Kasey Safeguarding Adult Review Executive Summary

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The review was conducted under the Section 44, Care Act 2014 Legislation Safeguarding Adult Reviews. Kasey's mother was fully involved in this review and the Havering SAB wishes to thank her for her help, and offer condolences for the death of her daughter. The Kasey Review Panel has a sincere hope that the recommendations from this review will make a difference to those living and working in Havering, as a legacy to Kasey. This review focussed on thresholds, accessibility of local services and the work of multi-agency panels. A multi-agency chronology was developed and a virtual practitioner learning event took place to inform this report.

2 BACKGROUND HISTORY

Kasey first became known to services when she was 2 years old due to behavioural difficulties. Over the years, Kasey received mental health diagnoses of ADHD (Attention Deficit Hyperactivity Disorder), PTSD (Post Traumatic Stress Disorder), Oppositional Defiant Disorder, Borderline Personality Disorder (BPD) and a drug and alcohol dependency. Kasey's mental health condition manifested in emotional dysregulation; anger problems and chronic suicidal thoughts.

During the review period 2016-2020, at least 12 local agencies were seeking to support Kasey at times, and her needs were discussed at 3 local multi-agency Panels. During the time of this review, Kasey had approximately 57 hospital attendances, and made 5 attempts to hang herself and throw herself in front of vehicles; she attended the Emergency Department 5 times in 2020 for suicidal ideation. Kasey was often discharged at times from services due to her non-engagement or some services finding that her needs were too complex. Kasey made threats to kill herself in November 2020, and sadly died through suicide aged 31 that month.

Kasey was arrested by police 11 times and she had received suspended sentences due to incidents with her neighbours, assaults, possession of cannabis, ongoing issues of alcohol, abusive conduct to Probation staff and breach of a court order. Kasey was conveyed to Emergency Department (ED) by police many times where she was given medication and seen by psychiatric liaison services.

46 separate Police Merlin Reports, or other referrals were made to Adults Social Care or Children's Social Care, and these were sent straight onto NELFT Mental Health Services for their attention. 2 Safeguarding Referrals were thought to meet

the S42.1 threshold. Two referrals were made for a Care Act Assessment and one assessment was begun by the Westminster Drugs Project.

Over the years, Kasey received psychological, systemic therapy and cognitive behavioural therapy (CBT) via a wide range of agencies and she also received private counselling. Kasey attended drug rehabilitation and she was offered a 12-week residential programme, of which she attended half. Kasey was referred to a Personality Disorder Service and she commenced group therapy.

Kasey was rehoused under the Homeless Act and she was evicted from her housing 4 times. She was placed in temporary housing accommodations/hostels due to her breaching of the tenancy agreements.

3 IDENTIFIED ISSUES - Complexity of Need and Coordination of Care

The challenges in working with Kasey were significant for the front-line staff from all agencies, whether in mental health services or in other areas, due to a combination of factors, specifically the severity of her Borderline Personality Disorder, combined with the effects of addiction to cannabis. Kasey had an appearance of needs and so should have had entitlement to a Care Act Assessment.

Sometimes, Kasey had differences with staff or agencies, which led to confrontations, escalating risk-taking behaviour and cycles of crisis, characterised by brief admissions to hospital, following restraint/arrest by the police under S136. There was no evidence of support, consultancy and education being offered to agencies on how to work with an adult with BPD, from mental health services.

Kasey needs were considered by a number of multi-agency Panels in Havering: the Integrated Offender Management Panel (IOM), the Housing Vulnerable Persons' Panel (VPP), and Havering Community MARAC (Multi-Agency-Risk-Assessment-Conference). Some information was shared between agencies, but this was very limited. There did not appear to have been any risk assessment/risk management plans made for Kasey nor lead professionals identified.

The review of multi-agency information shows that Kasey exhibited many signs of difficulties in relationships both with her family and staff from all agencies, who tried to work with her. She was clearly impulsive, self-harming and got into conflict with people around her in all the different housing offered to her. She used cannabis to soothe her extreme and unpleasant emotions, but this caused further difficulties for her and led to several contacts with the criminal justice system and using cannabis was also part of the reason for evictions from hostels and flats.

4 SUMMARY OF FINDINGS & RECOMMENDATIONS

Eight Findings and 13 Recommendations were made around the interface between multi-agency Panels, the role of lead professionals, Care Act duties, the role of GPs,

the support and training given to professionals when working with people with significant mental health concerns, or where there are complex issues which challenge agencies. Particular assurance was required around working with people with diagnoses of Borderline Personality Disorder.

4.1 The HSAB to request that the Chairs of each Panel (VPP, IOM, CMARAC) review current working practices, including membership and secure information sharing agreements to ensure that where clients are known to more than one Panel the work overseen is coordinated across relevant panels and their trusted Single Point of Contact (SPoC) to ensure adequate engagement by all agencies and appropriate use of escalation policy where required.

4.2 Complex cases which are known to more than 1 of the above multi agency panels (within an agreed timeframe), are all designated a consistent lead professional from an appropriate statutory service, who will attend all relevant panel meetings to ensure that consistent operational decision making, including risk assessment/management, including crisis plans are both undertaken and shared with Panels.

4.3 The HSAB to receive assurance from NELFT that Section 9, Care Act assessments are being appropriately undertaken, either as part of the current clinical assessments, or as stand-alone work done by the relevant mental health service, in response to the thresholds being met for adults with Personality Disorders, following referrals to NELFT, in line with the Care Act Statutory Guidance.

4.4 That the outcomes from these assessments are also shared with the adult and any relevant organisations, to ensure there is awareness of how any eligible needs will be met and that this also can improve multi agency coordination.

4.5 HSAB to receive assurance from NELFT that safeguarding concerns regarding suicidal adults, received by HAABIT, are suitably recorded and triaged against the S42.1 criteria, including the relevant management decisions from the safeguarding team as to whether the S42.2 duty is then considered to have been met, or whether an alternative response is deemed to be more appropriate by NELFT (for example an assessment, a review or an admission) and if so on what basis?

4.6 HSAB to consider guidance across the borough to establish whether and in what circumstances suicidal thoughts or behaviour ought to be addressed as a safeguarding issue, under S42 of the Care Act, (for example, as an indicator of self-neglect i.e. failing to care for one's health).

4.7 Commissioners at ICB to explore with NELFT the current approaches to providing psychological therapies for people with Personality Disorders, including 1-1 sessions if requested by the adult and thought appropriate as part of person-centred care, to enable adults to have choice about options for the most suitable treatment for them.

4.8 NELFT to ensure that adults with complex issue of personality disorder and substance misuse are Care Coordinated with regular multi agency reviews, which are shared with all relevant services.

4.9 HSAB are assured that sufficient specialist mental health professional advice, training, supervision and support on working with people with Personality Disorders is available to relevant partner services in direct contact with this client group.

4.10 North East London Integrated Care Board (NEL ICB) to ensure the HSAB that all referrals to the SAS, which are made by local GPs are considered for both the appropriateness of the referral and consequences for the patient when allocated to a suitable alternative GP practice, including whether this should be inside or outside the area.

4.11 NEL ICB to review local guidance on the SAS and ensure that there is a process for sharing information of SAS decisions with other services (e.g., NELFT) so that this does not affect the provision of specialist mental health services for patients.

4.12 HSAB to explore attitudes of staff to people with BPD and consider how to address this with a programme of education, support, reflective supervision to be explored in partnership with service users and carers.

4.13 HSAB to receive assurance that staff from both substance misuse and relevant mental health services will seek to work together to undertake joint assessments and shared Care & Support plans for people with addictions and BPD.

Executive Summary prepared by

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