



University of
Nottingham
Rights Lab

Exploitation of Adults with Cognitive Impairment in England

An investigation into evidence, responses,
and policy implications

Technical appendix



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Technical appendix

This technical appendix sits alongside the report *Exploitation of Adults with Cognitive Impairment in England: an investigation into evidence, responses and policy implications*. This report and further background information on the project is available from the Nuffield Foundation <https://www.nuffieldfoundation.org/project/links-between-cognitive-impairment-and-exploitation-in-england> and at exploitationandci.org.uk

Our study draws from multiple quantitative and qualitative datasets including national surveys, administrative data at the local authority level, surveys and interviews with practitioners as well as interviews with people with lived experience of cognitive impairments.

Contents

1: Technical Information on Quantitative Datasets	2
1.1 National Datasets	2
1.2 Local Authority Data	2
1.2.1 The Safeguarding Adults Collection	2
1.2.2 Safeguarding Adults Reviews	3
1.3 Practitioner Survey Data	11
Cognitive Impairment and Exploitation Survey	13
1.4 Data Limitations	24
1.4.1 National Datasets	24
1.4.2 SAC and SARs	24
1.4.3 Practitioner Survey	25
2: Technical Information on Quantitative Methods of Analysis	26
2.1 Descriptive Statistics	26
2.2 Qualitative Comparative Analysis	26
3: Technical Information on Qualitative Data and Methods	29
3.1 Qualitative Analysis of SARs	29
3.2 Frontline Professionals and People with Lived Experience of Cognitive Impairment	29
Additional References:	32

1: Technical Information on Quantitative Datasets

1.1 National Datasets

To explore what available national data can tell us about the intersection between cognitive impairments and exploitation in England, we initially identified three potential data sources including the Family Resources Survey (FRS), National Referral Mechanism (NRM) statistics, Crime Survey for England and Wales (CSEW). These datasets contained useful contextual information but also had limitations which have been summarised in Appendix 3.

- The Family Resources Survey: The FRS is an annual survey that collects detailed information on living standards and circumstances of people in the UK, including self-reported disability status.
- The National Referral Mechanism: The NRM is a framework for identifying and referring potential victims of modern slavery in the UK, as well as ensuring they receive the appropriate support.
- The Crime Survey for England and Wales: The CSEW records all types of crimes experienced by people, including those crimes that may not have been reported to the police (e.g., experiences of antisocial behaviour, abuse and exploitation). The survey can provide robust information needed to make important decisions about policies related to crime and justice. The CSEW estimates that between 2014 and 2020, people with cognitive impairment aged between 16 and 59 were more likely to be victims of different forms of domestic abuse and sexual assaults than people with other forms of impairment, particularly women (ONS, 2022b).

1.2 Local Authority Data

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) Digital and Safeguarding Adults Reviews (SARs) published by the National Network for Chairs of Adult Safeguarding Boards.

1.2.1 The Safeguarding Adults Collection

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.

Since 2017, SAC has included cases of modern slavery and other types of exploitation in its experimental statistics, and therefore within this study, we focus on the period from 2017/18 onward when reporting on a wider range of exploitation types became mandatory, providing a trajectory of eleven types of abuse and exploitation contained in the data. Data collection occurs between 1st April to 31st March of the following year. For brevity, we adopt the convention that year $t/t+1$ is denoted year $t+1$, e.g., 2017/18 = 2018. We analysed data covering the period 2017/18 to 2021/22 in Stata 18, retrieved from NHS Digital (NHS Digital, 2022). To account for population size variations, demographic data from the 2021 Census was extracted from the Office for National Statistics (ONS) via NOMIS (ONS, 2022a).

The data covers national, regional, and local authority levels annually, involving statistics from 152 CASSRs. However, due to a cyber-attack, the London Borough of Hackney couldn't submit data for the 2021 and 2022 returns, while the Isles of Scilly reported zero s.42 cases in 2022, resulting in a local authority sample of 150.

1.2.2 Safeguarding Adults Reviews

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 (National Network for Chairs of Adult Safeguarding Boards, 2022)

Screening Process for SARs

Our initial search criteria 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 (Table A1). In total, the sample encompasses 71 individuals who experienced confirmed or suspected exploitation.

Table A1: Screening process for SARs, final sample and inclusion criteria

Panel A: Inclusion criteria	
Included if "exploit"	136
Included if "slavery"	24
Included if "traffick"	11
<i>Total eligible based on keywords:</i>	171
Panel B: First stage eligibility criteria	
Excluded if 2016 + earlier	19
Excluded if 2023	3
Excluded if miscellaneous (e.g., tool kits, knowledge briefings, guidance notes)	14
Excluded if duplicate	35
<i>Total eligible if SAR year in circa 2017 to 2022:</i>	100
Panel C: Second stage eligibility criteria	
Excluded if not exploited (skim read)	37
Excluded if not exploited (full text read)	5
<i>Total eligible for inclusion (final)</i>	58
Panel D: Breakdown of final sample	
Full reports	47
Thematic reviews	6
Executive summaries	4
Learning briefs	1

A List of Included SARs

1. Barking and Dagenham (2017). Safeguarding Adults Review, Overview Report, 'Drina'.
2. Bedford Borough and Central Bedfordshire (2017). Safeguarding Adults Review Case A, Overview Report.
3. Isle of Wight (2017). Safeguarding Adults Review – Howard.
4. Newcastle (2017). The Death of Lee Irving Safeguarding Adults Review -Independent Overview Report
5. Lincolnshire (2017). A Thematic Review of Financial exploitation (TH10), Overview Report.
6. Nottingham City (2017a). Safeguarding Adult Review: ADULT C, Executive Summary
7. Nottingham City (2017b). Safeguarding Adult Review: ADULT D. Executive Summary
8. Rochdale Borough (2017). SAFEGUARDING ADULT REVIEW CONCERNING 'Tom', OVERVIEW REPORT
9. South Tyneside (2017). Adult D: The response of partner agencies to severe self-neglect, Safeguarding Adults Review Executive Summary
10. Teesside (2017). Safeguarding Adult Review: "Carol"
11. Devon (2018a). Safeguarding Adults Review: Learning from the circumstances surrounding the death of Adrian Munday
12. Devon (2018b). Safeguarding Adults Review: "Rita"
13. Gloucestershire (2018). Safeguarding Adults Review Report: Danny
14. Devon (2019). Safeguarding Adults Review: "Sally"
15. Doncaster (2019). Safeguarding Adults Review: "Adult K", Overview Report

16. Haringey (2019). Safeguarding Adults Review: "Ms Taylor"
17. Lincolnshire (2019). Safeguarding Adults Review: Learning from the Experience of Large-Scale Modern Slavery in Lincolnshire, Overview Report
18. North Tyneside and Northumberland (2019). Safeguarding Adults Review in Respect of Leanne Patterson, Executive summary report.
19. Southampton (2019). Safeguarding Adults Review: "Adult P".
20. Warrington (2019). Safeguarding Adults Review: "Stacey".
21. West of Berkshire (2019). Safeguarding Adults Review of "Daniel".
22. Brighton & Hove (2020). Report of the Safeguarding Adults Review Regarding Christopher.
23. Camden (2020). A Safeguarding Adults Review Overview Report concerning "Hannah".
24. Leicestershire and Rutland (2020). Safeguarding Adults Review: "Anna"
25. Oxfordshire (2020) Thematic Review – Homelessness, Oxfordshire SAB.
26. South Gloucestershire (2020) Practitioner Learning Brief, Learning Review/DHR: "Family S".
27. Surrey (2020). Overview Report of the Domestic Homicide and Safeguarding Adult Review relating to the death of Mary in November 2017. Reigate And Banstead Community Safety Partnership and Surrey SAB
28. Swindon (2020). Safeguarding Adults Review: "Terry". Swindon Safeguarding Partnership.
29. Tower Hamlets (2020a). A thematic safeguarding adult review in relation to adults with care and support needs and social isolation. Tower Hamlets Safeguarding Adults Board
30. Tower Hamlets (2020b). Ms H & Ms I – Thematic Safeguarding Adult Review. Tower Hamlets Safeguarding Adults Board
31. Windsor & Maidenhead & West of Berkshire (2020). An Adult Safeguarding Review and a Children's Safeguarding Practice Case Review regarding "Michelle". Royal Borough of Windsor & Maidenhead's multi agency adults and children safeguarding arrangements and West of Berkshire Adults Safeguarding Board.
32. Birmingham (2021). Safeguarding Adult Review Report: "Stephen". Birmingham SAB.
33. Brighton & Hove (2021). Report of the Safeguarding Adults Review Regarding James. Brighton & Hove SAB.
34. Doncaster (2021). Safeguarding Adults Review Report in respect of Adult P.
35. Gloucestershire (2021). Safeguarding Adults Review Learning from the circumstances of the death of Peter. Gloucestershire SAB.
36. Hampshire (2021). Discretionary Safeguarding Adult Review: Vicky
37. Haringey (2021). Thematic Safeguarding Adult Review: Homelessness. Haringey SAB.
38. Lewisham (2021). Safeguarding Adults Review: Mia. Lewisham SAB.
39. Manchester (2021). Self-Neglect Thematic Review. Manchester Safeguarding Partnership.
40. Manchester (2021). Safeguarding Adult Review: Adult Olia and Baby W. Manchester Safeguarding Partnership.
41. Redbridge (2021). Safeguarding Adult Review: "Alice". Redbridge SAB.
42. Richmond & Wandsworth (2021a). Safeguarding Adult Review: Michael. Richmond & Wandsworth SAB.
43. Richmond & Wandsworth (2021b). Safeguarding Adult Review: Daniel. Richmond & Wandsworth SAB.
44. Rochdale Borough (2021). Safeguarding Adult Review Concerning "Lian". Rochdale Borough SAB.
45. Rotherham (2021) Safeguarding Adult Review: "The painter and his son". Rotherham SAB.

46. Salford (2021). Domestic Homicide Review/ Safeguarding Adult Review: Executive Summary, “Peter”.
47. Somerset (2021). Safeguarding Adult Review Extension: Final Report “Damien”. Somerset SAB.
48. Swindon (2021). Safeguarding Adult Review: “Kieran”. Swindon Safeguarding Partnership.
49. Central Bedfordshire and Bedford Borough (2022) Safeguarding Adult Review: “Max”, Overview Report.
50. East Sussex (2022). Thematic Review: Working with Multiple Complex Needs and Trauma. East Sussex SAB.
51. Essex (2022). Essex Safeguarding Adults Review: “Megan”. Essex SAB.
52. Essex (2022). Safeguarding Adult Review: A Review Commissioned by Essex Safeguarding Adults Board into The Case of Simon, A 55 -Year-Old Male Who Died In February 2021. Essex SAB.
53. Newcastle (2022). Adult N: Safeguarding Adult Review. Newcastle SAB.
54. Staffordshire and Stoke on Trent (2022). Safeguarding Adults Review: “Andrew”. Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board.
55. Surrey (2022). Safeguarding Adult Review: Peter, Overview Report. Surrey SAB.
56. Swindon (2022). Safeguarding Adult Review – Alison. Swindon Safeguarding Partnership.
57. Teesside (2022). Molly: A Safeguarding Adults [Rapid] Review (SA[R]R). Teesside SAB.
58. Thurrock (2022). Safeguarding Adult Review – Adult A. Thurrock SAB.

SAR Data Extraction

SARs were numerically coded in Qualtrics 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. A condensed version of the extraction tool is appended below.

SAR Extraction Tool

Q1 Researcher’s initials: _____

Q2 SAR ID/file name: _____

Q3 Case/individual ID (i.e., individual's name/pseudonym in the SAR): *[Please note that some SARs have more than one victim (because they are thematic reviews), submit separate data for each individual as mentioned in the SAR]* _____

Q4 SAR year: _____

Q5 Which Safeguarding Adults Board? _____

Q6 Gender _____

Q7 Race/ethnicity _____

Q8 Age (in years) _____

Q9 Marital status _____

Q10 Type of disability/impairment/difference/health condition (tick all that apply):

- Learning disability
- Autism/autistic spectrum
- Anxiety/depression

- ADHD
- Dementia/Alzheimer's
- PTSD/Potential trauma from adverse experiences
- Personality disorder (e.g., OCD, EUPD)
- Brain injury
- Anorexia
- Other mental health/cognitive impairment: specify:
- Substance misuse/addiction
- Sensory impairment/blind/deaf
- Any physical health condition (e.g., mobility, diabetes, tissue/skin viability, pressure ulcers):
- Other Trauma: _____
- Not specified

Q11 Did the victim die? [Yes/No]

Q12 Year of death [If died]_____

Q13 Cause of death [If died]_____

- Drug-related (1)
- Alcohol -related (2)
- Suicide (3)
- Murder or domestic homicide (4)
- Unknown cause of death (5)
- Unspecified (6)
- Other: specify in the box below (7) _____

Q14 Living arrangements (at the time of death/severe harm)

- Living alone (1)
- Living with family or friends (2)
- Home/domiciliary care (3)
- Sheltered/supported housing (4)
- Hostel/living with strangers (5)
- Homeless (street) (6)
- Homeless (other: e.g. sofa-surfing, temporary) (7)
- Social housing (8)
- Care/nursing home (9)
- Hospital or mental health facility (10)
- Prison (11)
- Not specified (12)

Q15 Family's level of support in the SAR and in providing care

	Significant involvement (1)	Limited involvement (2)	No involvement at all (3)	Not specified (4)
SAR process				

Care and support during the victim's lifetime				
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Q16 Was the victim previously known to agencies with safeguarding responsibilities? [Yes/No/Not specified]

Q17 Year first known to agencies with safeguarding responsibilities (if specified) _____

Q18 Victim's level of cooperation/engagement with agencies with safeguarding responsibilities

- Significant engagement (1)
- Partial/fluctuating/limited engagement (2)
- Hard to engage/significant non-engagement (3)
- No engagement at all (4)
- Not specified (5)

Q19 Did the victim "lack" mental capacity? [add more information on mental capacity]

- Yes (1) _____
- No (2) _____
- Fluctuating capacity (3) _____
- Mental capacity was not assessed (4) _____
- Not specified (5) _____

Q20 Type of abuse experienced alongside exploitation [tick all that apply]

- None/not specified (1)
- Physical abuse (2)
- Psychological/emotional abuse (3)
- Sexual abuse (4)
- Neglect/omission (5)
- Domestic abuse (6)
- Discriminatory abuse (7)
- Organisational abuse (8)
- Self-neglect (9)
- Spiritual abuse (10)
- Matricide/patricide (11)
- Other: specify in the box below (12) _____

Q21 Type of exploitation [tick all that apply]: Specify whether this exploitation was 'explicitly' or 'implicitly' implied by yourself

	Implicit	Explicit
Sexual exploitation		
Financial abuse/exploitation		
Mate crime		

Cuckooing		
Hate crime		
Other criminal exploitation: specify _____		
Trafficking		
Slavery and servitude		
Forced labour/labour exploitation		
Organ trafficking		
Other: specify		
Unspecified type of exploitation		

Q22 For each type of 'implicit' exploitation selected above, can you explain why this was the case?

Q23 Location of exploitation [can be multiple locations]

- Within the victim's home/place of residence (1)
- Outside the victim's home (2)
- Not specified (3)

Q24 Perpetrator of exploitation [tick all that apply]

- Partner/spouse (1)
- Other family member (2)
- Friend (3)
- Neighbour/flat mates (4)
- Other person known to individual (5)
- Other person unknown to individual (6)
- Not specified (7)

Q25 The nine protected characteristics of the Equality Act that may have impacted on the risk of exploitation [tick all that apply]

- None/not specified (1)
- Age (2)
- Disability (3)
- Gender reassignment (4)
- Marriage and civil partnership (5)
- Pregnancy & maternity (6)
- Race (7)
- Religion or belief (8)
- Sex (9)
- Sexual orientation (10)

Q26 "Additional" risk factors that may have impacted on the risk of exploitation [tick all that apply]

- None/not specified (1)
- Unemployment (2)
- Poverty/financial issues/financial dependency (3)

- Homelessness/insecure housing (4)
- Lack of engagement with services (5)
- Prison/crime history/criminal justice system (6)
- Traumatic experiences (7)
- Impaired/fluctuating mental capacity (8)
- Language or communication difficulties (9)
- Suicide/suicidal ideation/self-harm/suicide attempts (10)
- Covid/lockdown (11)
- Sex work (12)
- Coercive control (13)
- Isolation or harmful social networks (14)
- Hoarding (15)
- Alcohol addiction/misuse (16)
- Other substance misuse (i.e., drugs) (17)
- Lack/low levels of education (18)
- Bereavement (19)
- Immigration issues/no recourse to public funds (20)
- Divorce/separation (21)
- Other: specify (e.g., physical needs, limited family support, anti-social behaviour):

Q27 Experiences during life course/ACEs that may have impacted on the risk of exploitation [tick all that apply]

- None/not specified (1)
- Bereavement (2)
- Conflict (war) (3)
- Parental/family conflict or separation (4)
- Forced/economic migration (5)
- Witnessing abuse (6)
- Child domestic abuse (7)
- Child sexual abuse (8)
- Physical abuse/bullying outside the home (9)
- Child Sexual exploitation (10)
- Child Criminal exploitation (11)
- Poverty/financial issues (12)
- Out of School (13)
- Challenges with transitional access to support services (14)
- Other: specify (15) _____

Q28 Source of referral/referral mechanism [tick all that apply]

- Social worker/carer (1)
- Family member (2)
- Friend (3)
- Neighbour (4)
- Multi-agency referral (5)

- School (6)
- Other: specify (7) _____
- Not specified (8)

Q29 Other relevant notes extractable: _____

1.3 Practitioner Survey Data

To understand safeguarding practices and investigate how often practitioners encounter cases of exploitation and cognitive impairment, we designed and ran a national survey.

Between June and October 2023, after an initial pilot with 10 respondents, data was collected 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. See a condensed version of the questionnaire appended below.

Ninety-five practitioners responded to our survey. Table A2 presents the demographic characteristics of respondents, detailing their role types, fields of work, regions of work, sectors of work, and specific job roles. Just over half of respondents work in frontline roles, while 17% are in managerial or strategic roles, and 32% have responsibilities that cover both frontline and managerial duties. This means that a significant proportion of respondents (83%) have some frontline involvement in safeguarding people with cognitive impairment.

In terms of respondent's fields of work, just over half are engaged in social care, making it the most common field among respondents, followed by 28% in health. Other fields such as education, housing, police and criminal justice, safeguarding adults board, and other specialised teams each comprise less than 7% of the total. Geographically, the respondents are distributed across various 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 for 13%.

When examining job roles, respondents were mainly comprised of social workers (19%), nurses (18%), safeguarding leads or service managers (each at 8%), while roles such as housing officers, therapists, and criminal justice staff are less represented. Approximately 27% of respondents did not specify their job role, which might indicate some reluctance to disclose specific job titles. Overall, Table A2 reflects a diverse group of professionals primarily engaged in frontline social care and health services, with a notable representation from the public sector.

Table A2: Demographic characteristics of respondents

	Number	Percent
Role type		
Frontline	49	51.6
Managerial/strategic	16	16.8
Frontline & managerial	30	31.6
Total	95	100
Field of work		
Social care	49	51.6
Health	27	28.4
Education	4	4.2
Housing	3	3.2
Police & criminal justice	3	3.2
Safeguarding Adults Board	3	3.2
Other (e.g., specialist anti-slavery team)	6	6.3
Total	95	100
Region of work		
National	16	16.8
East Midlands	24	25.3
East of England	6	6.3
London	6	6.3
North East	5	5.3
North West	7	7.4
South East	7	7.4
South West	5	5.3
West Midlands	12	12.6
Yorkshire & Humberside	7	7.4
Total	95	100
Sector of work		
Public sector	55	57.9
Private sector	12	12.6
Voluntary/not for profit	28	29.5
Total	95	100
Job role		
Social worker	18	18.9
Nurse	17	17.9
Safeguarding lead or manager	8	8.4
Service manager	8	8.4
Other	7	7.4
Housing officer or manager	4	4.2
Therapist	3	3.2
Criminal justice staff	2	2.1
CEO	2	2.1
Did not say	26	27.4
Total	95	100

Cognitive Impairment and Exploitation Survey

1. I have read the project information and consent to participate in this survey.
 - a. Yes
 - b. No
2. My work involves a connection with people who may have a cognitive impairment, and/or policy or practice that affects these people.
 - a. Yes
 - b. No
3. In what way is your work relevant to safeguarding people with cognitive impairment from exploitation? *Please choose one.*
 - a. My work involves direct contact with people with cognitive impairment.
 - b. My work involves relevant managerial, strategic or policy-making.
 - c. My work involves both of the above.

Section 1: Prevalence and risk of exploitation

4. How often do issues relating to exploitation of people with cognitive impairment arise in your work?
 - Never.
 - At least once per year.
 - At least once per month.
 - At least once a week.
 - At least 2 to 3 times a week.
- 4.a. Can you estimate the number of cases involving suspected exploitation of someone with cognitive impairment you worked on during the past year? Please enter a whole number (integer).

5. Which forms of the following exploitations of people with cognitive impairment have you come across during the past year? **[Please tick all that apply]**
 - Criminal exploitation (e.g. forcing someone into crime or taking over a person's home for criminal purposes like drug distribution).
 - Debt bondage (when someone pledges their future work to payoff debts).
 - Financial exploitation.
 - Forced and early marriage.
 - Forced labour (work that is performed involuntarily under the menace of any penalty).
 - Domestic servitude (being forced to work usually within a private home).
 - Human trafficking (movement of persons with the intent to exploit them).
 - Labour exploitation (e.g. sub-standard working conditions and/or pay which may have been accepted voluntarily).
 - Mate crime (exploitation by those they consider to be their friends).
 - Organ harvesting/removal.
 - Sexual exploitation.
 - Other: specify: _____

6. How important do you think each of the **Equality Act 2010** protected characteristics is in increasing the risk of exploitation of people with cognitive impairment?

	Not so important	Somewhat important	Very important	Extremely important	Don't know
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender re-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage/civil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How important do you think each of the following factors is in increasing the risk of exploitation of people with cognitive impairment?

	Not so important	Somewhat important	Very important	Extremely important	Don't know
Community/location of residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low levels of literacy and/or numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a care leaver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having spent time in prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living in supported accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependence on family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not meeting eligibility thresholds for social care support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of awareness/recognition of exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
experience of childhood abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiences of prejudice, stigma, and discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being believed by authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff capacity

8. To what extent do you agree or disagree with each of the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
I am confident that I could identify whether a person needs a mental capacity assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that I could recognize possible exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that I know how to report possible exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am confident that I know the referral pathway in a case of exploitation of someone with cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8.a. If you **disagreed or strongly disagreed** with any of the statements above, what do you think are the main reasons for your lack of confidence? **[Please tick all that apply]**

- ❖ Absence of clear referral pathways.
- ❖ Fear of upsetting the person with cognitive impairment.
- ❖ Fear of confrontation.
- ❖ Lack of experience with exploitation cases.
- ❖ Lack of experience working with people with cognitive impairment.
- ❖ Lack of training.
- ❖ Uncertainty about what action to take.
- ❖ Other: _____

9. What would help you to respond more effectively to cases of exploitation involving people with cognitive impairment? **[Please tick all that apply]**

- a. Lower case loads
- b. More resources
- c. More resources from specialists
- d. More time
- e. More training
- f. Other
- g. Don't know/not applicable

9.a. If 'other', please specify: _____

9.b. Please can you suggest what specific resources are needed? _____

10. Did you last receive training about exploitation of people with cognitive impairment?

- a. Never.
- b. Within the past year.
- c. 1-2 years ago.
- d. 3-4 years ago.
- e. 5-9 years ago.
- f. 10 or more years.

Section 2: Local Practice

Intervention: thresholds, prevention, and sustainability

11. Who do you think has the most responsibility in preventing the exploitation of people with cognitive impairment? **[Please rank in order of importance where 1 is most important and 5**

least important]

	1	2	3	4	5
The individual being exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Their carer/family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services/professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.a. Please explain why you think that your first choice above has the most important role to play?

12. Which of the following would be recognized within your organization as a potential sign of exploitation? **[Please tick all that apply]**

- a. Financial issues (e.g. petty theft, begging, struggling with money management) un-kept property/poor living conditions.
- b. Non-engagement with services (e.g. anger/aggression towards professionals, not answering calls and letters or attending appointments).
- c. Irresponsible tenants, subletting
- d. environmental issues (e.g. excess waste, overcrowding, numerous different people coming and going)
- e. Deterioration impersonal care and demeanour
- f. Substance misuse
- g. Sex working
- h. Criminality, criminal history/convictions
- i. Other: _____
- j. Don't know/not applicable

13. Which of the following would most likely affect your organisation's ability to effectively intervene in cases of exploitation of adults with cognitive impairment? **[Please tick all that apply]**

- a. Assessment that the adult has mental capacity to make specific decisions. Bureaucratic procedures/practices.
- b. The adult's family.
- c. The adult's lack of engagement with professionals.
- d. The adult's past criminal record.

- e. The adult's severity of impairment.
- f. Lack of clear referral pathway
- g. Lack of know diagnosis
- h. Lack of resources
- i. Other: _____
- j. None
- k. Don't know

14. Which of the following areas of policy and practice in cases of exploitation involving people with cognitive impairment works well or requires improvement?

	Requires a lot of improvement	Requires some improvement	Works adequately	Works well	Don't know
Existing legal protections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking feedback from individuals with lived experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-agency coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
post-intervention follow-ups and support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14.a. if 'others', please specify: _____

15. How important do you think it is for you and your colleagues to receive specialist training about the exploitation of people with cognitive impairment?

- a. Not so important
- b. Somewhat important
- c. Very important
- d. Extremely important

16. What local multi-agency processes are you aware of that could be used in cases of exploitation involving people with cognitive impairment in your area? **[Please tick all that apply]**

- a. MASH (Multi-Agency Safeguarding Hub)
- b. MARAC (Multi Agency Risk Assessment Conference)

- c. NRM (National Referral Mechanism)
- d. Slavery & exploitation team
- e. Specific points of contact
- f. Other: _____

17. Are people with cognitive impairment who receive support from your organization offered any of the following types of training? **[Please tick all that apply]**

- a. No training provided
- b. Assertiveness
- c. Communication
- d. Personal safety
- e. Preventative education
- f. Sex education
- g. Social skills
- h. Other
- i. Don't know

17.a. If 'other', please specify: _____

17.b. At what point is such training likely to be offered to a person with cognitive impairment? **[tick only one column for each row]** Please don't select more than 1 answer(s) per row

	Before exploitation	After exploitation	Not currently offered
Assertiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventative education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Data Issues

18. Data availability, data sharing, coordination and follow-up.

	yes	no	Don't know
Does your organization record data about cognitive impairment in case files?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your organization record data about exploitation in case files?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your organization have a referral process for cases of exploitation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your organization have a specific point of contact for following upon cases of exploitation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is information about exploitation of individuals routinely shared with other agencies to which they may be known?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there a unified standard used across agencies regarding how exploitation cases are recorded (e.g., using an agreed template or shared database)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. When did your organization last review its policies and procedures for recording safeguarding alerts?

- a. Never.
- b. Within the past year.
- c. 1-2 years ago.
- d. 3-4 years ago.
- e. 5-9 years ago.
- f. 10 or more years.

20. **Reporting:** Do you think that exploitation of people with cognitive impairment is currently....

- a. Underreported
- b. Accurately over reported
- c. Don't know

20.a. Please explain the reason for your answer: _____

21. In what way is your work relevant to safeguarding people with cognitive impairment from exploitation? [**This question is repeated here to reveal the next set of questions that are most relevant to you.**]

- a. My work involves direct contact with people with cognitive impairment.
- b. My work involves relevant managerial, strategic, or policy – making.
- c. My work involves both of the above.

Section 3: Policy. This section is about working in a strategic or policy-making capacity. If this does not apply to you, please skip to Question 27.

22. Use of resources and budget allocation

		Don't know
Can you estimate how many exploitation cases involving people with cognitive impairment have been reported to your organization in the past year?	<input type="text"/>	<input type="checkbox"/>
Can you estimate what percentage of your organization's budget is allocated to programs aimed at safeguarding people with cognitive impairment from exploitation?	<input type="text"/>	<input type="checkbox"/>

23. In your strategic role are you aware of specific policies that aim to address the needs of people with cognitive impairment who are at risk of exploitation?

- a. Yes
- b. No
- c. Don't know

23.a. If yes, can you provide information on some of these policies? _____

24. How often does your organisation...

	never	Every 10 or more years	Every 5-9 years	Every 3-4 years	Every 1-2 years	Twice or more per year	Don't know
Review and update policies related to safeguarding people with cognitive impairment from exploitation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Train staff and/or volunteers on recognizing and reporting the exploitation of people with cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

impairment?							
Collaborate with other agencies and organizations to address the exploitation of people with cognitive impairment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct public awareness campaigns or outreach programs related to the exploitation of people with cognitive impairment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate the effectiveness of policies and initiatives aimed at protecting people with cognitive impairment from exploitation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How effective do you think current policies and initiatives are in safeguarding people with cognitive impairment from exploitation?

- a. Very ineffective
- b. Ineffective
- c. Effective
- d. Very effective
- e. Don't know

26. How satisfied are you with the resources available to support people with cognitive impairment who have experienced exploitation?

- a. Very dissatisfied
- b. Dissatisfied
- c. Satisfied
- d. Very satisfied
- e. Don't know

27. If you could provide three recommendations on how to improve the safeguarding of people with cognitive impairment identified as being at risk of exploitation, what would they be?

- i. _____
- ii. _____
- iii. _____

Some final questions about you and the work you do

Please provide information that is most relevant to the work you do that involves people with cognitive impairment. The data you provide would mainly be used for analysing the spread of responses at the national level.

28. Region of work

- ❖ National
- ❖ East
- ❖ Midlands
- ❖ East of England
- ❖ London
- ❖ North east
- ❖ North west
- ❖ South east
- ❖ South west
- ❖ West Midlands
- ❖ Yorkshire & Humberside

29. Which field of work do you work in?

- a. Safeguarding
- b. Adults Board
- c. Adult social care
- d. Children and families social care
- e. Education
- f. Health
- g. Housing
- h. Police and criminal justice
- i. Other

29.a. if 'other' please specify: _____

29.b. What sector do you work in?

- a. Public
- b. Voluntary/not for profit
- c. Private sector

30. How long have you worked in this field of practise? _____

31. What is your current job role? _____

1.4 Data Limitations

While the data on cognitive impairment and exploitation that we discuss in this study relates to England, the data limitations we highlight here have also been observed in wider UK and international contexts.

1.4.1 National Datasets

The table below summarises the strengths and limitations of each national dataset. Notably, for the three national datasets, they neglected either to publish data on disability, or if this data was present, did not include information on exploitation. Table A3 indicates that although the FRS provides information on impairment types, from which we could estimate the incidence of cognitive-related disabilities, it does not provide data on experiences of exploitation. NRM statistics, while providing breakdowns by gender, age and nationality, do not include health status data, making it challenging for this study to explore intersections between cognitive impairment and exploitation using this data. Moreover, the NRM covers applicants from various nationalities, often without UK residency status, capturing a population different from other survey instruments. This divergence makes estimating the prevalence of exploitation in the British population using the NRM problematic, and many cases, especially among the British population, may remain hidden and unreported. Finally, the data on abuse and assaults in the CSEW may also extend to exploitation, however, it is not possible to extrapolate what incidents of abuse constitute exploitation.

Table A3: Strength and weaknesses of each national administrative dataset

Data source	Strengths	Limitations
Family Resources Survey (FRS)	Contains data on impairment types	No questions on the experiences of exploitation
National Referral Mechanism (NRM) Statistics	Contains data on worst forms of exploitation (modern slavery)	No questions on health status and covers a different sample of individuals. Not designated as national statistics
Crime Survey for England and Wales (CSEW)	Provides information on impairment and abuse	Does not allow for the extrapolation of incidents of abuse into the category of exploitation.

1.4.2 SAC and SARs

While the SAC contains data on impairment and specific types of exploitation including modern slavery, sexual, and financial exploitation, there are a number of limitations including: (i) limited number of exploitation types are listed in the SAC, (ii) quite generic and does not explicitly specify what proportion

of people with cognitive impairment had experienced exploitation (iii) potential conflation of exploitation with abuse as the data may obscure certain types of exploitation such as, conflating financial (or sexual) abuse and exploitation, while modern slavery may cover a wide range of exploitation types.

On the other hand, SARs represent serious cases of exploitation with varying levels of detail. Some relevant SARs may be missing from the national library and many cases are not examined through SARs even though they come to the attention of safeguarding professionals. While useful data on impairment and exploitation can be extracted from SARs, potential bias in data entry may occur, and may be less feasible to extract if a very large number of relevant reviews are identified.

1.4.3 Practitioner Survey

Given the lack of data on the relationship between exploitation and having a cognitive impairment, the data collected aimed to better understand these complex phenomena from professional perspectives. The aim was to identify priority areas for improving the practice and ultimately reducing the risks of exploitation among people with cognitive impairments as part of a broader strategic initiative. However, the data is subject to sampling bias and lack of representativeness; hence findings should be taken with caution. However, this is the first exploratory study to collect quantitative data on the exploitation of people with cognitive impairment gathering insights from practitioners. This study underscores the value of wider research covering the UK and establishes a strong methodology for future data collection.

2: Technical Information on Quantitative Methods of Analysis

In line with the broad range of datasets used in this study, we adopted a mixed methods approach to analyse our quantitative data. These include descriptive statistics and qualitative comparative analysis.

2.1 Descriptive Statistics

Considering that our quantitative analysis relies mainly on administrative data, which is mostly available as text-based or in aggregated formats such as counts or percentages, we have based our analysis on descriptive statistics. The terms 'count' and 'numbers' are used interchangeably. Likewise, the terms 'share', 'proportion' and 'percentage' are all interchangeable.

2.2 Qualitative Comparative Analysis

To analyse the lived experience interviews, we use qualitative comparative analysis (QCA) which enables the identification of combinations of factors that may lead to the occurrence of a complex phenomenon (Ragin, 1984; Ragin, 2000), in this case, exploitation, using statistical methods (Longest & Vaisey, 2008). QCA employs both qualitative and quantitative approaches to systematically compare cases to better understand complex causal relationships (Pappas & Woodside, 2021). We used QCA as this dataset is too small to use linear regression but has sufficient breadth of cases to be able to compare and contrast cases. Instead of examining causal factors in isolation, QCA focuses on combinations of factors, considering how different factors interact to produce effects. QCA has been established as a successful research method for identifying causal factors in public health (Hanckel et al., 2021). Other studies applying QCA have covered a wide range of issues including, the stress process and health (Longest & Thoits, 2012), factors affecting community wellbeing (Choi & Jang, 2017), and the social determinants of health (Kokkinen, 2022), among others. The current study extends the fuzzy set QCA (fsQCA) application to understanding configurations of risk and protective factors influencing the experience of exploitation among people with cognitive impairments.

The principles behind QCA come from mathematical set theory and Boolean algebra. Boolean algebra is a set of quantitative methods for dealing with variables using logical operators. To identify causal relationships, we constructed truth tables that were based on the risk and resilience factors that contributed to an individual being exploited or not exploited. Taking the minimum set of causal factors, allowed us to explore combinations of causal factors that bring about exploitation in people with cognitive impairment.

Data from interviews with 23 individuals with lived experience of cognitive impairments across England was used. The selection of cases for the fsQCA was based on two criteria: (i) the variability of the explanatory conditions under consideration including the outcome; and (ii) data availability, i.e., sufficiently detailed information contained within the interviews.

The outcome of interest is experiencing exploitation. Knowledge of cases allowed us to hypothesise "ex-ante" which configurations (i.e., combination of factors) are likely to lead to our outcome of interest. These explanatory conditions include: (i) not being believed by professionals, (ii) experiences of coercive control, (iii) education/skills and (iv) supportive social networks.

We chose four explanatory conditions due to a limit to the number of causal conditions we can include in the model. For instance, QCA with four explanatory conditions requires a minimum sample size 12, while seven conditions require no less than 30 cases (Marx, 2006). In QCA, the rule of thumb for the maximum number of causal conditions (i.e., sets/variables) is based on the sample size and the desire

to avoid an overly complex model that may inadvertently render the results meaningless (Fainshmidt et al., 2020). A commonly used guideline is that the number of configurations should not exceed the sample size. The formula to determine the maximum number of causal conditions is $2^k \leq n$ where k is the number of causal conditions and n is the sample size. Hence for our dataset, the maximum number of causal conditions k for a sample size of 23 is 4.

To identify the configurational paths, we treated each individual as a separate case and used set-analytic methods and truth table techniques to analyse the data using a fsQCA software package in STATA 18 (Longest & Vaisey, 2008).

Table A4 examines cases sharing specific configurations/combinations and presents the possible configurations of the four sets/conditions linked to experiences of exploitation observed in the data. Column 1 represents the different combinations of conditions where the letters indicate the presence (uppercase) or absence (lowercase) of specific conditions/factors. Columns 2 and 3 indicate how consistently, cases in a particular configuration lead to exploitation (or its negation) where values closer to 1 suggest higher consistency. Column 4 indicate the Fisher's exact test value, which assesses the statistical significance of the consistency between the configuration and the outcome (a high value indicate strong evidence that the configuration is linked to the outcome). Finally, Column 5 represents the number of cases that best fit the configuration.

Table A4: Truth table showing the combinations of four factors linked to higher exploitation risks among people with cognitive impairments.

(1) Set ^a	(2) Outcome consistency	(3) Negation consistency	(4) F	(5) Best Fit
nces	0.500	0.500	0.00	2
nceS	0.500	0.500	0.00	0~
ncEs	0.395	1.000	9.63***	1
ncES	0.100	1.000	75.13***	3
nCes	0.772	0.324	2.18	5
nCeS	0.994	0.196	18.29***	0~
nCEs	1.000	0.000	.	3
nCES	1.000	0.000	.	1
NceS	0.593	1.000	.	1
NcEs	0.000	1.000	.	1
NcES	0.000	1.000	.	1
NCeS	0.999	0.106	65.13***	3
NCEs	1.000	0.000	.	1
NCES	1.000	0.000	.	1
Reduced solution set^b	Outcome consistency	Raw coverage	Unique coverage	
C.e.S	0.997	0.377	0.377	
		Set total coverage	0.377	
		Set consistency	0.997	

^a N=Not being believed; C=Coercive Control; E=Education/Skills; S=Supportive Social Networks. While there are 16 possible configurations, 2 configurations (i.e., Nces and NCes) were not present in the data and therefore excluded from the test.

^b Two configurations entered into reduction (i.e. nCeS and NCEs)

~ Rows that failed to meet the frequency threshold of 2% of cases.

p<.05. *p<.001. Two-tailed tests.

The most common configuration (nCes) which represents approximately 5 individuals (22% of the sample) experienced low incidences of not being believed, high coercive control, but low levels of education/skills and low social networks. This solution has a consistency with high exploitation of 0.772 and low exploitation of 0.324. However, this did not satisfy the consistency threshold of 80%.

While six configurations satisfied the consistency threshold (nCeS nCEs nCES NCEs NCEs NCEs), only 2 configurations are statistically significant in explaining the outcome (i.e., nCEs and NCEs).

NCEs being statistically significant indicate that individuals with higher incidences of not being believed, high coercive control, low education/ skills and high access to social networks may potentially aggravate exploitation risks. While no cases fit the nCEs combination exactly, this configuration might still be theoretically relevant. This means that individuals with high levels of education/skills as indicated by the significance of two configurations (nCEs and nCES) would be less likely to experience exploitation.

Configurations with an outcome consistency of 1.000 (nCEs, nCES, NCEs, NCEs) indicate perfect consistency, meaning that in these combinations, all cases consistently lead to the outcome. On the other hand, configurations like nCES with an outcome consistency of 0.100 indicate low consistency, suggesting that this combination rarely leads to the outcome, even though it is statistically significant.

Considering that these configurations may logically overlap, we performed a reduction solution by only considering configurations that are consistent (above 80%) and statistically significant at the 5% level. This yielded a reduced solution set C.e.S, implying that higher coercive control, lower education/skills and higher supportive social networks can potentially lead to higher risks of exploitation among people with cognitive impairments. This might imply that risks of exploitation from interpersonal relationships need to be addressed through for example, improved skills and training.

While the set of conditions are a near perfect subset of exploitation risk (i.e., high solution consistency, 0.998), our results suggest that this limited list of conditions might only be moderately helpful in explaining the risks of exploitation among people with cognitive impairments (i.e., low coverage 0.337).

3: Technical Information on Qualitative Data and Methods

The study was underpinned by a comprehensive scoping review of existing academic literature. Additionally, qualitative data was extracted from Safeguarding Adults Reviews, and interviews with frontline practitioners as well as people with lived experience of cognitive impairment. This data was then subject to thematic analysis (Braun & Clarke, 2006), using NVivo 14.

3.1 Qualitative Analysis of SARs

Thematic analysis was undertaken on SARs to complement the quantitative analysis and review any dimensions which may have been missed from the extraction of data. Particular attention was paid to recommendations to examine whether consistent themes emerged across the sample. A focussed approach to coding was adopted, coding only data relating to practice within the cases, focusing on the challenges faced and areas for learning and improvement. This approach complemented the quantitative capture of demographic data alongside forms of exploitation and referral pathways to health and social services. Hence the data captured by the quantitative and qualitative analysis is distinct but complementary. Initial coding was completed in NVivo from which themes were identified. These codes and themes were presented to both the wider project group and external stakeholders as part of verification. Themes were subsequently reviewed in more detail on a word document, with final themes and subthemes again presented to the wider team.

3.2 Frontline Professionals and People with Lived Experience of Cognitive Impairment

We undertook 24 semi-structured interviews with frontline professionals with safeguarding responsibilities who had expressed their willingness to be interviewed. Professional interviewees covered a wide range of professional roles including, law enforcement, adult safeguarding and mental health, amongst others (Table A5). Interviews were conducted online through Microsoft teams with practitioners who were predominantly recruited through the survey for practitioners. Qualitative comments within the practitioner survey were then reviewed and analysed thematically in NVivo.

Table A5: Professional Interviewees' Profile

Interviewee ID Number	Professional role
1	law enforcement
2	dementia specialist
4	law enforcement
5	local authority safeguarding
6	local authority safeguarding
7	Mental health specialist
8	local authority safeguarding
9	local authority safeguarding
11	local authority safeguarding
14	Mental health specialist
16	Allied health professional
17	local authority safeguarding
19	law enforcement
20	local authority safeguarding
24	housing specialist

25	dementia specialist
26	local authority safeguarding
27	local authority safeguarding
29	local authority safeguarding
31	learning disability specialist
34	housing specialist
35	learning disability specialist
36	modern slavery specialist
37	learning disability specialist
38	housing specialist
39	housing specialist
40	modern slavery sector worker

We also conducted 23 interviews and one 3-person focus group with people who identified as having a cognitive impairment and had expressed interest in participating in the study. Participants were recruited through learning disability support groups, an NGO supporting survivors of slavery and trafficking, and a housing association (Table A6), with interviewees coming from diverse regions of England including London, the South East, South West, West Midlands, East Midlands, Yorkshire and Humberside, and the North West.

Table A6: Lived Experience Interviewees' Profile

Pseudonym	Exploitation Experience	Recruitment type
George	yes	Modern Slavery advocacy group
David	yes	Pre-existing network
Cathy	partially	Supported housing organisation
Alex	yes	Supported housing organisation
Successful	no	Supported housing organisation
Gabriel	yes	Learning disability advocacy group
Amy	yes	Learning disability advocacy group
Adam	yes	Learning disability advocacy group
Blessing	no	Learning disability advocacy group
Lola	partially	Learning disability advocacy group
Charlotte	partially	Learning disability advocacy group
Sharon	no	Learning disability advocacy group
Ed	yes	Learning disability advocacy group
Richmond	no	Learning disability advocacy group
Scarlet	yes	Pre-existing network
Sarah	partially	Learning disability day centre
Faye	yes	Learning disability day centre
Alice	no	Learning disability day centre
Laverne	no	Learning disability day centre
Nur	yes	Modern Slavery advocacy group
Robert	yes	Modern Slavery advocacy group
Jack	yes	Modern Slavery advocacy group
Simon	yes	Modern Slavery advocacy group

Lived experience interviewees were conducted in person. Interviewees were given the option to have support workers accompany them. Recruitment was facilitated through advocacy and specialist support organisations to ensure eligibility and that safeguarding measures were in place.

We did not always know in advance how individuals would define their impairment or exploitation during the course of the interview, and due to the sensitive nature of the topic, this was difficult to ascertain in advance. Participants' experiences of exploitation ranged from having no identifiable experience in 6 cases, to experiences that had led to prosecutions under modern slavery laws. Several interviewees also discussed experiences of abuse that they viewed as exploitation but had not involved a profit motive. We have chosen to include all these interviews, as they provided valuable insights on both risk and resilience factors against exploitation and abuse. However, one further interview was excluded as the individual did not strongly identify with either cognitive impairment or experiences of exploitation.

Interview data from the practitioner and lived experience interviews was transcribed and anonymised professionally. They were then coded inductively on NVivo. Themes were reviewed and compared between different team members to ensure agreement across the team.

Ethical approval was given by the ethics committee at the School of Sociology and Social Policy at the University of Nottingham.

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