Exploring the Intersections between Cognitive Impairment and Exploitation in England: Insights from a Descriptive Analysis of National and Regional Trends

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1 Background

People with an illness, disability or other health conditions are more likely to experience various forms of exploitation in comparison to other groups, particularly if their health condition necessitates assistance with daily functioning such as personal care, financial management, or socialising. For the purpose of this study, we consider a wide range of cognitive impairments and differences that affect processing, understanding, and memory, and therefore may cause additional challenges in everyday life. People with 'hidden' disabilities such as mental health conditions, cognitive decline, intellectual disabilities, autism, and ADHD are more vulnerable to exploitation than people with other types of disability [4, 13]. For example, they may be vulnerable due to trauma from adverse experiences leading to dissociation [6], or addiction means they can be exploited to fulfil their needs [18]. They may struggle to recognise when they are being exploited and may be unable to effectively communicate or report abuse [5]. Adults with cognitive impairment living alone may be vulnerable [15], while those having difficulty understanding financial matters may be more vulnerable to financial exploitation [9].

The aforementioned factors not only increase vulnerability to exploitation but also amplify the severity of harm when exploitation occurs, making the relationship between cognitive impairment and exploitation a complex and multidimensional phenomenon [8]. Hence, implementing strategies that pay attention to these factors is imperative in preventing exploitation and mitigating the severity of harm. Yet, there is a lack of public and official statistics to quantify the intersections between exploitation and disability/cognitive impairment to inform appropriate strategies for mitigation. Adults with cognitive impairments may be classed as a vulnerable group of individuals at increased risk of being exploited because of their reduced capacity to identify and report abuse or exploitation [10]. Hence the prevalence of exploitation in this population is

not well understood, it is thought to be under-reported due to the challenges faced by these individuals in communicating their experiences [14, 17].

Section 42 (S42) of the Care Act 2014 requires local authorities in England to conduct investigations 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. Social workers, health professionals, the police, and other relevant stakeholders are all involved in S42 investigations, with the aim of ensuring the safety and well-being of adults with care and support needs, as well as preventing and responding to incidences of maltreatment. Hence, these enquiries are intended to garner information about the adult and their circumstances, assess the risks to their safety, and determine the best way to protect them.

Estimates from the Crime Survey for England and Wales (CSEW) show 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,[1] particularly women.[2] However, it is not possible to extrapolate what incidents reported by individuals with lived experience constitute exploitation in the CSEW.

Hence this paper is an exploratory study aimed at quantitatively understanding the intersections between cognitive impairment and exploitation.[3] Given that there is currently very little intersecting data, quantitative statements about how people with cognitive impairment are at risk of, or are being exploited, need to be extrapolated.

To extrapolate the relationship between cognitive impairment and exploitation, this

[1] In the CSEW, domestic abuse combines various types of abuse including physical, sexual, emotional, and financial abuse carried out by a partner or other family member while sexual assault captures incidents such as rape, indecent exposure, or unwanted touching, including attempts by any perpetrator.

[2] ONS, released 10th Feb. 2022, ONS website, article, Outcomes for Disabled People in the UK: 2021. Disability and Crimes Reference Tables.

[3] The study is based on a broader research project funded by the Nuffield Foundation. More details about the project can be found here: https://exploitationandci.org/

study provides a descriptive account of disability prevalence, exploitation prevalence and S42 enquiries in English LAs using data from the Family Resources Survey (FRS), the National Referral Mechanism (NRM), and the Safeguarding Adults Collection (SAC), with the aim of addressing the following important questions:

- Are there trends in disability prevalence and exploitation by types of impairment, and if so, what types of cognitive impairment and exploitation are more prominent?
- Are there trends in S42 enquiries, and if so, what are they?
- What proportion of S42 enquiries involved people with cognitive impairment?
- How frequently did exploitation appear as a factor of S42 enquiries?

The remainder of the paper is structured as follows. Section 2 explains what data is currently available to quantify the relationship between cognitive impairment and exploitation. The results and discussion in Section 3 then provides a contextual and descriptive account of the prevalence of disability and exploitation in England, including findings from the analysis of S42 enquires. The final section offers concluding remarks, limitations, and emerging recommendations.

2 Data

This paper uses three data sources to explore the overlap between cognitive impairment and exploitation. First, data from the FRS was used to determine the trends and prevalence rates of disability/cognitive impairment. Then we used data from the NRM to assess exploitation rates, and finally, the SAC to analyse national and regional trends in S42 inquiries.

The Family Resources Survey (FRS)

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.[4] This is based on the definition of disability under the Equality Act 2010 which considers a person as having a disability if they "have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities". While the FRS provides data on impairment types, from which we could estimate the incidence of cognitive-related disabilities, it does not provide data on exploitation.

The National Referral Mechanism (NRM)

Exploitation refers to the act of using someone's vulnerability for one's own gain [19]. The exploitation of individuals with cognitive impairments can take many forms, including financial exploitation, physical, sexual, or emotional abuse, and neglect, or the denial of basic human rights [16]. Exploitation may also include experiences of modern slavery, a complex crime involving multiple forms of exploitation such as human trafficking, organ harvesting, debt bondage, slavery, servitude, forced labour, and forced/early marriage [1]. In the United Kingdom, the NRM is a framework for identifying and referring potential victims of modern slavery, as well as ensuring they receive the appropriate support. Considering that quantitative data on exploitation is not widely available, we base our estimates of exploitation prevalence on the Home Office's quarterly publication of official statistics on modern slavery referrals via the NRM.

[4]Data was retrieved from Department for Work and Pensions (DWP) Stat-Xplore; Data source: FRS 2020/21. https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml. [Retrieved 10 Jan. 2023].

T*he Safeguarding Adults Collection (SAC)*

Since 2010, all local authorities with social services responsibilities (i.e., Councils with Adult Social Services Responsibilities, CASSRs) were mandated to return statistics concerning the number of vulnerable people aged 18 or over, who they had been made aware of, with regards to risk of abuse or neglect. NHS Digital publishes data from the SAC regarding the number of safeguarding concerns raised including the number of S42 enquiries, the primary support needs of individuals involved in these enquiries, and, inter alia, a breakdown of concluded S42 enquiries by type of abuse or exploitation.[5]

The SAC also includes the number of S42 enquiries reported by two broad categories of people with specific types of cognitive illnesses, namely, people with Learning, Developmental or Intellectual (LDI) disabilities. These are broadly classified into two groups according to severity, with the first group constituting people with LDI (including those with autism), and the second being a more severe group of people with LDI including those with Asperger's syndrome or high functioning autism.[6]

The geographical granularity of the SAC covers national, regional, and local authority (LA) level statistics annually. Data was downloaded from NHS Digital's website covering a five-year period in circa 2017/18 and 2021/22.[7] While there are earlier rounds of the data, the current study focuses on the 2017/18 collection onwards because inputs on modern slavery, self-neglect, sexual exploitation, and domestic abuse became mandatory from 2017/18, providing a trajectory of eleven types of abuse and exploitation contained in the data. To adjust for locational differences in population size, demographic data was extracted from the 2021 Census published by the Office for

[5]Note that the SAC obscures certain types of exploitation. For example, there is a conflation of financial abuse and exploitation, while modern slavery may include a wider range of exploitation types.

[6]It is important to note that people with high functioning autism would not necessarily be classed within an LDI framework.

[7]The five-year data was appended using Stata 17. The raw datasets are available at: https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults [Retrieved 29 Nov. 2022].

National Statistics (ONS).[8]

Considering that differences in local processes to address safeguarding concerns may influence the geographical spread of S42 cases, we explore this possibility in the course of the analysis. A survey of local definitions was commissioned in 2018 to ascertain how local authorities defined key elements of adult safeguarding activity in their 2017-18 SAC submission to NHS Digital [11]. A total of 78 local authorities responded to the survey, representing 51% response rate. These responses can be used to aid the interpretation of any differences between local authorities.

Because our analysis mainly relies on administrative data, which is only available in aggregated formats such as counts or percentages, we only provide a descriptive account of national and regional estimates. Throughout this paper, the terms 'count' and 'numbers' are used interchangeably. Likewise, the terms 'share', 'proportion' and 'percentage' are all interchangeable. We also used Analysis of Variance (ANOVA), a statistical comparison of the mean/average values between two or more groups which consider the mean and variance of the data on numeric outcomes. For example, the difference in the average counts of S42 enquiries between time periods or regions.

3 Results and Discussion

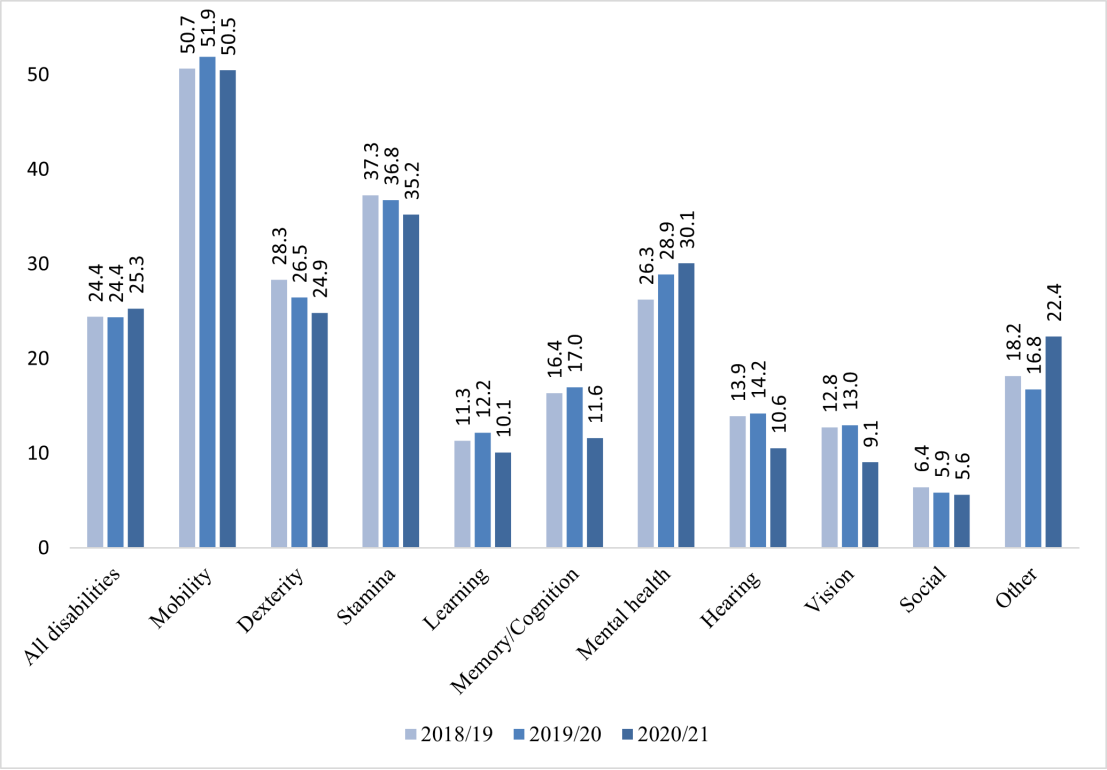
3.1 Disability Prevalence - Evidence from the FRS

The latest estimates from the Family Resources Survey (2020/21) indicate that approximately 11 million adults in England have a disability. This represents 25% of the total adult population, half of which are adults with cognitive impairment (Figure 1). Those with cognitive impairment include people with a learning disability (10%, 1.1 million), whilst approximately 12% (1.3 million) and 30% (3.3 million) have memory

[8] Accessed via NOMIS at https://www.nomisweb.co.uk/ [Retrieved 11 Jan. 2023].

and mental health conditions, respectively.[9] Whilst mobility remains the most common form of impairment, with the share of people with disabilities reporting different types of impairment having declined in recent years, the rise in disability prevalence is largely driven by the growth in mental health conditions.

Figure 1: Disability prevalence, disaggregated by type of impairment



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. Source: Authors' estimations using DWP Stat-Xplore based on FRS 2019 to 2021.

The prevalence of disability varies across England's regions (Table 1). The North East has the highest disability prevalence rates (35%) whilst London has the lowest adult disability prevalence rates (17.5%). Regional differences in disability prevalence may also be partly explained by variations in rates by types of impairments. For example, many people living with mental health conditions live in the North East

[9]The latest estimates also show that people with learning disabilities constitute 2.6% of the total adult population, while those with memory and mental health disabilities make up 2.9% and 8.6%, respectively (see Table 1 below).

of England, whilst in the southern parts, people tend to report more learning and memory-related impairments.

Table 1: Disability prevalence, disaggregated by region

Region	All disabilities	Learning disabilities	Memory/ cognitive disabilities	Mental health disabilities
All England	25.3	2.6 (10.1)	2.9 (11.6)	7.6 (30.1)
***Regions*:**				
North East	35.4	2.6 (7.4)	3.0 (8.3)	15.0 (42.4)
North West	29.1	2.3 (7.8)	2.8 (9.7)	9.2 (31.8)
Yorkshire & Humberside	28.5	2.4 (8.6)	2.4 (8.6)	9.7 (34.1)
East Midlands	26.4	2.8 (10.5)	3.4 (12.8)	6.6 (24.9)
West Midlands	26.6	2.9 (11.0)	3.5 (13.3)	8.9 (33.4)
East	26.6	2.8 (10.5)	4.0 (15.0)	8.6 (32.3)
London	17.6	1.9 (11.1)	2.3 (13.1)	3.8 (21.7)
South East	23.0	2.4 (10.4)	1.9 (8.3)	5.8 (25.4)
South West	25.0	3.4 (13.7)	4.0 (16.1)	7.3 (29.4)

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

Additionally, a research brief on the prevalence and life experiences of people with disabilities in the United Kingdom documented that regional variations in disability prevalence may be associated with, inter alia, age distributions within the population, incomes and levels of deprivation [7]. Estimates of regional household deprivation shares show that the North East has about 55% of its households deprived in one or more dimensions, the highest deprivation rates in comparison to other regions.[10]

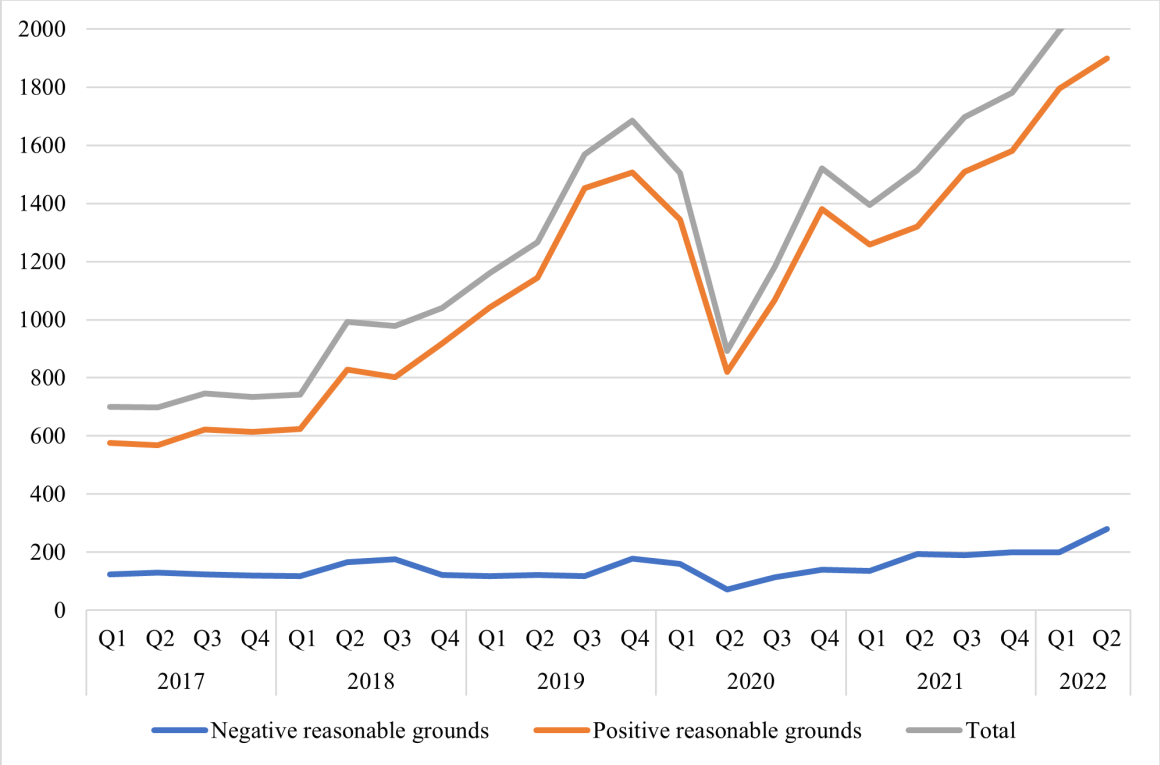
3.2 Exploitation - Evidence from the NRM

Evidence from the NRM statistics show an increase in the number of modern slavery referrals made through the NRM between 2017 and 2022. The respective number of

[10]Authors estimation using ONS Census 2021 estimates of households by deprivation dimensions, accessed via NOMIS (https://www.nomisweb.co.uk/) [Retrieved 11 Jan. 2023].

positive and negative reasonable grounds of exploitation decisions made per quarter is depicted in Figure 2. The number of positive reasonable grounds decisions made had risen significantly from around 600 cases in early 2017 to over 1,800 by mid-2022. In contrast, the number of negative reasonable grounds decisions has remained low and consistent over time. This results in a little margin of difference between the total and positive reasonable grounds decisions, compared to decisions that were deemed negative.

Figure 2: Number of NRM reasonable grounds decisions made per quarter, adults.

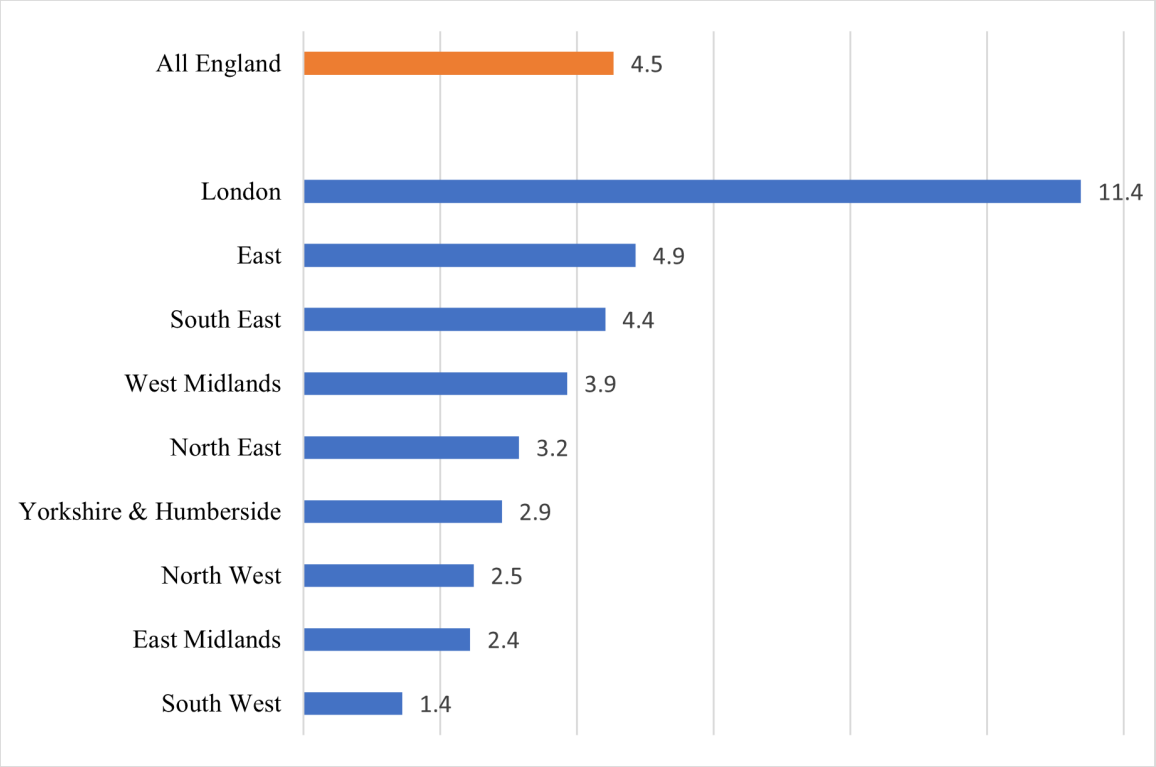


Note: NRM Statistics as of June 2022. Reported statistics are only for adults (18 years or over).

As of June 2022, estimates of referrals to the NRM suggest that around 5 adults per 100,000 adult population in England have been referred for potential cases of modern slavery/exploitation (Figure 3). Regionally, London has the highest number of referrals (11 cases per 100,000 people), which is mainly because both the Immigration Enforcement (IE) and UK Visas and Immigration (UKVI) Home Office divisions as first

responders account for two-thirds (N=1348) of total referrals in England (N=2035). This is followed by the East and South East regions with approximately 5 and 4 individuals per 100,000 adults, while the East Midlands and the South West regions have the least number of exploitation referrals (2 and 1 per 100,000 adults, respectively).

Figure 3: Number of NRM referrals per 100,000 adult population (Q2, 2022), disaggregated by region.



Note: Authors' estimations using NRM referrals per police force responsible for crime investigation from the NRM Statistics for Quarter 2 2022 and are adjusted for regional adult population size using Mid-2021 estimates from the ONS. Only police forces with referrals in the second quarter of 2022 are included in the statistics.

A more detailed look at exploitation referrals within-regions according to police forces responsible for crime investigations shows that there were 785 NRM referrals in London, 99.9% of which were affiliated with the Metropolitan Police Service which covers the London Boroughs, while only 0.01% referral was investigated by the City of London Police (see Appendix II, Table A1 which describes the number of adult referrals across regions and police forces). A notable difference is observed in the

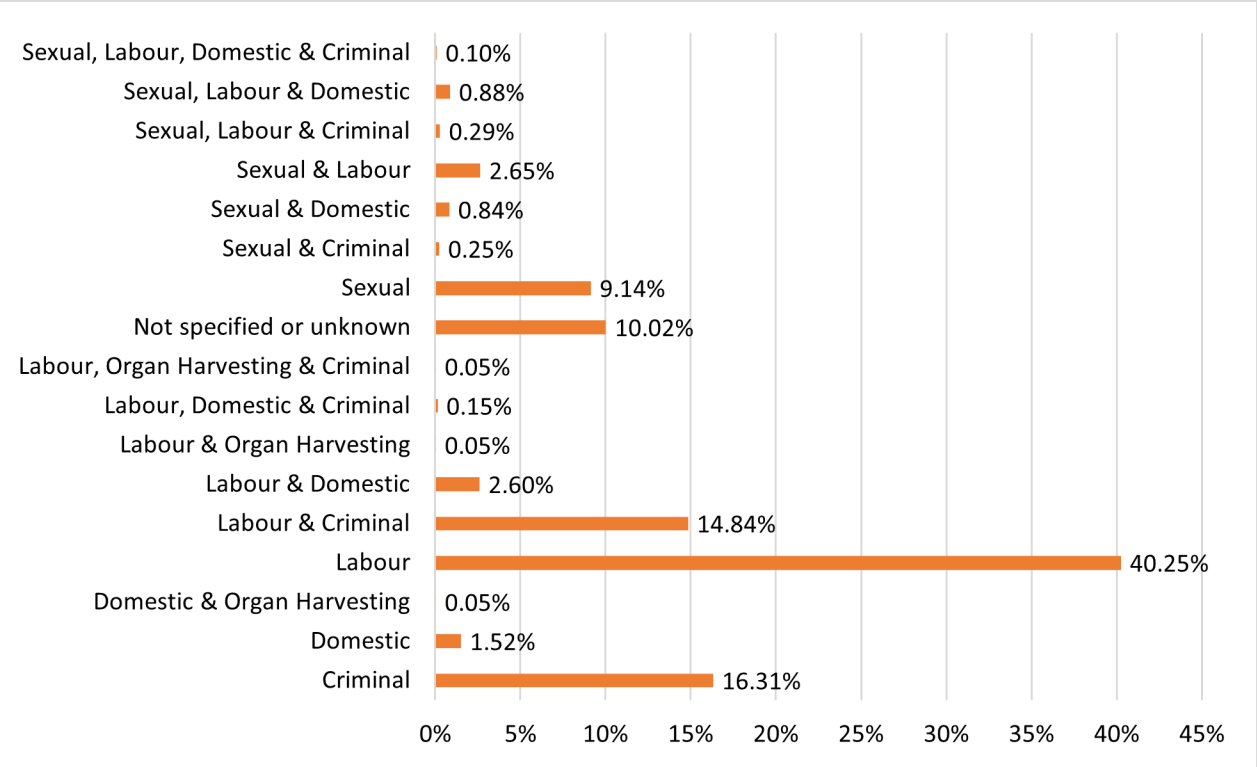
Yorkshire & Humberside and the East of England, with around 80% and 66% of referrals being respectively associated with West Yorkshire and Bedfordshire police forces. The West Midlands police is also an exception, it harbours the largest share (81%) of investigations in the region compared to other forces. Additionally, Leicestershire, and Nottinghamshire police forces each have nearly a third of total referrals in the East Midlands, with police forces in Northumbria (45%), Greater Manchester (48%), Sussex (45%), and Avon & Somerset (36%) also having the highest shares of total referrals in their respective regions.

The most prominent forms of exploitation were labour, criminal, and sexual exploitation which constituted more than two-thirds of total referrals (Figure 4). Based on published NRM statistics, a regional analysis that corresponds to Figure 4 was not possible because disaggregations by exploitation types only covered police forces as 'first responders', not as police forces 'responsible for crime investigations' per se.[11] As a result, only about 450 (out of 2035) adult referrals by police first responders were recorded as of mid-2022, with referrals expectedly being relatively skewed towards criminal exploitation or a combination of criminal and labour exploitation, irrespective of region (see Appendix II, Table A2 for details).

While the NRM statistics permit an intuitive disaggregation by gender, age, nationality and first responder type (which is beyond the scope of this paper), it does not collect an individual's disability status or type of impairment to permit cross-tabulations that explore the overlaps between cognitive impairment and exploitation.

[11] Additional first responder disaggregations by exploitation types were also included in the published NRM statistics, including government agencies, NGOs, and local authorities. However, it was not possible to harmonize these into one spreadsheet given that the respective first responders had different types of exploitation referrals that were linked to different police forces that received the NRM referral for investigation.

Figure 4: Number of individuals referred to the NRM that were potentially exploited as adults, by exploitation type (Q2, 2022)



Note: Authors estimations using NRM Statistics for Quarter 2 2022. Reported statistics are only for adults (18 years or over).

3.3 Analysis of S42 enquiries

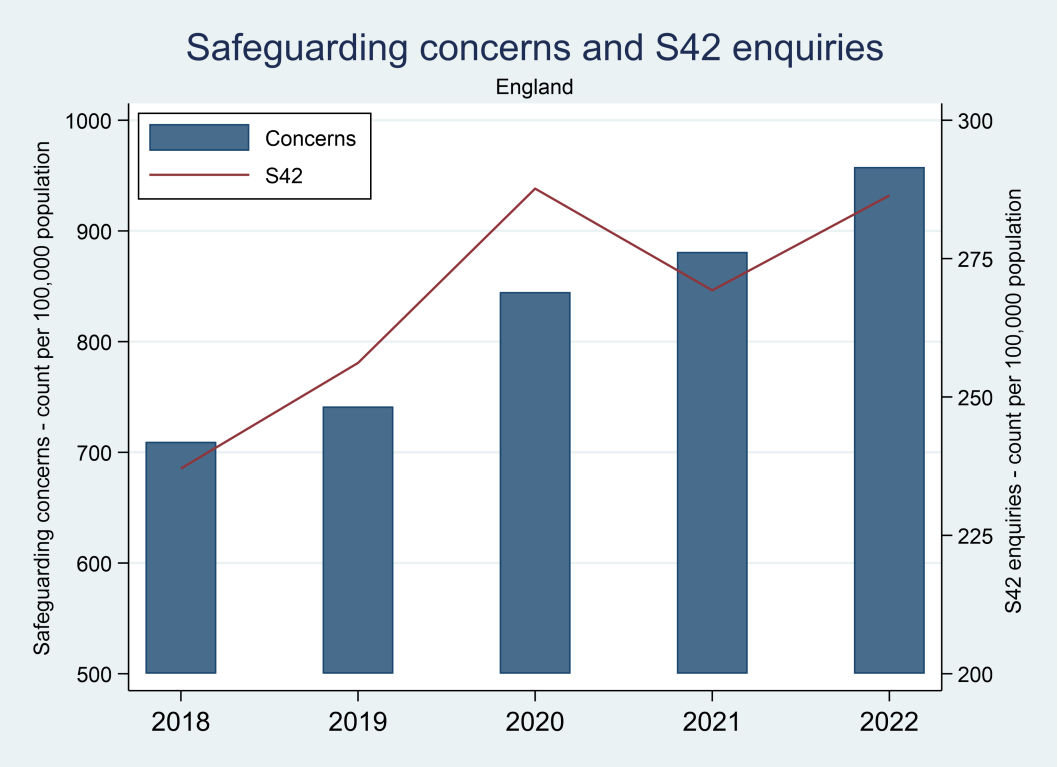
This section attempts to address the research questions listed. Is there a pattern in S42 inquiries over time, what percentage of S42 inquiries involved people with cognitive impairment, and how frequently did exploitation appear as a factor in S42 inquiries?

To implement this, we discuss findings from the analysis of S42 enquiries over the period 2018 to 2022 using SAC by describing national and regional trends in S42 enquiries, including trends by primary support reason and exploitation types. We also take a closer look at the most recent (2021/22) data to analyse variations in S42 enquiries at the LA level.

3.3.1 National Analysis

Population-adjusted estimates of the national trend is depicted in Figure 5.[12] The left axis and blue bars represent the number of safeguarding concerns raised between 2018 and 2022, while the right axis and red line report trends in S42 enquiries. Although the count of safeguarding concerns per 100,000 people continued to rise, the considerable surge in S42 enquiries in 2020 is noteworthy because it occurred during the first wave of the COVID-19 pandemic, when the likelihood of abuse and exploitation cases were expected to be more common. However, according to NHS Digital's 2019-20 SAC data report, the pandemic was not a significant factor in this upsurge because it occurred at the very end of the period. Analysis of S42 counts by week of enquiry may shed more light on this.

Figure 5: Safeguarding concerns and S42 enquiries



[12] Whether or not we adjust for population, the conclusions reached remain unchanged. Data collection occurs between 1st April to 31st March of the following year. For ease of presentation, this paper adopts the convention that year $t/t+1$ is denoted year $t+1$, e.g., $2017/18 = 2018$.

In contrast to the ever-increasing number of safeguarding concerns, the number of cases involved in S42 investigations eventually declined by the end of March 2021. The first lockdown was imposed in March 2020, rendering many social workers unable to conduct investigations due to remote working.[13] As a result, the observed dip in enquiries between April 2020 and March 2021 may reflect a decrease in staff capacity to conduct in-person enquiries during this period. Following the lifting of in-person work restrictions, the number of S42 inquiries began to rise again by the end of 2022. A one-way ANOVA was used to determine whether the average number of S42 enquiries in England changed statistically over time. At the 10% level, there was no significant difference in S42 enquiries between time periods (ANOVA, $F_{4,746}$; p=0.1310).

Primary Support Reason

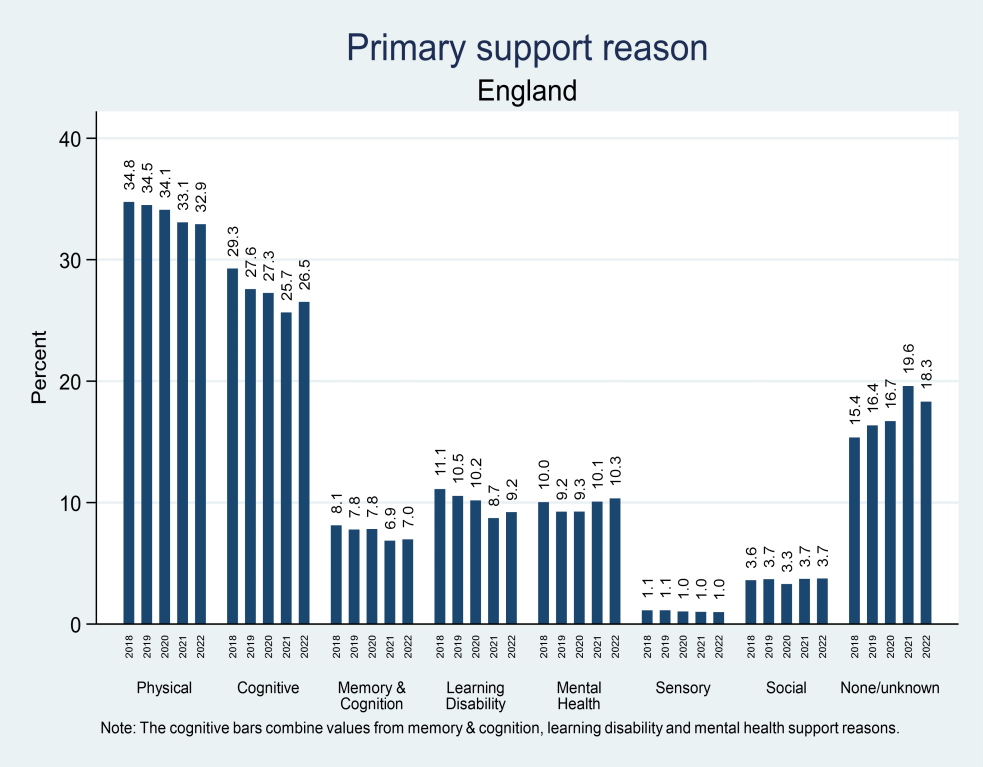
The analysis then plots trends in the percentage of S42 enquiries by type of primary support reason in Figure 6 which shows the results for England as a whole. In 2022, approximately one-third of enquiries involved people with physical support needs while 26.5% had cognitive support needs.[14] The proportion of S42 cases involving people with physical and cognitive impairment is decreasing over time, possibly due to increased awareness of their vulnerabilities. However, a closer look by cognitive impairment types reveals that the decline in S42 enquiries involving people with cognitive impairments is being driven by people who require memory or learning disability support. People with mental health conditions have an increase in S42 inquiries, despite being considered a milder form of cognitive impairment. The upward trend in mental health-related cases may possibly reflect an increased awareness of mental health issues over time. However, there have been significant cuts to mental health services leaving a lot of people without

[13]The first case of COVID-19 in England was recorded on 29th January 2020. The UK prime minister announced the first lockdown on 23rd March 2020, ordering people to 'stay at home'. Subsequent national lockdowns were announced on 5th November 2020 and 5th January 2021.

[14]The 'cognitive' bar combines the percentages from memory, learning and mental health support reasons.

support. At a policy level, the scrapping of the 10-year mental health plan could reduce the availability of support services and increase the potential harm to people.

Figure 6: Type of primary support reason as a percentage of people involved in S42 enquiries.

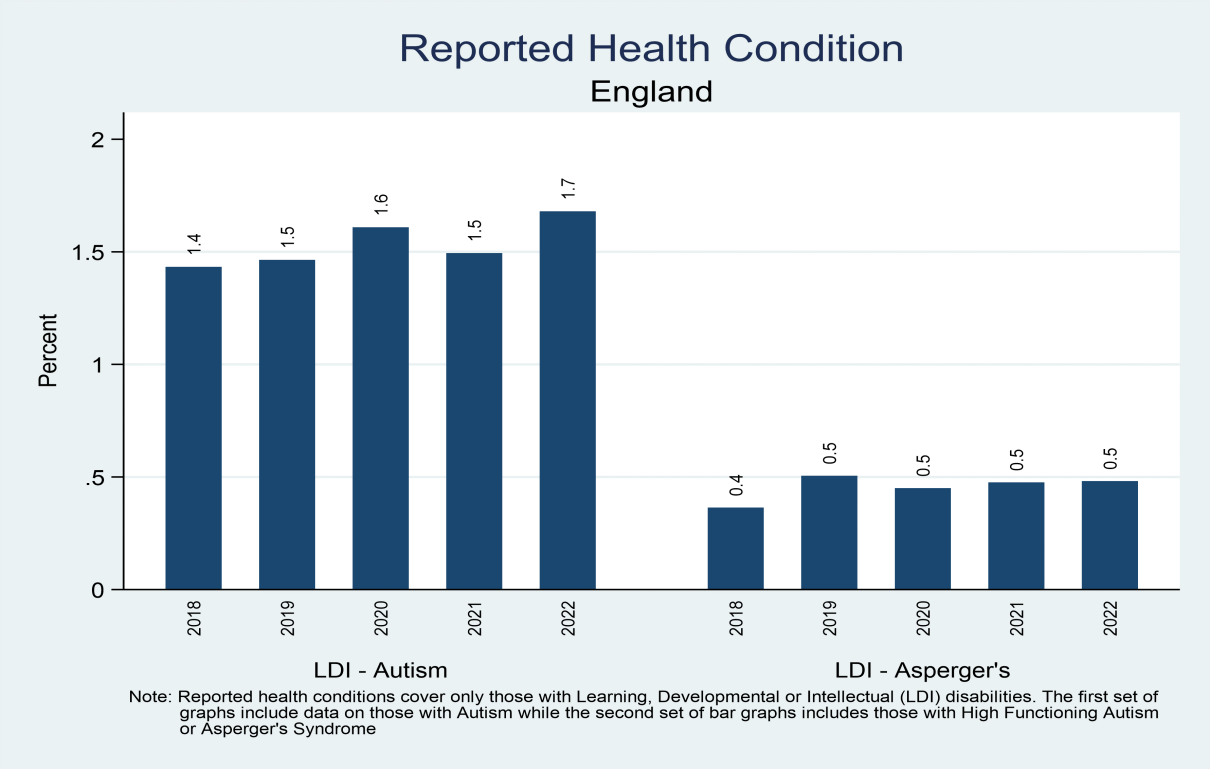


The proportion of people who require sensory or social assistance has remained relatively stable over time. An important finding from this analysis shows that people with no or unknown support experience an uptick in S42 enquiries over time, which contrasts with the pattern observed in the national data and the respective types of support reasons, particularly in 2021, when a dip occurred. This suggests that having no formal support further exposes adults to the risk of being abused or exploited. It may also be a sign that potentially vulnerable individuals are being missed, i.e., 'slipping through the net', due to higher thresholds for services, and only coming to the attention of authorities when abusive or exploitative events occur. Recognising these vulnerabilities and providing the required support in a timely manner can reduce the

risk of being abused or exploited by perpetrators.

Among a small sample of those with Learning, Developmental or Intellectual (LDI) disabilities which has been disaggregated into two groups according to severity, Figure 7 shows that for those with LDI that includes adults with autism, results are in line with the national trend whereas, for people with LDI including those with Asperger's syndrome or high functioning autism, there is a stable pattern in the rates of enquiries over time (0.5%).

Figure 7: Reported cognitive health conditions.



Type of risk

The changes in the number of completed S42 investigations over time correspond to those of ongoing S42 enquiries, with estimates peaking in 2020 (Table 2). However, whether or not values are population-adjusted, the recent drop is nonsignificant. This

demonstrates that, despite the lockdown and the return to normal work activities, a substantial number of S42 investigations were completed between 2021 and 2022.

Table 2: Type of risk as a percentage of the total number of concluded S42 enquiries

	2018	2019	2020	2021	2022
Concluded	119,100	125,365	150,455	149,540	147,930
Concluded/100,000 people	214	224	267	264	262
Type of risk:					
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%]
Financial abuse	22,565 [18.9%]	24,625 [19.6%]	29,180 [19.4%]	28,225 [18.9%]	26,130 [17.7%]
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%]
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%]
Self-neglect	6,435 [5.4%]	7,790 [6.2%]	10,245 [6.8%]	12,920 [8.6%]	13,990 [9.5%]

Note: The percentages by type of risks are weighted by the total number of concluded S42 cases. Multiple types of risks can be logged per concluded S42 case. As a result, the total percentage across all types of risks can sum up to a value higher than 100 in each period.

When examining how frequently different types of abuse or exploitation appeared as a factor of concluded S42 safeguarding enquiries, Table 2 shows that the most prominent types of risk are neglect/acts of omission, and physical abuse, followed by psychological and financial abuse. In terms of trends, the proportion of completed S42 cases involving physical, sexual, and financial abuse appears to be decreasing. For example, while physical and financial abuse account for roughly one-third and one-fifth of all completed cases, respectively, numbers had dropped by approximately 3,000 counts (a 2% percentage point drop) between 2020 and 2022. This change may be related to how different types of risks are recorded; for instance, numbers across some risk categories may be redirected to domestic abuse.[15] Despite reduced staff capacity and a consequent drop in overall enquiry rates in 2021, domestic abuse cases have gradually increased over time, with higher proportions observed in later periods

[15]This may reflect a change in the definition of domestic abuse. Since 2012, domestic abuse now reflects any type of abuse that happens within the victim's home, regardless of age, gender, and sexuality, and irrespective of whether the perpetrator is an intimate partner or another family member.

(around 9%) compared to earlier periods (a range of 5% to 7%).

Moreover, discrimination and sexual exploitation account for a negligible share of completed S42 enquiries. While discriminatory abuse is on the rise, both in absolute terms and in proportions ranging from 0.7% to 1.6%, sexual exploitation has typically hovered around 0.8%, ranging between 890 to 1235 concluded cases in each period, with the exception of 2021, when numbers peaked at over 1600 (1.1%). Modern slavery, which is also negligible, appears to be increasing by about 0.2 percentage points over time. As of 2018, there had been 245 concluded cases of modern slavery, with numbers having more than doubled to 545 cases by the end of March 2022. Furthermore, the increasing prominence with which concluded S42 cases of self-neglect were referred between 2018 and 2022, with a 4-percentage point increase, has important implications for adult safeguarding policy and practice in terms of the identification and provision of timely interventions to cater for individuals who are becoming increasingly vulnerable to self-neglect.

3.3.2 Regional Analysis

The trends observed above at the national level may vary between and within regions over time. Initially, a box and whisker plot is presented to assess the regional dispersion of the 2021/22 data (Figure 8).[16] The median values for East Midlands, East of England, London, and West Midlands are below the national average, while the North East, Yorkshire & the Humber, South West, South East and North West regions have values above the national average. The box plot indicates the presence of skewness and wider spreads between regions. For example, Yorkshire & Humberside region has two outliers that are numerically distant from the rest of the data, however, the region has

[16]Box plots are used to visualize differences among different groups and provide useful statistical information, including medians, ranges, and outliers. Outliers refer to data points that are located outside the whiskers of a box plot.

the least dispersed data given the size of its box.

Figure 8: Log of S42 enquiries in 2022

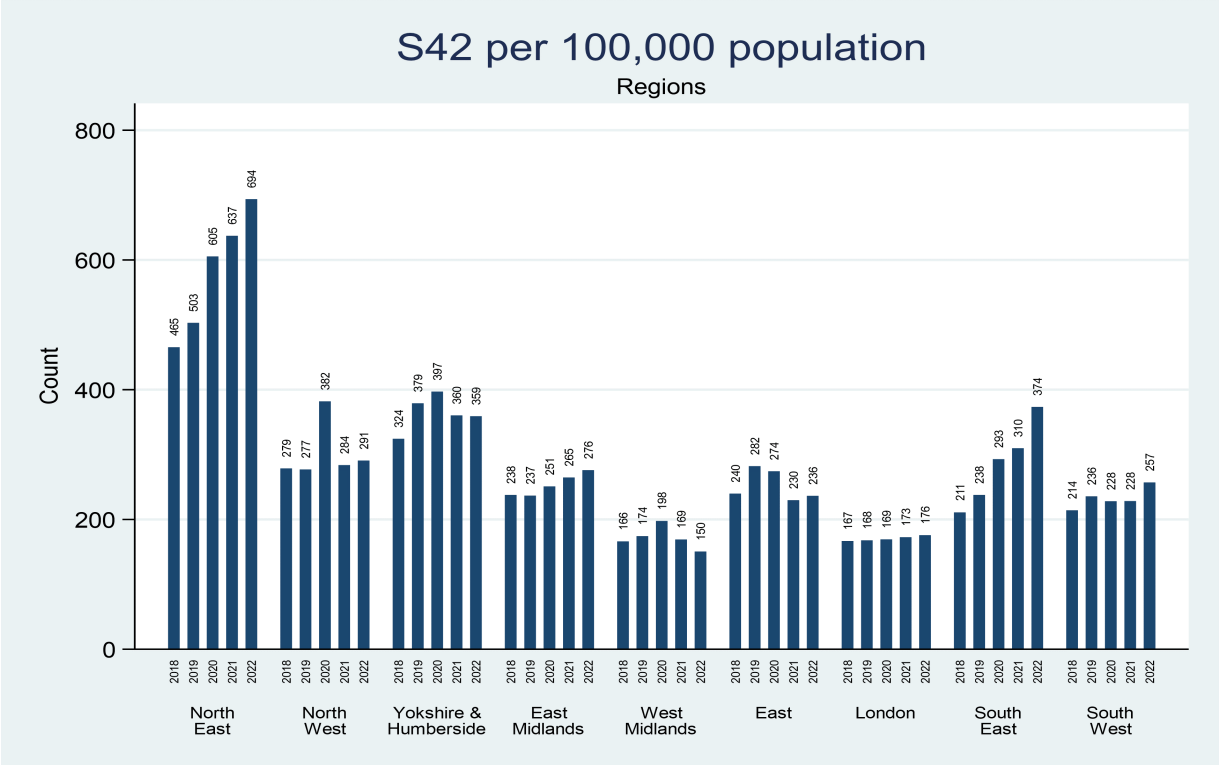
The regional variance in average counts of S42 enquiries was shown to be statistically significant via a test of equal variances (ANOVA,[17] $F_{8,141}=$, $p<0.000$). Pairwise comparisons of means between regions revealed that the average count of S42 enquiries in the North East was significantly higher than those of other regions with the exception of the South East and Yorkshire & Humberside where differences were statistically non-significant. The West Midlands had significantly lower counts than the North West ($p<0.007$), Yorkshire & Humberside ($p<0.000$), the South East ($p<0.002$) and South West ($p<0.049$), while the South East had significantly higher average counts than London ($p<0.065$). Other pairwise combinations were not significantly different from each other.[18]

[17]Here, the ANOVA statistically compared the differences in mean counts of S42 enquiries between regions.

[18]The full output from this exercise is omitted from the paper but available from the authors upon

In terms of regional trends, the most notable uptick in S42 enquiries per 100,000 people is observed in the North East, East Midlands and South East compared to other English regions (Figure 9). Recurrently, a test of equal variances confirms that significant differences exist across regions over time (Figure 10). The count of S42 enquiries appears to be consistently higher in the northern regions compared to the midlands and the south across periods. The North East, North West and Yorkshire and the Humber are the top three regions in terms of counts of S42 safeguarding enquiries while the bottom three are the East, London, and West Midlands.

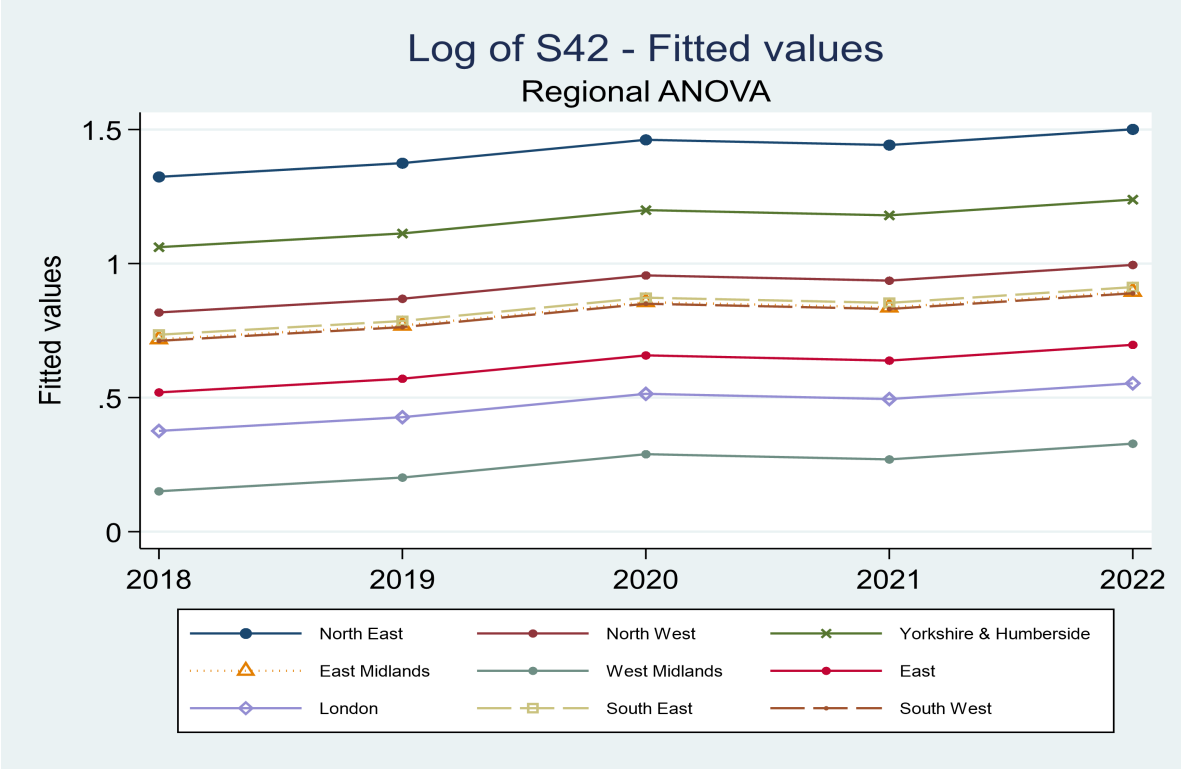
Figure 9: S42 per 100,000 population, disaggregated by region



With several factors driving geographical differences, regional variations in S42 enquiries are to be expected. As previously mentioned, the North East region is the most deprived and has the highest disability prevalence rate. Alongside these important

request.

Figure 10: S42 per 100,000 population, regional ANOVA



factors, the observed variations may be explained by within-locational differences such as crime rates, as well as local processes in addressing safeguarding concerns. For example, the high number of S42 enquiries in the North East is driven by Newcastle upon Tyne with around 23 cases per 1000 people. Newcastle upon Tyne is among England's 20% most deprived cities [2], with crime rates being 50% higher than that of the North East and the UK overall.[19]

Additionally, differences in local processes to address safeguarding concerns may also influence the geographical spread of S42 cases. A regional comparison of whether there are local processes in place that result in some safeguarding concerns being addressed before they reach the safeguarding team and therefore, not reported in the SAC shows

[19]The most common crimes in Newcastle upon Tyne are violence and sexual offences, with 12,819 offences in 2021, giving a crime rate of 45 [3].

that out of the 78 LAs that returned the 2018 survey of local definitions,[20] just under half had processes in place.[21] Figure 11 below shows that despite having the third highest incidence of S42 enquiries, 8 out of 10 (80%) LAs in the North West reported having procedures in place to address safeguarding concerns before they reach the safeguarding team. In contrast, 5 out of 7 (71%) LAs in the West Midlands who responded to the survey report not having processes in place to address safeguarding concerns before they reach the safeguarding team, yet this region has the lowest S42 counts. This suggests that local processes in recording safeguarding concerns do not eventually determine the counts of S42 enquiries and by implication, this does not explain the regional differences in S42 enquiries during the period analysed. While the 2018 survey of local definitions does not exactly match with the timeframe of the most recent 2021/22 dataset, this report acknowledges the possibility of changes in local processes over time. Hence this should be treated as a comparison for context, and not as a direct reflection of current processes. A replica of Figure 11 which includes the sample of LAs that did not respond to the survey is presented in Appendix III, Graph A1.

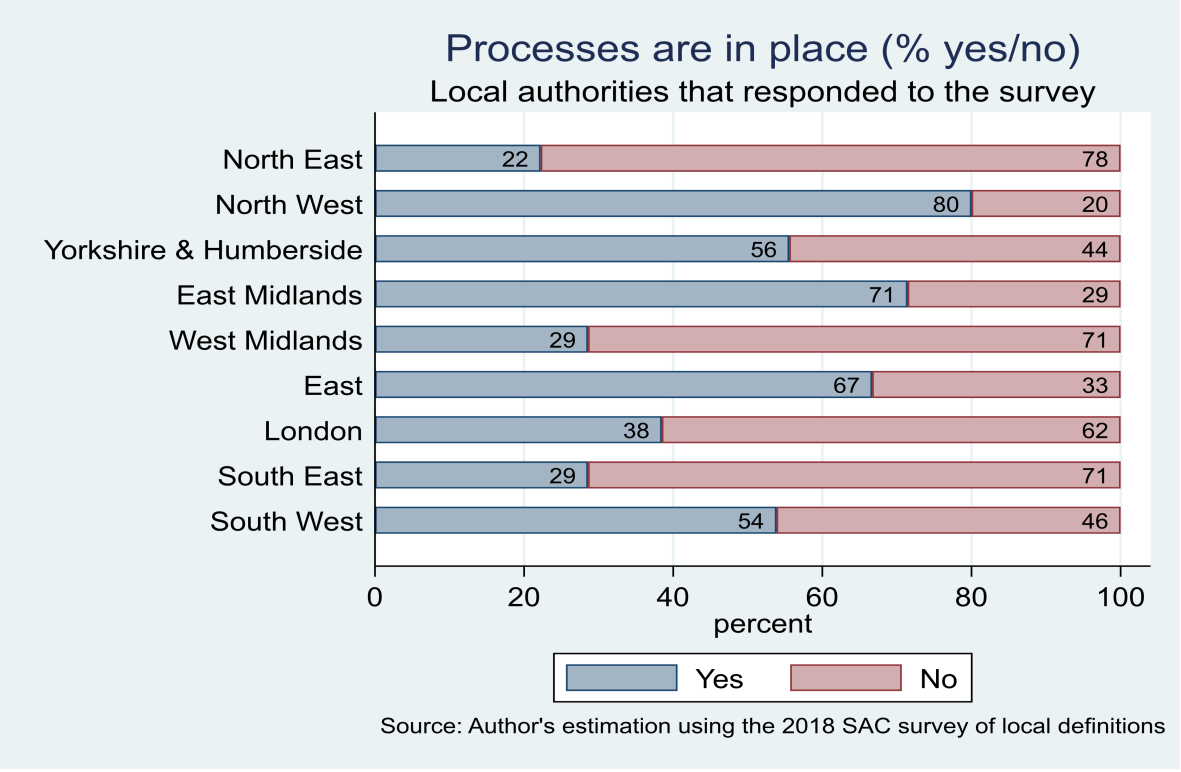
Primary Support Reason

The type of primary support reason provides a more nuanced picture of regional differences in the frequency of S42 enquiries (see Table 3 below). Despite having relatively lower rates of S42 enquiries over time, London, South East and South West regions appear to have higher rates of people with physical support needs involved in S42 enquiries compared to the North East. In terms of support with memory and cognition, the southern parts of England tend to have a lower frequency of S42 enquiries compared to the West Midlands.

[20] Appendix III, Table A3 provides a regional distribution of responses across these LAs.

[21] This is based on the question: *"Are there processes in place in your local authority that result in some safeguarding concerns being addressed before they reach the safeguarding team and therefore are not reported in the SAC?"*

Figure 11: Safeguarding concerns are triaged before they reach the safeguarding team



In terms of trends in S42 enquiries based on primary support needs, the observed pattern is in line with the national analysis, with a few exceptions. S42 enquiries among people with physical health support needs in other regions are either stable or declining, however, in Yorkshire and Humberside, and the West Midlands, percentages are increasing. In the East of England, S42 enquiries among people with mental health support needs are declining compared to the upward trend observed in other regions. In all regions, S42 enquiries among people with memory/cognition, learning disability and other support needs are generally, either stable or declining in line with the national trend.

Table 3: Regional trends in S42 enquiries by primary support reason (%)

Year	**2018**	**2019**	**2020**	**2021**	**2022**	**2018**	**2019**	**2020**	**2021**	**2022**	**2018**	**2019**	**2020**	**2021**	**2022**
	North East					**East Midlands**					**London**				
Physical	27.4	26.5	27.2	25.8	22.1	32.8	34	34	35.5	31.8	42.7	42.1	40.8	41.5	38.3
Memory/cognition	10.6	10.5	10	7.5	7.7	9.4	9.9	8.7	7.7	7.8	5.8	6.1	7.4	6.4	5.6
Learning disability	11.5	10.7	9.7	8	7.2	9.9	10.1	11.6	9.2	10.2	11.4	10.3	10.2	8.9	9.2
Mental health	10.1	9.9	10.1	10.4	8.7	10.2	10.9	12.2	11.7	11.2	12.7	11.9	11.5	13.5	14.9
Sensory	0.8	1	0.6	0.5	0.5	2.2	1.8	2.1	2	2.1	1.3	1.1	1.1	1	1.2
Social	4.8	4.9	4.3	4.4	2.9	5	5.8	5.2	5.3	5.7	3.4	3.8	3.8	5.3	5.1
None/unknown	8.3	8.6	8.4	12.3	14.5	25.9	20.8	17.3	19	21.9	13.7	14.4	15.5	15.8	15.8
Total	**73.4**	**72**	**70.2**	**68.7**	**63.6**	**95.2**	**93.4**	**90.9**	**90.4**	**90.8**	**91**	**89.7**	**90.1**	**92.6**	**90.1**
	North West					**West Midlands**					**South East**				
Physical	34.9	32.9	31.7	31.4	33.1	35.8	32.2	36.2	35	38.2	33.8	36.3	35.3	31.4	34.1
Memory/cognition	8.2	7.6	7.6	7.1	6.9	7.8	7.4	8.8	8.5	9.7	8.2	8.5	7	5.3	5.9
Learning disability	10.8	9.8	9.1	8.2	8.5	10.5	9.7	10	9.1	9.3	9.6	10.2	9.2	7.5	8.2
Mental health	10.5	9.7	9.9	12.5	12.7	5.8	5.7	6.4	7.2	6.5	8.3	9.3	8.2	8.1	9.2
Sensory	1.2	1	1	1.2	1.2	0.8	0.8	1	0.9	1.1	1	1.2	1	0.8	0.8
Social	2.5	2.4	2.5	2.7	2.7	2.5	2.6	2.4	2.7	3.1	3.1	3	2.8	3.3	3.4
None/unknown	18.8	20.7	22	22.5	20.5	24.6	27.7	19.5	22.7	25.5	13.3	16.6	17.6	25	17.2
Total	**86.8**	**84**	**83.8**	**85.5**	**85.7**	**87.8**	**86**	**84.3**	**86.1**	**93.2**	**77.3**	**85**	**81.1**	**81.4**	**78.8**
	Yorkshire & Humberside					**East**					**South West**				
Physical	28.9	32	31.6	32.3	33.5	38.8	34.3	38.1	38.5	38.6	38.5	40	34.9	30.3	29.1
Memory/cognition	9.1	7.7	7.6	7.2	7.4	7.2	6	7.2	6.7	7.2	6.9	7.1	7.4	7.1	7
Learning disability	11.3	10.4	9.1	8.2	10	13.5	12.2	13	11.5	12.3	12	11.4	12.2	9.9	10
Mental health	11.8	9.7	9.3	9.5	11.4	10.8	7.5	7.4	8.2	7.8	8.4	7.9	8.5	9.8	9.4
Sensory	0.9	0.9	0.9	0.9	0.7	0.9	1.1	1	1.1	1	1.3	1.7	1	1	0.9
Social	2.1	2.3	1.9	2	3.3	3.3	3.7	3.7	3.2	3.9	7.3	6.5	5	6	4.8
None/unknown	12.5	17.2	16.4	17.7	16.1	11.6	10.7	12.1	14.5	14.3	13.5	13.1	18.9	24	24.4
Total	**76.7**	**80.2**	**76.8**	**77.7**	**82.3**	**86**	**75.5**	**82.5**	**83.6**	**85**	**87.9**	**87.6**	**87.8**	**88**	**85.6**

Type of risk

The type of risk also provides a clearer picture of regional differences in the frequency of S42 enquiries (see Appendix IV, Table A4). Compared to other regions, physical abuse cases of concluded enquiries are more prominent than neglect and acts of omission in the North East, followed by psychological and financial abuse with declining patterns. Also, the North East and South West regions appear to have the highest rates of sexual exploitation over time compared to other regions. Cases of domestic abuse appear to be stable over time in the East of England, while self-neglect exhibits a declining trend; this contradicts the trends observed in other regions with an uptick in both risk types.

Taken together, regional descriptions of S42 enquiries show that certain impairments and risk types are more prominent than others and we explore this further in the next section.

3.3.3 Local authority level variations

The analysis of trends in this report has so far been limited to national and regional levels due to large variations across LAs. Organizational changes were also made to some LAs,[22] making it impossible to conduct local authority-level analysis over time. For this reason, this section analyses LAs using the most recent (2021/22) data.

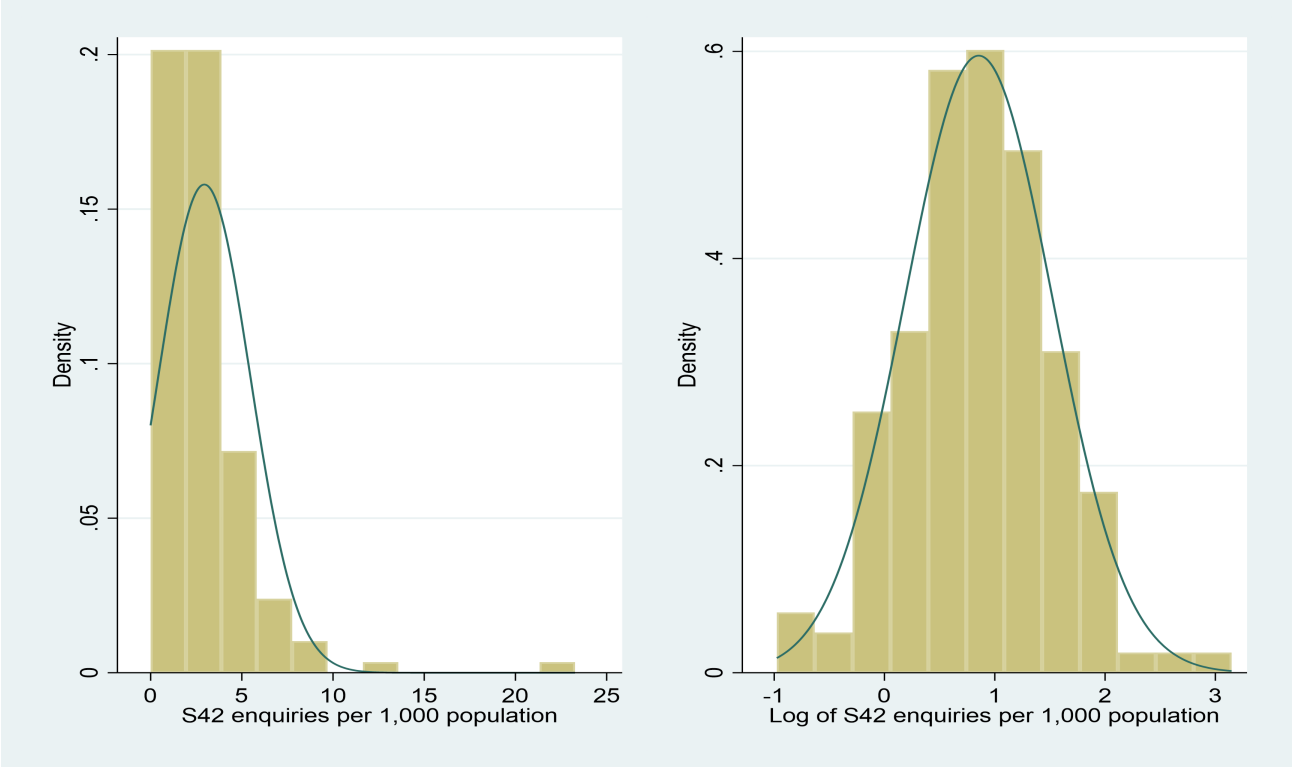
Important factors discussed above may have an impact on the number of S42 enquiries across the LAs. However, as the regional analysis revealed, these variations across LAs may not necessarily be statistically significant. Figure 12 reaffirms that the distribution of S42 enquiries per 1,000 population across 151 LAs is quite diverse.[23] The

[22]For example, Northamptonshire County Council was abolished in 2021 with two new local authorities formed, i.e., North Northamptonshire Council and West Northamptonshire Council. Additionally, Bournemouth and Poole merged into Bournemouth, Christchurch, and Poole in 2019/20; while Dorset County and Buckinghamshire County respectively became unitary authorities in 2019/20 and 2020/21.

[23]As previously mentioned, there are 152 CASSRs in the SAC data. However, London Borough of Hackney could not submit data for the 2021/22 returns due to a cyber-attack, while Isles of Scilly had zero counts of S42 cases in 2022. This brings the local authority sample to 150.

histogram shows that the data is not normally distributed with 95% of the distribution having a range between 0 and 7 enquiries per 1000 people (Figure 12, left panel). Two significant outliers are noticeable, these are Newcastle-upon-Tyne City Council and Calderdale Metropolitan Borough Council with 23 and 12 enquiries per 1000 people, respectively.[24] Moreover, the third LA at the top of the distribution was Surrey County with 9 counts of enquiries per 1000 people.

Figure 12: Histograms of S42 enquiries per 1,000 people in local authorities, 2021-22.



Given the large variation across local authorities observed in the left panel, we log-transformed the counts of S42 enquiries to eliminate measurement errors and restore normality (Figure 12, right panel), hence giving a fairly good distribution for regression

[24]Newcastle-upon-Tyne City Council informed NHS Digital that, while their interpretation of S42 enquiries has not changed, the point in the process at which they ask workers to make a decision has changed, which may have an impact on the rates of enquiries observed in this local authority.

analysis.[25]

Using multivariate ordinary least squares regressions, we analysed the determinants of S42 enquiries at the LA level.[26] The outcome variable is the log of S42 enquiries while the independent variables include the share of self-reported disability status according to severity (a little, a lot), the ratio of adult men to women, the share of older people, household deprivation index, and net migrant flow, which are all measured at the LA level. Additional independent variables also include the respective shares of the types of impairment at the regional level.

Estimates from the regression analysis are presented in Table 4. Column 1 estimates a basic model with only disability prevalence as a determinant of S42 enquiries in LAs. The results show that the rate of S42 enquiries is higher among LAs with higher shares of residents who are disabled (a little) compared to LAs with lower shares of people who are not disabled but this is only significant at the 10% level. The R-squared value for column 1 shows that 7% of the variations in S42 enquiries are explained by disability prevalence, the remaining 83% are explained by variables not included in the model. In other words, there are other factors driving the counts of S42 enquiries in LAs.

With the inclusion of additional variables in column 2, the R-squared is now 22% but none of the demographic characteristics, including disability prevalence rates and levels of deprivation are significant in explaining the count of S42 enquiries in LAs. However, estimates show that LAs with higher regional shares of people with memory and cognitive disabilities have lower counts of S42 enquiries compared to those with higher regional shares of people with other types of impairments.

The third column shows that, despite controlling for different characteristics, LAs

[25] A logarithmic transformation is a data transformation method which replaces each variable x with a log(x). The log-transformed version of S42 enquires was also used in the ANOVA conducted in the previous section.

[26] Again, the focus was on only the most recent 2022 data due to difficulties with finding data on relevant determinants over time.

Table 4: Determinants of S42 enquiries at the local authority level - regression analysis

	(1) S42 enquiries (log)	(2) S42 enquiries (log)	(3) S42 enquiries (log)
Share of disability prevalence: Base = No disability			
Disabled - a little	12.49*	6.412	4.778
	(2.54)	(0.69)	(0.44)
Disabled - a lot	2.222	0.135	-13.86
	(0.57)	(0.01)	(-0.86)
Demographic characteristics:			
Female-male ratio		0.289	-1.271
		(0.17)	(-0.60)
Share of 85+		11.66	22.18
		(0.92)	(1.59)
Net migration (Internal + International)		-0.000085	-0.0000651
		(-1.47)	(-1.31)
Levels of deprivation [Base = No deprivation]:			
Deprived [1 dimension]		-3.126	-16.01
		(-0.37)	(-1.76)
Deprived [2 dimensions]		-9.321	7.801
		(-0.71)	(0.58)
Deprived [3 dimensions]		22.83	22.64
		(0.76)	(0.76)
Deprived [4 dimensions]		-44.73	-54.53
		(-0.60)	(-0.73)
Types of cognitive impairments - Regional:			
Learning		6.001	
		(0.95)	
Memory		-9.159**	
		(-2.91)	
Mental health		1.853	
		(1.12)	
Regional dummies [Base = North East]:			
North West			-0.644**
			(-2.62)
Yorkshire & Humberside			-0.335
			(-1.23)
East Midlands			-0.606
			(-1.85)
West Midlands			-1.367***
			(-4.49)
East			-0.697*
			(-2.19)
London			-0.814*
			(-2.48)
South East			-0.369
			(-1.20)
South West			-0.506
			(-1.65)
Constant	-0.589	1.068	6.257
	(-1.47)	(0.34)	(1.83)
Obs.	150	150	150
R-Squared	0.07	0.22	0.35

Note: Robust standard errors in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01

in the North West, West Midlands, East and London all have significantly lower counts of S42 enquiries than those in the North East correlating with the regional analysis findings. Given that the best model is column 3, but it only explains a third of the variance, fitting a random effect specification did not improve the model or change the conclusions reached.

Regressions using the set of variables in column 3 but disaggregated by primary support reason and risk type were also examined (see Appendix V, Table A5 and A6). Only the regional categorical variables, as before, are significant on specific types of impairments and risks. Using the North East region as a baseline, the estimates show that only the West Midlands had significantly lower log counts of S42 enquiries involving people with physical or mental health support needs, while the North West and East Midlands had significantly higher counts among those with sensory support needs (Table A5).

In terms of risk types, Appendix V (Table A6) shows that the West Midlands and London have lower cases of physical abuse than the North East, but they have more cases of self-neglect risks. The East Midlands region has significantly more financial abuse cases than the North East while the Yorkshire and Humberside, East Midlands, and South East regions have higher counts of neglect/acts of omission, which is the most common type of risk nationally. Furthermore, sexual exploitation risks are lower in London, while cases of modern slavery are higher in the Midlands and South East compared to the North East.

Taken together, an important finding from this investigation is that despite the significant regional differences in total counts of S42 enquiries, only specific impairment and risk types are significantly different region-wise. Controlling for relevant characteristics in the regressions, the observed North East difference is largely driven by those with physical or mental health support needs, and those with cases

of physical abuse or sexual exploitation. With respect to other impairment and risk types that are significant, the North East region has lower counts. Specifically, LAs in the East Midlands have higher cases of financial exploitation, modern slavery, and neglect and acts of omission,[27] while in the South East (including modern slavery) and Yorkshire & Humberside, cases of neglect/omission are significantly higher.

4 Summary and Conclusion

This paper discussed disability and exploitation rates using data from the FRS and NRM respectively. It also used SAC data to analyse national and regional trends in S42 enquiries over a five-year period and discusses the potential factors that may explain the observed variations in the data over time. It highlights some important data challenges that need to be addressed to drive a quantitative research agenda that could inform policy and practice on safeguarding people with cognitive impairments from exploitation. We also identified specific areas of regional variations with the aim of providing some guidance to stakeholders who work with adults with cognitive impairments, particularly those with mental health vulnerabilities and those without access to support services, to prevent exploitation and promote their safety and well-being. The following is a summary of findings as well as identified limitations and emerging recommendations:

The rise in disability prevalence is being driven primarily by an increase in mental health conditions. Mobility, however, remains the most common type of impairment, while the proportion of people with disabilities reporting other types of impairment has been declining in recent years.

The most prominent forms of exploitation are labour, criminal, and sexual

[27] A closer look within regions shows that both Nottingham City and Nottinghamshire County councils are driving this result due to having higher numbers in these types of abuse and exploitation.

exploitation which constituted more than two-thirds of total referrals through the NRM. London had the highest rates of exploitation referrals due to cases from Home Office's immigration divisions, while the South West region had the least referrals.

The count of safeguarding concerns per 100,000 population continued to show an uptick over time. However, there was a significant surge in S42 enquiries in 2020 considering that this was during the first wave of the COVID-19 pandemic when the likelihood of exploitation cases was expected to be higher. Between April 2020 and March 2021 however, there was a dip in enquiries which may reflect the decline in staff capacity to conduct enquiries in person during this period. Subsequently, with in-person work restrictions being lifted, the count of S42 enquiries returned to its previous trend path by the end of 2022.

The decline in S42 enquiries involving people with cognitive impairments is driven by people needing memory or learning disability support. While often considered a milder form of cognitive impairment, people with mental health conditions exhibit an uptick in S42 enquiries.

The increasing prominence with which concluded S42 cases of self-neglect were being referred had a 4-percentage point difference between 2018 and 2022. This may allude to a sustained deterioration in the availability of support services for people who had previously been coping. This draws attention to the challenges of minimising the risk of self-neglect for stakeholders with adult safeguarding roles. Also, having no formal support further exposes adults to the risk of being abused or exploited. This may allude to the possibility that are encountering more cases of S42 enquiries among adults who have previously had no support and therefore 'slipped through the net'. Hence recognising these vulnerabilities and providing the required support in a timely manner can reduce the risk of being abused or exploited by perpetrators.

Regional variations exist in terms of the number of S42 enquiries. The median

values for the East Midlands, East of England, London, and West Midlands are found to be below the national average, while the North East, Yorkshire and the Humber, South West, South East and North West regions have values above the national average. Despite the significant regional differences in total counts of S42 enquiries, only specific impairment and risk types are significantly different region-wise. Controlling for relevant characteristics in a regression, the observed North East difference is largely driven by those with physical or mental health support needs, and those with cases of physical abuse or sexual exploitation.

Local processes in recording safeguarding concerns do not eventually determine the counts of S42 enquiries and by implication, this does not explain the regional differences in S42 enquiries. However, this is based on older survey data needing further qualitative exploration. Also, large variations in S42 enquiries across local authorities may partly reflect differences in local definitions of risk types. For example, the low returns on sexual exploitation may be linked to the challenge of distinguishing between exploitation and abuse; or the decision to classify sexual abuse or exploitation by a family member under domestic abuse.

Challenges remain with respect to making direct comparisons between local authorities. For example, the demographics of Leeds City, Devon County, and Dorset Councils are quite different from one another as would comparisons to past or future safeguarding enquiries. However, considering that data on experiences of exploitation among people with cognitive impairments are relatively scarce, the use of SAC data to infer to a greater population of these individuals that theoretically could exist, may have existed, or may exist in the future is justifiable.

Potential data that could have been utilised was the CSEW. However, this has limited data on exploitation. There is a need for new data on different forms of exploitation to permit extensive quantitative data analysis on individual-level

vulnerabilities.

This study has important limitations. Considering that there is currently very little intersecting data available, any quantitative statements about how people with cognitive impairment are at risk of, or are being exploited, have been extrapolated. Therefore, we cannot propose data-driven policies or validate the effectiveness of existing policies to protect those at risk of exploitation. The paper highlighted that people with cognitive impairment are more likely to be exploited because of difficulties in recognising and reporting exploitation, social isolation, dependence on others and financial innumeracy. Whilst being aware of the effects of these factors on the risk of exploitation is critical, the availability of detailed quantitative data on people with cognitive impairment and their experiences of exploitation allows for the determination of whether certain factors are more likely than others to be significant in explaining the probability of experiencing specific types of exploitation. The availability of data would aid in the implementation of anti-exploitation strategies and assist individuals with cognitive impairments in remaining safe and healthy while leading fulfilling lives. Hence, this paper provides important recommendations going forward.

Recommendation 1. Need for subregional and individual-level data on disability prevalence and exploitation.

In terms of disability prevalence, the recent 2021 Census data collected information on disability status but did not include the type of disability. In the FRS however, disability status by type of impairment is available at the regional level but not at the LA level. Since there is already a regional identifier to estimate prevalence rates by impairment types in the FRS, adding a local authority identifier within the geographical groupings to ascertain subregional level disability prevalence by impairment types is imperative. However, this does not address the data gap to explore the links between exploitation

and cognitive impairment. The NRM collects information on various exploitation types, however, data on disability is not collected as part of the NRM process. Hence a disability identifier could be included in the NRM statistics to gain insights into the intersections between exploitation and cognitive impairment.

Recommendation 2. Need for coherence and consensus in defining the type of abuse and exploitation.

Local authorities and relevant stakeholders could work towards achieving coherence and consensus on the way specific types of risks are defined. Abuse and exploitation are often used interchangeably but the former can be distinguished from the latter. For example, sexual abuse is different from sexual exploitation, yet some LAs in the SAC do not collect data on sexual exploitation as part of their enquiries procedure, which leads to underreporting.[28] This could potentially undermine the effective investigation and prosecution of sexual exploitation cases.

Recommendation 3. The focus of future analysis at the individual level.

With available data, future analysis could assess whether people with cognitive impairments are more or less vulnerable to certain types of exploitation. This important question can be answered at the individual level by quantifying the relationship between cognitive impairment and different forms of abuse or exploitation in a regression while controlling for other determinants. Additionally, studies can assess whether living within asylum dispersal zones, or in locations with a high concentration of certain types of job activities that involve unskilled/agricultural labour, for example, poses additional risks of exploitation on vulnerable adults with impairments.

Recommendation 4. Safeguarding adults with cognitive impairments during

[28]For example, NHS Digital's 2022 report stated that Kensington and Chelsea, and Westminster authorities do not collect information on sexual exploitation [12].

pandemics.

Increased vulnerabilities occur during pandemics and shocks. With reduced staff capacity in such situations, alternative ways of conducting enquiries should be considered. Timely interventions are necessary to safeguard these individuals, particularly those at risk of domestic abuse or servitude during lockdowns. Safeguarding enquiries are an important tool in the prevention and response to the exploitation of adults with cognitive impairments. Local authorities are required to have systems in place to ensure that enquiries are conducted promptly and effectively, and to liaise with other relevant agencies to ensure a coordinated response to abuse, neglect, and exploitation.

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Appendices

Appendix I – List of Acronyms

CSEW	Crime Survey for England and Wales
ONS	Office for National Statistics
S42	Section 42
SAC	Safeguarding Adults Collection
CASSRs	Councils with Adult Social Services Responsibilities
LA	Local Authorities
DWP	Department for Works and Pensions
FRS	Family Resources Survey
NRM	National Referral Mechanism
LDI	Learning, Development and Intellectual

Appendix II, Table A1 – Number of adult NRM referrals as of June 2022, by region and police force

Region/Police force	Number of referrals	Regional shares (%)
North East	**67**	
Cleveland Police	24	35.8
Durham Constabulary	13	19.4
Northumbria Police	30	44.8
North West	**146**	
Cheshire Constabulary	10	6.8
Cumbria Constabulary	6	4.1
Greater Manchester Police	70	47.9
Lancashire Constabulary	14	9.6
Merseyside Police	46	31.5
Yorkshire & Humberside	**126**	
Humberside Police	11	8.7
North Yorkshire Police	2	1.6
South Yorkshire Police	42	33.3
West Yorkshire Police	71	56.3
East Midlands	**95**	
Derbyshire Constabulary	20	21.1
Leicestershire Constabulary	30	31.6
Lincolnshire Police	6	6.3
Northamptonshire Police	12	12.6
Nottinghamshire Police	27	28.4
West Midlands	**180**	
Staffordshire Police	22	12.2
Warwickshire Police	3	1.7
West Mercia Police	9	5.0
West Midlands Police	146	81.1
East	**244**	
Bedfordshire Police	161	66.0
Cambridgeshire Constabulary	13	5.3
Essex Police	42	17.2
Hertfordshire Constabulary	14	5.7
Norfolk Constabulary	6	2.5
Suffolk Constabulary	8	3.3
London	**785**	
City of London Police	1	0.1
Metropolitan Police Service	784	99.9
South East	**325**	
Hampshire Constabulary	19	5.8
Kent Police	59	18.2
Surrey Police	38	11.7
Sussex Police	146	44.9
Thames Valley Police	63	19.4
South West	**67**	

Avon & Somerset Constabulary	24	35.8
Devon & Cornwall Police	6	9.0
Dorset Police	10	14.9
Gloucestershire Constabulary	10	14.9
Wiltshire Police	17	25.4
Total	**2035**	

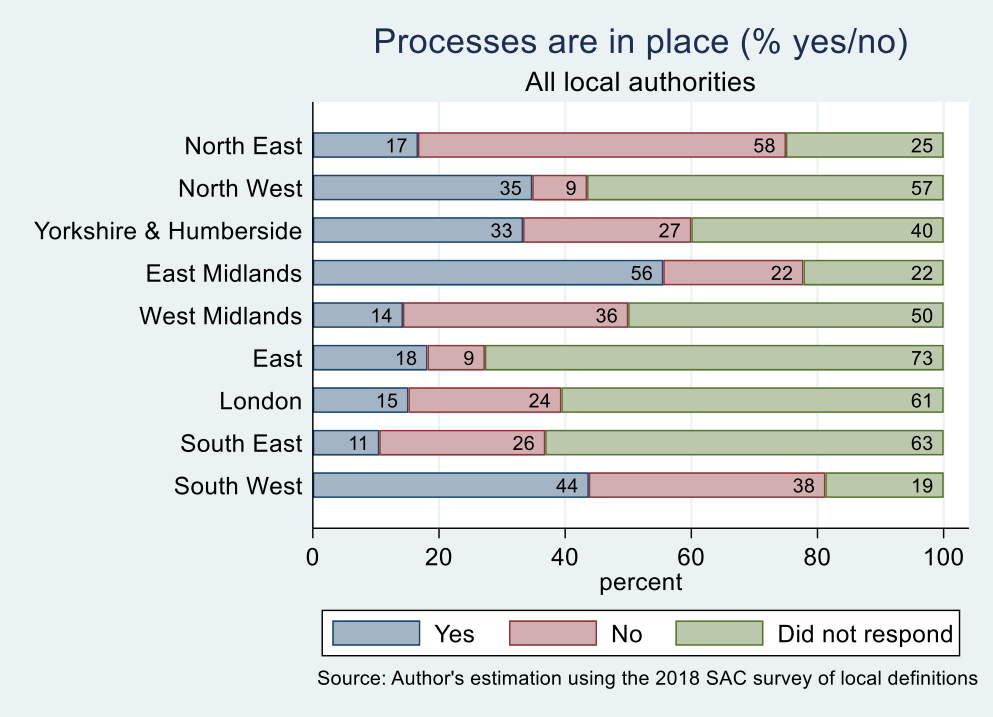
Appendix II, Table A2 – Regional number [%] of adult NRM referrals based on police first responders as of June 2022

Region/exploitation type	North East	North West	Yorkshire & Humberside	East Midlands	West Midlands	East	London	South East	South West	**Total**
Criminal	10 [38%]	26 [54%]	28 [47%]	14 [47%]	18 [31%]	23 [42%]	31 [37%]	24 [35%]	11 [52%]	**185**
Domestic		1 [2%]	1 [2%]		1 [2%]	1 [2%]	4 [5%]	1 [1%]		**9**
Domestic & Organ Harvesting			1 [2%]							**1**
Labour	3 [12%]	8 [17%]	7 [12%]	5 [17%]	11 [19%]	11 [20%]	12 [14%]	14 [20%]	6 [29%]	**77**
Labour & Criminal	9 [35%]	6 [13%]	16 [27%]	7 [23%]	20 [34%]	12 [22%]	16 [19%]	12 [17%]	2 [10%]	**100**
Labour & Domestic	1 [4%]		1 [2%]	2 [7%]	1 [2%]	1 [2%]	2 [2%]	3 [4%]		**11**
Labour, Domestic & Criminal	1 [4%]					1 [2%]				**2**
Unspecified/unknown	2 [8%]	3 [6%]	3 [5%]	1 [3%]	5 [9%]		5 [6%]	5 [7%]	1 [5%]	**25**
Sexual		4 [8%]	3 [5%]			3 [5%]	5 [6%]	2 [3%]		**17**
Sexual & Criminal						1 [2%]		1 [1%]		**2**
Sexual & Domestic							1 [1%]			**1**
Sexual & Labour				1 [3%]	1 [2%]	1 [2%]	7 [8%]	5 [7%]	1 [5%]	**16**
Sexual, Labour & Criminal					1 [2%]			2 [3%]		**3**
Sexual, Labour & Domestic						1 [2%]				**1**
Total	**26**	**48**	**60**	**30**	**58**	**55**	**83**	**69**	**21**	**450**

Appendix III, Table A3 – Response rate for the 2018 survey of local definitions

Region	Responded	Did not respond	Total
North East	9 (75%)	3 (25%)	12
North West	10 (43%)	13 (57%)	23
Yorkshire & Humberside	9 (60%)	6(40%)	15
East Midlands	7 (78%)	2 (22%)	9
West Midlands	7 (50%)	7 (50%)	14
East	3 (27%)	8 (73%)	11
London	13 (39%)	20 (60%)	33
South East	7 (37%)	12 (63%)	19
South West	13 (81%)	3 (19%)	16
Total	**78 (51%)**	**74 (49%)**	**152**

Appendix III, Graph A1 – Processes are in place to address safeguarding concerns



Appendix IV, Table A4 – Regional trends in S42 enquiries by type of risk

Year	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
	North East					**East Midlands**					**London**				
Physical abuse	34.9	41.1	36.0	28.5	30.6	26.9	26.9	25.7	23.4	25.6	23.2	21.6	22.0	20.9	20.5
Sexual abuse	5.4	5.7	4.8	4.7	4.9	6.0	5.7	5.5	5.1	5.2	4.8	4.7	4.0	4.7	4.8
Psych. abuse	20.2	24.2	19.8	20.0	16.5	17.7	18.4	17.5	18.8	17.0	17.2	17.0	17.5	20.5	21.1
Financial abuse	17.6	20.0	18.3	15.5	16.1	18.5	19.7	20.1	19.0	17.4	22.8	21.8	22.9	24.3	24.6
Disc. abuse	1.4	1.7	1.0	0.9	1.0	0.6	0.7	0.6	0.5	0.8	0.6	1.2	0.7	0.7	0.8
Org. abuse	8.4	9.7	9.2	7.0	8.9	7.3	7.2	9.4	8.9	11.3	4.2	4.1	4.3	6.2	5.6
Neglect/omission	32.0	34.2	29.7	23.7	34.1	45.1	48.0	47.5	47.0	48.3	44.3	45.0	46.6	42.7	42.4
Domestic abuse	6.8	9.6	8.2	9.6	7.9	6.3	5.9	6.3	8.5	8.1	5.1	5.4	5.6	8.9	9.6
Sex. exploitation	1.8	2.0	1.8	3.1	1.2	0.8	0.9	0.8	0.9	0.8	0.7	0.5	0.5	0.7	1.0
Modern slavery	0.5	0.5	0.4	0.5	0.4	0.4	0.4	0.5	0.5	0.5	0.2	0.3	0.3	0.4	0.5
Self-neglect	8.9	12.0	11.7	13.0	16.7	4.3	3.5	5.2	7.7	5.5	6.6	7.9	9.1	12.0	11.9
Total	**119.9**	**136.7**	**118.8**	**100.3**	**112.1**	**122.1**	**126.5**	**126.3**	**122.6**	**125.6**	**117.1**	**115.4**	**118.1**	**120.1**	**119.7**
	North West					**West Midlands**					**South East**				
Physical abuse	29.5	29.1	26.3	27.0	24.3	26.9	27.0	24.6	22.7	21.3	28.6	28.4	27.8	29.1	28.3
Sexual abuse	5.7	6.0	5.5	5.7	5.9	5.2	5.0	5.2	4.7	4.5	5.5	5.2	4.9	4.5	4.1
Psych. abuse	17.1	19.2	23.4	24.4	22.1	19.9	21.8	20.4	19.3	19.9	16.7	16.2	18.0	22.3	21.2
Financial abuse	19.7	19.8	20.6	22.8	20.3	24.1	25.8	22.5	20.5	20.9	17.1	17.3	17.6	18.5	15.4
Disc. abuse	0.5	0.4	1.2	1.6	2.0	0.5	0.8	0.6	0.5	0.5	0.8	0.7	0.6	0.6	0.7
Org. abuse	6.4	3.9	3.4	3.9	4.1	4.1	3.3	3.9	4.6	5.9	3.4	4.5	6.8	7.9	11.5
Neglect/omission	44.6	40.9	43.7	41.4	38.8	37.7	38.2	41.2	44.0	45.6	41.2	41.2	44.6	47.9	51.3
Domestic abuse	4.7	6.4	8.9	9.9	10.5	7.4	8.8	9.3	10.7	10.4	4.4	4.5	7.4	11.8	10.3
Sex. exploitation	0.5	0.7	0.7	0.6	0.7	1.1	1.2	0.9	0.9	0.9	0.7	0.6	0.7	1.2	0.7
Modern slavery	0.2	0.3	0.3	0.3	0.4	0.2	0.4	0.3	0.2	0.4	0.2	0.2	0.4	0.4	0.4
Self-neglect	1.9	3.4	5.8	8.2	10.0	5.5	4.9	6.0	6.7	6.8	5.7	5.0	5.6	7.7	9.1
Total	**130.8**	**130.1**	**139.7**	**145.9**	**139.2**	**132.7**	**137.2**	**134.9**	**134.9**	**137.1**	**124.3**	**123.7**	**134.4**	**151.7**	**153.0**
	Yorkshire & Humberside					**East**					**South West**				
Physical abuse	32.7	38.2	34.4	32.3	29.9	31.3	29.8	26.4	27.3	25.8	23.8	26.2	28.9	25.6	26.3

Sexual abuse	3.7	4.9	4.3	4.0	4.1	8.2	6.5	5.2	5.9	5.3	6.3	6.0	6.9	5.8	6.2
Psych. abuse	12.3	19.2	15.3	13.7	14.3	17.1	15.7	14.1	16.2	16.2	17.8	20.5	24.1	24.1	20.8
Financial abuse	12.7	16.7	16.2	14.2	13.8	18.7	18.5	16.4	16.2	15.4	23.8	22.4	23.8	20.2	19.2
Disc. abuse	0.5	0.5	0.4	0.5	6.0	0.6	0.5	0.5	0.4	0.4	1.4	1.0	1.2	2.6	1.2
Org. abuse	5.2	6.7	5.2	4.5	7.3	6.2	7.6	5.4	4.0	4.5	4.2	4.2	7.0	5.9	9.1
Neglect/omission	41.4	48.9	47.7	40.8	37.9	47.1	49.6	46.9	45.9	47.0	37.7	39.0	41.5	32.9	40.1
Domestic abuse	1.9	3.8	3.7	4.6	4.0	7.6	7.8	6.1	7.4	6.6	7.2	8.4	9.6	11.6	11.2
Sex. exploitation	0.3	0.8	0.8	0.7	0.6	0.6	0.7	0.5	0.4	0.7	0.8	1.0	1.2	1.2	1.3
Modern slavery	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.3	0.1	0.3	0.4	0.4	0.4
Self-neglect	2.2	6.6	4.2	5.3	6.0	10.5	8.3	6.9	6.5	6.6	6.2	5.8	9.7	11.1	12.8
Total	**112.9**	**146.4**	**132.4**	**120.8**	**124.1**	**148.1**	**145.2**	**128.5**	**130.6**	**128.7**	**129.3**	**134.8**	**154.4**	**141.3**	**148.4**

Appendix V, Table A5 – Regressions by type of primary support reason

	(1) Physical	(2) Sensory	(3) Memory/ Cognition	(4) Learning Disab.	(5) Mental Health	(6) Social	(7) No Support	(8) Unknown Support
Base=North East								
North West	-0.10	0.61*	-0.27	-0.07	-0.32	-0.57	0.16	-0.32
Yorkshire & Humberside	0.42	0.21	0.01	0.40	-0.19	-0.24	-0.57	-0.49
East Midlands	0.10	1.20**	0.30	0.61	-0.16	0.85	-0.23	0.05
West Midlands	-0.71*	0.32	-0.60	-0.47	-1.18***	-0.80	-0.74	-0.95
East	0.24	0.49	0.12	0.53	-0.34	0.16	-0.33	-0.07
London	-0.22	0.44	-0.26	0.32	-0.23	-0.37	-0.91	-0.99
South East	0.44	0.49	0.32	0.41	-0.39	0.11	-0.14	-0.68
South West	0.17	0.41	-0.21	0.21	-0.64	-0.00	-0.16	-0.37
Cons.	3.12	8.24	13.09**	9.39*	6.16	1.18	4.96	-10.27
Obs.	150	83	141	148	146	127	101	54
R-Sq.	0.22	0.25	0.32	0.25	0.14	0.21	0.23	0.26

Note: Other variables included in the regressions have been omitted from the table. Full results are available upon request.
* p < 0.10, ** p < 0.05, *** p < 0.01

Appendix V, Table A6 – Regressions by type of risk

	(1) Physical Abuse	(2) Sexual Abuse	(3) Psych. Abuse	(4) Fin. Abuse	(5) Disc. Abuse	(6) Org. Abuse	(7) Neglect/ Omission	(8) Dom. Abuse	(9) Sex. Expl.	(10) Modern Slavery	(11) Self Neglect
Base=North East											
North West	-0.26	-0.01	-0.06	-0.02	0.18	-0.50	0.18	-0.30	-0.46	0.43	-0.70
Yorkshire & Humberside	0.21	0.01	0.01	0.28	0.28	-0.18	0.62*	-0.24	-0.11	1.13	-0.42
East Midlands	0.14	0.60	0.58	0.78**	-0.15	0.76	0.81*	0.42	-0.18	0.97**	-0.46
West Midlands	-0.86**	-0.40	-0.42	-0.11	-0.59	-0.68	-0.32	-0.29	-0.50	0.83*	-1.31***
East	-0.13	0.26	0.06	0.40	-0.59	0.02	0.45	0.36	-0.75	0.63	-0.58
London	-0.89*	-0.19	-0.48	0.30	-0.26	-0.42	-0.21	-0.25	-1.41**	0.471	-1.02*
South East	0.11	-0.11	0.23	0.54	0.08	-0.09	0.95**	0.65	-0.14	1.55***	0.14
South West	0.01	0.06	0.34	0.47	0.26	-0.15	0.49	0.66	-0.28	0.27	0.24
Cons.	0.74	8.37	4.85	7.63	6.48	5.57	4.01	2.87	-8.99	-6.69	9.73
Obs.	150	147	148	148	75	137	148	144	75	35	142
R-Sq.	0.27	0.27	0.16	0.13	0.12	0.22	0.26	0.18	0.24	0.51	0.19

Note: Other variables included in the regressions have been omitted from the table. Full results are available upon request.
* p < 0.10, ** p < 0.05, *** p < 0.01