Tackling Cuckooing Together

Recognising exploitation earlier and strengthening prevention

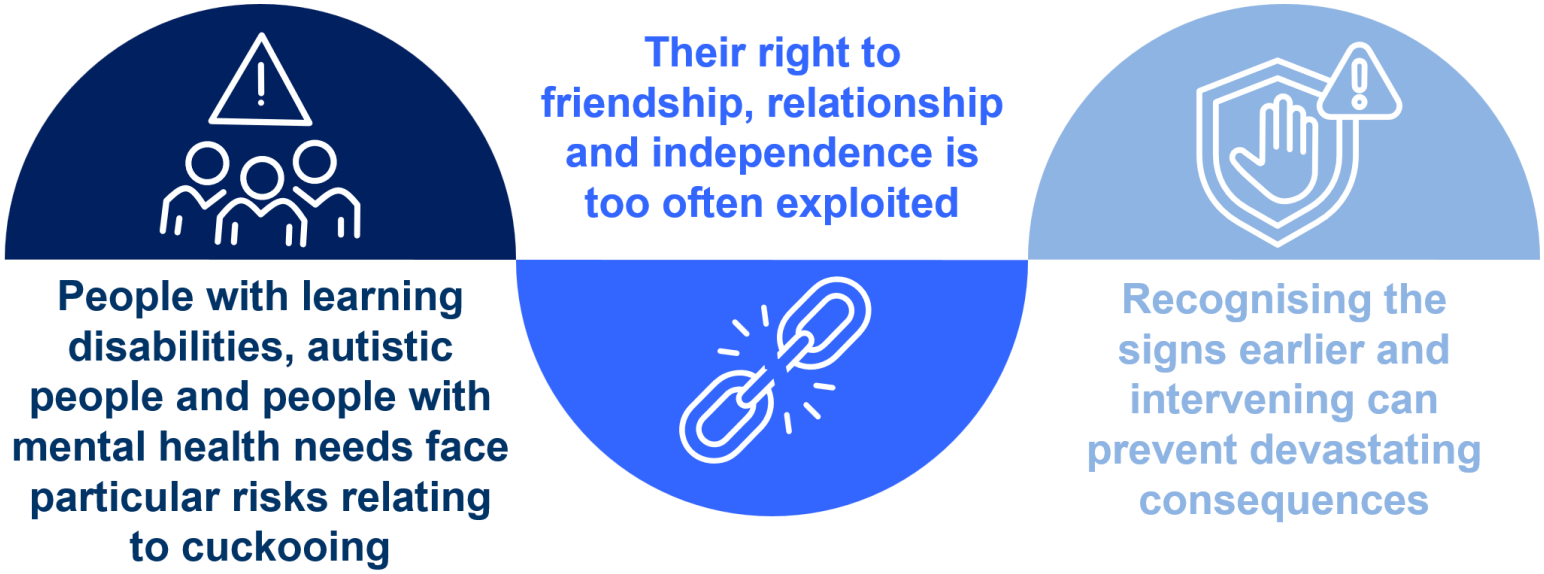
KeyRing ... We're Life Changing

FitzRoy transforming lives

CordisBright

Why this matters

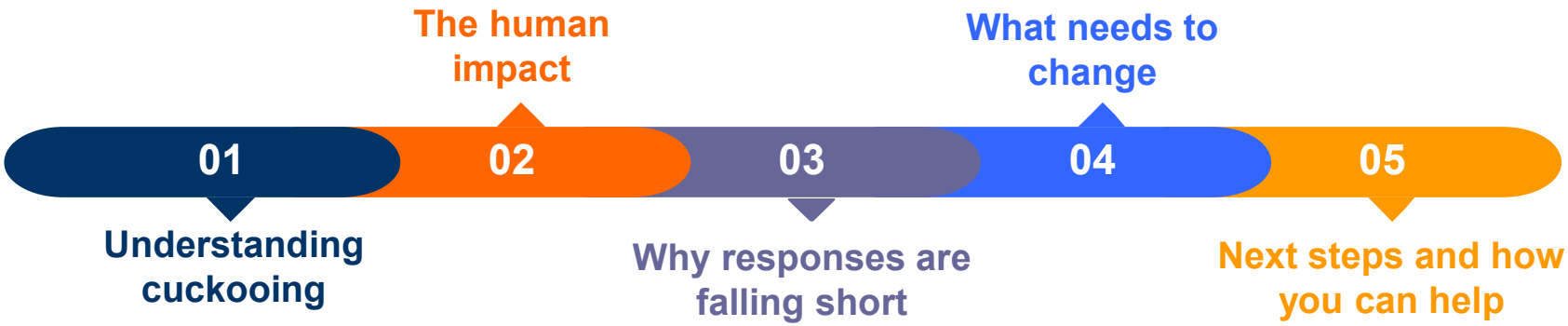
Crucial importance of empowering and safeguarding those affected:



Why this matters now

Opportunity and appetite for improvement:

Overview of session



Audience reflection

Right now, how confident do you feel about recognising cuckooing affecting people with learning disabilities, autistic people and people with mental health needs?

Understanding cuckooing and how exploitation takes hold

The context and evidence

What cuckooing is

Cuckooing might also be referred to as “home takeover”, or “home invasion”. It involves criminals **taking control of another person’s home** in order to use it for **criminal activity.** This criminal activity could involve offences relating to **drugs, sexual abuse, and weapons.** Criminals might also **use the property to store money or stolen goods, or simply as a place to sleep**.

Ann Craft Trust, 2026

Different forms of cuckooing

Organised crime groups
Highly structured and organised approach to criminal activity and county lines

Local criminal exploitation:
Individuals or smaller local groups associated with criminal activity.

Mate crime
Perpetrated by an individual who befriends a vulnerable adult.

Stages of cuckooing and vulnerability

Bainbridge, L and Loughery, A. (2024)

How exploitation takes hold

Trust	Isolation	Dependency	Fear	Loss of choice
Presenting as friend or source of support	Targeting people who may be lonely or socially excluded	Creating financial, emotional or substance dependence	Using intimidation, threats or violence to maintain control	Making it increasingly difficult to ask for help or leave





The human impact

What happens in practice

Specific challenges for people with learning disabilities, autism and mental health issues

Friendships look different

Understanding motives

Consent and capacity

Communication

Fear of losing independence

Real life experiences

Nelson has a learning disability and was diagnosed as autistic in his 50s. He was not receiving formal support and was repeatedly exploited after moving into his own tenancy. Seeking companionship, he was manipulated by criminals who took over his home to store stolen goods and coerced him into drug delivery. Weapons were used to as tools of intimidation and fear prevented him from seeking help. Eventually police raided his home but by this time his tenancy was unsustainable, and his criminal record has had lifelong consequences for his employment, travel and even insuring his home contents.

Ellen moved into supported independent accommodation in her 30s. She had psychosis, challenges with substance use and a history of exploitation. She became exploited by a local gang who took over her flat for drug use and sex work. It became difficult for staff to engage Ellen in support, her health deteriorated, and she did not recognise her exploitation despite referrals to safeguarding and modern slavery services. Risks to staff and limited police support at times, restricted their ability to intervene. Despite ongoing multiagency efforts, she continued to be controlled and fearful, culminating in a serious sexual and physical assault requiring hospital care. Her tenancy ended, and she was transferred to other services for further support.

Real life experiences

Gary has a learning disability and mental health needs. When he began support with FitzRoy, his social worker was aware that he'd been targeted by criminals and cuckooed in the past, but this was not passed on to FitzRoy. Had we known of Gary's past experiences we could have proactively put in place extra measures to protect him. While at our specialist supported mental health service, Gary was befriended by members of a criminal gang who gave him drugs which led to addiction and dependency. Gary's flat was used as a base for storing drugs and weapons. FitzRoy's team reacted decisively to keep Gary safe by enlisting private security, making reports to the police and providing support for his substance addiction. As a result, Gary has retained his tenancy and disengaged significantly from the gang. There is no evidence of ongoing cuckooing.

Impact

Impact on individuals

- Exposure to violence, abuse and threats
- Severe mental and emotional trauma
- Loss of control of own home and risk of losing tenancy
- Risk of criminal charges

Impact on communities

- Fear and tension among neighbours
- Reduced trust in local housing and social services
- Reduced safety for neighbours
- Increased drug activity and anti-social behaviour

Impact on services

- Additional resourcing (staff time, financial costs) to address cuckooing
- Increases in number of complaints e.g., noise or anti-social behaviour
- Property damage and costs of security measures
- Negative impact on safety and wellbeing of frontline staff

Why responses are still falling short

Challenges in tackling cuckooing together

The challenges

Challenges in effective responses to cuckooing of people with learning disabilities, autism and/or mental health issues

Challenges in awareness and understanding of cuckooing

1. Variable professional awareness of cuckooing
2. Limited robust evidence on scale, impact and affected groups
3. Limited understanding of how people experience cuckooing
4. Few tailored resources for people at risk of cuckooing

Challenges in ability of agencies and partnerships to respond effectively

5. Variation in local resources to tackle cuckooing
6. Limited professional awareness of local structures and pathways
7. Limited confidence in adapting responses for diverse needs
8. Common challenges to multi-agency working
9. Gaps in evidence and guidance on “what works”
10. Reactive focus rather than prevention

What needs to change

Proposed solutions to improve our responses

Proposed solutions

Strategies to improve understanding and practice on cuckooing

1. Training and awareness raising for professionals
2. Awareness raising and education for people at risk
3. Engage individuals and communities to understand experiences and co-develop responses
4. Understand, codify and bolster existing specialist teams and partnerships
5. Change organisational processes to support better identification and intervention
6. Develop, evaluate and roll out specialist roles and interventions
7. Tap into place-based programmes and networks
8. Recognise and advocate for national level improvements

Legal context: supporting earlier action

Legal Protections

- The **Care Act 2014** places a duty on local authorities to safeguard adults at risk of abuse or neglect
- **Section 42 enquiries** apply when cuckooing is suspected — even if the person has not asked for help
- **Making Safeguarding Personal** means working with the person, not just acting on them
- The **Crime and Policing Act** makes cuckooing a specific criminal offence for the first time
- Police can now act against perpetrators directly — not just treat the person as a witness

The Consent Trap

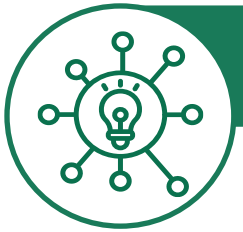
- Police and modern slavery teams may see apparent agreement and assume the person is not a victim
- For people with LD, autism or MH needs, "consent" can look very different from the outside
- Someone may say "they're my friend" because they have been groomed, are afraid, or do not recognise exploitation
- Always consider **mental capacity** under the MCA 2005 — capacity is decision-specific and time-specific

Real example: Ellen, who has a learning disability, told police the men in her flat were her friends. Officers accepted this at face value and closed the case. Her support team later found she was being financially exploited, intimidated, and too frightened to ask them to leave.

Our next steps and how you can help

Join our network and work with us to improve responses

Next steps



Building a Cuckooing Learning Network

- Sharing knowledge and good practice
- Raising awareness
- Developing resources
- Engaging communities

Resources

- Developing resources to reflect people with learning disabilities, autism and mental health needs.
- Share known and useful resources
- We will develop these (where appropriate and with permission)

Join our network

diane.mee@fitzroy.org

tracy.hammond@keyring.org

KeyRing ... We're Life Changing

FitzRoy transforming lives

CordisBright Limited

23/24 Smithfield Street, London EC1A 9LF

Telephone 020 7330 9170
Email info@cordisbright.co.uk
Internet www.cordisbright.co.uk