

# Southampton Safeguarding Adult Board

## Safeguarding Adult Review



**SSAB**

# A Safeguarding Adult Review of Clive and Richard

FOR SOUTHAMPTON SAFEGUARDING ADULTS BOARD  
JAN PICKLES OBE

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This Safeguarding Adult Review adopted the lens of Contextual Safeguarding. This is an approach which takes into account factors that compromise the safety of young people in extra-familial settings. The principles of this approach have been used to inform this Safeguarding Adult Review in recognition that both Clive and Richard whilst adults were known to have complex needs and lived away from their families.

## Glossary - Agencies referred to and glossary of abbreviations.

Agency	Abbreviation
Southern Health NHS Foundation Trust	SHFT
Criminal Justice Liaison and Diversion Team managed by Berkshire Healthcare NHS Foundation Trust the provider since April 2019	CJLD
Community Mental Health Teams	CMHT
Homeless Health Care Team- Solent NHS, commissioned by Hampshire, Southampton, and Hampshire and Isle of Wight Integrated Care Board. as a Primary Care Service. Solent subcontract Mental Health Services from Southern Health NHS	HHCT
Home Group- A service commissioned to provide housing related support (HRS) through the flexible support service	
Richmond Fellowship- previous housing provider	
Southampton City Council Adult Social Care/Safeguarding team	SCC ASC/Safeguarding
The Avenue- shared housing managed by Home Group	Shared Housing
Crowlin House	Shared Housing
Change Grow Live. – Provide substance misuse	CGL
Society of St James provide supported accommodation, outreach services for substance users and short-term accommodation for homeless adults	

## 1. The decision to hold this Safeguarding Adult Review

- 1.1 The Local Safeguarding Adult Board (LSAB) Case Review Group recommended that this case met the criteria for a Statutory Safeguarding Adult Review (SAR) in August 2019, and this was agreed by the Southampton Safeguarding Adults Board (SAB) in October 2019 under the statutory duties of the LSAB detailed in The Care Act 2014.
- 1.2. Both Clive and Richard were living in the same supported living accommodation at the time of the events which led to this tragic outcome. Both had similar backgrounds of homelessness and shared previous experiences of temporary accommodation provided for those who are street homeless in Southampton.
- 1.3. The Review was paused through the Covid-19 pandemic as staff were redeployed. The SAR Panel agreed a further pause to this SAR when NHS England (NHSE) announced in September 2021 a Mental Health Homicide Review of this case. In January 2022, their interim findings were shared with the Chair and author of this SAR. The recommendations of this SAR were also shared with the NHSE Investigator and Deputy Director who provided verbal assurance their detailed review of health involvement with Clive and Richard reinforced the relevant findings of this Review. In October 2022 on completion of this report the author was informed of further relevant information not shared with the Panel. In late November 2022, a further Individual Management Review was received from the Criminal Justice Liaison and Diversion (CJLD) Service managed by Berkshire Healthcare NHS Foundation Trust.
- 1.4. The request for information from all agencies involved asked a question around the context in which these gentlemen lived. It adopted a Contextual Safeguarding lens to identify if there was wider learning for services, about the context of their lived experience.

## 2. Introduction

- 2.1. On the 3<sup>rd</sup> of June 2019 Clive, a 46-year-old male was seriously assaulted by Richard aged 31 years in the shared house in which they both lived. Clive suffered significant physical harm which has resulted in him losing his sight in both of his eyes. Richard was arrested on suspicion of Grievous Bodily Harm. He was Detained Indefinitely in October 2020 for two offences of Grievous Bodily Harm under the Mental Health Act 1983 in a Southern NHS Health facility.
- 2.2 Prior to this in April 2019, Richard alleged to staff that Clive had sexually assaulted him at the shared house where they were both living. The Police made numerous attempts to follow this up but were unable to engage Richard in pursuing this complaint.
- 2.3. Hampshire Constabulary have known Clive for many years with 442 occurrences related to him on their system since 2005. Clive was vulnerable person who presented as the suspect in a wide range of offending including anti-social behaviour/public order, assault, and domestic abuse (both as a suspect and a victim) and theft. He had been the subject of Integrated Offender Management (IOM) supervision. The Police National Computer record shows he had been

charged with sixteen violent offences from 2002 until 2019 with sixty-five convictions for 128 offences. It can be seen from this that Clive had for at least 15 years engaged in a lifestyle in which violence, offending, problems with managing emotions and behaviour, substance misuse and homelessness were endemic and enduring. This of course also affected those that had contact with him.

- 2.4. Clive was well known to services working with the homeless population in Southampton. The health professional who had known him described him as “*often coming up for review on the Monday meeting.*” She describes Clive as easy to engage with and willing to become involved in activities such as gardening which distracted him from the problems he faced. Approximately eight years ago she described Clive as experiencing a Psychotic episode in which he described his hearing voices and at that point came into the care of Mental Health Services. Despite numerous alcohol detoxes he would soon relapse into alcohol misuse and mostly lived in hostels and other temporary accommodation which usually broke down due to his behaviour or rent arrears. The Homeless Health Care Team (HHCT) with whom Clive has had significant contact described him as vulnerable to exploitation, due to longstanding physical and mental health issues, substance misuse and self-neglect.
- 2.5. Both Clive and Richard (the perpetrator) had lived in Southampton for most of their lives and appear to have been marginalised from mainstream society. The long-term problems faced by Clive with alcohol misuse were linked to mental health, social, medical, and behavioural problems. These were in large part mirrored by his assailant, Richard.
- 2.6. It should be noted that Richard did have the benefit of support from family (his mother in particular), providing physical and emotional support and often advocating with services on his behalf. This support was at times crucial both in terms of his quality of life but also in communicating concerns in terms of deteriorating behaviour or other risk indicators to the services that worked with him.
- 2.7. Richard was diagnosed as suffering from ‘schizoaffective disorder’ and substance misuse. The IMR from SHFT describes the symptoms of this disorder as one in which “a person experiences a combination of schizophrenia symptoms such as hallucinations or delusions, and mood disorder such as depression or mania”.
- 2.8. Richard was known to the ‘Early Intervention in Psychosis Service’ until he was transferred to the ‘Community Mental Health Team’ in 2018. Richard has had several admissions to hospital both informally and under the Mental Health Act 1983. Richard was well known in the community, including to the local police force, he was often seen dressed flamboyantly and attracted attention, which sometimes was hostile and threatening. His lifestyle too increased his vulnerability- he was marginalised and disordered- engaging in street begging, shoplifting, and chaotic drug use. His mother and family were the key anchors in his life.
- 2.9. This report will examine the circumstances and events that led up to this serious assault, which resulted in life changing injuries for Clive. It also seeks to

examine the role played by the various statutory and voluntary services involved in the care of Clive and Richard which we believe will help to understand the causes of this event and the lessons to be learnt from it. This report will focus on the role played by the perpetrator, his background and the events that led to this tragedy. This is not intended to disregard the impact or life of the victim, but to enable learning to be drawn from this event to help reduce the likelihood of such events happening again.

### 3. The Terms of Reference

3.1 The full Terms of Reference are attached in Appendix 1. They outline the methodology ethos and agencies involved in this Review.

3.2 The Key Lines of Enquiry identified by LSAB Case Review Group identified that this Review would centre on the issues of partnership working and communication between agencies working with Clive and the perpetrator, specifically:

- Interagency and safeguarding actions to negate risk for all adults living in the property.
- Risk assessment of adults living in the property after the allegation of serious sexual assault.
- The Section 42 process; specifically, the timeliness and quality of safeguarding referrals
- Escalation of concerns regarding accommodation risk(s) to both adults
- Multi-agency information sharing including timeliness of information sharing across all agencies.
- Mental health support
- If information had been shared sooner (where able) could the possibility of a second assault been anticipated?
- Multi agency risk assessment based on contemporaneous and historical information, and all agencies properly understanding the remit of other partner agencies.
- Commissioning of Housing providers including inspection and regulation of physical standards and support offered to individuals.

3.3 This Review requested relevant background and contextual information regarding key factors.

### 4. Outline of events

4.1. Clive was well known to a number of agencies in the period of this Review and was mainly supported by the 'Homeless Health Care Team' (HHCT), a multidisciplinary GP practice that provided support for people with unstable or no accommodation.

4.2. Clive also received support in relation to his substance misuse and mental health difficulties. Clive was described as using these services when he felt he needed them and did not seek regular contact with services. Clive had for a number of years experienced poor physical and mental health and self-neglect that left

him vulnerable to others. Clive's accommodation had been unstable for a number of years, but he did use local short term housing provision within the city provided for street homeless.

- 4.3. There are scant records relating to Clive's contact with services. The Panel note that Clive avoided long term treatment and mostly used services for which there was open access. Only the HHCT remained in contact with him in the period of this enquiry.
- 4.4. Clive's supported accommodation provider changed to 'Home Group' from 2017, following a recommissioning of services in Southampton, he retained contact with them from July 2017 until his remand into custody in July 2019. Home Group recorded in December 2017 that he was struggling with substance abuse and mental health issues and was being exploited by others at the property he was living in. His condition was recorded as deteriorating further when in August 2018 medication he was receiving was withdrawn due to the contraindicating effects of his heavy alcohol use on it. In December 2018 Clive moved into the house where Richard was already a resident (the Avenue). Clive's misuse of alcohol and the associated effects on his mental health were to continue through the period of this review. It does not seem he was able to receive any meaningful assistance for this.
- 4.5. Richard had been known to local services for many years and had received inpatient care as well as community psychiatric support in the years before the time frame of this Review. He lived independently but was supported by his family, on which he depended, particularly his mother who appears a stable and protective factor in his life. Richard was often non-compliant with his medication, he misused a range of drugs and had linked problems such as antisocial associates, debt, and anti-social behaviour. The impact of the recreational drugs that Richard was known to take such as Amphetamine, Heroin, Spice and Cannabis will have affected the anti-Psychotic medication he was taking at the time- he was receiving flupentixol injection once per fortnight and oral medication to supplement that. 'Mind' the Mental Health Charity<sup>1</sup> state that such individuals should be treated using a 'dual diagnosis,' model. Dual Diagnosis is defined by 'Turning Point' in their 'Dual Diagnosis Toolkit' as a 'coexistence of mental health and substance misuse problems'<sup>2</sup>.
- 4.6. Richard was a tenant with the Richmond Fellowship and lived in independent supported accommodation provided by them. However, he lost this tenancy after he was admitted to Hospital as an in-patient due to a mental health relapse in December 2015, where he remained until October 2016. Richard was then found accommodation in 'Salem House' which was managed by the Richmond Fellowship. This accommodation was for a harder to place and less settled resident group than his previous home, the conditions much poorer, described by SHFT as 'like a squat.' Richard was monitored by the Central Community

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<sup>1</sup> <https://www.mind.org.uk/information-support/types-of-mental-health-problems/drugs-recreationaldrugs-alcohol/effect-on-mental-health/>

<sup>2</sup> [https://www.turning-point.co.uk/\\_cache\\_614e/content/dualdiagnostoolkit](https://www.turning-point.co.uk/_cache_614e/content/dualdiagnostoolkit)

Mental Health team, though he continued to misuse illicit substance and did not effectively engage with services to help him with this.

- 4.7. In July 2017, 'Home group' were awarded the contract to deliver housing related support services in Southampton, and as part of that residential support was changed to 'floating' with no on-site support workers as had previously been provided. Accommodation quality remained poor after the change, and the property was later closed down temporarily for fumigation following an outbreak of 'scabies' in the property. This disruption hampered support work with residents.
- 4.8. In mid-September 2017, Richard made the first of his reports of having been raped whilst under the influence of drugs. Hampshire Constabulary attended and interviewed him, but no action was taken as it was felt a successful prosecution was unlikely.
- 4.9. Richard was moved in October 2017 to a similar Home Group property, Atherly Road, following an Adult Safeguarding meeting held in October 2017 due to concerns about him being at risk in Salem House from exploitation by other residents, and the poor conditions there. Richard's Care Coordinator documented his concerns that floating support was not adequate in meeting Richard's needs.
- 4.10. Richard was admitted in March 2018 to in-patient Psychiatric care as a place of safety under section 2 of the 1983 Mental Health Act, following deterioration in his behaviour, and at which he assaulted a paramedic and had to be physically restrained by staff. Concerns continued after discharge a month later, and the in-patient care unit remained in regular contact with Richard's Mental Health Social Worker/Care Coordinator.
- 4.11 In June 2018 Richard's mother telephoned the East Community Mental Health Duty Team telling them she felt Richard's behaviour was becoming more 'bizarre', describing him wearing women's clothing and makeup, adopting different 'personae'. Later in July 2018, Richard attended his family home and following an argument with his sister threatened her with violence unless she had sex with him. Police officers attended and removed Richard. He was not interviewed. Richard's sister chose not to make a formal complaint. Police officers attending believed him to be in a 'mental health crisis.' A PPN1 was completed, and SCC ASC/Safeguarding informed.
- 4.12. As a result, Richard was assessed at home by a Southampton Mental Health Practitioner and another worker in July 2018. He was reported as 'dishevelled and unkempt' in appearance, and 'struggling to cope.' He was assessed as having 'capacity' and to have a level of awareness of reality despite his hallucinations. The Southern NHS Foundation Trust (SHFT) IMR states the Southampton Mental Health Practitioner "*concluded that Richard's risk to others had escalated in light of assault in the context of substance misuse which he was struggling to control. The risk of his mental health deteriorating due to substance misuse was very high in view of where he lived, and his awareness of Southampton drop points*" and that he would need in-patient help in the longer term. Plans to stabilise him by increasing his medication were not realised due to Richard's lack of cooperation, and his mother rang community

mental health services a few days in July 2018, reporting Richard to be *“laughing and crying hysterically and misusing drugs.”* Richard’s care was soon after transferred from the East Community Mental Health Team (CMHT) to the West CMHT and a new Care Coordinator was allocated at the end of July 2018.

- 4.13. A Safeguarding meeting was held on 26<sup>th</sup> October 2018, following information regarding Richard’s drug use and the presence of drugs and drug dealers using the Atherly House home. A decision was made that Richard be moved from the Atherly Road property as it was unsuitable and to refer him to ‘Crowlin House’ in Southampton, a residential unit for those with mental illness as an action from the meeting. The referral for this was not made until February 2019. There is no explanation for this delay. When the referral was made, Crowlin House did not accept Richard due to his drug misuse and refusal to address it.
- 4.14. Between January 2018 and February 2019 Adult Social Care Connect (ASCC) received eight notifications from police officers about Richard. These notifications have several common themes (a) concern for Richard about his wellbeing; (b) the lack of support he was seen to be receiving from services (c) evidence of deterioration in his mental health, such as Richard presenting with multiple personalities/personas. (d) the presence of drug users and dealers within the accommodation who were not residents. The SCC ASCC/Safeguarding IMR states that ASCC routinely passed these police reports onto the CMHT as Richard was formally their responsibility. The SCC ASC/Safeguarding Team felt the placement to be unsuitable; “It was clear that the accommodation was unfit, unsuitable, and unsafe as a supported living unit.” The notes then state the impact of this; “there is evidence of “infiltration” of drug users and pushers in a number of these units. This includes homeless adults, who use substances, staying with residents; due to the lack of other suitable accommodation for them.”
- 4.15. In response to these concerns the Adult Safeguarding Meeting held in October 2018 agreed that more appropriate accommodation for Richard was needed as a matter of urgency, and that the ‘Assertive Outreach Team’ should become involved. It appears no action in terms of meeting Richard’s accommodation needs were taken until the second Safeguarding Meeting in February 2019 in which it was identified that Richard would be referred to two specific units- Crowlin House and Natalie House. Shortly after this, a new Care Coordinator/Social Worker for Richard was appointed. Referrals were made to these two units which were for residents with mental health problems and provided 24-hour support, but on referral he was again rejected due to his stated intent to continue to use drugs. It seems that all attempts to place Richard.

in more appropriate accommodation foundered on two major factors- the lack of accommodation choices that provided an appropriate level of support and Richard’s insistence on continuing to use drugs.

- 4.16. Richard, along with other residents at Atherly House was relocated to ‘the Avenue,’ a similar multi occupancy property managed by ‘Home Group’ in Southampton, in October 2018. Richard was to remain at this property until his assault of Clive, his remand in custody and later detainment. Clive was separately later relocated to the Avenue due to staff feeling he was at risk from

other residents following allegations of him sexually assaulting another resident at Atherley Road and other concerning behaviours.

- 4.17. It should be noted that throughout the period in scope achieving the necessary Depot injections for Richard was difficult and often not achieved. The Mental Health workers were determined in this and were proactive in seeking him out, but Richard was generally reluctant to take his medication, because he stated he did not like the effect on him. In addition, the symptoms of his own schizoaffective disorder are commonly linked to hallucinations, delusions, and paranoid thinking. These symptoms and his recreational drug use could be expected to seriously affect his decision making, thinking, behaviour and further limit compliance with medication. Despite the escalating level of concern about Richard's behaviour, there was no update to the Risk Assessment last completed by the Social Worker /Care Co-Ordinator in April 2018.
- 4.18. Workers at the 'Avenue' after his transfer there expressed concern about his abuse of staff, drug misuse, inviting drug dealers into the property, complaints from neighbours and they informed the Community Mental Health Safeguarding lead and Social Worker Team Leader that they were considering his eviction. In February 2019, Richard's mother "*expressed concerns that he was incapable of managing his own day to day life as he neglects himself, gets involved with inappropriate people, misuses substances and gives his money away.*" On 5th February 2019, a Safeguarding meeting was held due to concerns about Richard's safety at The Avenue. The outcome of this meeting was for alternative accommodation to be sourced and as such, 'Crowlin House' and 'Natalie House' were to be explored as they offered the level of support he required. This need had earlier been recognised in the previous safeguarding meeting in December 2018 already described. The Serious Incident Report author noted that "It is clear ...there was a significant delay in this being moved forward and referral forms not completed until after the second meeting."
- 4.19. A new Care Coordinator/Social Worker was allocated to Richard and home visited in February 2019. Richard disclosed that he had bought a replica gun as he did not feel safe at 'The Avenue.' The Care Coordinator/Social Worker notified the Hampshire Police promptly, they attended and dealt with the matter sensitively, confiscating the gun. It is of note that the officer attending recorded that Richard's stated motive for having the gun was his fascination with them rather than self-protection, which is what the Social Worker believed. Adult Services note in their IMR that "*Richard was adamant that he was not afraid of anyone and did not have them (the guns) for his own protection.*" Richard and the Care Coordinator/Social Worker discussed accommodation as agreed at the February Safeguarding Meeting, applications made but again were refused due to his drug use. Richard was to remain at the Avenue until his arrest and current detention.
- 4.20. From February 2019 onwards, Richard's decline in drug use, behaviour and compliance with medication continued. It was discovered that as well as his poor compliance with his 'Depot' injections that he had not collected his prescription for an important ancillary drug since August 2018 either. Measures to address this were to fail due to Richard's lack of cooperation. The Social

Worker visited and spoke to Richard's mother in late March 2019 following a telephone call from her. Richard's mother felt him to be becoming 'more aggressive.' At a Multi-Disciplinary meeting held on 27<sup>th</sup> March 2019 it was decided to refer Richard to 'Assertive Outreach' due to his mother's concerns and his behaviour, and that hospitalisation was the necessary way to manage it. A visit to Richard three days later in March 2019 found him 'dishevelled' with a shaven head and cuts to his head. He became aggressive and distressed, and the interview was ended. 'Shared Care' were enlisted to help manage him over the weekend should there be a problem.

- 4.21. On the 15th of April 2019 Richard's Care Coordinator/Social Worker was told by Richard's Home Group Support Worker that Richard had just reported being raped by another male resident at The Avenue which had occurred a month earlier. The Care Coordinator/Social Worker discussed Richard's potential risk from the perpetrator with her team's safeguarding lead, they decided, on the balance of risk, and the fact the only other accommodation available was 'Bed and Breakfast,' to leave Richard where he was. It seems there were three other factors considered in this decision i) the alleged rape had occurred a month ago ii) his mother expressed the possibility that it may not have happened at all. iii) The alleged perpetrator was not aware of the allegation that Richard had made. The decision was to be reviewed if any of these factors changed, but that as things were, this was the 'least bad' outcome given the circumstances.
- 4.22 On being informed of the allegations Hampshire Constabulary police officers immediately attended 'the Avenue' to interview Richard. However, he was not there, nor were there any staff for them to speak to. The officers contacted the Home Group out of hours service and were advised that *'they were aware of the incident as they had received an email from the social worker'* and that although only now reported by Richard this incident had occurred a month earlier. The Hampshire Constabulary IMR states that neither 'The Avenue' nor Adult Social Care had put any additional safeguarding measures in place in response to Richard's allegation, and that there were no suitable places to relocate either party to. Home Group followed the advice of police officers not to inform Clive until Hampshire Police had interviewed Richard. Officers eventually found and interviewed Richard on the 29th of May 2019. Richard declined to cooperate with the officers when asked about his report of sexual assault. The decision was later made not to charge Clive.
- 4.23. Richard continued to refuse his 'Depot' injections and at a multi-disciplinary meeting held by the Mental Health Team on the 22nd of May in response to concerns of Richard's continuing deterioration and refusal to take his Depot injections, an emergency plan was agreed to raise the issue of the poor physical state of The Avenue with its management, to increase likelihood of Depot injections being accepted by only using female nurses, to consider escalation to a Mental Health assessment if refusal continued and to attend the Safeguarding Meeting on the 24th of May. At that meeting, at which an officer from Hampshire Constabulary also attended, representatives were informed of the likelihood of the criminal investigation being closed. The issue of accommodation at the Avenue was discussed, and alternatives identified and agreed to be explored. (These were again to be unsuccessful).

- 4.24. Six days after that meeting, police officers attended 'the Avenue' after reports that Richard had assaulted Clive, punching him to the head. Richard had earlier been ejected from the room by the residents after his assault but had reappeared wearing a 'devils mask' and tried to gain entry to the room they were in, using a hammer on the door. When police officers arrived, Richard opened the door wielding a hammer and wearing a devil's mask. He was 'tazered' to subdue him as he presented a risk to the officers. He was arrested and held in custody overnight. He was screened from the Criminal Justice Liaison and Diversion team (CJLD) as he was identified as having mental health needs and fitting the service criteria. The IMR from SHFT states that Richard 'was seen briefly by the CJLD and that the worker did not observe any concerns regarding his mental state.' This information was shared with the CMHT that day. The following morning, they informed his care coordinator that Richard had been released back to hostel on bail. The worker requested that Richard, be moved out of the Avenue, but the Housing Panel informed her there was no suitable accommodation for him and that he should not be placed in other shared provision. Richard was, that evening, released on Conditional Bail with 'no contact' and other conditions back to 'the Avenue.'
- Contact details of the CMHT were passed from the CJLD worker to the Police Officer in charge for them to make contact with Richard's care team the next day. Richard's Care Coordinator/Social Worker negotiated with Home Group to suspend the eviction notice they had served on him and escalated his housing situation to the 'Intensive Panel' on Monday 3rd June 2019.
- 4.25. The Hampshire Constabulary IMR identifies that this release on conditional bail given the nature of the offences was correct but notes that, "*the bail conditions were unlikely to prevent contact between 'Clive' and 'Richard' and that separate multi agency measures were required.... In addition, given the recent history of police engagement with 'Richard' and 'Clive' it was essential that a thorough pre-release risk assessment was conducted that considered the risks to both parties.*" This was not done, apart from a text message sent to 'the Manager' of the Avenue asking how safeguarding Clive and Richard could be achieved on their return to 'the Avenue.' It should be noted that police officers did attempt to discuss the allegations that Richard had made concerning the rape during his time in police custody but that he again refused to cooperate. The Home Group manager was briefed on the Bail conditions, which she then explained to Richard. Hampshire Constabulary IMR states that a PPN1 was completed and issued to the SCC ASC/Safeguarding on 30th of May 2019. ASC/Safeguarding states that they did not receive this notification.
- 4.26. On the 3<sup>rd</sup> of June 2019 Police attended 'The Avenue' following report of a break in and theft of property. This involved two of the residents, one of whom was Clive. It was suggested that Richard may have been responsible for this. This was potential evidence of continuing difficulties between Richard and Clive and a further escalation in risk concerning them both. However, before this incident could be progressed further by police officers and Richard interviewed, Richard carried out the serious assault on Clive and was immediately arrested. The following day, the 4<sup>h</sup> of June 2019 Richard was charged with the Grievous Bodily Harm of Clive. Clive was the person Richard earlier alleged to have sexually assaulted him and whom he had in late May 2019 assaulted in the

shared house. The injuries Richard inflicted on Clive were life changing. Clive now requires around the clock care and is currently in a residential home that provides this.

## 5. The views of Clive and Richard and their families

- 5.1 The author, due to the Covid-19 restrictions, was not initially able to offer to meet Clive or Richard face to face, in the course of preparing this report. In August 2021, the author met with Clive, the victim of the serious assault, in his Care Home with a member of his care team. Clive is adjusting to his loss of sight, but will, it appears, continue to require a high level of care. He is adjusting, with this significant level of support to his loss of sight and feels that his care is finally meeting his needs after a lifetime of struggling to cope in the community. He believes he was not protected after the first attack by Richard who should have been removed from the home they shared. He stated he was not aware of the allegations Richard had made against him, so was not able to protect himself. He believes had it not been possible to rehouse Richard then he should have been moved to a place of safety. Following the final draft being prepared a visit was arranged with Clive to share the review with him.
- 5.2 During the Covid lockdown advice was sought from those responsible for Richard's care on how Richard's views could be heard. His consultant informed the author that Richard wished to speak with the Reviewer, but this conversation needed to be very brief in the interests of his wellbeing. The author then spoke by 'Teams' with Richard who was accompanied by a member of his Health Care Team. In the brief call Richard expressed the view that he was shocked by the extent of the injuries he caused to Clive, and it was not his intention to cause such injuries. He re-iterated the allegation of Rape against Clive stating that he was threatened by him as Clive had told him he was a famous boxer. He stated that he had needed a safer place to live as he had not felt safe in the 'hostel' (though it was a shared house not a hostel). Richard gave permission for the author to speak with his mother. His Health Care team agreed on our behalf to seek his informed consent for the review to access his medical records through a slower more reflective conversation with him.
- 5.3. The author of this report spoke to Richard's mother by phone in July 2021, her heartfelt wish was that families are listened to more. She described how Richard had the benefit of a supportive family who lived nearby and on whom Richard called most days. The family and in particular Richard's mother, provided much of his day-to-day needs, such as food, washing facilities, and a refuge. Richard's mother was invited and usually attended case planning meetings with the various teams involved in Richard's care. Richard's mother stated that there had been a number of hospital admissions over the years when Richard's mental health deteriorated at one point for ten months.
- 5.4. Following a discussion with Richard's Clinical care team a visit to him was arranged for September 2021 which on the day was cancelled as he did not feel well enough to proceed.
- 5.5. Richard's mother recognised that Richard was not an easy person to support and as a professional carer herself is aware of the information sharing limitations

when working with service users. However, as a concerned and involved family member, she believes that Richard's care could have been improved by closer collaboration. The family's extensive knowledge of his triggers and early indicators of his deteriorating mental health are significant factors in a risk assessment. Richard's mother suggests it would be useful to make an agreement between the family, Richard, and the professionals on how he could be helped by distraction or diversion when 'not well' to avert future crises.

5.6. The Serious Incident Report notes that Richard's mother expressed concern in May 2018 that his *"mental health was deteriorating as he was wearing lipstick, acting bizarrely and dangerously by walking on and off the road"*. She described signs that she felt indicative of deterioration, including his wearing women's clothing, and taking on different personae, Richard's mother reported his symptoms to be worsening in June and July 2018 when he threatened his sister with sexual assault. Richard's mother suspected he was using Amphetamines and Spice and hallucinating about Satan. This is potentially significant as he was wearing a 'Satan' mask days prior to the final assault on Clive as noted above. The Police note that Richard's mother when the Police attended the home in July 2018 felt that Richard was not getting enough support from Richard's Care Coordinator/Social Worker, and she was concerned about.

Richard's erratic approach to taking his 'depot' injections. Richard's mother's concerns about his deterioration continued in February 2019 with his escalating drug use and bizarre behaviour and presentation, she spoke to the Mental Health Social Worker in early March 2019 saying she felt he should be hospitalised due to his behaviour and escalating drug use. This view was repeated in April 2019 when she described him as threatening to assault her. This seems to be an escalation in threats by Richard not noted before by agencies.

5.7. Southern Health NHS Trust have been in contact with Richard's mother since this incident. As part of that she was asked to express her thoughts about the management of Richard's case and what could have been done differently. The main issue for Richard's mother was that of accommodation, and Richard not being moved from accommodation that was clearly, in her view, unsuitable for a such a vulnerable person. In addition to that she felt Richard should never have been returned to The Avenue after his first assault of Clive. Richard's mother was aware that alternatives were sought and was critical of the Units that rejected Richard, for not giving him the opportunity to change his behaviour, which she felt he was capable of.

5.8. Richard's mother stated that much of the behaviour that led to this offence- his escalating drug use and violence was due in large part to the environment he was living in and the people he was forced to associate with because of his placement. Richard's mother felt that the behaviours he developed were not normal for him. Richard's mother felt that the lack of any effective support, supervision, or oversight in his daily life meant that he was allowed to decline into a cycle of drug use and increasingly erratic behaviour, becoming more unstable. The environment, she believed, fed Richard's anxiety and substance misuse leading to erratic behaviour, causing him to be further targeted, leading to further drug use for him to cope.

## 6. Key Decisions

- 6.1. One of the key decisions made that had overarching effects on this case was that of the Local Authority's decision to recommission the Supported Accommodation contract from one that provided support staff on site to twice weekly support visits provided by the Home Care Group which offered different levels of support for residents based on the individual needs of the 'customer', referred to as Flexible Support. As care plans were individualised it meant that support staff were not always on site in the shared house, and that the attention of staff was focussed on their individual 'customers' rather than residents as a group and of the premises as a shared space.
- 6.2. On a contextual level it appears to the Panel that the responsibility for the premises itself, the care and supervision of its public spaces which are crucial issues in affecting the behaviour of residents and compliance with acceptable standards of behaviour was neglected and not effectively policed. The evidence for this is the anti-social behaviour known to exist within the premises, the presence of anti-social non-residents and the physical state of the property including blocked toilets, dirty rooms and bedding and infestations including scabies. This was reported to be so bad that at one point staff did not enter the property and support of residents was carried out elsewhere. Richard's mother soon after he moved into the Atherly Road property began to voice concerns about her son's wellbeing. It seems that the community's most needy, disadvantaged, and isolated individuals were brought together into properties, such as 'Atherly Road and 'The Avenue' with insufficient oversight, care, and control.
- 6.3. Additionally, the property was in a poor state of maintenance, fire safety was lacking, and there was a widespread scabies infestation. Crucially the individualized nature of support now offered meant that the wider environment- the shared spaces and general security and behaviour that affected residents and local residents- noise and anti-social behaviour for instance were not so rigorously policed. Such issues are Safeguarding and Health and Safety issues which should have been addressed either in the contract or in its oversight by the Commissioner of the contract. There were concerns expressed by Police Officers attending both Atherly Road and the Avenue in terms of its suitability – lack of support, poor state of repair and cleanliness from 2017 onwards which were never addressed. Clive remained at the Avenue and would have remained at Atherly Road but for 'the infestation' despite all agencies working with him knowing it was part of the cause of his deterioration. The Commissioner has reassured the Panel that the current contract has increased the flexibility to respond to service user need and clear demarcations of responsibility regarding cleanliness and maintenance of the property.
- 6.4. Another key decision was that taken by Hampshire Constabulary following Richard reporting multiple rapes by an identified co-resident in September 2017 to the Police. Richard alleged that the rapes had taken place over a period of months and had been in connection with issues of drug supply and debt. Richard was not interviewed in relation to this. Hampshire Constabulary conducted a capacity assessment with the help of the Richard's mother. The

author of the IMR from them described feeling “uneasy about the conducting of the Capacity Assessment by the Specially Trained Officer (STO) in conjunction with Richard’s mother. The author quotes the MCA Code of Practice which states *“More complex decisions are likely to need more formal assessments (see paragraph 4.54 below). A professional opinion on the person’s capacity might be necessary. This could be, for example, from a psychiatrist, psychologist, a speech and language therapist, occupational therapist, or social worker’.*” The assessor decided that Richard did not have capacity to conduct an interview with police officers. This decision was signed off by the appropriate line managers. Hampshire Constabulary recognise that *“Given the seriousness of the reported crime, and the consequence to the investigation of the assessment as seen in the Detective Inspector’s decision to close the case, the IMR author considers that this should have been an assessment made in accordance with the Code of Practice quoted above.”*

6.5 This Review cannot know the truth of any of the allegations made by Richard. Hampshire Constabulary undertook proportionate enquiries in terms of promptly attempting to get an evidential account from him, and by arresting and interviewing the suspect. Once the suspect had claimed that all sexual contact was consensual without further evidence it was felt the investigation would not meet the threshold to charge<sup>3</sup>. The Panel/author believe this may have contributed to Richard’s deterioration in behaviour and compliance with agencies in this period. Regardless of Hampshire Constabulary’s decision as to capacity as a declared victim of sexual assault Richard should have been offered an opportunity to have his sexual health needs assessed at a Sexual Assault Referral Centre, where specialists in working with a full range of vulnerable victims may have been able to engage him.

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[https://www.cps.gov.uk/sites/default/files/documents/publications/rape\\_early\\_investigative\\_and\\_charging\\_guidance.pdf](https://www.cps.gov.uk/sites/default/files/documents/publications/rape_early_investigative_and_charging_guidance.pdf) “2, iii In addition cases may be forwarded for early investigative advice (EIA) to ensure the early development of a joint strategy for the prosecution where they would benefit from CPS expertise and advice on the evidential picture, corroborative or supportive evidence, any additional enquiries/actions, any potential offences, and the elements required to prove them. Cases involving vulnerable victims<sup>1</sup> may benefit from specific EIA”.

6.6. Another pivotal decision was that made after Richard’s allegation of being raped by Clive at ‘The Avenue’ in mid-April 2019. The decision for him to remain at the same property as the alleged perpetrator. It is generally seen as good practice that this be avoided across the agencies involved in this work and the Police had advised they be kept apart. Given Richard’s vulnerabilities and the contextual factors involved this was even more important from a management of risk perspective. The Serious Incident report is clear what should have been done; a forensic Psychologist consulted for this Report felt that when Richard made the allegation of rape by another resident he should have been moved out of the accommodation at that point. They recognised the reasons given as to why this decision was not taken but go on to stress that from a safeguarding perspective *“the victim of an alleged perpetrator should not be managed in the same environment. Therefore, alternative accommodation should have been sought.”* This was compounded by the decision against everyone’s better

judgement it seems to allow both victim and perpetrator to return to the same accommodation after the alleged assault of Clive by Richard in late May 2019.

- 6.7. Officers from Hampshire Constabulary and ASC staff in the CMHT service were aware there was significant history between the perpetrator and victim, allegations of rape, and the unstable nature of both parties as both were drug dependent and had mental health issues. Attending police officers had voiced their concern about the unsuitable nature of the accommodation, particularly given Richard's vulnerabilities, several times. Hampshire Constabulary state that no safeguarding measures had been put in place in preparation for the return home of Clive from Police custody. The Police Bail conditions offered little protection, a) it is not clear if Richard understood them given his capacity and b) the shared nature of the property made the conditions difficult to comply with or to demonstrate they had been broken. The Panel are aware that other options had been considered and either deemed to be riskier or were unavailable such as Bed and Breakfast, and a placement in a local Mental Health Residential Unit.
- 6.8 In looking at the predictable risk factors that existed from this point at the Avenue regarding these two residents the Panel believe clear indicators suggesting that risk had increased in both likelihood and severity. These indicators were Richard's long term and severe mental health issues, his recent use of a weapon, the hammer, his chaotic drug misuse including Heroin, Amphetamine and Spice, which seemed to be escalating, Richard's alleged, previous victimisation by Clive, for which he would not be interviewed and a background of deteriorating behaviour and non-compliance with medication with both parties. These acute risk factors do not seem to have been considered or at least not weighted as heavily as the mitigating factors, that Richard had no history of violence when considering the return of both parties to 'the Avenue.' Clive was not made aware of Richard's allegations and the IMR from the ASC point to the risks that he faced from Richard that he was unable to safeguard himself from. The decision not to inform Clive by Hampshire Constabulary of these allegations was made due to the risks Richard might face from Clive were he to be informed. There were already concerns about Richard being a victim of Clive's coercive behaviour. The Panel recognise the dilemma the Officers were in regarding this, and that informing the professionals involved was probably the only safe thing they could do.
- 6.9. Linked to the decision above was that made by Hampshire Constabulary to discontinue the investigation into the allegation of Rape made by Richard. Richard had earlier stated to his Social Worker that he wished to press charges against the alleged perpetrator. However, Hampshire Constabulary told the Social Worker in late May that they were not continuing to investigate as it had not been possible to interview Richard in connection with his allegation and that they would also have to inform the alleged perpetrator of the allegation made against him. The Police were aware this would increase the risk to Richard. They advised the two should not be accommodated together once this had been done.
- 6.10. A Safeguarding meeting was held as part of the Section 42 process in late May 2019, after Richard had reported his rape to Hampshire Constabulary and was

attended by Mental Health representatives, Home Group, and a police officer. Hampshire Constabulary felt that the comments recorded in the meeting downplayed the risks to Richard, and that they *“fail to represent the high level of concern that the police continued to feel at this time about Richard’s and Clive’s continuing co-habitation”* This would have been an opportunity to discuss the suitability of the current living arrangements at The Avenue given Richard’s allegations of rape by Clive. However, Hampshire constabulary suggest this matter was hardly discussed, the ‘Risk section’ and ‘capacity section’ of the Report template apparently not being completed. The lack of a decision on whether it was safe for the victim and perpetrator to continue to live in the same house suggests that there was an implicit agreement that they should or that there was no alternative. This was to be a decision with far reaching consequences.

- 6.11. After arresting and processing Richard in relation to his alleged assault on Clive on the 30th of May, Police officers released him back to the accommodation in which the victim also resided. The decision to charge was taken by the Police after consultation with the CJLD, which is standard practice as they had interviewed and observed Richard. CJLD assessed him as being fit to proceed with the charging process and Richard was subsequently charged with Common Assault, Using Violence to Secure Entry and Criminal Damage. It is significant however that the Serious Incident report states *“There was no evidence of a multi-agency discussion or planning regarding the discharge of Richard back to The Avenue.”* The Panel have been informed that Adult Social Care staff seconded to CMHT were aware of this decision, *“but that Adult Social Care officers elsewhere would not have been unless CMHT, or others informed them.”* CJLD did inform CMHT. Hampshire Constabulary were concerned about returning Richard to the property and sent a text message to the Senior Client Services Manager responsible for housing management of the shared house *“asking how they are going to safeguard the other residents if/when Richard is released.”* No reply is recorded.”
- 6.12. The decisions to release Richard on Bail to the Avenue after his allegation of rape in April 2019 and then his first assault on Clive in May 2019 were missed opportunities to intervene. The notes from the safeguarding meeting in late May 2019 show that the current situation was known to be unsatisfactory but that no other options existed. Further options were explored after the meeting but were unsuccessful in finding alternative accommodation. Following Richard’s assault of Clive at the end of May 2019, the CJLD worker interviewed him briefly whilst he was being held in his cell and did not observe any concern regarding his mental state. No Risk Assessment was completed and on brief contact the worker was expected to formulate a risk assessment in their progress notes and there was limited evidence on the notes this was done. However, the CLJD worker had made contact with the CMHT. The Police Custody Officer decided to release Richard on Conditional Bail. The IMR author from Hampshire Constabulary notes that while the risks of his return to the Avenue was considered by the Custody Sergeant, it had not been formally recorded and that there was *“no recorded consideration of the previous occurrences which, in the IMR author’s opinion, affect the level of risk. Specifically, there is no reference to the reported rape of Richard by Clive.”*

- 6.13. After the second assault causing serious injuries by Richard to Clive in early June 2019 the Community Mental Health Team Manager and Consultant Psychiatrist asked the CJLD to request an assessment under the Mental Health Act 1983. It would appear that the protocol at the time would be for CJLD to request this assessment if they felt it was required following their own assessment. In response, the CJLD worker spoke to their manager and was advised to discuss with the AMHP. This The CJLD decision that Richard was not detainable under the Mental Health Act, was supported in a discussion with an AMHP who agreed, despite not seeing Richard, nor discussing the case with the CMHT.
- 6.14 That these decisions become so pivotal, in part, rests on the inability or the lack of will to carry out the decision made at the Safeguarding meeting held in October 2018 some seven months before *“that alternative sources of accommodation be sought”*. Referrals were not made until February 2019 and both residential units applied to declined him due to his drug use and refusal to commit to stop. Richard was never found alternative accommodation or additional support and remained at the Avenue despite universal misgivings about its suitability. Richard had multiple needs and was hard to place. The Community Mental Health Social worker /Care Coordinator described Richard as ‘the most challenging person’ on their caseload and as such, should have been reviewed in supervision on a regular basis. The issue of Richard’s accommodation remained on the agenda of all subsequent safeguarding meetings. However, the Serious Incident Review is critical of the decision that Richard remain at the Avenue despite him having reported allegations of sexual abuse against Clive in April 2019 and then assaulting him in late May 2019, stating *“There were clear (sic) documented indicators to demonstrate a deterioration in Richard's mental health thus increasing his risk of harm to self and others. A multi-agency approach to managing this in a more urgent and robust manner may have ensured more effective safeguarding measures were in place.”*
- 6.15 That alternative accommodation was not found earlier despite the recognition of the need and commitment to do so by the Community Mental Health Social worker /Care Coordinator, meant that all agencies were placed in the invidious position of having to decide on the least bad option, Richard to remain at the Avenue or move into B&B. Both contained risks and workers had to make a difficult decision as to which to take. The Serious Incident Review felt this situation was avoidable and raises the issue of the lack of earlier escalation of the case stating, *“In summary the investigation finds that staff would not have to be making the decision for Richard to remain at The Avenue rather than being placed in Bed and Breakfast accommodation if the original plan of sourcing accommodation in October 2018 would have been followed through robustly and escalated, as necessary. A total of seven months to source alternative accommodation for a person whose mental state is deteriorating and the impact their social environment has on their mental state in relation to potential risks to themselves or others was an avoidable delay. The investigation also finds the 5-week gap between Richard informing staff of his alleged rape and a safeguarding meeting being held an avoidable delay. Action could have been taken sooner if an urgent safeguarding review/meeting had*

*been convened at the earliest opportunity.”* (This is incorrect as Richard informed Home Group mid-April 2019, and they reported this to the Police on that day)

## 7. Analysis of events

- 7.1. In seeking to understand how and why the above events occurred, resulting in life changing injuries to Clive, the Panel believe there are some key factors to explore. From the vantage point of reviewing the flow of events and responses in this case, by the time of the assault by Richard on Clive in June 2019, several events and significant changes had occurred which suggests there had been an increase in risk factors around Richard’s behaviour, thoughts, and feelings and within the context in which he lived. Of, major significance is that there had been no review of Richard’s risk formulation since April 2018. The Panel note there had been two changes in Care Coordinator/ Social Worker in that time.

The Panel can only speculate as to the significance of this but would observe that it would mean Richard’s existing risk formulation would not help the supervising worker understand the context and meaning of his behaviour, and that the only means of doing so would depend on either the quality of the handover to the new Social Worker/Care Coordinator, or the ability of their manager or colleagues bringing them up to speed on the case. The Panel do not know whether or to what degree this happened.

- 7.2. In brief, by June 2019 there was a significant and sustained deterioration in Richard’s mental health, confirmed by several sources such as his own non-cooperation with medication, bouts of aggression with some escalation in terms of risk of harm noted by his mother, chaotic and long-term drug misuse, his known and wilful non-compliance with his medication with the unknown impact of all those factors on the effectiveness of his medication. Further to that, Richard’s lifestyle in which behaviours such as street begging, involvement in drugs use and possibly supply, his being at risk of physical violence, all added risks to his own and others safety and well-being due to the increased volatility it was causing in his behaviour. In addition, there was the impact of the risks from a contextual setting such as his unsafe and unhygienic accommodation, the endemic drug and alcohol misuse in the property and unknown people linked to that, staying there illegally, the random violence and anti-social behaviour within it, such as theft of property and retaliation and nominal supervision and oversight of the safety and well-being of the residents. Richard had in September 2017 complained to police officers of his sexual exploitation and abuse, alleging he had been raped forty times by a co-resident. These risk factors indicating a deterioration in Richard’s mental health were only offset by the lack of any known history of violence previously by him although he had threatened both his sister and his mother by April 2019 with physical violence.
- 7.3. One of the causes of the key decision to keep Richard at the same address made in May 2019 after his assault of Clive, alongside the scarcity of alternative accommodation, may have been a lack of perspective in terms of Richard’s deterioration and the level of risk he posed. This may have been due to the absence of an updated risk assessment. The absence of this may have

prevented a reflective overview not only by the Mental Health Social Worker/Care coordinator involved but also their manager with supervisory oversight of his case. The Serious Investigation report states that “*whilst there are examples of excellent documentation within Richard’s progress notes and evidence of safeguarding procedures implemented, there is no evidence that Richard’s risk factors were reflected within the risk formulation between April 2018 and June 2019. As such he did not have an up-to-date risk management plan that was reflective of his current risk assessment.*” This would mean that the deterioration in Richard’s emotional well-being, the risks from his environment, the increase in risk evident from his behaviours were not formally assessed and reflected in the Risk Formulation. This is significant, particularly, in the light of the number of Care Co-ordinators/Social Workers that had worked with Richard in the period in scope with the last Social Worker who was allocated the case in February 2019. There is no evidence of formal or informal supervision, nor of case consultation in any of the documentation from SHFT. This may have happened but not been recorded. However, the Panel are concerned by its absence, particularly in the light of SI describing Richard as the most challenging case on their caseload.

- 7.4. It appears in this case that no one considered the possibility of violence from Richard as likely, except perhaps the Police. Yet the indicators were there -the possession of a replica gun either due to his fascination or for his own protection, the use of a weapon, a hammer in the incident when he was ‘tazered,’ the demon mask, the assault itself on Clive in the Avenue in late May 2019, and threats of violence and sexual violence to his family members. In addition, there was significant evidence of deterioration in Richard’s mental health, drug misuse and poor compliance with medication, all known indicators of risk. Further there is no exploration of the impact of contextual issues such as accommodation, support and supervision and the high needs and linked behavioural issues of the other residents and the risks that they brought. HHCT describe the accommodation both men shared as likely to ‘*put them at risk.*’
- 7.5. The new Mental Health Social Worker/Care Coordinator’s began working with Richard in February 2019. By this point Richard was in an entrenched cycle of deterioration, and in crisis. The Mental Health Social Worker/Care Coordinator had immediately to deal with the issue of his having a gun in his possession at the flat. In addition, there is no evidence of a formal or structured handover of the case to prepare them. There is much evidence of the Mental Health Social Worker/Care Coordinator’s diligent and thorough work with Richard, his family and agencies involved for instance they were proactive in contacting Richard’s GP and discovering that he had not been taking vital prescribed medication for 18 months and the good working relationship established with Richard’s mother. The Annual Risk formulation was due two months after the allocation of the case. There is no evidence of any prompts whether these be automatically generated or reminders from their line manager indicating such an assessment was due despite this being the most complex case on their caseload. It appears that this matter has been addressed following Southern Health’s own review of this case introducing management oversight into the progress of the Annual Review of Risk.

- 7.6. A concern with this, is that the Annual Risk Formulation, itself, is not sufficient even if conducted annually as a minimum, as it should be. If only conducted annually it will always be out of date. Risk is dynamic and can change within hours or days as Richard's case demonstrates.
- 7.7 The Mental Health Social Worker/Care Coordinator involved with Richard appears to have built a strong relationship with Richard's mother and family and was able to use the information they provided to intervene and to recognise and respond to deterioration. There was a flexible approach to ensuring Richard received his medication and they often visited Richard in response to his mother's concerns. This close contact should have also informed the assessment of risks that Richard posed to himself, and others and a decision reached that it was unmanageable in the community. There were two opportunities, particularly, where this could have been done. After Richard's assault of Clive at the end of May and his assessment by the CJLD whilst in custody when information was shared with the CMHT. The decision by the Police to discharge Richard back to the Avenue seems to have taken no account of the history between the two men and the unrealistic nature of the Bail conditions both in terms of Richard's capacity to understand and comply but also by the shared nature of the accommodation. Both factors were known to the Police at the time, and they should have known that they undermined the ability of the Bail conditions to offer protection to either party. Secondly the decision by CJLD at the end of May 2019 that Richard did not require a Mental Health Act Assessment, removing the possibility of his detention seemed to be made based on Richard's presentation alone. Richard was then remanded in custody and the CJLD provided information to the Prison Service. Further information was not sought. Neither the Mental Health Social Worker/Care Coordinator's nor their Manager nor the Police felt or were able to challenge it is of significant a concern despite there being in place an escalation procedure.
- 7.8 In reviewing this case, it seems that of all the agencies involved, Hampshire Constabulary appear to have been the agency with the most contact and presence in Richard's life. Much of the policing was sympathetic and responsive to his vulnerability and his well-being. They had a sense of the risks that he presented and that he was very much at risk particularly following his move to Salem House in 2016 and thereafter. It is of note that although police officers attended many of the multi-agency meetings about Richard, the concerns they had about Richard's safety and well-being particularly in relation to his accommodation and the impact of that on his well-being were not heard or acted upon. They acknowledge that they responded to the call outs on a case by-case basis rather than seeing a pattern of escalation and that this should have informed their decision about the release of Richard after his assault on Clive at the end of May 2019.
- 7.9 Richard's misuse of drugs was never addressed, apart from a referral to the Southampton Drug and Alcohol Recovery Service by Home Group in August 2017 and an offer of a similar referral in September 2018 by the West Southampton Community Mental Health Nurse, on both these occasions Richard initially agreed to seek help but then did not or was not able to follow up the referrals. Richard's substance misuse was significant in terms of the impact on his mental health, the effectiveness of the medication he was taking

or choosing not to take, his behaviour and financial problems which then led to social problems and was the main barrier which prevented him accessing better supported housing. There were many references in the reports to Richard's risky drug use such as needles, unknown suppliers and the health risks associated with that. The service offered to Richard was not one based on a 'Harm Reduction' approach, and this hampered any opportunity to engage him in his drug use. The response to his Heroin use from the West Southampton Community Mental Health Nurse was to offer Methadone replacement and a drug rehabilitation unit, even though he had stated several times he was not motivated in stopping his drug use. A Harm Reduction approach may have worked with Richard but does not appear to have been tried.

7.10. Overall, it appears that although all agencies were aware of the risks to Richard, it was never seriously considered even after his assault on Clive at the end of May 2019 that he posed a risk to others. The reasons for this are the lack of an overview and the longer view it would have afforded via an overarching risk assessment- a risk formulation as should have been done in April 2019. The familiarity with the case which often occurs in long term supervision can prevent signs which Richard's mother was articulating of his deterioration being seen and acted upon. This suggests an issue in terms of management supervision and oversight, of which there is little evidence in this case.

7.11 The failure to assess the risks posed to Clive from Richard was, in part, a product of a risk assessment process as already detailed above. Another element to consider is the issue of 'Capacity.' Clive was described by the HHCT due to the effects of his alcohol use is acknowledged as having *"fluctuating capacity...which could have had an impact on his decision-making surrounding accommodation."* He was also diagnosed with 'Generalised Anxiety Disorder' which had the possibility of affecting decision making and having an impact on areas like his accommodation.

## 8. Wider Significance

8.1. The events that led to the life changing injuries inflicted by Richard on Clive have wider significance in that they have highlighted potential systemic weaknesses beyond this case. Firstly, there is a serious gap in the provision of residential units for adults at risk, especially those with complex needs such as Richard and Clive. The Local Authority was unable to provide suitable accommodation which offered both support, supervision, and an element of control for Richard in response to his deteriorating condition. Richard's condition was not seen as requiring in-patient care by Health Trusts. Even the remedies being sought by those working with him such as Mental Health Residential Units, this would probably have broken down given Richard's chaotic lifestyle, lack of compliance with regimes and drug use. Richard needed accommodation with close supervision and control and regular checks on his compliance with medication which was not available. The change in accommodation provider following his discharge from hospital in September 2017 was the key turning point. From then on there was a steady decline in his mental health, increase in drug use and non-compliance with medication. Each factor fed on another in a cycle of deterioration. There appear three key factors to this deterioration. i)

Accommodation provided after his discharge from hospital was lighter touch with less on-site support and oversight. ii) the nature of accommodation provided from a contextual safeguarding point of view, created a volatile mix of high need and high-risk co-residents and little support or supervision and iii) the approach adopted towards Richard's drug use only offered an abstinence model (with Methadone substitution) which he was not prepared to cooperate with.

- 8.2. The other key issue is that of risk assessment and management, as Richard's mental health was clearly deteriorating. There were several risk factors plainly visible- possession and fascination with weapons (whether they be replica or not), deteriorating behaviour such as the threats of harm to his sister and mother, the increase in number of the 'persona's' that Richard was adopting which his mother felt and told workers involved were indicating a deterioration in his condition, and the grievance thinking Richard had been articulating for months concerning the numerous alleged sexual assaults he had experienced in previous hostels. It seems that no-one recognised these behaviours as indicating an escalation in risk that was potentially both serious and imminent. This failure became critical at two points, following his second arrest the decision by CJLD that Richard did not meet the criteria for hospitalisation under the Mental Health Act 1983- This decision was taken on little evidence other than the presentation of Richard and against the advice of the Mental Health Social Worker/Care Coordinator. Secondly, following that the decision by the Police to allow the perpetrator to return to the Avenue, where the victim also lived. How such fundamental decisions were made must be explored and consideration given to whether the level of oversight and lines of accountability need to be strengthened and clarified. The Panel understand that Hampshire Constabulary have already undertaken to do this.
- 8.3. The Community Mental Health Services note that the Risk assessment for Richard was not up to date and was some four months late. The Panel have been informed that a remedy has been put in place to prevent that from happening again which involves manager oversight of such milestones being improved.
- 8.4. There is evidence in the Serious Incident report of a confusion as to the lines of responsibility in the decision whether to release Richard back into the community. The Serious Incident Report states that there was no evidence of a multi -agency discussion or planning regarding the discharge of Richard back to the Avenue, despite his allegation of rape against another resident.
- 8.5. This SAR has highlighted the impact of Contextual Safeguarding issues on both Clive and Richard and the other tenants at the Avenue. Clive and Richard and possibly others at that address were vulnerable and known to have significant mental health issues requiring medication with which they were often or generally non-compliant. This issue linked to significant substance misuse by Clive and Richard led to significant and worrying behaviours both chronic and acute. They were hard to reach, marginalised, regularly non-compliant with their care and involved in erratic sometimes violent and anti-social behaviour that caused distress both to individuals and on occasions co-residents, neighbours, and members of the public. Richard 's release on bail in an unregulated

environment left both men vulnerable. The only regular point of help was the support worker provided by the Home Group, who made frequent calls to other agencies expressing her concerns. The contracted level of support was inadequate given the level of both men's support needs were far in excess of those that this placement could provide. The nature of the contract arrangements would require Home Group to ask the commissioner to increase the capacity and therefore the cost of the contract, this was not done. Although in theory a flexible contract, the reality for providers is that being in a competitive market deters providers from doing so.

8.6. Information sharing within the agencies involved with Richard and Clive at times appears to be an issue. SCC Adult Social Care/Safeguarding in their IMR state they were informed of the assault by Richard on Clive in late May 2019 this was recorded on Richard's case record but not Clive's. HHCT state they were not provided with this information either. Richard's capacity was assessed whilst he was held by the Police following the incident at the end of May 2019 based only on the evidence of Richard's presentation as was standard, the CJLD worker recalls a conversation with his Care Co-ordinator, but this was not recorded. Such a significant decision should require a more evidence-based approach given the potential it has in terms of impact on consequences for liberty and access to resources There are the structural issues to information being shared which this case has highlighted. HHCT note that the involvement of two NHS Health Trusts in the delivery of care in Southampton leads to an overly complicated and sometimes ruptured process in the sharing of information. It states that Mental Health and wider Health services in the area 'have separate systems' and that 'information sharing is not synchronised.' Berkshire Healthcare NHS Foundation Trust note that they had taken over the management of the CJLD service in April 2019 and at the time staff were recording on both SH and their Rio systems when they had been used to using one. The Panel were made aware that Care Director had been introduced in March 2022.

8.7. Home Group supported Richard to attend the SARC to ensure his health needs following the alleged sexual assaults going back years were addressed. In the other IMRs there is an absence of any reference to the health needs of an alleged victim of sexual abuse. The Panel are aware that police officers working with Richard attempted this unsuccessfully several times. It does not seem to have been considered by other case workers with more frequent face to face time with him. Specialists in Sexual Health have a range of skills to engage reluctant victims and ensure in the long term their sexual health needs are met. A Sexual Health care pathway between the SARC and Sexual Health services and the ASC and Mental Health services would ensure this was routinely offered to adults at risk within the community.

## 9. Good Practice

9.1. Officers from Hampshire Constabulary in their efforts to maintain an oversight of Richard, both in visiting his home and responding to his behaviour in the city centre often as a nuisance through shoplifting and involvement in petty crime and disturbances, showed a sensitive harm reduction and community-based approach. They diverted Richard from arrest in the public interest and his

vulnerability. They responded to his vulnerability by placing a 'tracker' on him facilitating a consistent approach with him. They often articulated in meetings concerning Richard, their belief that the property he was living in was both unsafe and unsuitable for him. The Police tried several times to contact Richard in response to his sexual assault allegations, deciding after a month of unsuccessful attempts not to proceed. In addition, the Police in attending the home of Richard's family following an incident in which he threatened to assault his sister managed Richard sympathetically whilst providing Richard's sister with help and support as a victim of Domestic Abuse.

- 9.2. The last allocated Mental Health Social Worker/Care Coordinator displayed tenacity and resilience in working both with Richard and his family. The worker inherited this case and appeared to quickly recognise the serious nature of the situation facing them and responded accordingly. They developed a strong relationship with Richard's mother, who appeared to have confidence in the worker. It should be noted that throughout this period achieving fortnightly Depot injections for Richard was difficult as his level of cooperation fluctuated, his lifestyle was chaotic, and he was at times actively avoidant and even aggressive. Throughout this, the Community Mental Health Workers were determined and were proactive in seeking him out to maintain as best they could his injecting routine. The last Mental Health Social Worker/ Care Coordinator also, early on, identified, by contacting Richard's GP, that he had not been collecting his prescription of Sodium Valproate for over 18 months. This was a key discovery as it meant Richard was being seriously undermedicated and that the medication he was taking was not adequate to manage his symptoms. This worker had only been in post a month and had, by a proactive approach, identified a key failing in the management plan. An alternative drug strategy was put in place as a result, taking account of this gap.
- 9.3. HHCT conducted a home visit to Clive as he had not been seen for some time by them and had at least one long term member of staff who knew him and his background well. They used this long-term knowledge and adopted a pro-active approach entirely appropriate with this hard-to-reach group of service users.
- 9.4. The Home Group Support Worker engaged with Richard's mother who has, since the incident, kept in touch with her. This member of staff persuaded Richard to attend on one occasion at the SARC and tried to support for a return visit.

## 10. Recommendations for change

1. The Southampton Safeguarding Adult Board (SSAB) request an update from the Commissioner of Supported Housing on the quality checks and assurances for the safeguarding of adults at risk.
2. Southampton City Council should review protocols for referral into the AMHP Service for assessments under the Mental Health Act 1983. Where there are professional disagreements about whether an assessment should take place, which cannot be locally resolved, there should be a clear escalation and resolution process. The outcome of this process should be clearly communicated, and accurately recorded in service user records.

3. The SAB should review the current assessment tools for Mental Capacity to ensure they reflect how to assess fluctuating capacity. The SAB should consider commissioning workshop style training on the MCA 2005 and LPS to improve the application of the Mental Capacity Act assessment in practice, specifically relating to concerns where substance misuse is part of a presenting picture.
4. The Review recommends that Clive is approached to record a brief video on the impact of the assault by those who care for him now and shared as part of the learning and training arising from the report.
5. It is recommended that the SSAB commission training on the Harm Reduction Approach for professionals working with adults at risk.
6. The ICB should consider reviewing GP Practice Standards to strengthen guidance in medicines management for those with substance misuse and mental health concerns not collecting prescriptions. This may include prior consent to contact a named adult if prescriptions are not collected.
7. Hampshire Constabulary should provide assurance to the SSAB on work undertaken to improve risk assessment of adults at risks pre-release custody.
8. The Review recommends that the Southampton Sexual Assault Referral Centre is asked to deliver training on the service offer and pathway, to professionals, which includes the role of SARC outside of the forensic window.
9. SSAB should seek assurance on the progress of the 4LSAB MARM arrangements and pathway for adults at risk with complex needs and the escalation process should be reviewed and recirculated to all agencies involved in the safeguarding of adults with complex needs.
10. The SSAB should draw the attention of the Safer City Partnership (SCP) to the findings of this report that relate to substance misuse and the use of supported housing properties by drug traders, and the SCP should consider how to support housing providers and partners to respond and best manage the safety of residents.

## Appendix 1

### **Clive and Richard Safeguarding Adult Review Terms of Reference Reason for Safeguarding Adult Review**

In May 2019 Clive was seriously assaulted and suffered significant physical harm to the degree that Richard, the alleged perpetrator, has been charged with his attempted murder. Prior to this there was an allegation of serious sexual assault in April 2019 involving Richard and Clive. Both Clive and Richard have mental health diagnoses and were living in the same supported living accommodation at the time of both incidents. Clive and Richard both have a history homelessness. There are concerns that the multiagency partnership did not work together effectively to safeguard Clive and Richard from serious physical harm.

#### **Scope of the review**

The LSAB Case Review Group recommended that this case met the criteria for a Statutory Safeguarding Adult Review on 12th August 2019 and this was agreed by the Southampton Safeguarding Adults Board in October 2019. The time period review will be from 1<sup>st</sup> September 2017 to 29th May 2019.

This review will also request relevant background and contextual information regarding key factors. The review may also request information regarding significant events that was ***known or knowable by the agency at the start of the review period.***

#### **Key Lines of Enquiry (KLOE)**

This review will centre on the issues of partnership working and communication between agencies working with Clive and Richard, specifically:

- Interagency and safeguarding actions to negate risk for all adults living in the property.
- Risk assessment of adults living in the property after the allegation of serious sexual assault.
- The Section 42 process; specifically, the timeliness and quality of safeguarding referrals
- Escalation of concerns regarding accommodation risk(s) to both adults
- Multi-agency information sharing including timeliness of information sharing across all agencies.
- Mental health care, support, and treatment for both individuals
- If information had been shared sooner (where able) could the possibility of a second assault been anticipated.
- Multi agency risk assessment based on contemporaneous and historical information, and all agencies properly understanding the remit of other partner agencies.
- Commissioning of Housing providers including inspection and regulation of physical standards and support offered to individuals.

## **Family Engagement**

The victim, perpetrator and relevant family members will be invited to contribute to the review. In line with the duties set out for SARs within the Care Act 2014 the review will seek assurance to ensure that the Local Authority has considered, and where appropriate arranged for an independent advocate to represent and support the Adults involved with the Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them. The Lead Reviewer will request details and further information where necessary to support analysis and scope of the review. This may involve minutes of meetings, written assessments made and other relevant information. There will be a clear distinction made between all narrative in the final report regarding Clive and Richard as individuals.

## **8. AGENCIES INVOLVED**

- Hampshire Constabulary
- Homeless Health Care Team – Solent NHS Trust
- Southampton City Council Housing Services including Street Homeless Prevention Team
- Southampton City Council Adult Social Care
- Primary Care
- University Hospitals Southampton Foundation Trust
- Southern Health Foundation Trust including West CMHT
- Home Group
- Substance Misuse Services - Change Grow Live
- Hampshire Liaison and Diversion Services (Berkshire CCG)
- Integrated Commissioning Unit

## **Methodology**

The review will involve practitioners and their managers/case review group representative. The recommendations arising from the review will be summarised in a report and presented to the Southampton LSB. (Reviewer and panel members to agree methodology). The methodology for this review will consist of:

- Chronologies to be provided by individual agencies where there was contact with the adults involved.
- Request all agencies involved with Clive and Richard to complete Internal Management Review of agency involvement for reviewer to analyse and identify gaps in information.
- A review of relevant policies, procedures and processes that are in place and relevant to the issues highlighted.
- Meetings with a panel of representatives from the agencies involved to seek advice, guidance and approval of the review process, terms of reference and progress.
- Meetings with key professionals, workers, family members, managers, and service leads – individually and in groups where relevant

- Liaison with the Senior Investigating Officer in the case and leads for other parallel processes including civil care proceedings.
- Produce an overview report which includes case findings, systems findings, thematic analysis, and recommendations.
- Further panel meetings to discuss findings and finalise report and recommendations.
- The SAR will run a parallel to a Mental Health Homicide Review being completed by Public Health England which starts in March 2020.

The panel will be made of representatives from:

- Southampton City Clinical Commissioning Group CCG now known as Hampshire and Isle of Wight Integrated Care Board.
- Solent NHS
- Southampton City Council Legal Services
- Southern Health NHS Foundation Trust
- Southampton City Council Adult Social Care
- Southampton City Council Housing Service

### Statement of ethos

The Review will be conducted in the spirit of openness and fairness that avoids hindsight bias and any bias toward any one agency or individual involved. The review will also seek to involve family and significant others in the review and manage this with compassion and sensitivity. The review will also adhere to the Equality Act 2010.

### Review timeline

Activity	To be completed by:
Criminal Trial	Set for 28 <sup>th</sup> September 2020
Individual Management Review and chronology to be requested from agencies	W/C 17 <sup>th</sup> August 2020  Deadline for returns 20 <sup>th</sup> September 2020
Practitioner and managers learning workshop	19 <sup>th</sup> October 2020 1.30-4.30pm
First draft of report	W/C 4 <sup>th</sup> November 2020
1st Panel Meeting	17 <sup>th</sup> November 2020
Visit to family and alleged perpetrators	Cannot be done until trial has concluded
2nd Panel meeting	TBC
Second draft of report to be circulated to panel	TBC
Third Panel Meeting to sign off report	TBC
Final Draft Report to Case Review Group	TBC
Report presented to SAB	June 2022

Above dates and timeframes are subject to change at any time.

. Review Panel membership

Name	Role	Agency
Jan Pickles	Independent Reviewer & Chair	
Liz Cunliffe	Senior Client Services Manager	Home Group
Claire Fulker	Safeguarding Team	Southern Health
Emily Judd	Safeguarding Team Assistant	Safeguarding Partnership Team
Bryan Carter	Serious Case Reviewer	Hampshire Police
Sandra Jerrim	Senior Commissioner	Integrated Commissioning Unit (ICU) across NHS
Karen Davies	Named Nurse	Solent NHS Trust
Eric Smith	Safeguarding & Service Quality Team Manger	Southampton City Council (SCC)
Debbie McGregor	Designated Nurse	Hants, IoW & Southampton CCG now known as Hampshire and Isle of Wight Integrated Care Board.
Sarah Leonard	Head of Nursing and Quality for Southampton Community Mental Health Services	Southern Health
Debbie Key/Joanna Georgiades	Safeguarding Partnership Manager Interim Business Manager	Southampton Safeguarding Adults Board Southampton Partnerships Team