



University of  
Nottingham  
Rights Lab

# Poor Choice or No Choice?

Improving safeguarding for adults at risk  
of exploitation

Alison Gardner and Rachael Clawson

University of Nottingham



# A three-year study funded by the Nuffield Foundation

- Original research findings published November 2024
- Toolkit on exploring capacity in cases of suspected exploitation launched November 2025
- E-learning package for safeguarding practitioners coming soon, published by Ann Craft Trust

[Exploitationandci.org.uk](http://Exploitationandci.org.uk)



# Poor Choice or No Choice? Our session today

- A recap on our research findings about links between cognitive impairment and exploitation in England
- Exploring safeguarding in contexts where there are concerns about mental capacity, exploitation and potential coercion
- Case studies discussion
- Resources





What does the term ‘cognitive impairment’ mean to you?

What kinds of things do you think of when you hear the term ‘exploitation’?

# Our study definitions:

## **Cognitive impairment:**

developmental and acquired impairments, including intellectual disability, dementia, brain injury, autistic spectrum disorders, ADHD, mental health disorders, substance misuse, FASD.

## **Exploitation:**

unfairly manipulating someone for profit or personal gain, including financial, social or political advantage.



# Findings:

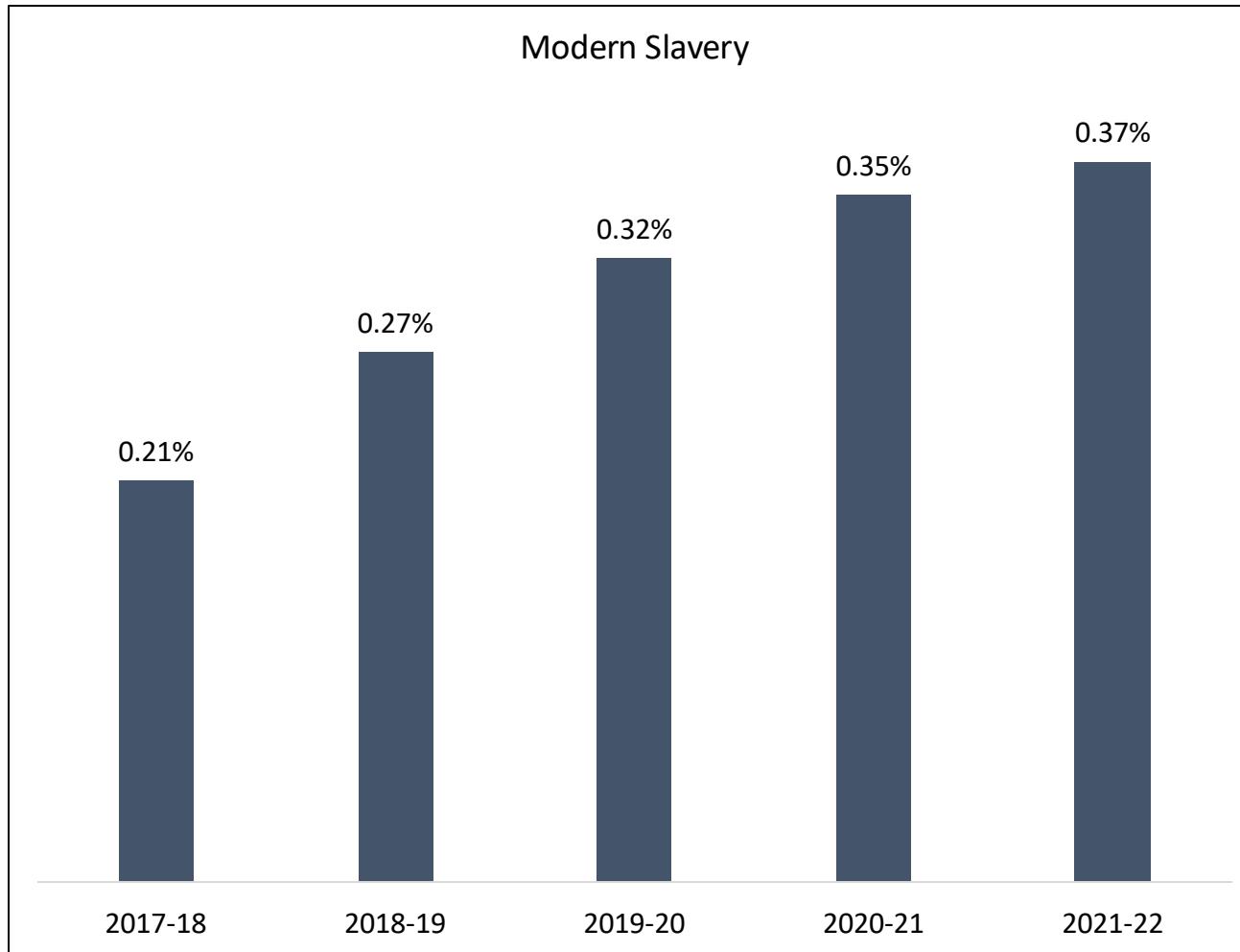
Exploitation of people with cognitive impairment is frequently encountered but under-researched and under-recorded.



## Key issues:

- **Under-researched:** from an initial list of more than 6000 references, we found just 20 studies directly relevant to CI as a causative factor for exploitation. **Gaps** particularly around labour exploitation
- **Ineffective data capture** by existing national data collection instruments: NRM, Family Resources Survey, Crime Survey, Safeguarding Adults Collection Data
- **Statistical and qualitative evidence** indicates a significant problem likely to be affecting thousands of people

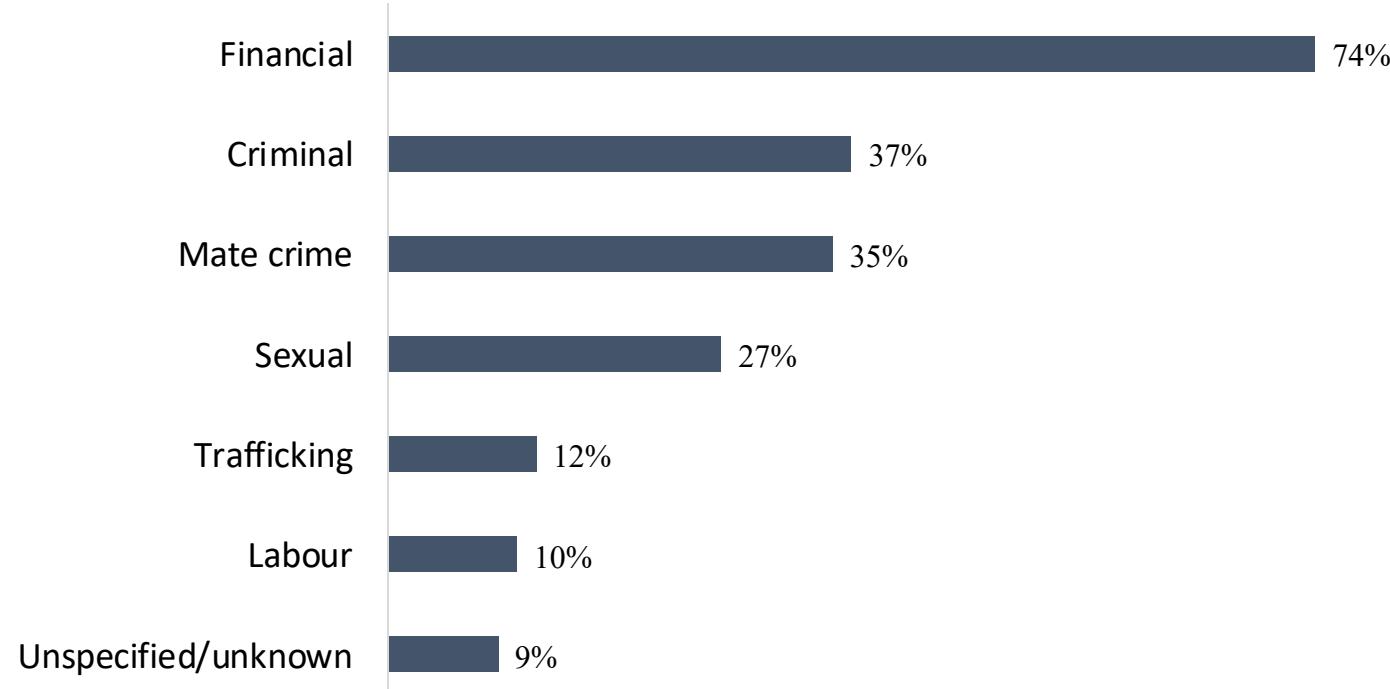
# Key Insights from Safeguarding Adults Collection Data



- MS-related safeguarding enquiries are **rising** but still a tiny proportion of cases (n=245-545).
- Financial abuse / exploitation found in **19%** of cases, averaging 26,145 safeguarding enquiries / year.
- **Conflation** of recording between different forms of 'exploitation' and 'abuse'.
- Increasing safeguarding enquiries for adults **without previous known** support needs.



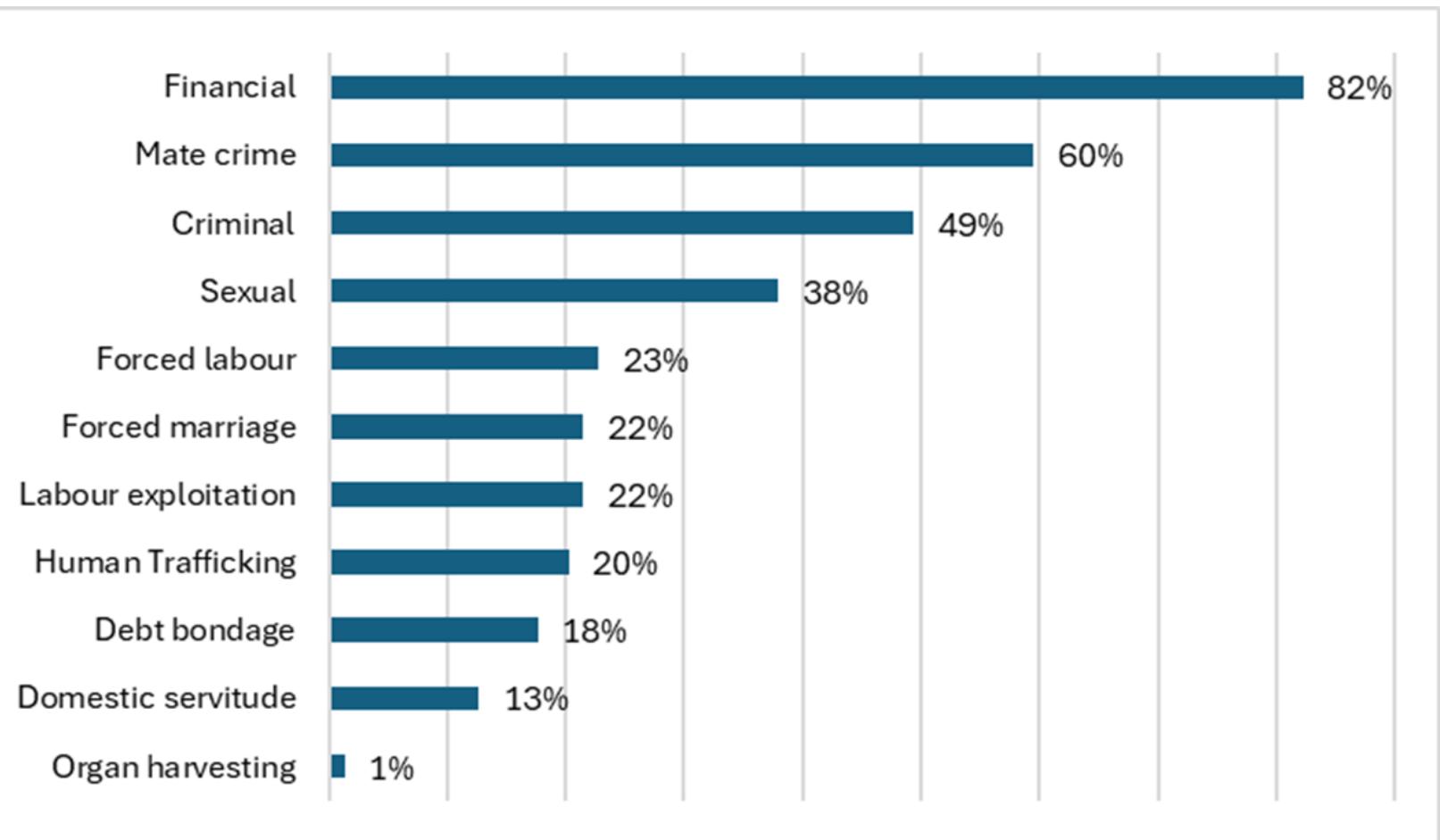
Evidence from Safeguarding Adults Reviews (N=71)



- Of 71 individuals identified in SARs featuring exploitation, **68 (96%)** had a documented cognitive or mental health condition.
- **62%** experienced more than one form of exploitation, especially **financial & criminal** exploitation
- Financial and mate crime often **co-occurred** with labour, criminal and sexual exploitation.
- Exploitation often co-occurs with wider abuses

# Practice Perspectives

- A third of respondents to our survey came across exploitation **at least once per week**, another third at least once a month.
- **84%** of practitioners felt that exploitation of people with cognitive impairment is under-reported.



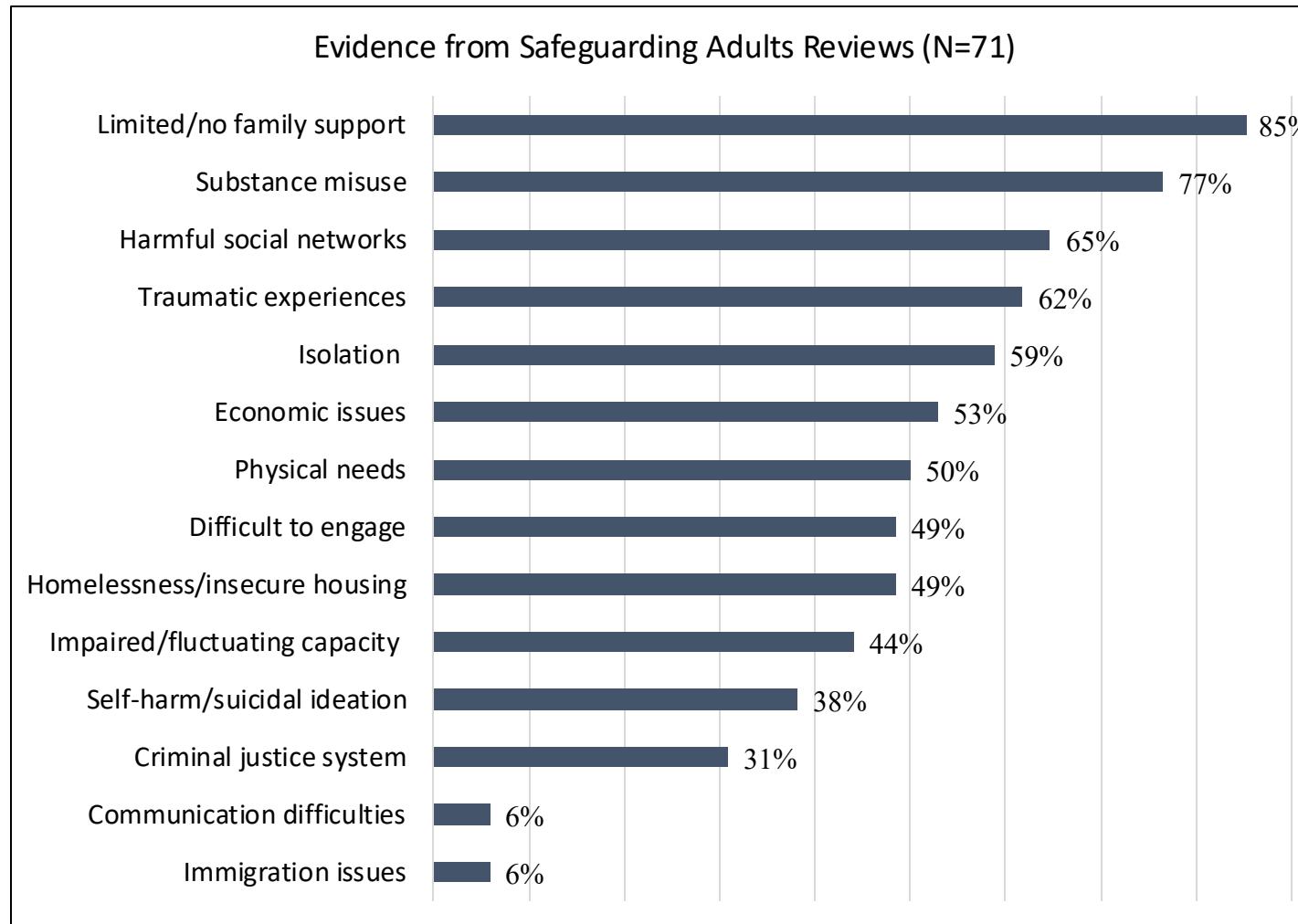
Practitioner's perceptions of most common forms of exploitation (N=95)

# Findings:

Risks for exploitation and coercion often arise within social contexts and relationships

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# Prominent risk factors for exploitation



- Interpersonal relationships:
  - Limited or no family support (85%)
  - harmful social networks (65%) and isolation (59%)
- Substance misuse (77%)
- Traumatic experiences (62%), including adverse childhood experiences
- About half of cases have economic issues, physical needs, homelessness and difficult to engage with services

# Risk and Resilience: Qualitative Comparative Analysis (QCA)

- We reviewed our lived-experience interviews to evaluate how combinations of factors may create resilience or risk for exploitation.
- Our analysis showed that the **presence of coercive control, absence of strong education/skills and access to social networks** contributed to the exploitation of people with cognitive impairments.
- **Not being believed by services** can also potentially contribute to this risk.

A vibrant, abstract painting of a face, likely a woman's, with a large, expressive eye. The eye is blue with a dark pupil and is surrounded by a colorful, swirling pattern of pink, orange, and purple. The rest of the face is partially visible with similar abstract patterns. The overall style is artistic and somewhat surreal.

## Signs of exploitation: practitioner survey

- Deteriorating living conditions
- Changes in behavior
- Sudden changes in circumstances, e.g. requests for food parcels
- Increased supervision at appointments
- Gang involvement/criminal networks
- Presence of exploitative family members
- Abrupt introductions of new individuals into one's life
- Dependency
- Mental or physical health deterioration
- Lack of understanding regarding decision-making implications

# Findings:

Safeguarding practitioners often find it difficult to recognise and respond to exploitation

- Identification
- Legal complexity
- Access to justice



- Analysis of SAC data suggests that early identification of risk is becoming less common
- Individuals affected may not qualify for care and support under the Care Act 2014.
- Evidence for exploitation may not be collated, preventing initiation of safeguarding interventions (local thresholds play a key role.)
- Mental health, substance misuse and supported housing are important interventions, but impacted by access and capacity issues
- Dedicated Slavery and Exploitation teams can help with ID and referral – but only 9 LA teams in England
- Peer support and advocacy groups working on very limited resources
- Individuals not being heard / believed

**“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.”**

**“I went home and there was an agency worker at the house and she didn’t take me seriously so she didn’t report it”**

**“My dad reported it there but nobody didn’t believe me then”**

**“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.”**

**“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.”**



- Mental capacity assessments were sometimes used as a gatekeeping mechanism to determine whether services should remain engaged where adults appeared to be ‘choosing’ situations of exploitation
- Where adults were found to have capacity for relevant decisions, practitioners sometimes saw their decisions as “**choices**” even in contexts of potential coercion
- Practitioners were uncertain about what safeguarding measures were available when adults were assessed as having capacity for relevant decisions

## Changing perceptions of 'personal choices' and impacts on response

"It is inevitable that agencies will see a case through the lens of their own professional expertise and responsibility. This was the case with Lee Irving for 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)

"As already noted, 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 White, 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**" (Teeside 2022)

# Access to Justice

Frequently no penalties for perpetrators whilst disruption and long-term impacts remain for the victims:

- Having to move / break social networks for safety
- Debt
- Negative impact on credit scores
- Mental health impacts
- No compensation
- Stigma

**“INT:** Did they get prosecuted in the end did any of them have a penalty?

**RES:** They wouldn't give me any of that information so I don't even know if they got charged or not.

**INT:** Right so you don't know if they got convicted of anything?

**RES:** No because the court had to be adjourned again.

**INT:** Yes so it never actually completed.

**RES:** Never got to an end no.” **David**

“I think as I said, the police also tried to contact with HMRC and they said yes, there is lots of black about his business, how he's running the business, it shouldn't be like that. The police didn't investigate it. They overlooked or I will say that they neglect. Other point I find that police was not that much helpful for me as well.” **Nur**

Pause for reflection....

Questions?  
Comments?

What can help us in improving  
safeguarding responses?

# Consider: could this situation be coercion and control?

Injuries or signs of physical neglect

Always accompanied by another person

Allowing another person to speak - even when directly addressed

Isolation from family and friends

Lack of control over movement and travel

Lack of control over personal finance

Having phone, email and social media monitored

Creation of a situation of dependence

Constantly subjected to humiliation, 'gaslighting' or criticism

Forced into criminal activity or debt

Facing threats of harm or harm to their families

Feeling too afraid or guilty to leave

Anxiety and/or depression

Hostility towards people trying to help

Prevented from accessing services and support

# Ensuring that mental capacity assessments are carried out where appropriate using the principles of the Mental Capacity Act 2005

The Mental Capacity Act starts from a presumption of capacity. However, a capacity assessment may be considered where:

- The person's behaviour causes doubt as to their capacity to make a specific decision
- Others have raised concerns about capacity
- The person lacks capacity for decisions in another area of their life
- The person repeatedly makes decisions that could cause a safeguarding risk
- The person is making decisions which are out of character
- The suspected victim is unwilling or unable to cooperate with safeguarding measures from services, as an assessment may open additional avenues for safeguarding.

# Considering capacity for both decisions and action

- Diagnostic issues e.g. fluctuating capacity
- Individual, developmental and educational history (e.g. SEND statements/ Education Health and Care (EHC) Plan)
- Cultural or familial considerations
- Accommodation/living situation
- Support network, including services provided
- Mental health, physical health, formal diagnoses, substance abuse
- Cognitive and Adaptive functioning
- Communication skills and language needs
- Past and current vulnerability and risk

# Remaining engaged

## HAS CAPACITY

- Adult at risk? Safeguarding enquiry
- Build trust through most appropriate agency
- Gather information
- Create multi-agency risk plan
- Build knowledge and awareness in victim
- Facilitate support service access
- Disruption tools
- Support for perpetrators where appropriate
- Refer to multi-agency forum if available/appropriate
- Inherent jurisdiction

## DOES NOT HAVE CAPACITY

- All the above plus...
- Care planning requiring authorisation of deprivation of liberty
- Court of Protection

# Safeguarding under the Care Act 2014

- If someone has care and support needs, is at risk of abuse and is not able to protect themselves, under the Care Act 2014, this can trigger a Safeguarding Adults Enquiry to determine a course of action.
- In principle, this framework applies regardless of whether the person is in receipt of commissioned social care services, and/or whether the person has mental capacity.
- The person **does not** need to be eligible for a commissioned adult social care package from a local authority.
- Safeguarding enquiries can be undertaken without an individual's consent, if there are concerns about the person lacking capacity, or being subject to abuse such as control and coercion.
- **Even if an individual may not meet all the criteria for having care and support needs, a local authority and commissioned services still have a duty to engage in prevention of harm** and collective responsibility to promote wellbeing.

# Wider actions to support people with capacity

- Building trust and engagement with support services
- Multi-agency information review, focussing on both victim and perpetrator
- Multi-agency risk plans
- Supporting the person to access services
- Supporting the person to build awareness and knowledge around exploitation and healthy relationships (include safety planning.)
- For suspected Modern Slavery cases, discuss NRM referral
- In situations where adults are not accepting support and there is a very high risk of harm, consider the 'inherent jurisdiction' (power) of the High Court



# Actions focussed on perpetrators

- **Support** if appropriate (sometimes perpetrators also have impairments or factors affecting their ability to make choices)
- **Disruption**: See toolkits on exploitation from the Home Office and NWG Network
- **Building criminal cases or restricting perpetrators** if appropriate, for instance through Slavery and Trafficking risk orders.

# Where someone does not have capacity....

- **The Court of Protection** can determine whether a person has capacity to make relevant decisions, and make decisions on their behalf where they lack that capacity.
- **Deprivation of Liberty** needs to be considered where a person does not have capacity to consent for care arrangements that confine them, prevent them from leaving somewhere and place them under continuous supervision and control.
- There are different processes to authorise deprivation of liberty depending on age, whether they are in a care home or hospital, or another place such as sheltered accommodation.

Over to you:  
Case studies

## Some questions for your discussion...

- What risks are present in this situation?
- What evidence can you see for possible coercion or exploitation?
- What additional information on a person and their context might be needed when making decisions in this case?
- Which agencies do you think could be involved to support the person?
- How do you think the person could be best supported going forward?
- Is there anyone else involved in this case who could be in need of support?

# Dora

Dora is a young woman living independently in the community. She often struggles with leaving the house, perhaps in part due to having a diagnosis of autism and a learning disability. She is supported by her mother who visits her home most days.

Dora likes to use dating sites to talk to men online. This concerns her mother, but she is supportive of Dora making her own choices and does not want to be controlling. A man who Dora has been talking to online says he wants to marry her and invites her to visit him in his country, which the UKFO advises is unsafe to travel to. Dora's mother discusses her concerns with Dora, but she is determined to travel and get married.

# Dora: notes

- While Dora has the right to choose her own relationships, in this case, the action of travelling to another country could put her at risk.
- Taking away Dora's ability to travel freely is a restrictive measure that needs to be heard in the Court of Protection.
- As the potential perpetrator was abroad, there was little that could be done to investigate and potentially restrict the perpetrator.

# Mike

Mike had a difficult childhood, and as an adult he developed an unhealthy relationship with alcohol and used illegal substances including both marijuana and cocaine. Mike often experienced low mood, and was diagnosed by his GP as being depressed.

Neighbours complained of loitering and drug use around his building, and several people were seen to be leaving and entering the flat. The police were called multiple times by neighbours who dispersed those outside. Police were called by a neighbour who was concerned that Mike was 'being taken advantage of'. The police undertook a welfare check, however Mike was reluctant to allow them to gain entry and there appeared to be others in the flat. He did not seem coherent and was angry at the police. They left without entering the property and he was referred to adult social care due to concerns about his wellbeing.

A social worker visited him and found evidence of self-neglect and other people being at the flat. When questioned about those who visited his flat, he was reluctant to discuss this. The social worker had concerns around his capacity to make decisions whilst under the influence of alcohol and drug use, but a capacity assessment had previously found that Mike had capacity to take decisions over his finances and care.

# Mike: Notes

- People experiencing criminal exploitation may fear the potential perpetrators and be reluctant to support criminal investigations. This may manifest at times as disengagement or hostility towards support services.
- Mike may have had fluctuating capacity due to substance use.
- Although Mike was assessed as having capacity, agencies remained engaged with him to raise his awareness of potential exploitation.
- Those with complex needs such as Mike may need community-based flexible services in order to build trust with a worker.
- By supporting Mike to address his substance use, he was empowered to make more informed decisions.

# Jessica

During her lifetime Jessica was given multiple psychiatric labels, including ADHD and Borderline Personality Disorder. At the age of 15, she began staying out late with other girls, and was known to be having sex with a number of older men. Her mother felt unable to stop this. In this time, she also developed a substance use issue and could lash out at others. She was identified as a potential victim of child sexual exploitation, and was supported.

However, when she turned 18, she stopped being eligible for the service she was accessing. By this time, she had developed a heroin addiction, and disclosed a number of times that she was unable to inject heroin herself and that this was done by men around her, including those who she considered to be boyfriends. She came into contact with adult mental health services and substance use services, but would quickly be discharged from services due to lack of engagement. She was known as a ‘sex worker’ to services.

Violence Against Women and Girls services worked with her to raise awareness around domestic abuse and sexual exploitation, and referred her to adult safeguarding due to concerns about mental health. However, she was assessed as not meeting the eligibility criteria, as she did not have daily support needs and had capacity to make her own decisions, and it was recommended that she continue with mental and substance use support.

# Jessica: Notes

- Jessica was the victim of multiple crimes, including domestic abuse, child and adult sexual exploitation and sexual assault. However, her apparent defence of her perpetrators led services to believe that she had the capacity to consent and there was little to be done.
- Her use of heroin might have alerted workers to the idea her capacity could fluctuate.
- Sex work in exchange for basic needs – food and shelter, or substances someone is addicted to, is termed 'survival sex' which is different to 'consensual' sex work.
- The association of heroin use with survival sex suggests that it was deliberately used by perpetrators as a means of control. Substance misuse can also further discredit and further stigmatise victims.
- The VAWG workers supporting her had a comprehensive insight into coercive control and gender-based violence, however they were reliant on other agencies for safeguarding. Those agencies may not have taken coercion into account.
- Jessica could have been a candidate for inherent jurisdiction as many professionals were concerned that her life was at risk. This would be the result of a High Court decision. It could have resulted in closure orders, restraining or trafficking orders against her perpetrators.
- An additional way of safeguarding Jessica would have been to build a criminal case against her perpetrators, as multiple crimes were being committed.

# Louise

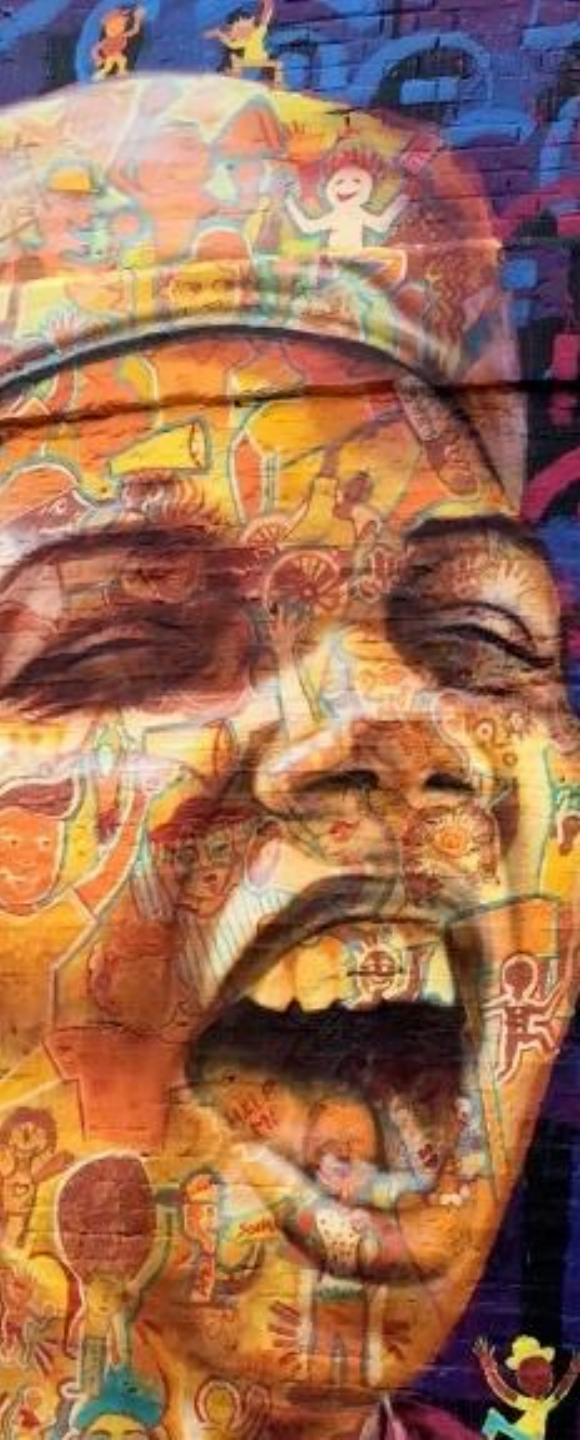
Louise is in her 60s, she has a moderate learning disability and lives independently in the community with six hours support per week from a day centre. She lives in her own home, that she inherited from her mother. She is in receipt of universal credit and her younger brother is able to give her extra financial support and manages her benefits as an 'appointee', including paying the day centre from a direct payment from the council.

Louise is friendly with a volunteer, Rob, in the day centre, a man in his thirties, who also has mild learning disabilities. Rob and Louise become close and he offers to give Louise extra help, doing a weekly shop for her. He confides to Louise that he is homeless, and she invites him to stay as a lodger. Rob continues to help with occasional tasks, and does not pay rent.

After some time, Rob says he is struggling financially and suggests that Louise need not continue at the day centre and could pay him from her care budget instead. Her brother does not agree to this and is concerned that Rob could be exploiting Louise. When a worker discusses this with Louise, she says that Rob is kind to her, makes her happy, and that they are in a relationship.

# Louise: notes

- In this case, the potential perpetrator also has a disability.
- It demonstrates the complexity of how direct funding for care can cause vulnerability, as it is another pot of funds to manage, and could potentially be misappropriated.
- Capacity must be considered as decision and time specific; while Louise needs help managing her benefits, she is able to make decisions about care and who she associates with.
- If Rob had been found to be exploiting Louise, decisions around safeguarding would have to be referred to the court of protection.
- This shows the complexities of family relationships with members being concerned and potentially controlling; while Louise's brother was concerned she was making an unwise decision by allowing Rob to move in and forming a close relationship together, she had the capacity to make that decision.
- In this example it was important for services to help educate and empower people to make decisions. Through support, a new care plan and finances was developed.
- Importance of remaining engaged even after the immediate matter was resolved.



## Summary headlines

- Cognitive impairment is a common risk factor for exploitation
- Exploitation may be interpreted as 'unwise life choices', but impacts of grooming and coercive control on 'capacity' and 'choice' need to be recognised.
- Risks arise from impairments, but also their social effects. A key factor is the presence of a coercive and controlling relationship.
- Training is important to build knowledge about warning signs, offences, legal powers, and appropriate interventions: **look out for the launch of our new e-learning!**
- Specialised support, empowerment and advocacy can help to prevent exploitation. Lived experience participants want to be heard, to have trust in support workers, to be believed.

# Visit [exploitationandci.org.uk](http://exploitationandci.org.uk) for more resources...

- Full research report and executive summary
- Easy-read version of the research report
- Short film 'what is exploitation?'
- Toolkit on 'Exploring Capacity in Cases of Suspected Exploitation of People with Cognitive Impairment'
- E-learning link, coming soon!



This two-year study, funded by the Nuffield Foundation, investigates the connections between cognitive impairments, such as mental ill-health, learning disability or memory-loss, and vulnerabilities to exploitation.

The overlap between cognitive impairment and cases of exploitation is often anecdotally acknowledged but poorly evidenced.

Through this research, we hope to shed light on how these issues connect, including potential causative relationships.

We are also working with frontline professionals and people with lived experience to inform existing policy and practice, and to provide important information and resources for those who may be at risk.

[More about the project >](#)



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পরিকল্পনা কর্মসূলী

# Thank you!

[exploitationandci.org.uk](http://exploitationandci.org.uk)

[Alison.gardner@nottingham.ac.uk](mailto:Alison.gardner@nottingham.ac.uk)

[Rachael.Clawson@nottingham.ac.uk](mailto:Rachael.Clawson@nottingham.ac.uk)