Safeguarding Adults Executive Board

Learning Briefing: Key Insights and Systems Learning from the Safeguarding Adult Review “Malcolm”

Exploring challenges and recommendations for improved support to Multiple Exclusion Homelessness and Cognitive Impairment

Methodology

This review uses a systems-based approach to identify what helps or hinders good practice across organisations, focusing on learning – not blame. The review of Malcolm's case highlights strengths and gaps in supporting people facing multiple exclusion homelessness and worsening cognitive impairments, aiming to improve local systems.

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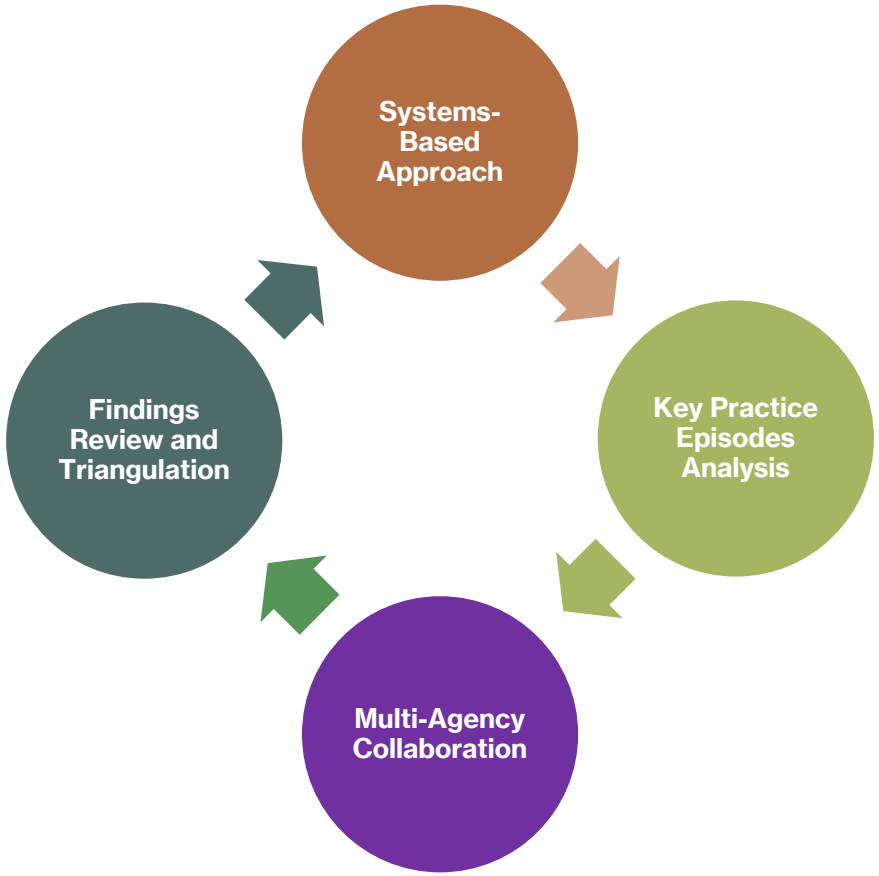

Application of the Learning Together systems model and its practical steps

Systems-Based Approach

Learning Together uses a pioneering systems approach to review multi-agency safeguarding practices effectively.

Key Practice Episodes Analysis

Background case reading divides timelines into Key Practice Episodes to support early, unbiased analysis.

Multi-Agency Collaboration

Conversations and workshops with practitioners refine analysis and enhance understanding of professional decisions.

Findings Review and Triangulation

Draft findings are prioritised, discussed with senior leads, and triangulated through further conversations.

Malcolm - A Pen Picture

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Malcolm was Canadian and came to London around 13-14 years ago. He was always talking about his travels; he had some incredible stories about travelling the world. He joined the Royal Canadian Navy when he was relatively young employed as a Bomb disposal expert officer. After the Navy, he went to the Caribbean where he was a diving instructor, he travelled across the Caribbean and Asia and Thailand and lived in France for a time, he had literally travelled and lived the whole world. Here in the UK, he mentioned being a chef in one of Jamie Oliver's restaurants.

Everyone loved spending time with him, I loved spending time with him. He was fascinating and his presence and his personality were infectious. It was a pleasure to have Malcolm scheduled into my day. We attended a lot of appointments together and his memory was becoming very poor, sometimes he could converse very well with professionals and then the next time he couldn't remember anything.

David Woodley

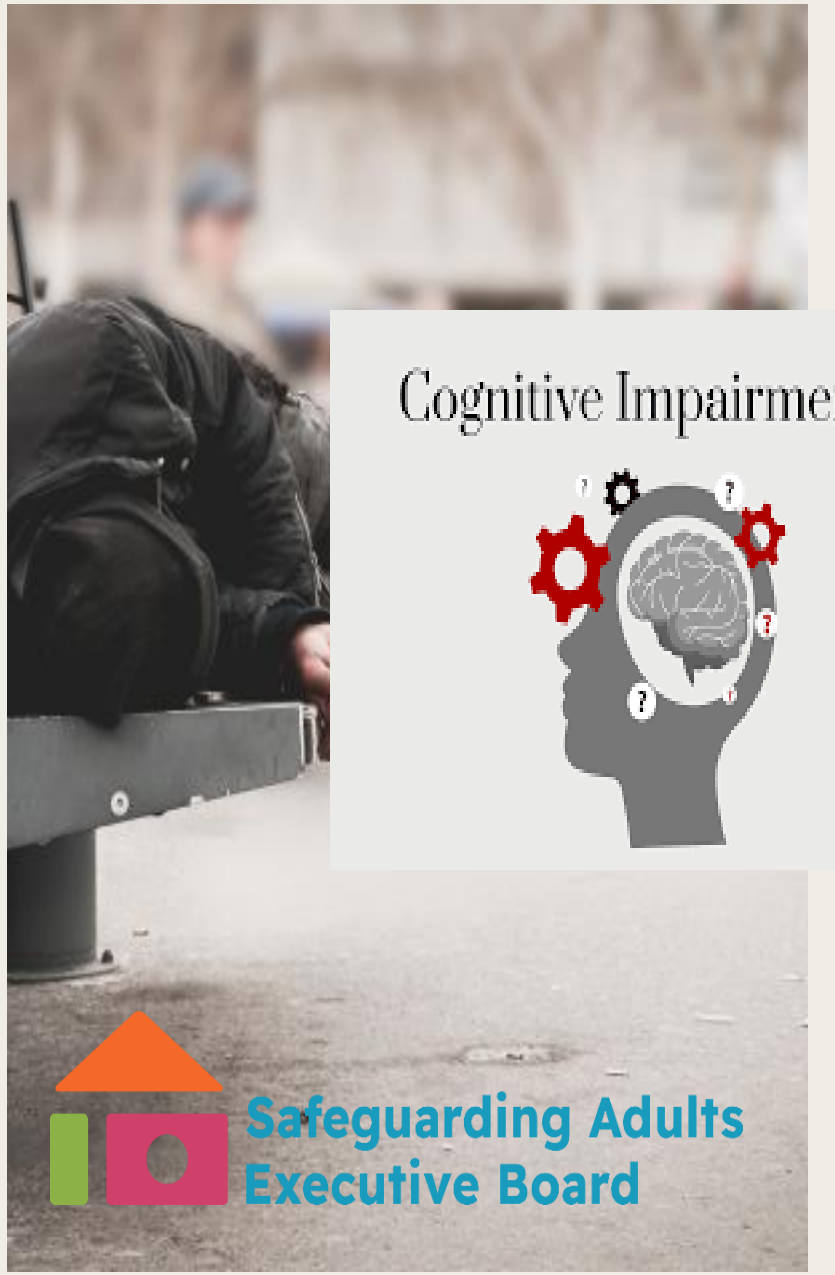
Westminster Homeless Health Care Navigator

Whenever I escorted him to appointments, he would talk to everybody.

And what was lovely about it, was that it was his thing – it was who he was.

You can see his charm in the photo of him with a Santa hat.

He always had a smile on his face, always.



Prevalence and characteristics of homelessness and cognitive impairment in Westminster

Homelessness Prevalence

Westminster has the highest homeless population in London, with 36% living in poverty and 2.5 times more people sleeping rough than other boroughs.

Existing Support Services

The borough has well-established statutory and voluntary services addressing homelessness, including health, housing, and social care provisions.

Focus on Cognitive Impairment

Recent collaborations among practitioners and clinicians highlight the adequacy of service responses to cognitive impairments in homeless populations.

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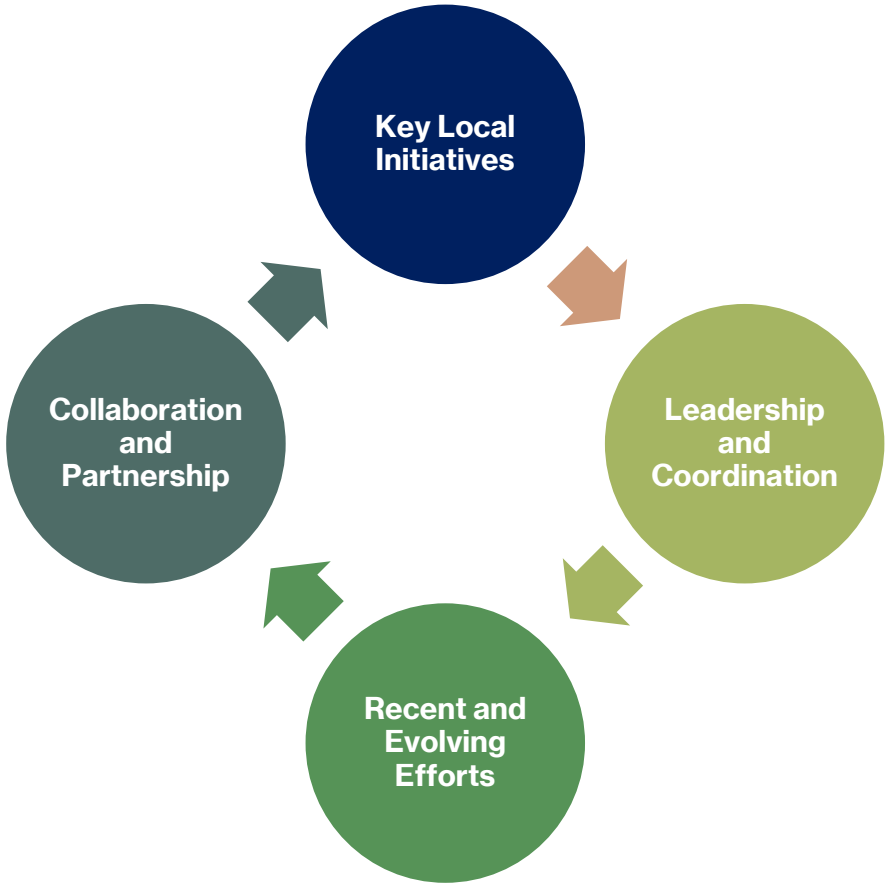

Key projects, networks, and services addressing cognitive impairment among the homeless

Key Local Initiatives

Four major projects in Westminster focus on homelessness, cognitive impairment, and alcohol dependence support.

Leadership and Coordination

Central coordinators lead multiple projects, enhancing integration and system-wide collaboration for better outcomes.

Recent and Evolving Efforts

Initiatives established between 2021 and 2024 reflect a growing, innovative response to complex health needs.

Collaboration and Partnership

Strong emphasis on partnerships within health services and external organisations improves care pathways.

Established Services and Projects in Westminster

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Name	Date Est.	Purpose
Westminster Blue Light Project - working as part of Changing Futures.	Dec 2021	In partnership with Alcohol Change UK to adopt their Blue Light Protocol initiative (The-Blue-Light-Manual.pdf) to develop alternative approaches and care pathways for the group of change resistant, alcohol dependent drinkers in Westminster.
Cognitive impairment and alcohol network (CIA) (part of the Blue Light Changing Futures Workstream	April 2022	Each meeting we hear different view-points in the system and try and skim off quick wins , provide a space for anonymised case discussion, better understand the nature of gaps and find opportunities for join up.
The Homeless Neuropsychology Pathway, in the Psychology in Hostels Team (SLAM)	Feb 2023	A service aimed at working with people experiencing homelessness with a diagnosed or suspected brain injury in Westminster. Team of clinical psychologists and a neurospecialist GP.
Network for brain injury and homelessness in Westminster **Homelessness and Brain Injury network**	April 2024	Rationale: • to work better together and enhance/optimise the pathways for this client group • to think about ways in which we as health providers (rather than housing providers) can enhance the network to get the best outcomes.

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Risks and Realities: Case Study of Malcolm

Chronological case notes illustrating risks and challenges faced by Malcolm

Memory and Decision Challenges

Malcolm exhibits significant memory decline affecting safety and financial decisions due to dementia.

Physical and Safety Risks

Malcolm faces physical injuries, risk of assault, and difficulties navigating public spaces safely.

Self-Neglect and Care Needs

Severe self-neglect is evident with poor hygiene, malnutrition, and inability to manage daily care.

Support and Safeguarding Concerns

Care teams raise concerns about exploitation, safeguarding, and inadequate support in current accommodation.

Service providers and commissioners involved in Malcolm's support

Multi-Agency Collaboration

Multiple agencies collaborate to support individuals with cognitive impairments and homelessness experiences.

Service Provision Areas

Support includes memory services, adult social care, safeguarding, hospital neurology, health and housing and community mental health

Commissioning and Direct Work

Commissioners and service providers coordinate: accommodation, support workers, care navigation, specialist health services, social workers and substance misuse

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Systems-Focused Lines of Enquiry and Findings

Barriers to timely and accessible help: Safeguarding, eligibility, accommodation, mental health, advocacy

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Safeguarding Challenges

Barriers in safeguarding processes can delay timely help for vulnerable individuals needing protection.

Eligibility for Care

Complex Care Act eligibility criteria can restrict access to essential services for those with cognitive impairments.

Suitable Accommodation

Finding appropriate housing is a critical barrier for people facing multiple exclusion homelessness.

Mental Health Support

Barriers in mental health services hinder timely and accessible care for those with worsening conditions.

Advocacy Access

Lack of effective advocacy limits individuals' ability to navigate complex social and health support systems.

Challenges in multi-agency planning and urgency of response for high-risk individuals

Barriers to Multi-Agency Collaboration

Challenges in agencies working together hinder effective planning and review for complex cases like multiple-exclusion homelessness.

Urgency of Response Issues

Securing a response that matches the high risk of vulnerable individuals remains difficult, delaying critical interventions.

Complex Risks Faced

Individuals experiencing multiple exclusion homelessness face additional risks including substance misuse, cognitive and physical decline, self-neglect, and financial exploitation.

Gaps in Service Provision: Alcohol Services and Community Support

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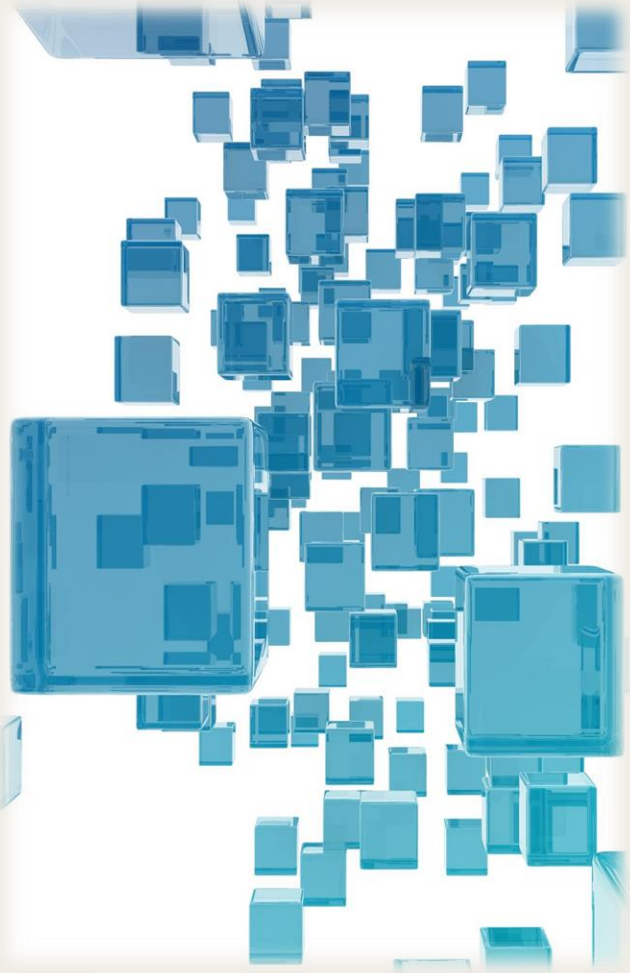
Absence of specialist alcohol service workers and commissioning challenges



Prevalence of Alcohol-Related Brain Damage

Alcohol-related brain damage causes significant cognitive impairment in people facing multiple exclusion homelessness.

Lack of Specialist Workers

Many individuals with cognitive impairment lack access to specialist alcohol service workers for expert support for clients no wanting treatment.

Commissioning and Service Gaps

Current commissioning focuses on structured treatment, neglecting assertive outreach needed for cognitive impairment cases.

Barriers to accessing multi-disciplinary assessment and support for those with cognitive impairments

Limited Service Accessibility

Multi-disciplinary teams exist but are often inaccessible to homeless with cognitive impairments and alcohol dependencies.

Restrictive Eligibility Criteria

Many services require specific mental health diagnoses, excluding those with alcohol-related cognitive impairments.

Access challenges for Mental Health Teams

Access to many support services requires involvement with Community Mental Health Teams, creating a catch-22 situation.

Diagnostic Challenges

Alcohol use complicates dementia diagnosis; lumbar puncture is invasive and not a popular option for service access.

Gaps in Service Provision: Safeguarding, Adult Social Care, and Accommodation Challenges

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Barriers in Care Act assessments, safeguarding referrals, and support for self-neglect

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Challenges in Self-Care Management

Cognitive decline leads to self-neglect affecting health, hygiene, dignity, and vulnerability to abuse and exploitation.

Care Act Assessment Limitations

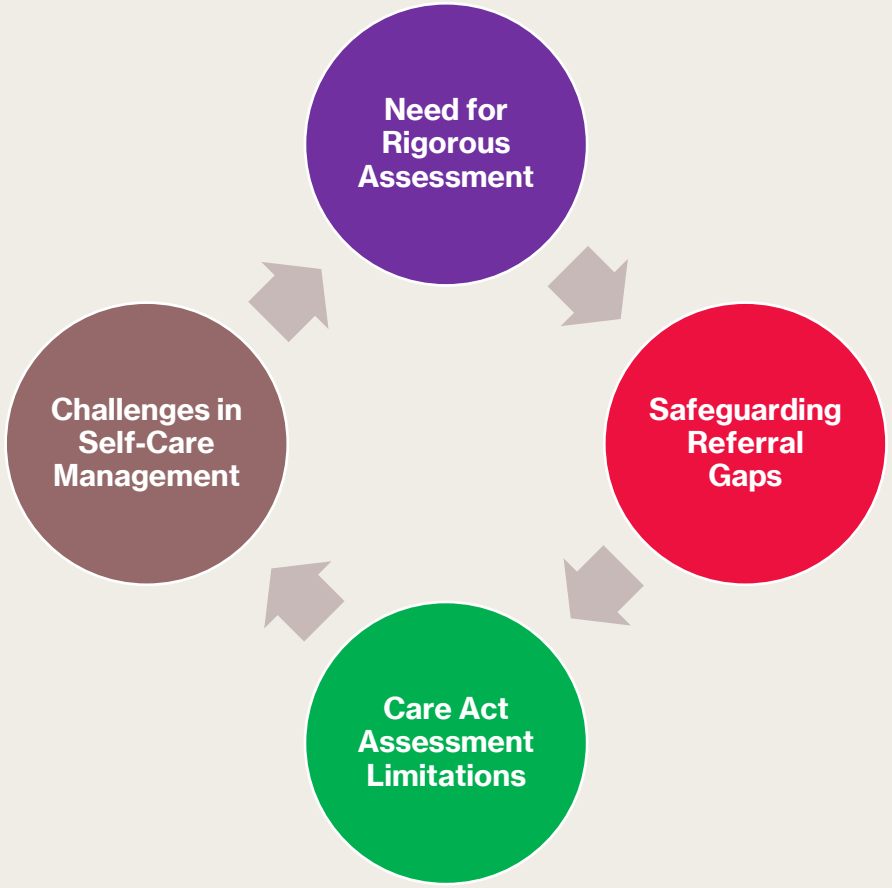
Standardised Care Act assessments often fail to meet needs of those with cognitive impairments and homelessness.

Self – neglect Referral challenges

Safeguarding framework rarely engages early with complex self-neglect cases.

Need for Rigorous Assessment

Without third-party abuse, individuals miss personalised assessments and protection from s.42 safeguarding enquiries.



Accommodation provision, mental capacity assessments, and related challenges

Hostel Style Accommodation

Existing hostel provision includes food, nursing, psychology, and therapies but challenges arise with advanced cognitive impairments.

Mental Capacity Assessments

Mental capacity assessments are complex and often overestimate abilities, impacting accommodation decisions and risk management.

Specialist Wrap-Around Support

There is a need to acknowledge that this cohort of people require longer-term, trauma-informed approaches with a focus on legal literacy to support them to maintain tenancy agreements

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What we are doing to respond to the learning

Sharing learning is a key priority of the SAEB and ensures that lessons learnt in relation to safeguarding adults supports direct practice as well as strategic developments and encourages a culture of continuous improvement.

A partnership steering group meeting has identified two senior leaders from Housing and Health to chair a Task and Finish Group, which will oversee, coordinate and drive forward the implementation of the SAR Malcolm action plan.

The group will ensure that actions are delivered effectively and that progress is monitored.

The group will provide regular quarterly updates to the SAEB who will assess the effectiveness of implemented changes.

Key areas of work being taken forward:

- Central and North-West London NHS Foundation Trust (CNWL) are undertaking a pilot to ensure improved access to mental health accessibility within the memory services and dual diagnosis pathway.
- Improving health accessibility for patients who experience multiple exclusion homelessness alongside cognitive impairments who are registered with mainstream GP practices.
- Developing bespoke practice guidance and a suite of resources to support best practice in supporting individuals who experience multiple exclusion homelessness and self-neglect.
- Ensuring there is greater clarify about the role of safeguarding in relation to homelessness and self-neglect in the context of cognitive by including a dedicated section on homelessness within the Safeguarding Referral Practice Guidance
- Re-commissioning of treatment options for individuals experiencing multiple exclusion homelessness with cognitive impairments to reintroduce a focus on stabilisation as well as recovery.
- Reviewing specialist accommodation services where there are gaps to be filled in the availability of holistic wrap-around support for multiple exclusion homelessness.
- Raising awareness of mental capacity considerations for this client group using a trauma-informed lens.