative and regulatory framework is confusing. Thresholds for intervention and under-resourcing sometimes limit the extent of multi-agency review and action.**

Service responses were constrained by a confusing legislative context, that did not always cover the forms of exploitation being encountered in practice, or provide the tools to distinguish between differing forms of exploitation and abuse. There were sometimes problems initiating multi-agency work in a context where apparent needs were not meeting existing thresholds for intervention, and this could prevent the in-depth review needed to uncover hidden exploitation. A lack of resources and challenges with staff turnover could further limit effective joint work, as well as problems with accessing key support services such as substance misuse support, housing and health.

Data from Safeguarding Adult Reviews and professional interviews emphasised the particular vulnerability to exploitation of those with complex needs and multiple diagnoses – often including substance use - who were at particular risk of falling through service gaps.

Specialist modern slavery and exploitation teams and dedicated case conference approaches were helpful in responding effectively to exploitation and clarifying referral pathways for practitioners.

7 **Victims of exploitation are sometimes stigmatised for 'poor life choices' but the impact of coercion on choice is not always fully considered.**

Both interviewees and SARs reported that mental capacity assessments were sometimes used by service providers to justify disengagement with adults on the grounds that individuals had 'capacity' to make relevant choices. However, the impact of coercion was not always taken into account in assessing their actual scope of choice or ability to act on decisions.

In addition, interviews and SARs included evidence of the stigmatisation of victims, who were sometimes held responsible by frontline service providers for making 'poor life choices'. There was also a lack of attention to perpetrators, and few efforts to ensure that people who had experienced exploitation received justice.

8 **Specialised support, empowerment and advocacy can help to prevent exploitation**

There remains an important role for specialised services such as supported housing, learning disability and dementia nurses and mental health specialists and advocacy groups in supporting people with cognitive impairments to overcome challenges. Education and skills training was a further positive source of resilience. Such services are often vulnerable to spending cuts, but may save resources by nurturing confidence, empowerment and self-advocacy, which help to prevent exploitation and abuse.

Our research therefore includes the following recommendations:

1. That UK central government departments and relevant bodies explore opportunities to adapt existing data collection instruments to better understand potential intersections between physical and mental impairments (including cognitive impairments) and exploitation. Examples include National Referral Mechanism data (Home Office) the Crime Survey for England and Wales (Office for National Statistics) and the Safeguarding Adults Collection (NHS England Digital).

2. That NHS England Digital and the Department of Health and Social Care issue guidance to local authorities on differentiating between exploitation and wider forms of abuse when recording safeguarding enquiries under section 42 of the Care Act 2014.

3. That NHS England Digital collate and publish Safeguarding Adults Collection data on the intersections between different types of support needs and different types of abuse / exploitation

4. That Local Authorities establish dedicated exploitation lead officers and processes to clarify pathways to reporting exploitation at a local level and improve intelligence gathering and responses for people experiencing exploitation.

5. That the Department of Health and Social Care and Local Authorities work together to improve funding and sustainability for local advocacy organisations and voluntary groups serving adults with learning disabilities and other types of cognitive impairment.

6. That UK central government and lived experience advocacy organisations work together to develop accessible information for people with various forms of cognitive impairments and their carers who are at risk of exploitation, including support for reporting experiences.

7. That the UK Department of Health and Social Care funds evidence-based training for local safeguarding practitioners to promote trauma-informed practice on how social factors, including coercive control by perpetrators, can impact on an individual's ability to exercise 'choice' in high-risk situations.

8. That the Home Office and other central government departments undertake a full review of intervention powers and measures in relation to exploitation of adults, with the aim of creating a more coherent framework.

9. That devolved governments in Wales, Scotland and Northern Ireland review the findings of this research and potential implications for identification and responses to exploitation within their jurisdiction.

Glossary

Abuse: This term covers a wide range of harms, including forms of exploitation. The Care Act 2014 describes ten types of abuse: neglect, self-neglect, physical abuse, sexual abuse, psychological or emotional abuse, financial and material abuse, organisational abuse, discriminatory abuse, modern slavery and domestic abuse. Additional types of abuse that are particularly relevant to exploitation of adults with cognitive impairments include forced or predatory marriage and mate crime.

ADHD: Attention Deficit Hyperactivity Disorder: A condition that affects ability to concentrate and often results in impulsivity.

ASD: Autistic Spectrum Disorder - a difference or impairment in processing sensory information and social understanding.

Capacity Assessment: Assessment to determine the extent someone has the capacity to make decisions.

Coercive control: An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten a victim. Coercive control is often associated with domestic abuse but can also be found in other types of relationship.

County Lines: Form of criminal exploitation where someone is coercively recruited to partake in drug dealing.

Criminal exploitation: The act of manipulating or abusing power over someone for personal gain or criminal purposes. It can take many forms including forcing adults and children to move drugs and money; forced stealing or begging and benefit frauds.

Cuckooing: When an exploiter coercively uses someone's home, often for criminal means.

Deprivation of Liberty Order (DOL) or Liberty Protection Safeguards (LPS): Court mandated order that deprives someone of their freedom in order to administer care or treatment.

DWP: Department of Work and Pensions: UK Government department that includes dealing with social welfare payments.

Exploitation: Exploitation is a form of abuse. Exploitation takes place when one or more people, either opportunistically or premeditatedly, unfairly manipulate another person for profit or personal gain, including financial, social, or political recompense. Exploitation may take the form of coerced criminal, sexual, financial, spiritual, or labour-related activities.

Forced Marriage: Where one or both people do not or cannot consent to a marriage but pressure and abuse is used to force them into the marriage.

Grooming: When an exploiter uses various methods to establish trust or a connection with someone with the intention of exploiting or grooming them.

HMRC: Her Majesty Revenue and Customs: UK Government dealing with tax collection.

Human trafficking: The act of arranging or facilitating the travel of a person with the intent to exploit them. This can include travel within a country, not just across international borders.

Korsakoff Syndrome: A disorder that causes cognitive impairments, often linked to chronic alcohol use.

MARAC: Multi Agency Risk Assessment Conferences - inter-professional forum for dealing with those at high risk of domestic abuse.

MASH: Multi Agency Safeguarding Hub - inter-professional forum for dealing with safeguarding concerns around children and young people.

Mate Crime: When someone is exploited by another person who is posing as a friend. Sometimes referred to as 'exploitative familiarity'.

NRM: National Referral Mechanism: UK centralised process for determining and supporting cases of modern slavery.

Power of Attorney: Giving a trusted person the legal authority to make decisions on your behalf relating to finance/and or welfare concerns, when an individual can no longer make those decisions for themselves.

Predatory Marriage: When an exploiter coercively or deceptively enters into marriage with someone purely for personal gain, often financial.

SAC: Safeguarding Adults Collection is a yearly report published by NHS England Digital that provides data on safeguarding activity for adults in England.

SARs: Safeguarding Adults Reviews: a review of a case where someone with support needs died or was seriously harmed and service provision could be improved.

Section 42 enquiry: Under the Care Act 2014 a council has a duty to make enquiries where someone has support needs and is at risk of diverse forms of abuse.

SERAC: Slavery Exploitation Risk Assessment Conference, a multi-agency case conference established by Nottingham City Council to review potential cases of exploitation.

Trauma Informed: An approach to mental health care and service provision that emphasises consideration of the impact of trauma and adverse experiences on someone's current behaviour and decision making.

Universal Credit: Consolidated social welfare payment.

1. Introduction

Modern slavery and wider forms of exploitation are increasingly recognised as a social problem, but we are not all equally vulnerable to this form of abuse. A 12-month pilot study in Nottingham, UK highlighted that people with cognitive impairment accounted for 31% of cases of adult exploitation (Robinson, Gardner & Grey, 2021). Despite this, it is not yet routine in England to record the presence of cognitive impairment in relation to referrals of exploitation, modern slavery or human trafficking. The connection between cognitive impairments and diverse forms of exploitation has not previously been the subject of a significant academic study in the UK, nor is it explicitly addressed within public monitoring or support mechanisms.

This project aimed to provide the first robust description of the connections between cognitive impairment and diverse forms of exploitation of adults in England, explore potential causal relationships, and investigate proposals for policy and action to respond to these issues.

Defining exploitation

Exploitation is a form of abuse. Exploitation takes place when one person, either opportunistically or premeditatedly, unfairly manipulates another person for profit or personal gain, including financial, social, or political recompense. A victim may be exploited by one individual or group of individuals, and exploitation may take the form of coerced criminal, sexual, financial, spiritual, or labour-related activities. Exploitation is often nurtured within social networks and subcultures in which initial relationships of trust and loyalty (or even friendship and love) are exploited, and exploitative behaviours become normalised (Roe-Sepowitz et al., 2014). Some observers see exploitation as a continuum (Skrivankova, 2010) and it can range from extreme forms of control such as slavery, servitude, and forced/compulsory labour, to less all-encompassing, but by no means insignificant, crimes involving property or finance. Research evidence suggests that exploitation of an individual may increase over time, with victims subjected to experiences and conditions that gradually worsen (Boersma & Nolan, 2022). Research also suggests that exploitation normally occurs in the context of a power disparity (Wake & Reed, 2019; UN, 2017) wherein the relative powerlessness of the victim is taken advantage of by the more powerful exploiter. Vulnerabilities which have been identified as having the potential to increase an individual's risk of being exploited include a wide range of factors such as age, disability, sex/gender, poverty and financial need, and citizenship status.

Defining cognitive impairment

For the purpose of this study, cognitive impairment has been defined as broadly as possible, to include both developmental and acquired impairment affecting one or more of the six domains of cognitive function set out in the Diagnostic and Statistical Manual of Mental Illnesses i.e. executive function, learning and memory, perceptual-motor function, language, complex attention, and social cognition (American Psychiatric Association, 2013). This meant that conditions as varied as intellectual disability, dementia, brain injury, autistic spectrum disorders, ADHD, functional mental health disorders and substance misuse were included in our initial literature review and subsequent research. This wide remit aimed to ensure that the intersections between a broad range of conditions and exploitation could be explored, including those which may often be overlooked (Robinson et al, 2021). It is acknowledged that these diverse conditions may affect an individual's cognition in different ways. For example, profound intellectual disability or late-stage dementia may affect all six domains of cognitive function noted above. By way of contrast, autistic spectrum disorder or neurodivergences may affect fewer domains, often in more subtle ways (McGee, 2012). Functional mental health disorders may have either an ongoing or an intermittent impact on an individual's capacity and functioning (Vincent-Gil & Portella, 2021; Castaneda et al., 2011). Substance misuse may for some only affect cognition when an individual is directly under the influence of drugs or alcohol (Bruijnen et al, 2019).

Distinguishing exploitation and abuse

This study also sought to specifically highlight experiences of exploitation as distinct from wider forms of abuse, in particular focussing on the *presence of profit or personal gain, including financial, social, or political recompense*, as a marker of exploitation. However, as exploitation is a sub-category of abuse, it is sometimes difficult to isolate an experience of exploitation from other abusive maltreatment. Exploitation might also occur as an expression of other forms of abuse, for example racial discrimination (UNHRC 2022).

This problem is compounded by 'exploitation' having an unclear definition in English legislation and practice. For example, under the Care and Support Statutory Guidance (sections 14.16 to 14.32), ten types of abuse are set out, including neglect, self-neglect, physical abuse, sexual abuse, psychological or emotional abuse, financial and material abuse, organisational abuse, discriminatory abuse, modern slavery and domestic abuse. 'Modern slavery' includes some forms of exploitation, encompassing human trafficking, slavery, servitude and forced and compulsory labour, but exploitation is present in other categories of abuse as well. For instance, financial exploitation can be present within financial abuse and domestic abuse, and there is an overlap between sexual exploitation and sexual abuse. In addition, there are forms of exploitation which currently have no recognition in law, such as cuckooing – exploitation of someone's dwelling, often for a criminal purpose, and 'mate crime', when individuals are exploited by someone posing as a friend.

We also found during our research that individuals who had lived experience of cognitive impairments had a wide range of interpretations for 'exploitation', and had frequently experienced multiple forms of exploitation and abuse. Throughout the report we have therefore highlighted examples of exploitation meeting our definition, but also noted examples of conflation and co-occurrence with wider forms of abuse.

Research questions

Our research questions were:

- What evidence exists on the connection between cognitive impairments and forms of exploitation in England and internationally?

- How frequently does exploitation (in diverse forms) appear as a factor in relation to safeguarding enquiries pursued under section 42 of the Care Act 2014? What proportion of safeguarding enquiries involve people with cognitive impairments?

- What monitoring, training, policy and practice currently exists at a local level to enable the recognition, investigation, and disruption of cases of exploitation involving people with cognitive impairments?

- What can narrative accounts of cases of exploitation experienced by people with cognitive impairment suggest about causal relationships resulting from different types of risk factors, plus opportunities for prevention, intervention and support?

In undertaking this study our aim was to draw attention to an issue which is recognised anecdotally by workers from many different professions, but remains overlooked by policy and under-researched. In doing this, we also wanted to foreground the voices of people with insights from both lived experience and professional practice to improve current and future policy and practice.

Our methodology (Chapter 2) gives a brief description of our research design and data sources, but a more detailed description of data collection and analysis is within the technical appendix (shared separately with this report). We have presented our findings in five chapters, integrating the different data sources where appropriate. Each findings chapter is prefaced by a short summary of the key points.

- Chapter 3 presents a summary of previously published literature on this topic, discussing gaps and clearly demonstrating the need for our research.

- Chapter 4 looks at how cognitive impairment and exploitation intersect in England, drawing together diverse strands of evidence from qualitative and quantitative sources.

- Chapter 5 explores in more detail how cognitive impairment can increase exploitation risks, looking at both health, and social and interpersonal factors.

- Chapter 6 explores existing policy and practice responses, including their limitations.

- Chapter 7 looks at what can be improved, drawing on practitioner and lived experience suggestions, as well as our wider findings, to suggest fruitful opportunities for improvement.

- We conclude by recapping on our main themes and identifying future areas for research on what is still a relatively under-explored topic.

2. Methodology

We used multiple datasets to address our research questions. In line with this, we have adopted a mixed-methods approach to present and analyse our data. More comprehensive details on our datasets and methods can be found in our technical appendix.

Literature review

The research was underpinned by an extensive scoping review of existing academic and 'grey' literature, outlined in Section 3. This review has been peer reviewed and published in the Journal of Trauma, Violence and Abuse (Lambert, Wright, Gardner et al. 2024).

Statistical review

Contextual descriptive statistics have been drawn from national and local-level data gathered through pre-existing surveys and administrative processes, including the Family Resources Survey (FRS) (an annual survey that collects detailed information on living standards and circumstances of people in the UK, including self-reported disability status) and the National Referral Mechanism (NRM) a framework for identifying and referring potential victims of modern slavery in the UK, as well as ensuring they receive the appropriate support. We also examined the Crime Survey for England and Wales (CSEW) which records all types of crimes experienced by people, including antisocial behaviour, abuse and exploitation.

We also used two data sources containing information about disability and exploitation collected at the local authority level. These include the Safeguarding Adults Collection (SAC) published by the National Health Service (NHS) England Digital and Safeguarding Adults Reviews (SARs) published by the National Network for Chairs of Adult Safeguarding Boards.

Safeguarding Adults Collection data

Since 2010, English local authorities or Councils with Adult Social Services Responsibilities (CASSRs) have been mandated to report statistics on vulnerable individuals aged 18 or over at risk of abuse, neglect, or exploitation. This aims to ensure the safety and well-being of adults with care and support needs, and to prevent and respond to incidences of maltreatment. Section 42 (s.42 hereafter) of the Care Act 2014 requires local authorities to investigate when they have reasonable grounds to suspect that an adult with care and support needs is experiencing, or is at risk of experiencing abuse, neglect, or exploitation.

These investigations are therefore intended to obtain information about the adult and their circumstances, assess risks to their safety, and determine the best way to protect them.

The SAC data includes information on the number of safeguarding concerns and s.42 enquiries, primary support needs of individuals and, inter alia, a breakdown of concluded s.42 enquiries by abuse or exploitation type. The SAC also provides data on s.42 enquiries reported by individuals with specific cognitive conditions, but it does not publish intersecting data on the proportion of adults with specific care and support needs who are experiencing forms of exploitation. We analysed data covering the period 2017/18 to 2021/22 in Stata 18.

Safeguarding Adults Review data

We complemented SAC data with evidence extracted from Safeguarding Adults Reviews (SARs) featuring exploitation during the same period (2017-2022). SARs, conducted under Section 44 of the 2014 Care Act, are initiated by Safeguarding Adults Boards in cases where an adult with care and support needs has suffered serious harm or death, and abuse or exploitation is suspected. Formerly known as 'Serious Case Reviews', these assessments aim to uncover valuable lessons from particularly severe cases, contributing to the improvement of the safeguarding system for adults in vulnerable circumstances in England. Reviews were downloaded from the National Library of SARs published by the National Network for Chairs of Adult Safeguarding Boards.

Our initial search criteria for SARs were based on three broad terms "exploit", "traffick", "slavery", which returned 171 documents. After screening, we identified 58 reviews eligible for inclusion in the study, comprising 47 individual case reports, 6 thematic reviews covering between 3 to 10 individuals each, along with 4 executive summaries and 1 learning brief. In total, the sample encompasses 71 individuals who experienced exploitation. A full list of selected SARs is in the technical appendix.

SARs were numerically coded in Qualtrics, a software package, using an extraction tool to gather detailed information on the characteristics of individuals and their circumstances, including the recorded forms of exploitation and health conditions. Qualitative thematic analysis was also undertaken on SARs to complement the quantitative analysis and review any dimensions which may have been missed from the extraction of data.

Our statistical analysis of the picture of exploitation revealed by above sources, alongside their limitations, has been published in a further peer-reviewed study in the *Journal of Public Health* (Abubakar, Seymour, Gardner et al. 2024).

Primary data collection

Practitioner survey data

To help understand responses to exploitation and investigate how often practitioners encounter cases of exploitation and cognitive impairment, we designed and ran a national survey. Data was collected between June and October 2023 using the JISC online survey tool. Work-based email contacts for potential participants were compiled from webpages of local authorities with adult social service responsibilities, police, Safeguarding Adults Boards, Special Educational Needs schools and other relevant safeguarding and modern slavery NGOs. A call for eligible participants was also shared via the project's WordPress site and social media platforms. Using convenience sampling, potential participants were emailed the survey link with an invitation to participate voluntarily. A condensed version of the questionnaire is in the technical appendix.

Ninety-five practitioners responded to our survey, with (83%) having some frontline involvement in safeguarding people with cognitive impairment. They reflected a diverse group of professionals primarily engaged in frontline social care and health services. Respondents included social workers (19%), nurses (18%), safeguarding leads or service managers (each at 8%), while roles such as housing officers, therapists, and criminal justice staff were also represented. Approximately 27% of respondents did not specify their job role, which might indicate some reluctance to disclose specific job titles. Geographically, the respondents were distributed across most English regions, with the highest representation from the East Midlands (25%), followed by the West Midlands (13%). The public sector employs the majority (58%) of respondents, while the voluntary/not-for-profit sector accounts for 30%, and the private sector 13%.

Semi structured interviews and focus group

We undertook 24 semi-structured interviews with practitioners (recruited through the online survey) and 23 semi-structured interviews with people with lived experience of cognitive impairment, plus one further informal focus group of 3 people with cognitive impairments.

Practitioners interviewed included social workers and safeguarding leads working for local authorities, nurses with specialism in dementia, learning disabilities and mental health, police personnel, housing workers and landlords in supported living, other health professionals and specialist modern slavery workers.

The majority of people with lived experience who were interviewed had learning disabilities, but all had the ability to consent to participate. Interviewees were recruited via a public notice on our website, as well as advocacy groups, pre-existing networks, supported housing providers, and day centres.

Due to the overlap between definitions of abuse and exploitation (see introduction) it was not always known in advance whether or not the interviewee had experienced exploitation. Nuances of individual's experience were often difficult to fully understand prior to in-depth conversation which took place within the interview. Out of 23 interviewees, 13 had experienced exploitation, 4 had experienced 'partial' exploitation, 6 had experienced no known abuse or exploitation. Interviews with people with no known history of abuse/ exploitation were retained in the study as a means to consider the similarities and differences between people who had and had not suffered exploitation.

Interviews were coded thematically using N-Vivo 14, with codes and subsequent themes being reviewed by the wider research team for consistency. Throughout the report, practitioner interviewees are given numbers and their general area of work, while lived experience interviewees have been assigned pseudonyms that they chose themselves.

Exploring causative factors for exploitation

Qualitative Comparative Analysis

To explore potential causative factors for exploitation, we used qualitative comparative analysis (QCA) to analyse common 'risk' and 'resilience' factors emerging from the interviews (Ragin, 1984; Ragin, 2000). The principles behind QCA come from mathematical set theory and Boolean algebra, and this method was chosen as our dataset was too small to allow linear regression but had sufficient breadth to be able to compare and contrast different experiences. To identify potential causal relationships, we constructed 'truth tables' that were based on the risk and resilience factors identified that contributed to an individual being exploited or not exploited. This enabled us to explore combinations of causal factors that may bring about exploitation in people with cognitive impairment. A full explanation of the method is in the technical appendix.

Summary of key limitations

Each dataset had a range of limitations which are briefly summarised here.

We did not find a single source of statistical data that published integrated data showing the intersection between cognitive impairments and exploitation in England. We have therefore had to infer connections using different statistical sources, that have been collected from differing populations and for diverse purposes. With minor adjustments these sources could collect more intersecting data on this topic, and we hope that future studies will be able to develop a more complete overview of this issue (Abubakar, Seymour, Gardner et al. 2024).

While the SAC data includes impairment and specific types of exploitation, it does not include intersecting data. Categories are also based on the Care Act 2014, and therefore exclude common forms of exploitation such as cuckooing and mate crime, and may conflate some exploitation with abuse (see chapter 4).

SARs represent serious cases of avoidable harm that have been reviewed to help practitioners to learn. They include varying levels of detail. Some relevant SARs may be missing from the national library that we used for our sample, and many cases are not examined through SARs even though they come to the attention of safeguarding professionals. Therefore the examples in SARs may not be 'typical' but can be regarded as significant for the sector.

The convenience sampling used for the practitioner survey is likely to mean that results have a response bias, and their views should not be generalised to the wider population of safeguarding professionals. As practitioner interviews were recruited through the survey, this also applies to the qualitative sample. However, the survey and interviews do provide a valuable insight into the views and experiences of a diverse group of professionals with a strong interest in this topic.

Interviews with people with lived experience mainly included people with learning disability and mental health conditions, with under-representation of other types of impairment. It may be valuable for future studies to consider conditions not represented within our interviews, including those due to substance misuse and dementia.

Research ethics

Every stage of our project was informed by advice from people with cognitive impairments, gathered through workshops and consultation with people who were experts by experience.

All data arising from surveys and public administration was already in the public domain, and no further anonymisation of statistics or sources was required for this analysis.

The practitioner survey used the JISC online survey tool, which provides a high level of data security. The survey provided participants with background information on the study, and participants were explicitly asked for their consent to data collection, processing and publication prior to completion. Participants were able to participate anonymously, and any identifying information in responses has been removed for data storage and analysis.

Semi-structured interviews were carried out mainly online (for practitioners) and face to face (for people with lived experience). Interview protocols were designed with input from people with lived experience of cognitive impairment and exploitation.

Participants in the study were provided with information about the study in advance, using both regular and easy-read formats. Where requested, we also offered general discussions in advance so that participants could ask questions about the study without feeling any pressure to commit (this was particularly important for the lived experience group). We took time to review information about the project and consent at the start of each interview, to ensure each participant understood their rights as a participant and was happy to take part. Participants with lived experience were able to have a supporter with them if they chose. Due to the sensitive nature of the topics being covered, we monitored closely for any signs of distress and provided participants with contact details for follow-up if they had any concerns.

We have tried throughout the project to acknowledge the value of lived experience contributions and time by acknowledging them in this report (albeit pseudonymously) and by thanking those taking part with shopping vouchers.

Ethical approval was granted by the School of Sociology and Social Policy Research and Ethics Committee (Reference: 95053).

3. Existing literature and data gaps

Summary:

Three types of exploitation were reported in the literature: sexual exploitation, financial exploitation, and criminal exploitation.

Intellectual disability and mental health were the most frequently described forms of cognitive impairment.

There is a gap in literature exploring the relationship between forced labor and cognitive impairment and **exploitative familiarity** and cognitive impairment.

There are demographic gaps in the evidence base (for example sexual exploitation of men and boys).

Many studies were excluded from the review as they addressed cognitive impairments (e.g. trauma) resulting from exploitation showing the complexity of the relationship between causal and consequential factors.

This section briefly summarises the results of a scoping review which examined English language empirical studies, published since 1998, with data relevant to cognitive impairment as a vulnerability to exploitation. The full study has been published in Trauma Violence and Abuse (Lambert, Wright, Gardner et al. 2024) and is free to download at https://journals.sagepub.com/doi/full/10.1177/15248380241282993

The study used a six-step search strategy including searches of bibliographic databases, screening reference lists, citation tracking using google scholar, expert recommendations, website searches of relevant NGOs and a call for evidence. An overview of our search and screening process is given at Figure 1.

Figure 1 – Flow Diagram Showing Scoping Review Stages
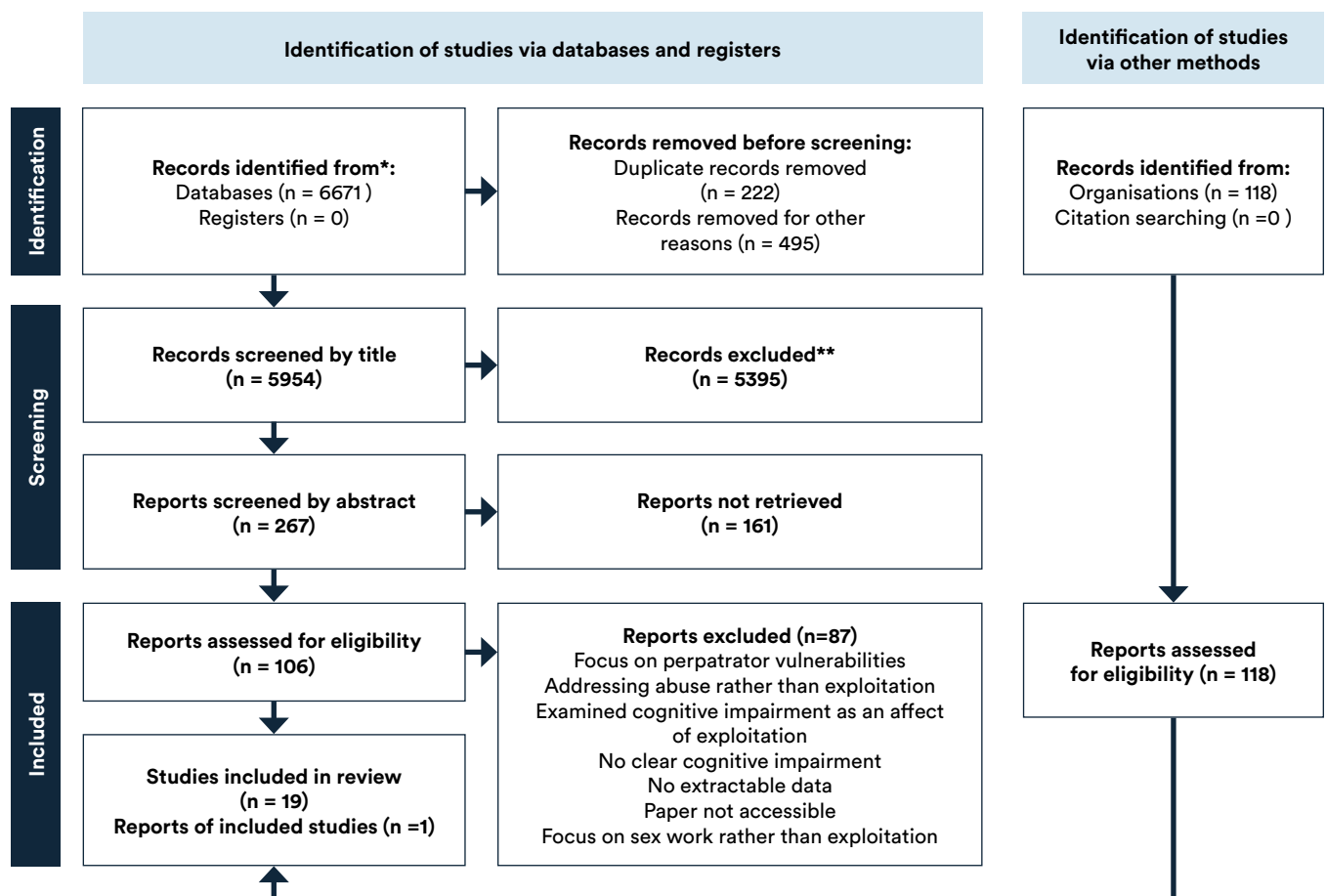
Adapted from: Page MJ, McKenzie JE, Bossuy PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

Twenty studies met our inclusion criteria, reporting three different forms of exploitation (sexual, financial and criminal). Intellectual disability and mental health were the most widely reported forms of impairment, but papers also focussed on substance misuse, cognitive decline, dementia and autism, with some papers focussing on more than one form of cognitive impairment.

Sexual exploitation

Ten studies meeting our research criteria discussed sexual exploitation, including papers where individuals were forced into sex work by a third party, traded sex for goods or services or were minors. All the studies focussed on children and young people with cognitive impairment, who were mostly girls and young women, although some studies did not provide information on sex / gender and may have included participants of both genders. Intellectual disability was the most frequently reported impairment, (Franchino-Olsen et al., 2020; Franklin & Smeaton, 2017, 2018; Reid 2018) with other papers including mental health (Landers et al. 2017) and substance misuse (Reid & Piquero, 2014). Contextual factors associated with increased risk included living in an unstable home, state custody, and running away from home (Cole et al., 2016; Countryman-Roswurm & Bolin, 2014; Reid, 2018). Studies by Franchino-Olsen et al. (2020), Franklin and Smeaton (2017, 2018), and Reid (2018) identify the presence of an intellectual disability as increasing the likelihood of sexual exploitation. For example, girls with "low cognitive ability" were found to have 4.9 times greater likelihood of experiencing sex trafficking as a minor compared to participants with higher levels of cognitive ability (Franchino-Olsen et al 2020).

Criminal Exploitation

Criminal exploitation involves the use of coercion and control to force individuals to engage in illicit activities such as forced begging, pick-pocketing, shoplifting, and drugs distribution. There was very limited pre-existing research on criminal exploitation and cognitive impairment, with our search revealing two studies. One study looked at autism and radicalization (Faccini & Allely, 2017), presenting autism as a 'contextual vulnerability.' A study by UK organization Hestia (2020) found that out of 47 clients who had experienced criminal exploitation, cognitive vulnerabilities included mental health problems (34%), drug or alcohol abuse (17%), and learning difficulties (9%).

Financial exploitation

Financial exploitation in our study referred to the use of coercion or deception to facilitate exchange of money or assets. Eight studies focussed mainly on older adults living with dementia, cognitive decline or disability. Financial exploitation and other forms of maltreatment were found to be predicted by the presence of intellectual disability and social factors, such as being unable to afford essential items (Burnett et al. 2020.) Samsi et al. (2014) also found that dementia could be a vulnerability factor for financial exploitation, while Lichtenberg et al. (2013, 2016) also pointed to other mental health issues such as depression and psychological factors, alongside issues like ability to make financial decisions and cope with daily living.

Conclusion

The literature does show some evidence for a causal link between cognitive impairment and exploitation, but has many gaps.

There was a general lack of research on wider forms of exploitation and different forms of cognitive impairment. The most significant gap was on peer reviewed studies of labour exploitation and cognitive impairment, but there were also few studies on the links between cognitive impairment and exploitative familiarity ('mate crime'). Studies of sexual exploitation often focus on children and young people, and no papers were identified that focussed on men, boys or women over 25 with cognitive impairments. Only one paper (Twill et al. 2010) considered experiences of exploitation among people with cognitive impairments from racially minoritized groups. Other gaps in the literature included impairments such as learning disabilities, brain injury, autism spectrum disorders & ADHD and their relationship to exploitation.

It was interesting to note the absence of intersectional analysis within studies that met our inclusion criteria. Much remains to be explored on connections between exploitation, cognitive impairment, and ethnicity, age, or sex/gender. A further gap therefore exists in relation to analysis of the role of wider societal factors, paying attention to the social model of disability (Shakespeare, 2006) considering not just the disability or impairment but how this interacts with various social structures.

Finally, it is important to note that our review excluded many papers that addressed trauma and mental health difficulties arising as a consequence of exploitation, that did not offer evidence for impairments prior to exploitation taking place. The dynamics between causal and consequential factors are complex and may have further relevance in relation to risks for re-trafficking, although this was not within the scope of our project.

4. What evidence is there that people with cognitive impairments experience exploitation?

Summary

Existing surveys and datasets relating to England currently describe the prevalence of disability and exploitation separately. With minor adjustments, these could collate and publish intersecting data on cognitive impairment and exploitation, but at present these opportunities are being missed.

Safeguarding Adults Collection (SAC) Data already collates relevant data, but intersections are not yet published and regional variations in recording and potential for conflation between abuse and exploitation, creates some data inconsistencies.

The SAC data did show increased safeguarding investigations over time for people who were not previously in contact with services, indicating that more adults with support needs may not be known to services until a crisis occurs. There were also a small but increasing number of reports of modern slavery.

Analysis of Safeguarding Adult Reviews (SARs) on exploitation showed clearer connection between cognitive impairment and exploitation. 96% of individuals in these reviews that included exploitation between 2017 and 2022 focussed on adults who had some form of cognitive impairment.

The relationship between cognitive impairment and exploitation is complex, with multiple forms of exploitation and abuse often co-existing and overlapping, alongside diverse risk factors.

Financial exploitation and mate crime were the most commonly-experienced forms of exploitation, but often co-occur alongside others, such as sexual, labour or criminal exploitation. People with lived experience also identified 'everyday exploitation' as part of their regular experience, including issues like being targeted for phone and online scams.

How prevalent is cognitive impairment and disability across England?

The 2021/22 Family Resources Survey (FRS) (a general population survey) estimates that about 12 million adults in England have a disability. The definition of a disability is in this case 'a physical or mental impairment that has a long-term and substantial negative impact on a person's ability to perform normal daily activities'. This represents 27% of the total adult population. Those with cognitive impairments include people with a learning disability and memory conditions each constituting around 13% (2 million), whilst approximately 32% (4 million) of the disabled population have mental health conditions (Figure 2).

In recent years, a rise in disability prevalence has been driven by the growth in mental health conditions. Between 2017 and 2022, there was a sizeable increase in the proportion of people with mental health conditions (27 percent) and learning disabilities (13 percent), while over the same period the number of people with memory/cognition difficulties decreased by 19 percent.

Figure 2: Disability prevalence, disaggregated by type of impairment.

Source: Authors' estimations using DWP Stat-Xplore based on FRS 2018/19 to 2021/22.
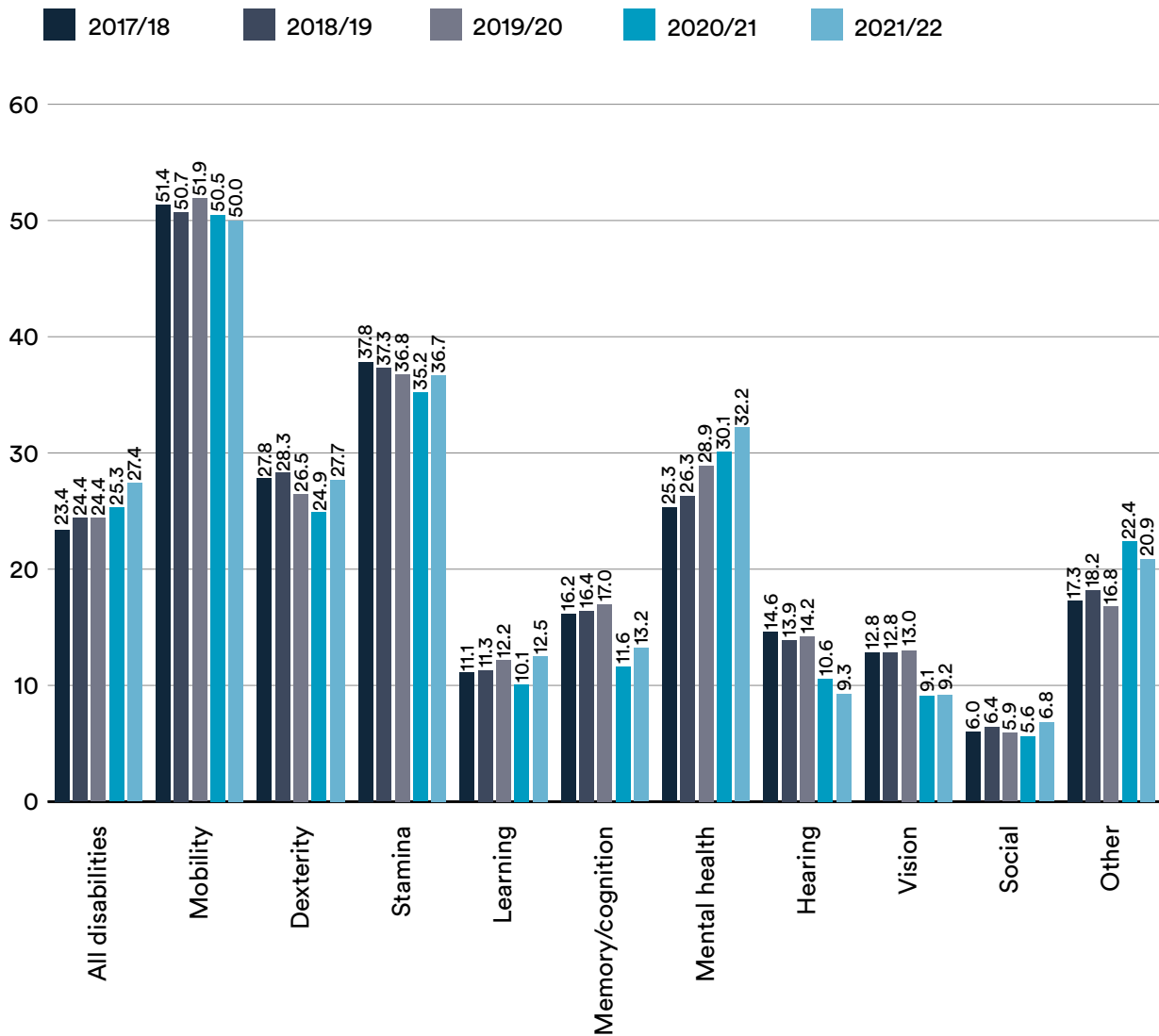
Note: The types of impairment are expressed as a percentage of the disabled adult population, while 'all disabilities' is expressed as a percentage of the total adult population. Data collection in 2020/21 was significantly affected by the COVID-19 pandemic leading to a smaller and less representative sample.

In 2021/22, Table 1 indicates that people with learning disabilities accounted for 3% of the total adult population, while those with memory/cognition difficulties and mental health disabilities constituted 4% and 9%, respectively, though with varied prevalence rates observed across England's regions. The North East reported the highest prevalence at 33% whilst London had the lowest (20%). These regional differences may be partly due to variations in the types of impairments reported.

For example, mental health conditions were more prevalent in the North East, whilst memory and learning disabilities were most commonly reported in the Yorkshire & Humberside. Regional variations in disability prevalence may also be associated with social and economic deprivation and age distributions within the population (Kirk-Wade, 2022). Estimates suggest that around 55% of households in the North East are deprived on one or more dimensions: this is the highest deprivation rate observed in any English regions (ONS, 2022).

Table 1: Regional cognitive-related disability prevalence rates (2021/22)

Source: Authors estimation using DWP Stat-Xplore based on the FRS 2020/2021.

Region	All disabilities	Learning disabilities	Memory/cognitive disabilities	Mental health disabilities
All England	27.4	3.4 (12.5)	3.6 (13.2)	8.8 (32.2)
Regions:				
North East	33.1	3.1 (9.5)	3.5 (10.7)	13.9 (42.1)
North West	31.4	3.4 (10.8)	3.8 (12.1)	10.8 (34.3)
Yorkshire & Humberside	29.5	4.5 (15.3)	4.6 (15.7)	10.4 (35.1)
East Midlands	31.1	3.9 (12.5)	3.7 (12.0)	10.5 (33.7)
West Midlands	30.0	4.0 (13.2)	3.8 (12.7)	10.3 (34.4)
East	27.1	3.8 (14.2)	4.0 (14.7)	8.7 (32.1)
London	20.1	2.8 (14.1)	2.6 (13.1)	5.7 (28.1)
South East	24.9	2.7 (10.7)	3.1 (12.4)	6.7 (26.8)
South West	27.6	3.4 (12.4)	4.1 (14.8)	8.2 (29.7)

Note: Reported estimates are for adults aged 18 years and over. The values in brackets are expressed as a percentage of the total disabled adult population.

How prevalent is exploitation across England?

There is no single mechanism for monitoring cases of exploitation across England. The National Referral Mechanism (NRM) is the main support system for victims of modern slavery, and people who are suspected to have experienced slavery or trafficking are referred to this service by 'first responders', including police, local authorities and certain NGOs. In the UK, the Modern Slavery Act 2015 covers human trafficking, slavery, servitude and forced or compulsory labour. Statistics from the NRM show a notable increase in the number of victims of exploitation being referred to the NRM between 2017 and 2022. Of these, the 'positive reasonable grounds' decisions, (indicating acceptance by authorities that an individual may have been exploited) rose from approximately 600 cases in early 2017 to over 1,900 by the end of 2022 (Figure 3).

However, NRM statistics, while providing breakdowns by gender, age and nationality, do not include health or disability data. Moreover, the NRM covers applicants from various nationalities and often without UK residency status, capturing a population different from other survey instruments (in 2022 only 10% of those referred in England were UK nationals). This divergence makes estimating the prevalence of exploitation in the English population using the NRM problematic. To address this gap, we examined data from the Safeguarding Adults Collection.

Figure 3. Number of adult NRM referrals, reasonable grounds decisions (2017 to 2022)

Source: GOV.UK National Referral Mechanism Statistics
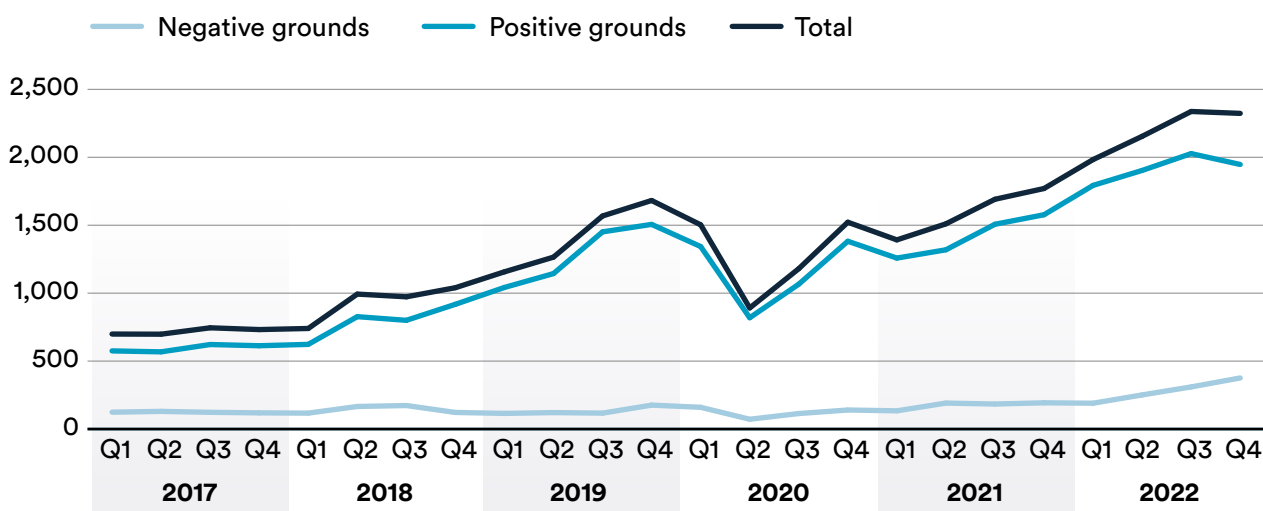
How prevalent is exploitation amongst adults with support and care needs? Evidence from Safeguarding Adults Collection Data

Section 42 of the Care Act 2014 (s.42 hereafter) requires English Local Authorities to investigate when they have reasonable grounds to suspect that an adult with care and support needs is experiencing, or is at risk of experiencing abuse, neglect, or exploitation. Investigations collate information about the adult and their circumstances, assess risks to their safety, and determine the best way to protect them. The Safeguarding Adults Collection aggregates data on safeguarding concerns and subsequent enquiries. Since 2017, SAC has included cases of modern slavery and other types of exploitation in its statistics, and therefore we focussed on the period covering 2017/18 to 2021/22 (data relates to 1st April to 31st March of the following year).

Trends in section 42 safeguarding enquiries

Population-adjusted national estimates of safeguarding enquiries are reported in Figure 4. The blue bars and left axis represent the number of safeguarding concerns per 100,000 people raised between 2018 and 2022, while the red line and right axis depict trends in S.42 enquiries. There was a consistent rise in both safeguarding concerns and enquiries between 2018 and 2022, with the most substantial growth occurring from 2019 to 2020, possibly driven by a rise in domestic and psychological abuse that was apparent prior to the pandemic (NHS England Digital 2020; LGA 2020).

Figure 4: Trends in safeguarding concerns and s.42 enquiries.

Source: Safeguarding Adults Collection data 2017-2022
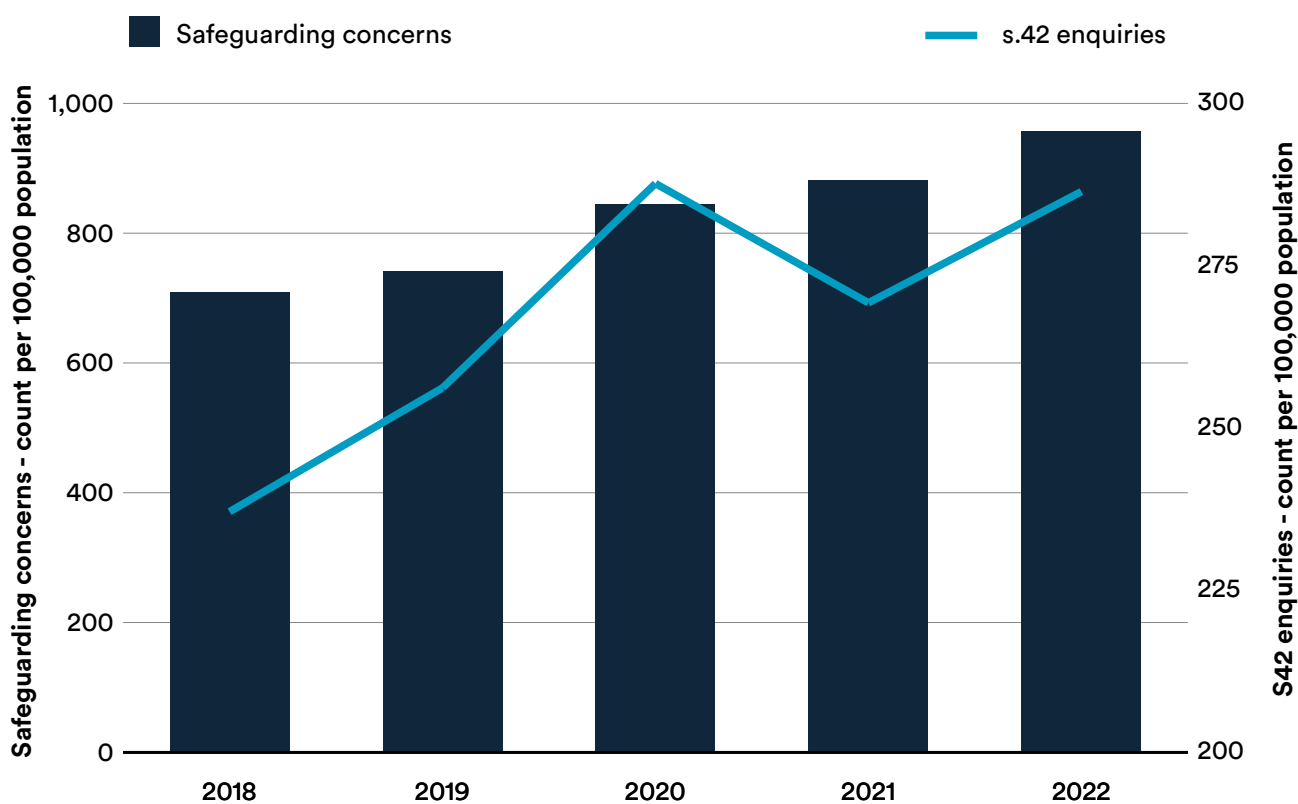
There were some regional differences in average counts of s.42 enquiries, with the North East having significantly higher average counts than most regions, except the South East and Yorkshire & Humberside where differences were not statistically significant. Context specific factors such as changes in organisational structure, differences in standard processes and reporting procedures may influence the number of enquiries reported within regions and across local authorities.

Looking at national trends in safeguarding enquiries by primary support reason, Figure 5 indicates a declining trend in enquiries involving those in receipt of memory or learning disability support. Conversely, there is an increase in safeguarding enquiries for people with no or unknown previous support. As this is the first point people with vulnerabilities come to the attention of services, this implies individuals with unrecognised support needs may be 'slipping through the net' until a serious incident occurs, possibly connected to higher thresholds for access to services driven by funding reductions (Schlepper and Dodsworth, 2023)

Figure 5: Trends in s.42 enquiries, by primary support reason (the reason the adult is receiving support).

Source: Safeguarding Adults Collection data 2017-2022
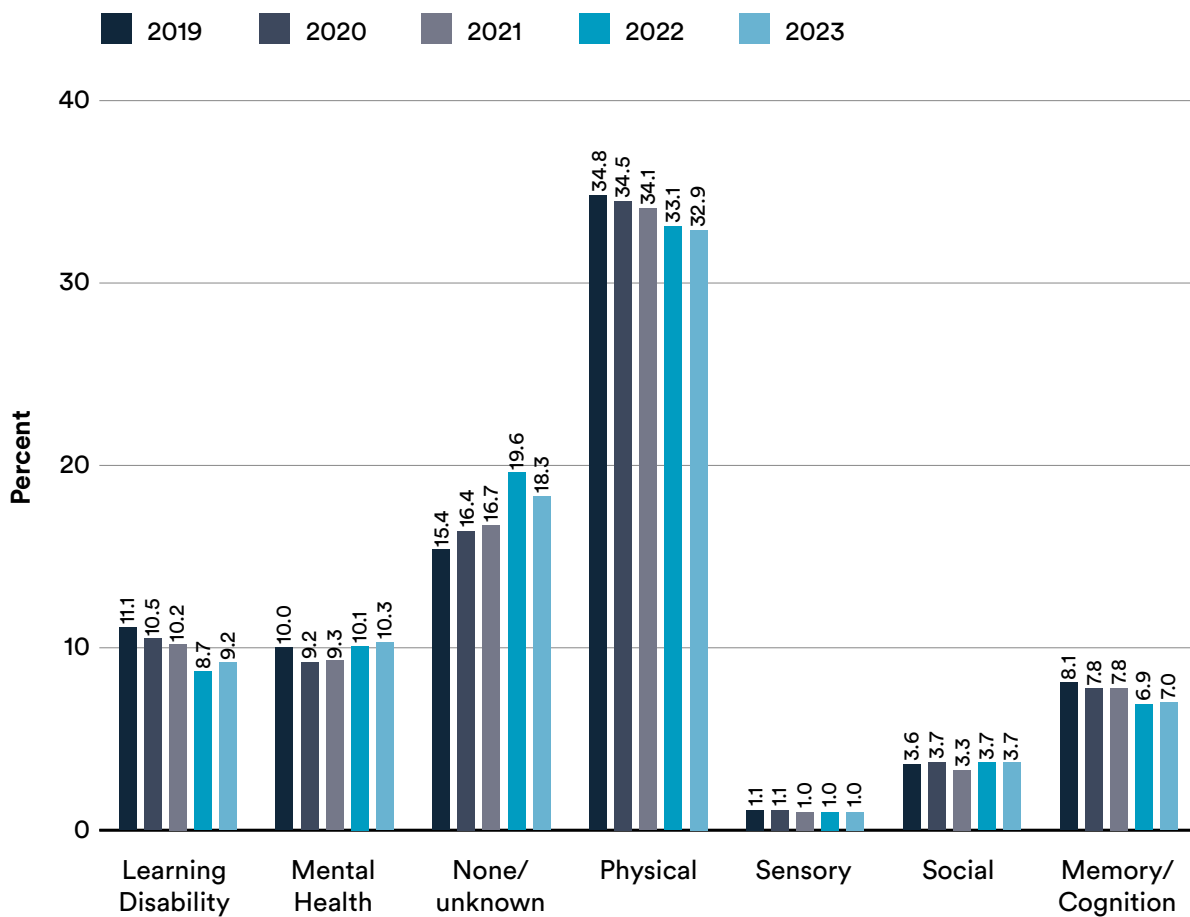
Recorded figures may be conflating exploitation and abuse

To examine the prevalence of various types of abuse and exploitation, we considered statistics in concluded safeguarding enquiries. Trends (in Table 2) indicate a decreasing proportion of completed s.42 cases involving sexual and financial abuse or exploitation; while in contrast, domestic abuse cases have shown a gradual increase over time (Cooper, 2020, LGA, 2020). Modern slavery, although a small proportion of all cases, has increased by about 0.2 percentage points over five years: from 2018 to 2022, concluded cases of enquiries involving modern slavery more than doubled from 245 to 545.

Again, differing reporting practices may be limiting the analysis and conclusions that can be drawn. For example, the low proportion of concluded enquiries on sexual exploitation may represent conflations between exploitation and abuse by local authorities, as some local authorities do not collect information on sexual exploitation as a separate category (Mason-Jones and Loggie 2019). Additionally, various forms of abuse or exploitation by a family member such as forced marriage can be recorded under domestic abuse (Martineau and Manthorpe 2020) potentially obscuring the identification and protection of adults at risk of modern slavery. Wider research also suggests potential links between exploitation and neglect/acts of omission (Preston-Shoot 2020).

Table 2. Type of risk as a percentage of the total number of concluded s.42 enquiries

Source: Safeguarding Adults Collection data 2017-2022

	2018	2019	2020	2021	2022
Concluded s.42 enquiries	119,100	125,365	150,455	149,540	147,930
Concluded s.42/100,000 people	214	224	267	264	262
Abuse:					
Physical abuse	34,350 [28.8%]	37,630 [30.0%]	42,340 [28.1%]	40,240 [26.9%]	39,000 [26.4%]
Sexual abuse	6,645 [5.6%]	6,920 [5.5%]	7,685 [5.1%]	7,410 [5.0%]	7,295 [4.9%]
Psychological abuse	20,210 [17.0%]	23,480 [18.7%]	28,535 [19.0%]	30,080 [20.1%]	28,280 [19.1%]
Discriminatory abuse	870 [0.7%]	980 [0.8%]	1,155 [0.8%]	1,395 [0.9%]	2,320 [1.6%]
Organisational abuse	6,425 [5.4%]	7,040 [5.6%]	8,810 [5.9%]	8,920 [6.0%]	11,760 [7.9%]
Neglect/omission	49,695 [41.7%]	54,050 [43.1%]	65,590 [43.6%]	61,190 [40.9%]	64,330 [43.5%]
Domestic abuse	6,365 [5.3%]	7,990 [6.4%]	10,825 [7.2%]	13,880 [9.3%]	13,035 [8.8%]
Self-neglect	6,435 [5.4%]	7,790 [6.2%]	10,245 [6.8%]	12,920 [8.6%]	13,990 [9.5%]
Exploitation:					
Financial abuse/exploitation	22,565 [18.9%]	24,625 [19.6%]	29,180 [19.4%]	28,225 [18.9%]	26,130 [17.7%]
Sexual exploitation	890 [0.7%]	1,060 [0.8%]	1,260 [0.8%]	1,665 [1.1%]	1,235 [0.8%]
Modern slavery	245 [0.2%]	340 [0.3%]	480 [0.3%]	525 [0.4%]	545 [0.4%]

Note: The percentages of concluded enquiries by type of risks are weighted by the total number of concluded s.42 cases. Multiple types of risks can be logged per concluded s.42 enquiry. As a result, the total percentage across all types of risks can sum up to a value higher than 100 in each period. Some local authorities apply only one type of risk to each enquiry while others apply as many as are applicable, hence this data should be treated with caution.

How prevalent is exploitation amongst adults with support and care needs? Evidence from Safeguarding Adults Reviews

In order to supplement the SAC data, we analysed 58 Safeguarding Adult Reviews (SARs) featuring exploitation between 2017 and 2022. The health profile of individuals in the SARs that we examined indicates that almost all (96%) of the individuals experiencing exploitation had pre- or co-existing cognitive impairments, see Table 3.

Table 3: Health profile of individuals who were the subject of a SAR

Source: Authors' data analysis from Safeguarding Adult Reviews where exploitation was a factor, 2017-22

	%	Freq
Panel A: Types of health conditions (N=71)		
Cognitive impairment	95.8%	68
Physical impairment	2.8%	2
No impairment	1.4%	1
Panel B: Types of health conditions, people cognitive impairment (N=68)		
Intellectual disability	23.5%	16
Autism spectrum or ADHD	12%	8
Memory problems	8.8%	6
Brain injury	10.3%	7
Mental health	81%	55
Anxiety and/or depressive disorder	[44%]	[24]
PTSD	[13%]	[7]
Personality disorder	[27%]	[15]
Schizophrenia	[24%]	[13]
Other (e.g., psychosis)	[26%]	[14]
Additional conditions:		
Substance misuse	76.5%	52
Physical health needs	50.0%	34

Note: Authors' estimations using 58 Safeguarding Adults Reviews where exploitation was a factor. The estimated share of mental health conditions (81%) covers individuals who may have experienced at least one subcategory of mental health condition. Statistics on these subcategories are indicated in squared brackets.

Many individuals who were the subject of a SAR experienced more than one form of exploitation (see figure 6 below). Financial exploitation (74%) emerged as the most widespread form, followed by criminal exploitation (37%), 'mate crime' (35%) and sexual exploitation (27%). Cuckooing was the most common form of criminal exploitation while instances of human trafficking (12%) and labour exploitation (10%) were reported less frequently.

Mate crime and human trafficking often overlapped with other categories. Among those who experienced trafficking, almost half also experienced both financial and labour exploitation, with sexual and criminal exploitation frequently mentioned as well. Around 70% of individuals affected by mate crime also experienced either financial (38%) or both financial and criminal exploitation (33%).

As SARs represent only the most serious cases of safeguarding concerns, it is likely that many more individuals with cognitive impairments are experiencing or at risk of exploitation, even if this is not currently captured in SAC data.

Figure 6: Types of Exploitation recorded in SARs

Source: Authors' data analysis from Safeguarding Adult Reviews where exploitation was a factor, 2017-22
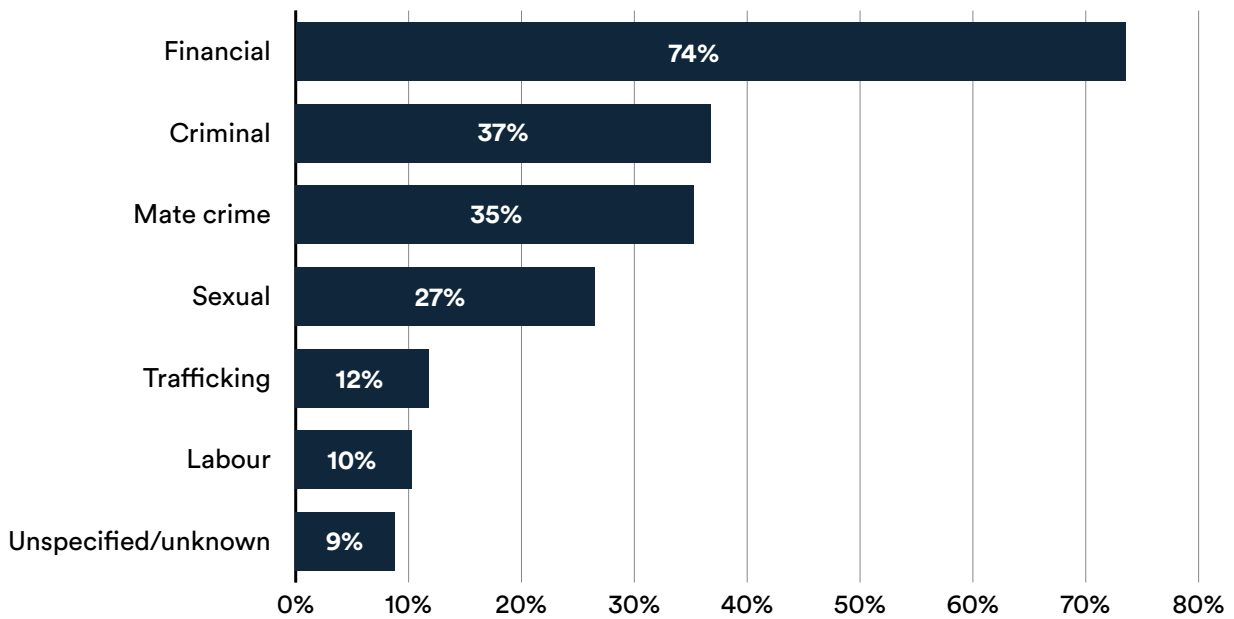
Practitioners' perceptions about the prevalence of cognitive impairment and exploitation

We asked professionals responding to the practice survey about the frequency with which they encountered exploitation, and the forms of exploitation that they came across. Professionals were asked to indicate forms from a list including the main types of modern slavery plus additional forms of exploitation relevant to this topic, including financial and mate crime.

Approximately 28% of respondents said they came across cases of exploitation of people with cognitive impairments weekly or more frequently, with a further third seeing cases at least once per month (Figure 7). Professionals perceived financial exploitation, mate crime, criminal and sexual exploitation as the most commonly identified forms of exploitation for people with cognitive impairment (Figure 8).

Figure 7: How often does the exploitation of people with cognitive impairment arise (%)?

Source: Practitioner Survey

At least 2 to 3 times a week	14
At least once a week	14
At least once per month	34
At least once per year	33
Never	5
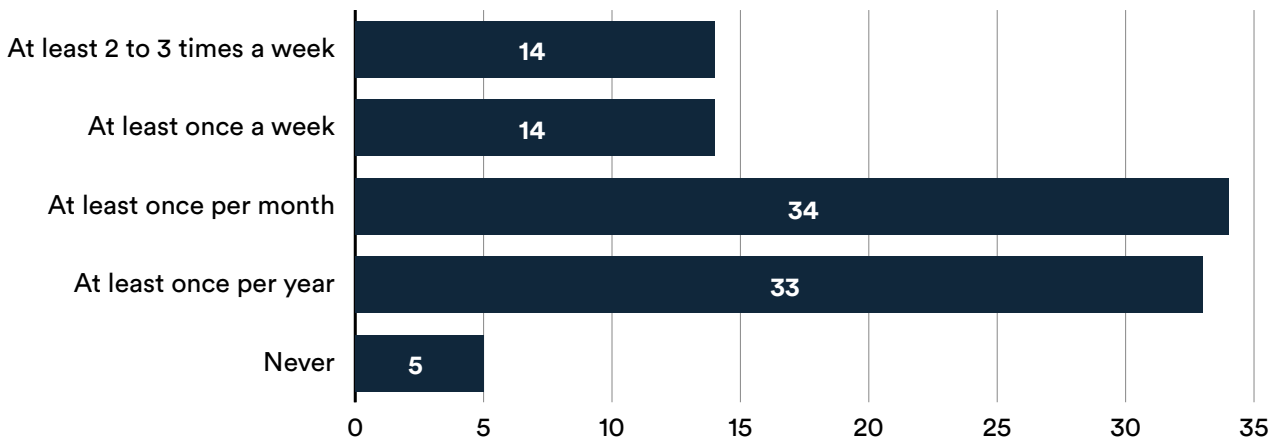
Figure 8: Forms of exploitation of people with cognitive impairment that practitioners have come across during the past year

Source: Practitioner Survey

Financial	82%
Mate crime	60%
Criminal exploitation	49%
Sexual exploitation	38%
Forced labour	23%
Forced marriage	22%
Labour exploitation	22%
Human Trafficking	20%
Debt bondage	18%
Domestic servitude	13%
Organ harvesting	1%
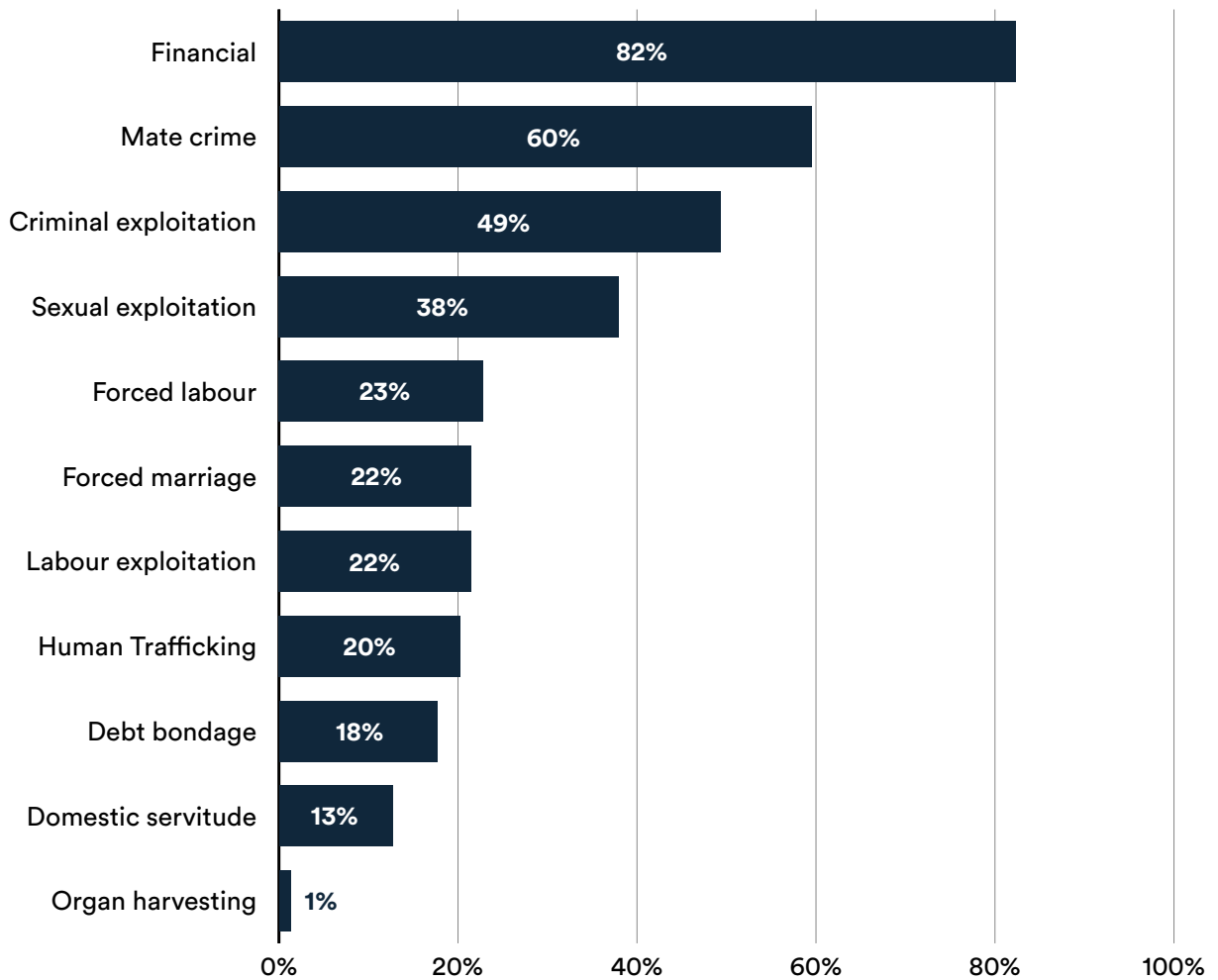
Practitioners highlighted a number of factors that they regarded as prominent indicators that exploitation may be present (Table 4). These included a marked deterioration in personal care, financial challenges, poor living conditions and opting out of service support.

'Other' signs of exploitation accounts for 13% of responses, including deteriorating health and living conditions, sudden changes in behaviour or circumstances, increased supervision at appointments, gang involvement, abrupt introductions of new individuals into one's life, a lack of understanding regarding capacity to make decisions, and requests for more food parcels.

Table 4: Potential signs of exploitation

Source: practitioner survey

	Percent	Freq.
Financial issues	76.8	73
Poor living conditions	73.7	70
Non-engagement with services	72.6	69
Irresponsible tenants/subletting	42.1	40
Environmental issues (e.g. excess waste, overcrowding)	74.7	71
Deterioration in personal care	77.9	74
Substance misuse	67.4	64
Sex working	57.9	55
Justice-involved	56.8	54
Other	12.6	12
Observations		95

Practitioner interviewees also described in more detail forms of exploitation they generally come across in connection to cognitive impairments, with criminal exploitation, financial exploitation, sexual exploitation and labour exploitation being commonly mentioned, amongst a wide range of exploitative behaviours.

> *you know we've seen forced labour; domestic servitude and we see the sexual exploitation element of that, we see criminal exploitation and all the forms of that whether it's for shoplifting, forced begging, debt bondage people's bank accounts being used fraudulently. We see county lines, forced drug dealing locally (it doesn't just have to be a county line.) We're seeing obviously peer crime groups and that gang association and that increased level of violence that people are being exploited to be involved in. Cuckooing and home invasion is massive.. We have local crime groups, shall I say, that will target some of our vulnerable people often with substance misuse problems and mental health. And a lot of those might be young people that are also involved in going into the home who are also being exploited and then exploiting the adult. So we see all sorts (local authority safeguarding ID11).*

In line with survey responses, financial exploitation was commonly discussed among practitioner interviewees. The forms this could take were varied, but often involved a level of familiarity with the exploiter. One interviewee described a situation where a woman was being asked for a car by a friend (dementia specialist ID2) another spoke about financial exploitation by family members, neighbours and 'romance fraud' where people who lived on their own were tricked by someone pretending to desire a relationship (learning disability specialist ID31). A further interviewee spoke about withholding or controlling benefits (learning disability specialist ID37).

Multiple practitioners highlighted that people with cognitive impairment are vulnerable to potential sexual exploitation (law enforcement ID1, mental health specialist ID14, local authority safeguarding ID26, housing specialist ID34). The examples discussed by interviewees revealed levels of ambiguity around the level of choice and consent that was involved. Examples included a rough sleeper with learning disabilities who was being sexually exploited to finance drug habits and find a place to sleep (local authority safeguarding ID26) and a sex worker with limited agency or control:

She said, 'Yes I spent 10 hours in a hotel room and had 12 males come round during the day all at staged times and I was told that I've got to get rid of them after half an hour so I could get the next one.' It was that matter of fact and it's like, 'Did you arrange any of those?', 'No, no someone arranged it for me.' and she's like shrugging her shoulders, you are like, 'You are exploited' (law enforcement ID1).

A number of interviewees also spoke of criminal exploitation including 'cuckooing' and 'county lines', which was perceived to be on the increase and often targeted those with vulnerabilities (local authority safeguarding ID8, housing specialist ID34):

Generally young drug dealers on county lines will go to an address, it will be someone who's got some sort of vulnerability whether it's alcohol, drugs or mental health, they'll take over the address and deal from that address and treat the occupant horribly, basically. We call that - obviously - cuckooing and we deal with the safeguarding of the adult and try and prosecute the offenders for the drug dealing offences (law enforcement ID1).

Labour exploitation was also recognised by practitioner respondents, despite being absent from the wider literature. One interviewee recalled:

I worked with a man with learning disabilities who was kind of being exploited for his labour. He was given a mattress to sleep on in this guy's home, but then had to do all the housework, all the cooking, all the shopping, had his benefits taken off him (local authority safeguarding ID 26).

Other forms mentioned included forced begging (local authority safeguarding ID6) and labour exploitation linked to volunteering in a charity shop (learning disability specialist ID35).

Interviewees with lived experience of cognitive impairment added a further category of every-day exploitation, in relation to scams and online abuses. These could be classed as exploitation where interviewees are deliberately targeted because of their condition. Examples included visits from loan-sharks, online grooming and phone scams.

In summary, this chapter provides strong evidence for connections between cognitive impairment and exploitation in England. Although existing statistical sources give an incomplete picture, additional data introduced from Safeguarding Adult Reviews, our practitioner survey and interview evidence, demonstrate that a broad spectrum of exploitation is a lived reality for many people with cognitive impairment, and frequently observed by those who support them. The next Chapter will look in more detail at how cognitive impairment and exploitation are linked.

5. How does cognitive impairment increase exploitation risk?

Summary

Evidence from our study found that risks for exploitation could be broadly divided into vulnerabilities that related directly to the diagnosis or existence of cognitive impairments, and other risks that arose from the social consequences and effects of cognitive impairment.

Our participants particularly mentioned substance misuse, intellectual disabilities, mental health and dementia or cognitive decline. A lack of diagnosis was also a frequent challenge for practitioners seeking to support individuals at risk of exploitation.

A range of social drivers also impacted on vulnerability to exploitation, including limited or absent family support, harmful social networks, trauma and isolation. People with lived experience also described the impact of discrimination, hate-crime, and social precarity driven through factors such as irregular immigration status or unemployment.

Coercive and controlling relationships were a significant factor predicting exploitation alongside the existence of social networks used to target a potential victim.

This chapter draws on qualitative data, as well as some quantitative evidence from the Safeguarding Adults Reviews, to present evidence on the ways in which cognitive impairments create risk. Dealing first with the conditions themselves, we consider how research participants described risk emerging from the most commonly encountered impairments, including substance misuse, learning disabilities and autism, mental health, dementia and cognitive decline, as well as situations where diagnosis was not apparent. We then move on to looking at social and interpersonal risk factors for exploitation, including the role of perpetrators. In the final section of this chapter, we use a statistical technique known as qualitative comparative analysis (QCA) to identify important combinations of potential risks.

Multiple practitioner interviewees described how the vast majority of those affected by exploitation that they came across in their roles involved a form of cognitive impairment as defined by our study. Co-occurring conditions and diagnoses were often discussed, with substance use, mental health issues, and learning disabilities most frequently mentioned. As one interviewee summarised it:

> I would say every case [of suspected exploitation] we've ever had to go to the property, I would say all those had a form of it [cognitive impairment]. I wouldn't say just one thing" (local authority safeguarding ID5).

Substance misuse

Practitioners discussed substance use as a form of vulnerability which often co-existed with mental health issues and/or significant adverse life experiences. Sometimes substance misuse pre-dated exploitation and at other times it was a perpetrator strategy to better control and coerce an individual.

Addiction frequently meant that individuals had limited choices aside from engaging in exploitative exchanges of labour or services to gain access to the drugs or alcohol that they needed. One interviewee described a case of suspected sexual exploitation where twelve suspected female victims had substance use issues, receiving meagre pay in return for sex work to purchase drugs and alcohol. Despite being exploitative, the individuals involved would sometimes defend this relationship in order to maintain their addiction needs:

> They say no they're not being exploited because they're sleeping with eight blokes in one day they'll probably get given £50 and they can go and buy drugs and alcohol. If we step in and they become a victim will obviously break that cycle but they don't get money (law enforcement ID1).

The same interviewee also discussed substances as a lever to persuade those who had secure housing to give access to people who would then 'cuckoo' the property, (use the house for criminal purposes such as drugs distribution). Another interviewee suggested that exploiters using victims this way may not necessarily view this as exploitation:

> *I can see where somebody might have sat there and thought, I've given them a drink, they accepted the drink, they opened the door, they said yes. What's the problem? (local authority safeguarding ID8)*

Substance use can also lead to increased risk in other ways, for example by causing acquired brain injury (e.g. Korsakoff syndrome), which causes clinical cognitive impairment. It could also lead to fluctuating capacity, with some Safeguarding Adults Reviews recommending that guidance or training was needed to aid professional's understanding of these situations. (Leicestershire & Rutland, 2020; Surrey, 2022; Essex 2021:2022; Leicestershire & Rutland, 2020; Swindon, 2020; Stoke on Trent, 2022; Surrey, 2022.)

One interviewee also pointed out that personal relationships may be damaged or deteriorate through substance use that could leave people vulnerable to exploitation (mental health specialist ID7). We discuss the implications of social isolation further in our section on social drivers of exploitation, below.

Developmental disabilities: learning disabilities and autism

Practitioners also discussed developmental disabilities such as learning disabilities and autism. One interviewee described how "impaired social functioning" of those with learning disabilities meant they might not recognise exploitation (learning disability specialist ID31). Some interviewees argued that people with mild needs living independently could be more at risk than those with more profound impairments who would typically have more day-to-day support:

> *But actually, when I think about these people from [exploitation] cases they're all people who are fairly independent, who need a bit of support, but actually access the community on their own. So these are people with mild needs generally. That's our experience, I think (housing specialist ID24).*

Another respondent described her experience of frequently witnessing those with autism or ADHD being involved in criminal exploitation:

> *They are... so easily led and so easily convinced...I've noticed that probably every single person that's come to us for support to do with county lines..., any kind of criminal activity it tends to be people that have issues around autism and ADHD or a learning disability like dyslexia or Aspergers or something like that (local authority safeguarding ID6).*

Although the idea that people affected by exploitation may not recognise their victimisation was echoed by many practitioners, it did stand in contrast to some of the findings from participants with lived experience of these impairments. For example, interviewees talked about 'bad' friends 'using' them, unprompted "They didn't want me to leave because they were just, they just were using me, isn't it" ('Gabriel'). Some interviewees were able to identify attempts at organised telephone or internet scams. Several described their reluctance to lend money due to awareness of potential for losing it "they say they're going to give it you back but they don't" ('Amy'). In cases where exploitation had occurred, interviewees often tried to report to family and/ or the police, unless prevented by perpetrators ('David'). Another interviewee emphasised the importance of reporting so the same would not happen to others: "I didn't want to [report] but I thought, well I have to do it because for those other people he'd done it too as well as me. Somebody had to otherwise he could go on and on" ('Cathy').

Therefore, there was some contrast in perceptions of whether people recognise exploitation.

Mental health

Mental health conditions were mentioned as a risk factor by many interviewees, often in relation to adverse life experiences. One interviewee described how many people came to their services having mental health issues, but stressed these were often related to trauma, rather than 'diagnosed psychotic illness' (local authority safeguarding ID11). This was echoed by another interviewee who described mental health issues as a potential result of experience of care as a child, or experiences of abuse – adding that this often co-existed with substance use issues (housing specialist ID38). At least seven of the participants with lived experience had experienced some form of historic abuse, including physical assault by family members and childhood sexual abuse, sometimes with the complicity of parents.

Domestic abuse as adults was also common, sometimes including financial exploitation, and some interviewees described multiple abusive intimate relationships

> *My first relationship was abusive, and my second-When I went to my third he manipulated me with fear of the fact that I'd been- [long pause] So people, even if you've got a disability you haven't, if they find that you've got a fear they use it against you as well. ('Charlotte')*

Multiple interviewees described dual or multiple diagnoses with mental health, autism, learning disabilities (local authority safeguarding ID8; mental health specialist ID7; housing specialist ID34; law enforcement ID1) as well as cognitive decline and/or physical disabilities. As a result, some individuals needed support from both mental health support services and adult social care.

> *So they'll not only have support commissioned by the local authority, but there will also need intervention by the Mental Health Support Services. And sometimes what we're finding is the two aren't communicating, so you can have professionals in Adult Social Care, professionals in Mental Health Support Services as well and the two aren't connected in the same way that perhaps we would expect them to be (housing specialist ID34).*

Interviewees also discussed a link between adverse life experiences and substance use and mental health issues. One safeguarding expert interviewee discussed a police investigation into group-based child exploitation, where they found adverse experiences in victims' lives.

> *When we got to work with them and tried to support through that process of engaging with the police and statements we found out that they had suffered huge trauma, and we know that might have been from the exploitation but also in their childhood or their previous experiences and so when you add all that up and the impact of trauma has a massive impact on someone's daily functioning ability. And that can impact on their executive functioning and decision making. And sometimes what they normalise you know if all they've had is abuse in their life then sometimes it's hard for them to recognise abuse is happening (local authority safeguarding ID11).*

This link to adverse life experience was also present in the literature review and our SARs analysis, which found 47% of people with cognitive impairments had adverse childhood experiences (ACEs), including witnessing abuse, family conflict and bereavement.

One practitioner added that an additional risk was present for people taking psychoactive medications, as in addition to vulnerabilities related to their cognitive impairment, their medication had a street value;

> *So things like lorazepam, which you will often find sort of older people taking or people taking as what they call a PRN medication. And sort of benzodiazepines, various. But every so often we will get that you know.. ..someone has moved in and is taken somebody's medication off them (local authority safeguarding ID8).*

Dementia/cognitive decline

Dementia and cognitive decline was another common theme, particularly as impairment could be degenerative and fluctuating, making it difficult to assess when individuals are losing capacity for decision-making, particularly around financial decisions or personal relationships such as marriage. Dementia could also be obscured by other conditions: for instance an interviewee highlighted a case of alcohol-related dementia where the individual was "labelled by everybody, including the GP, as an alcoholic and it was just kind of- his vulnerability wasn't really explored" (dementia specialist ID25). Even those in the early stages of dementia who were managing their needs could still need extra support (local authority safeguarding ID8).

There were, however, some barriers to accessing support for people with a dementia diagnosis from existing multi-agency structures. For example, although people with dementia were being referred to a specialist multi-agency panel on domestic abuse, agencies didn't know how to support the victim, due to the condition involved (dementia specialist ID25).

Some protections could also heighten risk if individuals were being manipulated by carers. For example, while Lasting Power of Attorney can be used to protect financial assets, the person appointed as attorney can also use this mechanism to financially abuse someone.

> *So I've seen a situation a few years ago where somebody had managed to get power of attorney somehow or another and then had transferred all of the person's money into their own account, I think it was about £30,000 and distributed it between themselves and their siblings (dementia specialist ID2).*

Lack of diagnosis and recognition of conditions

The need for better access to diagnosis in order for cognitive impairments to be identified and formally recognised emerged as a strong theme in the interviews. One modern slavery practitioner commented that many people referred to their service had no recorded diagnosis, but with investigation and multiagency involvement "the number of times we find out that somebody does actually have some other level of vulnerability you know, such as some sort of diagnosis is massive" (local authority safeguarding ID11). Practitioner Interviewees also described barriers to accessing assessment and diagnosis through the NHS, meaning individuals and services are not aware of cognitive impairments that may be present (local authority safeguarding ID17; ID6). One professional described how a lack of diagnosis could make someone further vulnerable, as there is not a self-awareness of that potential risk factor (health professional ID16).

It was important to pursue diagnosis from an early age. One practitioner stressed that early identification and support for those in school was key:

> *We need earlier intervention at an early level and this is way before sort of any exploitation takes place. So in terms of children, for argument's sake, identifying at an earlier stage if there is learning difficulty or if there is a learning need or, you know, there is a psychological or mental health problem at an early stage of dealing with it (law enforcement ID9).*

Another interviewee highlighted that undiagnosed and unsupported neurodiverse conditions could have consequences for exclusions or interrupted education;

> *.. and we know that exclusion from school is a major vulnerability when it comes to being recruited into organised crime. That sort of lack of supervision and exclusion from your peers, it makes you considerably vulnerable to being criminally exploited (law enforcement ID4).*

Even when diagnosis was present, it was sometimes necessary to have specialist advice to fully understand the effects. One interviewee working in speech and language therapy highlighted that many people's struggles are invisible or not obvious, even when there is a diagnosis in place. She gave the examples of someone with learning disability who appeared high functioning but could not read, and someone with ADHD who might be prone to impulsive decision making (health professional ID16).

Social and interpersonal risk factors for exploitation

In addition to cognitive conditions, analysis of SARs highlighted that risks often arose from interpersonal relationships where perpetrators were often known and called friends. Figure 9 shows that many of the individuals affected by exploitation had harmful social networks (65%), with limited or no family support (85%), and experience of isolation (59%).

Figure 9: Risk factors for exploitation identified in SARs

Source: Authors' data analysis from 58 Safeguarding Adult Reviews where exploitation was a factor, 2017-22
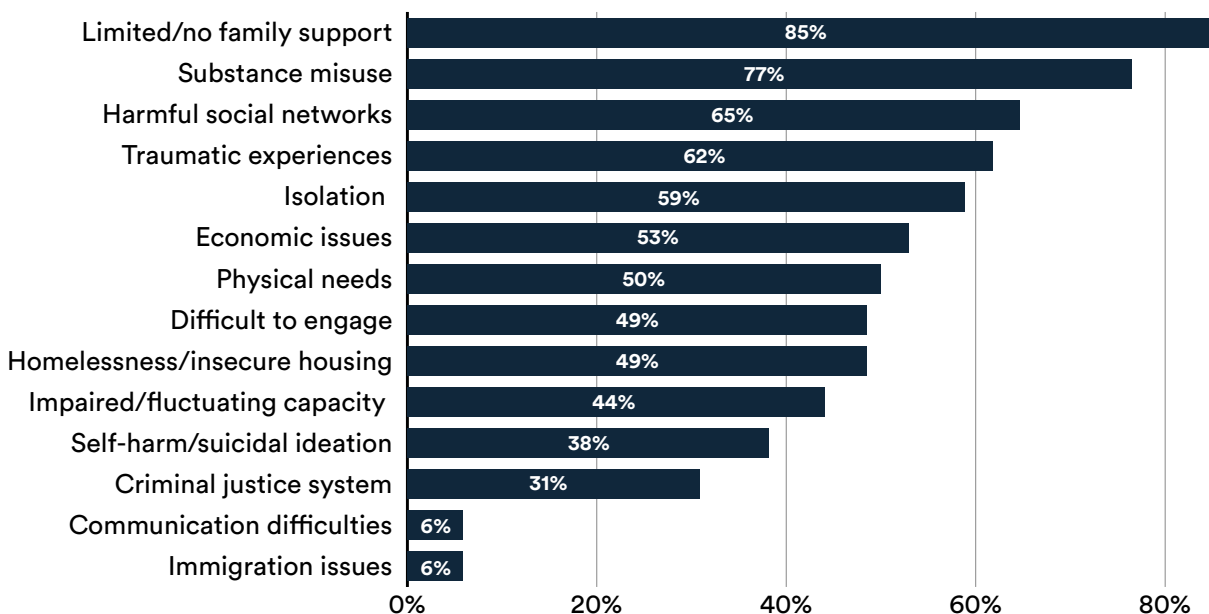
Interviewees with lived experience of cognitive impairment also tended to refer to the social context of their exploitation rather than their condition or disability. For example, one prominent issue related to discrimination and hate crime. For people with learning disabilities this started early with childhood bullying:

> *So it started off with basic bullying. I'd have my lunch money stolen, my pencil cases going missing. I did try to make friends, I really did, but having autism I wasn't quite at the level they were at. So, they were talking about make-up and night clubs and things like that, and I was more interested in cartoons ('Lola').*

Interviewees also discussed being routinely bullied and mocked as adults by acquaintances and strangers for their disability, with exploitation sometimes emerging following this type of abuse.

> *Interviewer: 'What started to change about them?'*
>
> *Gabriel: 'They were like calling me names and that, shall I say it?'*
>
> *Interviewer: 'Yes, you can do'.*
>
> *Gabriel: 'Spastic and that, and I started to realise they weren't nice people' ('Gabriel').*

Participants also reported discrimination in the workplace around their disability, and stigmatising behaviour from professionals.

Social precarity and vulnerability could also be created by state actions. 'Nur', a participant with insecure immigration status, mentioned that his risk - associated with mental health problems - had emerged partly from the stress caused by a removal of his 'right to remain' in the UK: "before I'd gone through my experience, I was mentally very broken because my status was revoked by the Home Office" ('Nur'). A practitioner also made an explicit link between reductions in housing support and increased County Lines cases:

> *We've certainly seen an increase, and the link there would be where individuals have had their support reduced over time by the local authority, because we specialise in housing people with a learning disability, with commissioned support packages in place with the local authority (housing specialist ID34).*

Isolation also emerged out of specific circumstances such as living away from friends, moving to a new city, or bereavement. For instance, 'Gabriel' described how the death of his mother had led to loneliness: … "because my mum passed away basically and I was very lonely, so I thought they were my friends but they used me" ('Gabriel'). In other cases the death of a parent had led to increased pressure for work ('Mario'), or the loss of a 'father figure' to assist with guidance ('David').

However, two interviewees (both with autism) made more specific links between their condition and social isolation. For instance, 'Scarlet' described how:

> *I have functioned quite well, but in terms of socially, and social integration into different settings – particularly larger settings – I have really struggled to fit in and make significant. To integrate socially, I have always found that a real challenge, from being a small child to now. There are challenges with that, and I would associate those with my autism, I think ('Scarlet').*

Personal characteristics impacting risk

Some interviewees who experienced mental health issues commented that risk had emerged from an inability to recognise problems and to access help. One said, 'I didn't know these names like depression' ('Mario'). Another explained:

> *For me I think initially I was going through it I was struggling but I didn't have an idea of what I was going through it and I thought it was just normal for me. It felt like normal and the moment that I realised I wasn't okay it was when I was ill and I wasn't able to do anything about it and I was at the hands of my perpetrators ('George').*

Risk could also emerge from a propensity to be kind and generous. Interviewees described being eager to help those who became exploiters, and support workers noted how this could create openings for mistreatment:

> *And they'd say, "I've got no money for food, I'm struggling," and when they said, I've got a good heart so like I wanted to help them, isn't it, and that's how my money had just gone down ('Gabriel').*

Only one interviewee mentioned struggling with substance use (alcohol), which in their experience was also used as a lever for exploitation. However, as our recruitment channels had mainly led us to individuals with learning disability, rather than people with multiple and complex needs, this may be a reflection of our interview cohort.

The role of perpetrators

Although factors relating to their condition, social and personal factors were important aspects of risk, our conversations with lived experience participants also highlighted that the presence of a perpetrator was a critical factor.

Exploitation most often occurred through existing familial or social networks. Often these relationships were complex and practitioners found it difficult to separate friendship and exploitation, exploitative relationships could be so "embedded in their lives" that it was complex to unravel (local authority safeguarding ID6):

> They are very, very difficult to unpick actually because ... In my experience it's rare to come across a situation where it's purely exploitative. Although there are obviously those sort of situations around, but it's usually quite a complex mix of helping, but not necessarily doing it the right way. Maybe sometimes seeing a bit of an opportunity in there... without actually being aware that, yes, they're contravening some of these rights or doing something that's not perhaps in accordance with the law (local authority safeguarding ID29).

Some people with lived experience described exploitation by their parents or another family carer, and several interviewees faced exploitation by intimate partners which overlapped with domestic abuse. In line with the findings from the SARs analysis, participants often described other types of abuse accompanying exploitation, such as physical or psychological abuse:

> she used to like, keep me away from my family, and she used to try and stop me from going out with them or she had to be invited, otherwise - if she wasn't invited - she'd have like a dickie fit like a child ('Faye').

One exception to this pattern was labour exploitation. Exploitation that involved people being trafficked across borders for forced labour was more likely to be organised, and carried out by those not well known to interviewees. Forced labour often began with informal work, offered to individuals who had few choices about work due to unemployment or visa restrictions: "he said, 'look, you don't have paper, I'm favouring you that I give you £5 right now,' so do work whole week, and we will think what we could do for you" ('Mario'). In other cases, individuals reported meeting exploiters through apps and social media, and in one case exploitation had occurred through hacking.

Many of our lived experience interviewees discussed being manipulated in abusive intimate relationships. Grooming was often evident through actions to build trust, through food, money, work and assistance, although this often progressed to jealous and controlling behaviours.

> They gave me food and that, at first, and were like really nice and giving me food and that, then they were saying they couldn't afford it and could I help them. And slowly they said, they said they were going to get a job and pay me back but they were just pretending to get me to give them money ('Gabriel').

> "Well, you get a lot of people going for a coffee morning at this healthy hub and they meet lots of friends but within that you've got Joe Bloggs who is selling drugs and being a nuisance in the community. So he will rock up there, he follows him home, they get to know where those people are in the district and then the next thing, they're talking to them and then buying them a coffee and then the next thing they're going and visiting them in their home address" (local authority safeguarding ID5).

Although friendships and relationships could be exploitative, they were sometimes difficult for individuals to give up. As one housing officer put it 'using cuckooing and County Lines as an example, some of our tenants have said, "But these are friends of mine and I'd rather have relationships with these individuals than no relationships at all" (Housing specialist ID34).

Another practitioner likened the problem to 'Stockholm Syndrome' (feeling empathy with one's abusers) and emphasised that the need for connection was a difficult gap to fill:

> And then there's that Stockholm syndrome where they think they're in a relationship with people or they are their friends and partners and belonging, the professionals can't really provide that sense of belonging or when they are by themselves nighttime and lonely (local authority safeguarding ID11).

Once perpetrators were in a position of power, physical violence, threat and intimidation were used as a means of control.

> They were good to me as long as I was doing what I was told. And then if I refused to do something that I didn't want to do then they started to be a bit more aggressive ('David').

> He didn't have to hit, just to raise a voice would do it and the angry look to get what he wants. Again if you didn't want to have sex his angry voice would make you ('Charlotte').

Multiple tactics were used to isolate victims, including removing phones and cutting phone lines. Other communications were routinely controlled and monitored. Perpetrators would also tightly control movements, and accompany those exploited wherever they went, preventing them from leaving or interacting freely with people who might have been able to assist.

Interviewees who had travelled to the UK as part of their exploitation were easily isolated as they were unsure of mechanisms to gain help. The needs of those being exploited were often neglected, and their perceptions of the situation were constantly distorted and challenged:

> I was made to believe I was going crazy. I just couldn't– what's the word? I couldn't consolidate or articulate– I couldn't put a reason to AB equals C and D. I could only articulate what I thought to be true, but I couldn't really substantiate it with evidence. I just knew something wasn't right, in my reality of life, but I didn't know why, or how. And he made me believe I was going crazy. I started getting worried when he once cut the phone lines, the landline phone that we had ('Scarlett').

Exploring causative factors for exploitation using qualitative comparative analysis

To quantitatively delve deeper into the potential risk factors for exploitation among people with cognitive impairments, we used a statistical technique known as fuzzy-set qualitative comparative analysis (fsQCA) to examine how combinations of four factors that appeared consistently within the qualitative analysis, may have created conditions that could lead to experiences of exploitation among people with cognitive impairments. These factors were conceptualised in terms of vulnerabilities (coercive control and not being believed) and resilience (education/skills and access to social networks). Full details of the method and analysis are in the technical appendix.

Using 23 case studies drawn from lived experience interviews, our analysis showed that the presence of coercive control, absence of strong education/skills and access to social networks, may contribute to the exploitation of people with cognitive impairments. We found that not being believed by services can also potentially contribute to this risk.

This finding was somewhat counter intuitive, in that we had expected social networks to be a positive factor promoting resilience against exploitation. However, it supports the emphasis on the importance of paying attention to the perpetrator role, and highlights that although social networks can be positive, it is the nature of relationships in the network that is important.

In summary, this chapter has highlighted evidence relating to ways that having a cognitive impairment can result in heightened risk for exploitation. Although some risks arise directly from the effects and symptoms of conditions, many are associated with social and interpersonal challenges, such as absent or harmful social networks. Above all, it is important to recognise that exploitation occurs within the context of harmful and controlling relationships, which should be an important flag for potential exploitation risk.

6. What are the existing policy and practice responses?

Summary

Service responses were constrained by a confusing legislative context, that did not always cover the forms of exploitation being encountered in practice, or provide tools to distinguish between differing forms of exploitation and abuse.

Both interviewees and SARs reported that mental capacity assessments were sometimes used to justify disengagement with adults on the grounds that they were making 'choices', but the role of coercion was not being sufficiently taken into account in assessing capacity to act on decisions.

In addition, there was evidence of stigmatisation of victims, a lack of attention to perpetrators, and few efforts to ensure that people who had experienced exploitation received justice.

There were sometimes problems initiating multi-agency work in a context where perceived needs were not meeting thresholds for intervention, and this could prevent investigations to uncover hidden exploitation.

A lack of resources and challenges with staff turnover could limit effective joint work, as well as problems with accessing key support services such as substance misuse support, housing and health.

This chapter considers existing policy and practice responses to the exploitation of people with cognitive impairment. After setting out the legislative framework, it draws on the survey, SARs analysis and interviews to highlight challenges and problems in existing service responses. The chapter concludes by discussing the implications for those experiencing exploitation, in terms of a lack of access to key services, justice and other long-term impacts.

Legislative frameworks

Our research highlighted a complex legislative context for exploitation in England, and it is therefore important to set out elements of the existing framework as context to those comments.

States are committed to protect people with disabilities under the Universal Declaration of Human Rights and the 2006 UN Convention on the rights of people with disabilities, but less provision exists specifically in relation to preventing exploitation, particularly in relation to policy implementation at a domestic level.

Article 22 of the Universal Declaration of Human Rights states that:

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Furthermore, article 25 reinforces the right to security in the event of unemployment, sickness, *disability*, widowhood, old age or other lack of livelihood in circumstances beyond his control (UN 1948).

The UN convention on the rights of persons with disabilities covers 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (art. 1). This includes an obligation to ensure that laws and administrative measures guarantee freedom from exploitation, violence and abuse and promote the recovery, rehabilitation and reintegration of victims. (UN 2006 :12)

Furthermore, UNHCR has emphasised the need to improve monitoring, emphasising that data collection continues to suffer from biases and discrimination. UNHCR recommend that data collection processes are strengthened to guarantee more inclusive levels of planning, implementation, and monitoring (UNHCR, 2019).

When it was passed, the UK's Modern Slavery Act 2015 was hailed as world-leading, drawing together a range of legislation relating to human trafficking, slavery, servitude, and forced or compulsory labour. However, the Act pays limited attention to the implications for people with any type of disability, including cognitive impairments. The 2021 Statutory Guidance for the UK Modern Slavery Act highlights that people with drug and alcohol dependency issues, people with underlying health factors such as learning difficulties, disability, communication difficulties, chronic developmental or mental health disorders may be 'particularly susceptible' to modern slavery (Home Office 2021b: 102). However, there is no single common programme of training for 'first responder' organisations making referrals to the NRM and no specific training on aspects of identification or support connected to cognitive conditions.

The Modern Slavery Act 2015 also only applies to exploitation in its most extreme forms, and much of the 'every-day' exploitation faced by interviewees in our study was not categorised in this way. In practice, participants in our stakeholder workshops told us that exploitation cases are being dealt with under various aspects of legislation and policy including the Care Act 2014, Modern Slavery Act 2015, Domestic Abuse Act 2021, Anti-social Behaviour, Crime and Policing Act 2014 Human Rights Act 1998 and statutory instruments such as Slavery and Trafficking Prevention orders (STOPOs) and Closure Orders.

Legal grey areas and loopholes also exist, for example 'cuckooing' is not yet an offence and is often dealt in practice through closure orders and anti-social behaviour orders. Another example is laws around abuse and coercive control, which currently only apply to intimate partners and family members, rather than other types of relationship.

Challenges to effective responses

Our practitioner survey, SARs analysis and interviews revealed many challenges in formulating effective responses to exploitation of people with cognitive impairments. Table 6 outlines practice survey responses concerning the inability of services to intervene effectively. From a list of suggested response options (which had been informed by the literature) the most prominent factors reported were lack of engagement with professionals (72%) and the assessment that the adult has the mental capacity to make specific decisions (65%). Other notable reasons include bureaucratic procedures and practices (51%), lack of resources (55%), and lack of a known diagnosis (45%). Additionally, the severity of the adult's impairment (43%), influence of the adult's family (37%), and lack of a clear referral pathway (37%) are also considerable barriers.

The adult's past justice-involvement is the least cited reason at 14%. Other reasons suggested by participants included lack of team capacity and team cohesion, differing opinions among local authorities, all of which may be exacerbated by a limited understanding of the case at hand.

Table 5. Reasons for services' inability to intervene effectively

Source: Practitioner Survey

	%	Count
Assessment that the adult has mental capacity to make specific decisions	65.3	62
Bureaucratic procedures/practices	50.5	48
The adult's family	36.8	35
The adult's lack of engagement with professionals	71.6	68
The adult's past justice-system involvement	13.7	13
The adult's severity of impairment	43.2	41
Lack of a clear referral pathway	36.8	35
Lack of known diagnosis	45.3	43
Lack of resources	54.7	52
Other	5.3	5
Observations		95

Note: Authors' estimations using data from practitioner survey.

These areas could also be viewed more critically as being illustrative of elements preventing engagement with those who have complex needs. They highlight a tendency to rely on assessments of 'capacity' as a justification for service providers to disengage from attempts to intervene in situations with a risk of exploitation, if the adult is conceived to be making a 'choice' that they understand (see further discussion of 'capacity' below).

Differentiating between exploitation and abuse

A key area of confusion for practitioners was the identification of exploitation and how this related to other forms of abuse. One interviewee referred to the Care Act 2014, which includes recognition of exploitation as abuse, but suggested that exploitation should be clarified (housing specialist ID34). Another interviewee highlighted ambiguity in domestic abuse and exploitation:

> We have loads of cases where domestic abuse is a factor and when we get those cases through, we try and look at which way round is it, it's a bit chicken and egg. So if somebody had been exploited and because of that exploitation there's a knock-on impact of some domestic abuse, or is the domestic abuse the predominant factor and one element of that domestic abuse is financial exploitation (local authority safeguarding ID17).

This grey area between abuse and exploitation is especially relevant for female victims of modern slavery who are under-represented in NRM referral statistics. Rather than this being due to women being less likely to be exploited, one interviewee working with the police felt this underrepresentation was due to an issue with identification:

> So we're not always seeing females in an abuse situation as being trafficked or exploited, we're only seeing it as abuse. So they can be moved from A to B, they can be groomed in a particular way but we're not always seeing that. Whether it's criminal or sexual, we're not always seeing it because, getting back to sexual, you know, we're not always seeing the potential trafficking or wider involvement (law enforcement ID19).

Some interviewees particularly stressed the role of coercive control and gain in exploitation, contrasting to domestic abuse being power and control for its own sake (local authority safeguarding ID6, dementia specialist ID2).

> it is really about somebody taking advantage of somebody else for their own gain their own power to achieve something that they want....for me exploitation is understanding what control there is and what are the dynamics of the relationships going on (local authority safeguarding ID 11).

The relationship between agency, mental capacity and coercion

Many issues arose within the SARs in relation to the use of mental capacity assessments. Professionals often sought assessments of capacity to understand whether or not they had powers to intervene without compromising the autonomy of an adult. However, capacity assessments could be misleading in situations where people had fluctuating capacity for decision-making. Sometimes, other contextual issues including the presence of coercion or addiction were also not adequately taken into account. A SAR from Nottingham (2017) noted that "Capacity is especially complex when dealing with issues of exploitation which rely on coercion and control, which may therefore compromise capacity." Similar issues also arose in SARs relating to Teesside, 2017; Lincolnshire, 2019; and Southampton, 2019.

Young adults transitioning between Children and Adults safeguarding systems were particularly at risk, as the transition to adult status could colour decisions about the degree to which they were experiencing exploitation. The experience of Molly illustrates this point:

> "As Molly reached 18 and eligible for Adult Services, she was no longer able to receive the protection of the Children Act and Child Sexual Exploitation operations. She was largely now deemed as an adult with mental capacity to make her own decisions and was reported on occasions to be engaged in sex work..." (Teesside, 2022).

Molly's 'sex work' as an adult would have been deemed exploitation prior to her 18th birthday, but was viewed as a choice afterwards, even though it was still associated with escalating levels of addiction and 'apparent sexual exploitation'.

Coercive and controlling relationships also needed to be considered if a potentially controlling carer was given control of the individual's affairs (Teesside, 2022; Brighton & Hove, 2021; Hampshire, 2021; Lewisham, 2021; Haringey, 2019; West Berkshire, 2019; Newcastle, 2022; North Tyneside & Northumberland; 2019 Windsor & Maidenhead & West Berkshire; 2020 Swindon 2020). Professionals were not always aware of the impact of coercive control and the forms this could take, with police not always recognising it even when there was a documented pattern of domestic abuse (Devon, 2018).

In addition there were problems for some professionals in accessing capacity assessments, or ensuring they were carried out at the correct time (Barking & Dagenham, 2017 Swindon 2020 South Tyneside, 2017 Bedford & Bedfordshire, 2017; Salford, 2021; Doncaster, 2021; Newcastle, 2017; Gloucestershire, 2021; Swindon, 2022; Isle of Wight, 2017). There were also examples of deprivation of liberty without due process (Barking & Dagenham, 2017; Gloucestershire, 2018; Warrington, 2019; Barking & Dagenham ;Richmond & Wandsworth, 2021).

SARs also highlighted that capacity assessments were not always relevant to establishing effective safeguarding, and that alternative safeguarding approaches could be considered, or making better use of legal measures such as inherent jurisdiction (Rochdale, 2021; Bedfordshire & Bedford, 2022; Devon, 2019; Leicestershire & Rutland, 2020; Essex, 2021-2022; Newcastle, 2022).

Our interviews with practitioners echoed these concerns. Many interviewees spoke of capacity assessments becoming a reason for services to disengage, when they were conducted in order to understand whether individuals had the ability to freely 'consent' to a potentially coercive and exploitative form of a relationship:

> *You know it's like a get out clause if you say, 'Oh well the person has got capacity so we will let them carry on being abused.' Yes, so I think by saying somebody has got capacity sort of thinks, well- we don't need to bother (dementia specialist ID2).*

> *...we're working with people that are basically living in their own shit a lot of the time, in a ragged tent out in the cold. You would have to ask yourself, does this person really have executive functioning and the ability to make a decision or is it just quite convenient in a way to say, oh well they are making their own decision, and leave them to it (local authority safeguarding ID26).*

Being judged to have capacity could also be seen as justification for finding someone in an ambiguous situation of exploitation at fault, for example one interviewee from the police felt there was little they could do for individuals in this situation as they 'had capacity and knew right and wrong' (law enforcement ID1). This type of justification neglects the potential role of coercion in such 'choices' as well as the potential reality that individuals experiencing exploitation may have had few alternatives.

Stigmatising and discriminatory attitudes

If capacity assessments concluded that adults at risk had capacity to make relevant choices, those choices were often labelled as 'bad life choices' or 'risky behaviour'. The SARs showed multiple examples of discriminatory or stigmatising attitudes towards victims, which had potential to impact on decisions about safeguarding.

> *"While his learning disability was known to agencies like the police he often presented as more troublesome than troubled, a nuisance offender, an abuser of alcohol and drugs who chose a lifestyle that laid him open to risk. The fact that he did not have the mental capacity to make such choices was not recognised by some of the professionals who had contact with him" (Newcastle, 2017).*

> *"The commentary from Housing on the case has noted that Howard was "reluctant" to abstain from alcohol use and that this limited the options available. His alcohol use was seen as "behaviour of choice." On what basis, including access to specialist advice, this judgement was reached remains unclear" (Isle of Wight, 2017).*

> *"Negative cultures and blaming language can have a negative impact on victims making disclosures. There was some evidence of this in this case in describing Molly as a working prostitute" (Teesside 2022).*

Perpetrators could also be viewed through a lens of cultural relativism, assuming there was little that could be done because the crime was part of the exploiter's culture:

> *"There were some examples given by agencies, that suggested a culture of resignation about Family A's behaviours and a general sense that their behaviours were to be managed rather than tackled. Their manipulation and control of 'workers' on the sites was part of this picture. Agencies noted comments made such as 'that's the [Family A] way – there's not a lot we can do' that may have had a distorting effect on seeing the abuse for what it was" (Lincolnshire, 2019).*

Interviewees also discussed widespread blaming of victims of exploitation. This was frequently connected to vulnerabilities including substance use and mental ill-health, meaning that possible exploitation was overlooked. This was explained by one interviewee:

> *One of my bugbears is victim blaming language stigma and prejudice...you know they're placing themselves at risk, they're making lifestyle choices, they won't engage. Just lots of different bits of language. For me it has lots of effect. I think sometimes professionals use it because it gives them a reason for not having to do anything like it's not their responsibility if the person is making choices....it's really important that we try and keep professionals understanding of the difficulties that person is facing so that they don't start to victim blame, stigmatising (local authority safeguarding ID11).*

Interviewees also speculated that 'unconscious bias' may play in role in minimising exploitation and assault of those with learning disabilities, as if it was a lesser crime (local authority safeguarding ID26). This could be significant in relation to criminal and commercial sexual exploitation where victim and perpetrator roles frequently overlapped. One interviewee discussed a tendency for police to focus on the perpetrator role:

> *There's lots of cultural issues that, you know, everybody's an offender and, you know, Joey's just a little bad boy, whatever. But get to the back story and look at why Joey is like he is and who is behind that. Because generally speaking, there's a reason behind it" (law enforcement ID19).*

However, there were differences of opinion among police personnel interviewed, with another frontline police officer conversely feeling that the Modern Slavery Act is frequently used as a means of defence for criminals who are often complicit in crime.

Services minimising/not believing interviewees

Our lived experience interviewees often described not being believed or not being viewed as credible by the first worker they told of exploitation:

> *I had a social worker, I spoke to the social worker about it, but they didn't believe me. But the way they were taking money off me got me into debt ('Alex').*

> *My dad reported it there but nobody didn't believe me then ('Cathy').*

> *So I think it's the way people as I said it's the way people see your disabilities and they don't believe you because you've changed what you've said. Well in my case I change what I said because I can't remember ('Focus group participant').*

Interviewees also described more general experiences of professionals belittling interviewees, or not taking needs and concerns seriously.

> *Just don't judge us because we have got a voice and they don't want to listen. It's like they don't want to listen to us ('Laverne').*

A lack of attention to perpetrators

The narratives within SARs sometimes suggested that in dealing with suspected cases of exploitation, there was a lack of attention to perpetrators, with more attention to the exploited person. In Southampton, for instance, the 2019 SAR focussing on 'Adult P' noted that:

> *"The details of the men entering Adult P's flat were not known nor whether they had been partners of ex partners. The inference is that they were street drinkers but that would be assumption only. A full profile of who was entering the flat, and when and on what basis cannot be accurately ascertained" (Southampton, 2019).*

In a different case in Swindon, there had been no attempt to ascertain whether 'Terry' was the subject of financial exploitation: "it appears never to have been resolved whether Terry's informal carers were misappropriating his weekly personal allowance." (Swindon, 2020).

However, SARs do document difficulties on the part of services in safeguarding people from their potential exploiters, particularly where there were complex interpersonal relationships. These situations created challenges for engagement and cooperation with services where victims were attached to their perpetrators and might be their only social contact, for instance in Teesside, "Molly did not recognise all of her relationships as exploitative and felt that some of the perpetrators were her boyfriends" (Teesside, 2022). As a result, the adults affected were sometimes defensive of perpetrators. Some cases also included instances of professionals working with perpetrators to assess the care needs of victims and to investigate their situations (Barking & Dagenham, 2017).

Victims and witnesses could also be intimated by perpetrators (Teesside, 2022; Barking & Dagenham 2017); in a suspected modern slavery case involving a woman with learning disabilities "the neighbours felt intimidated by the occupants and did not wish to make a statement to police." (Barking & Dagenham, 2017). Those involved in a victim's care could also be intimidated (Devon, 2019; Lincolnshire, 2019). Intimidation is also an important factor to consider where there may be difficulties in engaging exploited people:

"In many ways, barriers to disclosure of modern slavery mirror what has been learned about disclosure of domestic violence. Many agencies commented that 'nobody disclosed abuse to them.' However, reliance on the victim stepping forward to disclose fails to recognise the significant barriers that victims need to overcome" (Lincolnshire, 2019).

Multi-agency working

SARs stressed the importance of multiagency forums to share the opinions and knowledge of various professionals (Hampshire, 2021; Richmond & Wandsworth, 2021; Salford, 2021). However, sometimes it was difficult for multi-agency work to be initiated, as the threshold for cases to be addressed by multiagency safeguarding forums were not always met. This was the case in the 2017 SAR on Lee Irving, but was also borne out in multiple additional cases (Lincolnshire, 2019; Southampton, 2019; North Tyneside & Northumberland, 2019; Newcastle, 2017, Teesside 2017).

"While agencies all tried to engage and support Lee Irving and on the whole information was shared, the threshold did not allow recognition of the cumulative effect of the concerns raised and co-ordination in the multi-agency response." (Newcastle, 2017).

Practitioner interviewees supported this point, describing thresholds varying extensively between areas (dementia specialist ID25, local authority safeguarding ID8, housing specialist ID34, local authority safeguarding ID11). A modern slavery specialist advocated for investigation of potential cases without a threshold, in order to ensure that cases of exploitation that had not previously been recognised were picked up:

So, from the beginning of when our team started, we've really adamantly not had thresholds in place and the reason for that is we feel that our service captures a lot of people that don't, on first glance, meet thresholds for statutory services (local authority safeguarding ID17, on a specialist service response for suspected cases of exploitation).

If thresholds were met, SARs noted that multiagency safeguarding meetings were sometimes not taking place regularly or missing participant. (Isle of Wight, 2017; South Tyneside, 2017). Some SARs recommended that new multiagency forums and processes be established for certain high-risk cases (Swindon, 2020; Devon, 2018; Bedford & Bedfordshire, 2017; Essex, 2021-2022).

At other points, people fell through gaps, due to transitioning out of child services, or because of disagreements about which agencies should fund services for people with complex needs (Windsor & Maidenhead & West of Berkshire, 2020; Gloucestershire, 2018).

"Danny fell through the gaps between agencies due to his co-morbidities… ..individual organisations provided good care for his physical condition and mental health up to the accommodation move in April 2016 when Danny's needs changed and increased. There was agreement between agencies that his support needed to be increased following discharge but disagreement what this increase should be and responsibility for funding it." (Gloucestershire, 2018).

Interviewees also discussed how cuts and lack of resources may influence such decisions:

as a result of pressures on local authorities, for example, financial cutbacks, mistakes get made just simply because there's not enough time, there's not enough staff, there's not enough resources to make sure that things are properly prepared for someone who is turning 18 (housing specialist ID38).

Staff turnover could also cause gaps in provision or impact on information-sharing between agencies. (Isle of Wight, 2017; South Tyneside, 2017; Essex, 2021-2022).

Beyond information sharing, the need for multi-agency work to culminate in coordinated action was also underlined. (Staffordshire & Stoke on Trent 2022; Surrey, 2022; Lewisham, 2021). However action was not always taken in line with appropriate powers, and the complex legal landscape sometimes meant that cases were not always dealt with correctly, leading to potential breaches of human rights (Barking & Dagenham, 2017).

Access to mental health and substance abuse services

SARs documented the difficulties people had in accessing mental health services, particularly for those with needs involving substance misuse (Southampton, 2019; Leicestershire & Rutland 2020; Richmond & Wandsworth, 2021). Accessing substance misuse treatment could also be difficult for those with additional vulnerabilities, such as brain injury, particularly if services were provided under contract (South Tyneside, 2017). This concern was also reflected by practitioner interviewees, with one interviewee worried that people with learning disability and mental health conditions were 'slipping through the net':

there's very limited services available to people with mental health support needs or with learning disabilities and therefore they can also drop through the net. It's not significant enough that they need a commission support package, but actually they do have a form of support need that potentially can mean that other people will therefore exploit them" (housing specialist ID34).

The most frequently mentioned support need following exploitation was mental health support consisting of counsellors, health and wellbeing workers, psychiatrists and psychologists. Some mentioned delays and difficulties accessing mental health support but found this helpful when they did. A number of interviewees described going for therapy after their experience, which was mentioned positively ('Charlotte', 'George', 'Mario').

Sometimes, when I really get suffocated, I feel like I cannot breathe, I cannot tell something to somebody, then I feel like I need support. So although I know that I mean, I know everything, and I know what they will say, but still I feel like if I speak to someone, I feel a bit lighter ('Mario').

The role of secure housing

Practitioner interviewees also discussed lack of housing as a major obstacle to keeping people safe. This could be due to inability to move someone from a risky situation, or to provide safe housing as part of a support plan.

so as soon as you identify someone of cuckooing, it would be really good to phone [housing provider] and say, 'we've got a victim of cuckooing can you move them out of the address, move it to a new address, move them to the other side of the city or move them into the next ward?' But they haven't got any houses left so they end up leaving them there (law enforcement ID1).

Additional vulnerabilities and/or a lack of recourse to public funds were also an obstacle to securing suitable housing in multiple SARs (e.g. Barking & Dagenham, 2017; Isle of Wight, 2017; Gloucestershire, 2018; Lincolnshire, 2019). Secure housing with the adequate support could be difficult to find for those with complex needs. One review in Gloucestershire noted that:

"It is hard for accommodation (even high support housing) to 'hold' complex individuals like Peter without putting others at risk... ...He sat outside of Mental Health Act detainment, residential rehabilitation for drug/alcohol dependencies requires motivation to change and housing services had been exhausted due to Peter's anti-social behaviour" (Gloucestershire, 2021).

However, one interviewee who managed supported accommodation emphasised that moving wasn't always the answer, and some needed more support to sustain their tenancies, particularly when they had mental health disorders (housing specialist ID38).

It was notable that access to mental health services and housing were also a theme within the lived experience interviews, meaning this was consistent across all three qualitative data sets.

Multiple interviewees with lived experience described obtaining safe and secure housing with the right support as being an important factor in existing exploitation and remaining safe. The form of this housing was different for different interviewees, and included solutions such as safe houses, safe lives placements, supported living, living independently in housing association property, and living independently in privately owned house ('David', 'Gabriel').

Lack of justice

For many lived experience interviewees, however, there was no resolution in terms of access to justice, with perpetrators avoiding prison sentences, even when there was evidence for prosecution and multiple victims. 'David', who experienced labour exploitation described a court case lasting 5 years which eventually collapsed. 'Nur', who was a victim of labour exploitation, found that the police had not investigated the exploitative business owner. Police were also reluctant to investigate cases which didn't include physical assault, and sometimes discouraged victims from pursuing cases:

Interviewer: Right, so what action- What happened then once they found out, what other people found out?

'Gabriel': Well it was reported but, erm, and police know about it but they wouldn't do anything because they didn't physically harm me, it was just manipulation... So they got away with it really" ('Gabriel').

Long term impacts

Whereas perpetrators often avoided any adverse consequences of their actions through lack of criminal justice resolutions, people with lived experience often had long term impacts arising from their exploitation, including mental health problems and debt.

The impact of exploitation on the mental health of interviewees was often described, including triggers, anxiety, feelings of shame and problems sleeping. Interviewees also described issues with concentration, actions such as self-harming, or worrying about belongings:

> Now I'm a patient of mental health. I have mental health issues, as well. Sometimes, at night, I will wake up fully light, and sometimes I take medicine then I sleep well, but often times I'm crying ('Mario').

> It took about six months for me to leave my purse in the familial home, the familial– I am on about my parents' home, when I moved back to live with my mum and stepdad. It took me six months to feel comfortable to leave my purse on the kitchen table. ('Scarlet').

A number of interviewees ('Adam', 'Alex', 'Gabriel') also described significant debt as the result of exploitation.

■ Because people ask me for money it made me go in a bit of a mess with my bills and all that, so I took loans out so I could give people money. And I got myself into a bit of debt with the loans, so giving people like money on credit cards and all that, giving money. ('Adam').

■ Well, I got back home in the end, like I left there but also they ruined my credit score, they got me to pay their rent and their bills, everything. ('Gabriel').

In summary, existing policy and practice responses have some clear gaps, but also point to areas that could be improved. In particular, greater clarity is needed within legislation and regulation in order to help practitioners distinguish abuse from exploitation, and to enable them to respond effectively to forms of exploitation they encounter on a regular basis, including cuckooing.

The data indicates a need for training and guidance to ensure that, in cases where an adult may need support to address exploitation, consideration is given to the impact of coercion on an individual's apparent 'life choice'. It is not always recognised that even when adults have 'capacity' for a particular decision that may be harmful, coercion may be playing a part in their 'consent'. In such situations it may be important for support services to remain engaged even if they are meeting hostility and disengagement, and seek alternative approaches to disruption.

An allied priority is the importance of focussing greater attention on perpetrators, and improving access for survivors to key support services such as housing and mental health support, alongside pathways to justice and compensation.

7. What can be improved?

Summary

The evidence in this study points to a wide range of areas that can be strengthened to prevent, identify and respond to exploitation:

Personal confidence and assertiveness were highlighted by participants with lived experience as being important to dealing with exploitation. Maintaining supportive links with family and social settings were often important to strengthen confidence, although risks were sometimes also present in these settings.

There remains an important role for specialised services such as supported housing, learning disability nurses and advocacy groups in supporting people with cognitive impairments to overcome challenges. Education and skills training was a further positive source of resilience. Such services are often vulnerable to spending cuts but may save resources by helping to prevent exploitation and abuse.

More accessible information materials would be useful to help people with cognitive impairment to discuss and report their exploitation.

Frontline practitioners would benefit from further training on recognising and responding to exploitation. This needs to include attention to legal frameworks, and guidance on the interaction between concepts of 'capacity' and coercive control.

Attention also needs to be given to avoiding the stigmatisation of adults and assumptions that exploitation has been part of a 'life choice'.

Data collection and sharing could be improved at both national and local levels to facilitate an improved overview of the intersection between cognitive impairment and exploitation, and to enable better identification of people at risk of exploitation at the local level.

Specialist teams and dedicated case conference approaches were felt to be helpful in responding effectively to exploitation.

Introduction

The practice survey, SARs, practitioner interviews and interviews with people who have lived experience pointed to a wide range of factors that could help to prevent exploitation and limit its effects, ranging from personal and individual strengths, through to social and systemic issues. These in turn suggest a range of possible opportunities for development and improvement.

Within this chapter we have grouped these factors in relation to preventing, identifying, and responding to exploitation. These underpin the recommendations within our concluding section (chapter 8).

Prevention of exploitation

Interviewees identified a range of supports that helped people with cognitive impairment to manage risks for exploitation that they faced in everyday life.

Assertiveness

Some interviewees with lived experience discussed how they had avoided or left exploitative situations, demonstrating personal confidence and assertiveness. Both humour and determination were present in their responses. 'Alice' explained how she would have dealt with requests for money from an abusive partner "if he did ask me, I would turn around: 'there's a money tree outside. Go and pick it off, it's outside. No he wouldn't dare.'" 'Charlotte' also spoke about leaving abusive relationships.

> the first one it just got- I had enough and I left. The second one, [pause] erm, he threatened me and then threatened my daughter, biggest mistake of his life. I actually threw him out the house. My daughter couldn't believe it, I just literally, physically threw him out. ('Charlotte').

Other respondents with lived experience ('Blessing', 'Richmond') also told us that speaking up and standing up for yourself were important to facing challenges and discrimination. Our interviewees seemed to find their confidence from different sources. In some cases this was a personal characteristic, but family support, friends and peer support were also important.

Family support

Where relationships with family members were positive, family connection was a core source of resilience. One important area was managing money and providing guidance during scam attempts, which may have helped to keep interviewees who had learning disability safe. In 'Alice's' case, this role was played by her adult daughter who also took an active role in her care. This was also described by the interviewee who chose the pseudonym of 'Successful' whose sister supported him with money management:

> we do like internet banking so what me and my sister do together on Monday. We also make sure it's important to know how much money's in the bank when we do internet banking make sure money goes up. What I don't want like I mentioned I have to be careful my wage doesn't go down. So as long as money goes up and then I'm not having to go back to as I described earlier. ('Successful').

Another area where family guidance was evident was relationships. 'Richmond' described his mother teaching him "how to stand up for himself" and expressed confidence in action he would take if someone was abusing him. Intimate personal relationships were another area of increased risk and 'Cathy' described how her father played a significant role in 'vetting' her boyfriends, and how she sought his support if she felt they were taking advantage of her. 'Scarlet', an interviewee with autism also reported her parents supporting her to leave her relationship in which she had experienced financial exploitation. Her positive relationship with her parents allowed her to recover from adverse experiences, including domestic abuse and sexual assault in addition to exploitation.

When participants found themselves in situations of exploitation, family support was sometimes key to their exit. 'David' experienced labour exploitation, and his sister played a key role in locating him and bringing his situation to the notice of the police. Ironically, his need for safe accommodation since bringing his case to court has since meant that he has been separated from his extended family, and can no longer see them regularly.

However, in acknowledging the key role of supportive family members, it is important to also highlight that a number of interviewees described family relationships that were exploitative. For example, a practitioner interview discussed deliberate isolation of a victim by family members as a prominent red flag, with reference to those living with dementia:

> So I think as soon as somebody starts to be isolated, because we get quite a lot of calls about you know, new wife won't let me see dad sort of situation. To me that starts to feel a little bit worrying as to why suddenly somebody is not allowed to see their father. (Dementia specialist ID2).

Nonetheless, support from family members was sometimes possible even if other members of the family were coercive. For example, 'Alex' was forced into debt by members of his birth family, after re-establishing contact with them upon leaving care, but continued to describe a positive relationship with his sister, who had experienced similar issues. 'Faye', described an extremely controlling and coercive relationship with her mother, where her mother was attempting to prevent 'Faye' from using her benefits to access services. After leaving her mother's home, 'Faye's' brother provided her with a place to stay and she described a positive relationship with him, saying they get on "really well". Protecting and maintaining positive family links was therefore valuable to some of the research participants.

Community support

More widely, interviewees with lived experience described a range of places they found social support outside the family, including sport and leisure activities, faith organisations, volunteering and hobbies. Many of these activities were not specifically for people who had experience of cognitive impairments, but combined with other dedicated support to create an increased sense of personal resilience:

> when I say the support network, I have myself as well, I'm trying to be strong and also some kind of help comes from the professionals, some from the community, some from your friends. So it's just combined. ('Nur').

However, in line with the causative factors noted in chapter 4, social and community networks could also be a source of risk. Some practice interviewees underlined the importance of recognising potential 'grooming' amongst adults:

> I think some people sense that they're [the victim] vulnerable and there is a definite exploitation part to it. So they will, what's the word? Kind of groom the person. They'll see someone that's vulnerable and they will genuinely be helpful and do things. Like they will do their shopping with them and stuff but the reward they get out of that is completely disproportionate. (Dementia specialist ID25).

Practitioners also expressed that situations could be extremely complex and require balanced judgements, to avoid introducing new risks and vulnerabilities:

> *So somebody may have a really unhealthy relationship with somebody but actually it is their relationship, and it might be their only relationship... if you just look at things straight on that cover and think, oh yes, my job is now to stop the financial exploitation, things can be so complicated that you actually create a lot more harm for that person and then you just leave them with that harm. So the financial exploitation may have stopped, but the emotional harm may be a greater risk than the one you've just stopped (local authority safeguarding ID26).*

Therefore, maintaining a positive social support structure was important to many participants and was essential for professionals to consider when seeking to prevent or address potential exploitation.

Specialised services

There was also an important role for dedicated support and advocacy groups, as well as specialised services such as supported housing options for people with learning disability. Support workers, carers, learning disability nurses and social workers were mentioned by participants as having key roles in providing affirmative person-centred support. One interviewee with lived experience highlighted the sense of security and connection that a 'shared lives' scheme had provided:

> *It's called 'shared lives' and it's really good place you can be because they do look after you check you're okay check you've got clean clothes on they check you're taking your tablets right. I just enjoy it. We going to Jamaica in April. ('Laverne').*

Interviewees also stressed the role of support and advocacy groups. Participants with lived experience enjoyed the sense of connection:

> *I enjoy everything because they all help me, they like me. Sometimes they open the door sometimes they make me cups of tea, coffee, they talk to me. They're very good people and I just love it there". ('Sarah', on a day centre).*

Several also felt that participating in peer support and advocacy had increased their confidence and skills, equipping them to deal with complex or high-risk situations. However, one practitioner sounded a warning note about the way that such groups were declining in the wake of local authority spending cuts, highlighting that such groups were a protective factor saving resources in the long term (local authority safeguarding ID26).

Skills, education & work

Schools, including schools for people with additional needs, were identified as important sites for early identification of exploitation among children and young adults, and may also be important in building awareness of exploitation risks (Law enforcement ID1, Mental Health specialist ID7, learning disability specialist ID31). Other settings, such as custody suites, could also be important for screening. Practitioners highlighted the importance of early diagnosis of learning disabilities and other types of cognitive impairment, to identify those who may benefit from support (Mental health specialist ID14). Another interviewee also recommended improved education for those with cognitive impairments around internet access and risks for exploitation (Learning disability specialist ID35).

Interviewees with lived experience often saw education and skills training as a positive experience and talked about it with pride. Education could be a place to form friendships and access support from professionals. Interviewees also discussed positive experiences of work environments where they felt supported, or experienced reduced isolation.

> *And my mum fought, and I got into a special school and I did quite well there, I must admit, I did quite well there. Didn't really make friends but academically I was able to actually walk out with some grades. I went to college and I started working in a nursery and, for the first time in my life, I actually felt like I belonged somewhere. The group of people that helped me with my training, the playgroup I worked at, the staff there were brilliant. ('Lola').*

> *I'm a poultry worker which is the job I work for. I work for people as I said based in [LOCATION] at the moment. Which is a paid job and I have friends who I work with as well, things like that. ('Successful').*

Conversely, some interviewees had memories of school as a place where they struggled to fit in or were bullied. One interviewee felt that unemployment had played a key role in increasing his risk for labour exploitation ('David').

Identification of exploitation

Building self-efficacy in reporting

One interesting observation from our data was that although practitioners sometimes expressed the view that people with cognitive impairments could not recognise exploitation, many interviewees with lived experience could describe and recognise what exploitation looked and felt like (although the term itself was sometimes unfamiliar and this may have been influenced by their interest in the topic or prior contact with support services).

The fact that interviewees with lived experience could often identify their exploitation suggests that one priority for improvement might be providing easily understandable and accessible information for individuals with cognitive impairments about ways to report exploitation, as well as potential sources of support. A practice interviewee agreed that building this type of self-efficacy was essential:

we're not only educating the professionals involved, but actually what's so important is because we want the individual to be at the centre and to drive the approach... when we think about really making safeguarding personal and making the individual the centre of the concern, being able to raise the awareness with them and being able to give them the tools to be able to recognise a form of exploitation (housing specialist ID34).

Increased training for professionals

Given the accounts within our lived experience group of not being believed, it was interesting to see that our practice survey and interviews often pointed to the need for professionals to be better trained and equipped to recognise potential cases of exploitation.

Interviewees emphasised that some common forms of exploitation are not well known. Despite the Modern Slavery Act being passed in 2015, there is still no standardised training in relation to modern slavery, including for local authorities where all members of staff are technically 'first responders' responsible for identifying and referring people who might be experiencing extreme forms of exploitation. Although one interviewee felt that their team had good awareness of criminal exploitation and county lines issues (mental health specialist ID7), another practitioner expressed their frustration with the lack of information:

How are all of these first responders, that are already not aware of the fact that they're first responders, supposed to then also know all of the knowledge and understand what modern slavery is, and know exactly what to ask, what indicators to look out for and exactly what sort of questions they should be known to ask them? Why should they all know that information about modern slavery? How are they going to know that, why are they expected to know all of that? Also, just to top it off there is absolutely no standard or like, statutory risk assessment in place at all for a victim of modern slavery (local authority safeguarding ID6).

Perceptions of exploitation could also be influenced by professional 'silos'. One interviewee felt that existing social work categories of abuse tended to obscure exploitation,

I mean ideally, if we were able to look at how we can have a category in itself that people become more familiar with, rather than just sticking to the fundamental abuse categories that we're so used to reporting on, that would be a brilliant outcome as well... perhaps exploitation can get hidden in other categories (housing specialist ID34).

Some forms of exploitation were also unfamiliar to our practice interviewees: "What is mate-crime? People don't always know what it is – so lots of people have never heard of that" (health professional ID16).

A number of interviewees said that training should include legal literacy (local authority safeguarding ID27) and improved understanding of the law around modern slavery and the Care Act 2014 as well as statutory guidance. Training needed to include discussions of nuance, developing case law and interpretations of the law. For example, one interviewee in the police described that the Modern Slavery Act includes goods and services taken by deception, not just 'force', and this should be born in mind when using language such as 'forced labour':

So we're not always seeing things because of the language we use. We're not always seeing things because of our understanding of the legislation, you know. We don't cover legislation enough (law enforcement ID19).

A further interviewee felt that the solution was integrated multidisciplinary training, which could include issues relating to capacity assessment and a risk management approach (local authority safeguarding ID8). However, training needed to be linked to wider service provision and systems:

> *We've had a couple of cases where it's been awful and we've been trying to educate the person who has the learning disability around exploitation and fraud and romance fraud and things, but they don't understand. But then there's also not the services to follow up with them.... (learning disability specialist ID31).*

Training therefore needs to be carefully targeted and also focus on practical tools and approaches that can be applied across professional disciplines.

Data collection and local multi-agency information sharing

There was evidence within our study that data collection could be improved at both national and local levels.

At a national level, small adjustments to the questions asked within existing datasets, for instance in the National Referral Mechanism, Family Resources Survey and Crime Survey of England and Wales, could help to develop a clearer picture of the way that exploitation and cognitive impairments overlap.

Our analysis of the Safeguarding Adults Collection Data showed that with adjustments to guidance, this data could more clearly identify intersections between cognitive impairment and exploitation. The data that is collated is hampered both by regional variations in recording and initiating safeguarding enquiries and the conflation of abuse and exploitation. While these areas are complex, clearer guidelines could potentially yield valuable data to assist in preventing and responding to exploitation.

At a local level, in dealing with people at risk of exploitation, practitioners indicated a need for better communication and collaboration between agencies such as social services, health care providers, law enforcement, and community organisations and enhanced information sharing protocols to systematically build evidence around potential cases of exploitation. "if there's exploitation occurring we're only going to find that by sharing information and checking in with our partners to put the piece of the jigsaw together" (local authority safeguarding ID11).

Some interviewees also suggested the need to clarify pathways for reporting and responding to safeguarding concerns across different regions and agencies, to ensure that evidence was collated at a local level. A number of respondents advocated for a dedicated case conference approach, modelled on the Multi Agency Risk Assessment Conference (MARAC) to facilitate this:

> *any kind of risk management with vulnerable citizens, needs to be done through some sort of case conferencing with relevant agencies and I think if you've got the right people round the table, then you don't necessarily need to box it off as being, yes, there's exploitation but there's also domestic abuse, therefore you can have it and we'll put it down. It's about joint working (local authority safeguarding ID17).*

> *in Nottinghamshire then, the only area in the whole of the country that I am aware of that actually holds a MARAC -like meeting, that actually does look at high risk victims in the same way as we do for MARAC. I think that their model and the way that they're doing things, the same as domestic abuse is spot on, and to be quite honest, everybody needs to follow them and follow suit (local authority safeguarding ID6).*

Responding to exploitation

One respondent reflected on the way in which exploitation appeared more socially accepted for (in this case) vulnerable adults with dementia, in comparison to child exploitation.

> *I'm just thinking that the differences between how we work with children and how we work with people with dementia is quite different. If you're a child, you get this kind of multi-agency approach where everyone's involved. The Police are involved, the schools involved, social worker is involved, safeguarding is involved, mental health services. Everybody is kind of there. When it's exploitation or abuse of some sort, it just feels like, I don't want to say nobody's interested, but it's just accepted, it's something that happens (dementia specialist ID25).*

Challenging this apparent acceptance of adult exploitation was seen as important to promoting effective service responses. In some cases this also meant developing more trauma-informed practice, and remaining engaged with individuals who fluctuated in requests for help or were sometimes uncooperative. One practice interview spoke of the need to:

> break down some of our cultural issues and problems as well, particularly in how we see vulnerability. You know, they're screaming at you because of their shit life. They're screaming at you because they hate the police. They're screaming at you because you're taking the bloke away that they think is a boyfriend, who is actually their exploiter. You know, we're not thinking about why they've got into that situation and why they do that (law enforcement ID19).

Challenging stigmatisation was also important. Narratives from SARs cases (highlighted in chapter 5) as well as our interviews showed that many people impacted by exploitation had experience of the criminal justice system or substance use, meaning that exploitation and abuse they endured were sometimes viewed by professionals as part of their life 'choices' and a reason for disengagement or non-provision.

Several interviewees stressed the need for training and guidance on capacity assessments, which should take into account the impact of coercive control on an individual's ability to act on their decisions. Currently this is not always carried out, with the emphasis often being on whether the person assessed has a cognitive impairment, rather than if they are able to have capacity for decision-making in a specific situation. Sometimes approaches to assessing capacity were also different between agencies (dementia specialist ID2, local authority safeguarding ID8).

Coupled to this was a need for practitioners to have knowledge and training on a wider range of interventions. Again, resources could be a challenge, with our practice survey noting the need for development and funding of specialised services tailored to the needs of people with cognitive impairments, including more accessible mental health and social care support. Specialist teams and job roles focussed on addressing exploitation were seen as an asset in this work.

In summary, there are multiple opportunities to improve the prevention, identification and response to exploitation of people who have cognitive impairment. Personal, family and community-based support all have a valuable place in prevention, but it is also important to maintain and invest in specialised support and advocacy, and build pathways to education, skills and work. While individuals need to be encouraged to report, professionals must also be ready to listen and to act, and trained in appropriate responses and interventions. Multi-agency processes need to enable this work, rather than offering further barriers to be overcome.

8. Conclusions and recommendations

This research project sought to draw together fragmented evidence across multiple sources of data to understand the intersection between cognitive impairments and exploitation in England. Our scoping review of literature confirmed that although linkages between different kinds of disability and exploitation has been recognised, the exploitation of adults with cognitive impairments is a neglected issue within both research and policy.

We have highlighted significant gaps in existing data collection tools and processes, which could be rapidly addressed through changes to existing data collection and publishing protocols. Analysis of the Safeguarding Adults Collection data showed that safeguarding referrals under section 42 of the Care Act were increasing, with growing numbers of referrals amongst adults having support needs for mental health issues and those with no previous contact with services. Although modern slavery was referenced in a small (but rising) proportion of enquiries, further guidance on the collection and recording of safeguarding adults data is important to gain a clearer overview of exploitation, distinct from other forms of abuse.

Despite these gaps we found compelling evidence to show that cognitive impairments are almost always present alongside exploitation in Safeguarding Adults Reviews, which address the most serious cases of harm and abuse amongst adults with care and support needs. Moreover, the SARs showed that people were frequently subjected to multiple forms of exploitation and abuse, with more common forms such as 'financial exploitation' and 'mate crime' often occurring alongside crimes such as sexual and criminal exploitation.

People responding to our practitioner survey confirmed that exploitation of people with cognitive impairment is an issue they regularly face in their working life, but pointed to gaps in legislation, policy, their training and resources to help address these issues. In particular, legislative frameworks currently show gaps and confusion about powers for intervention concerning wider forms of exploitation such as cuckooing and 'mate crime'. More awareness, guidance and policy needs to develop about the ways that exploitation is distinctive as a category of abuse.

SARs and interviews also suggested that it was important for people in frontline services to practice contextual safeguarding, taking into account the influence of coercion on assessments of mental capacity, and to question narratives suggesting that exploitation may be the result of 'poor life choices'. Stigmatisation and disbelief of people when they ask for help is still occurring, and more support is needed to help people experiencing exploitation access core support services and justice.

People with lived experience of cognitive impairment and exploitation often highlighted their everyday experience of cognitive impairment exploitation, which they frequently linked to wider social experiences including exclusion, discrimination and bullying. Qualitative comparative analysis of the interviews with people who had lived experience of cognitive impairment suggested that factors including the presence of a perpetrator, social networks, and not being believed may be particularly significant in narratives of exploitation. However, the varied backgrounds and narratives of those exploited support a non-deterministic, person-centred approach to considering exploitation risks, which focusses on the individual and their situation rather than a single set of indicators.

This research has attempted to draw together a complex and disparate web of information, and has a number of limitations, which are described in more detail within the technical appendix. It has also highlighted a systemically under-researched aspect of risk for exploitation.

A key challenge throughout has revolved around how and where to draw boundaries around contested concepts of cognitive impairment and exploitation, terms which we deliberately defined broadly at the start of the project in order to scope the extent of evidence available. To some extent, some of the discussions within the research team about what should and should not be included mirrored the dilemmas faced by professionals featured in this report around questions of what did and did not constitute impairment, and the significance and impact of different forms of exploitation. However, it has enabled us to capture a broad cross-section of the 'everyday' nature of exploitation as an issue faced by people with cognitive impairment and those who are supporting them, as well as important gaps in policy and service provision.

Another theme of the research has been the significance of a social model of disability in understanding the different ways in which people may be at risk. Vulnerability to exploitation frequently emerges not from cognitive conditions and their clinical effects, so much as social isolation and abusive relationships, within a wider social context of stigmatisation and discrimination. When they sought help, people experiencing exploitation found that their experience was not treated as credible, or that existing legal and policy frameworks provided limited access to assistance and justice.

To sum up, this study has identified that people with cognitive impairments who experience exploitation are systemically ignored within data collection. Legislation on exploitation is unclear and offers limited protection, while those who are exploited are frequently held responsible for choiceless-choices that relate to unrecognised coercion; and have difficulty finding the support that they need with key aspects of security such as justice, housing and health. It serves as a call to action, for everyone involved in policy and provision of safeguarding and support services, to ensure that societal discrimination is challenged within responses to exploitation, rather than mirrored within legislation and practice.

Finally, our wide focus has necessarily meant that distinctive aspects of particular forms of cognitive impairment have been neglected. In particular, we would recommend that future research should focus on those with substance use and complex needs, as our data suggests this is a group facing particular challenges with regards to accessing services and support around exploitation. Secondly, we would suggest that dedicated research is done to understand the specific risks of exploitation for those living with dementia, alongside recommended responses.

Recommendations

That UK central government departments and relevant bodies explore opportunities to adapt existing data collection instruments to better understand potential intersections between physical and mental impairments (including cognitive impairments) and exploitation. Examples include National Referral Mechanism data (Home Office) the Crime Survey for England and Wales (Office for National Statistics) and the Safeguarding Adults Collection (NHS England Digital).

That NHS England Digital and the Department of Health and Social Care issue guidance to local authorities on differentiating between exploitation and wider forms of abuse when recording safeguarding enquiries under section 42 of the Care Act 2014.

That NHS England Digital collate and publish Safeguarding Adults Collection data on the intersections between different types of support needs and different types of abuse / exploitation

That Local Authorities establish dedicated exploitation lead officers and processes to clarify pathways to reporting exploitation at a local level and improve intelligence gathering and responses for people experiencing exploitation.

That the Department of Health and Social Care and Local Authorities work together to improve funding and sustainability for local advocacy organisations and voluntary groups serving adults with learning disabilities and other types of cognitive impairment.

That UK central government and lived experience advocacy organisations work together to develop accessible information for people with various forms of cognitive impairments and their carers who are at risk of exploitation, including support for reporting experiences.

That the UK Department of Health and Social Care funds evidence-based training for local safeguarding practitioners to promote trauma-informed practice on how social factors, including coercive control by perpetrators, can impact on an individual's ability to exercise 'choice' in high-risk situations.

That the Home Office and other central government departments undertake a full review of intervention powers and measures in relation to exploitation of adults, with the aim of creating a more coherent framework.

That devolved governments in Wales, Scotland and Northern Ireland review the findings of this research and potential implications for identification and responses to exploitation within their jurisdiction.

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