Brighton & Hove Safeguarding Adults Board

Safeguarding Adults Review: X

Lead Reviewer: Leighe Rogers

Date Agreed by SAB: 13 March 2017

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Introduction to Review and Author

The Brighton and Hove Safeguarding Adults Board commissioned this Safeguarding Adults Review (SAR), following the death in Sussex on the 1st December 2014 of X who was aged 59 years. This review will explore the contact and involvement that X had with statutory and voluntary agencies in the year leading up to their death.

The purpose of an SAR is to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'. The focus is to enable lessons to be learned and applied to future cases to prevent similar harm re-occurring. The improvement of practice and interagency working ensures that adults at risk of harm will be better protected from abuse and neglect.

This report is largely drawn from information and facts gathered from agencies that were involved with X between 30th November 2013 and the date of their death. Relevant additional information provided by individuals and agencies working with X before those dates are included for background purposes and to provide a better understanding of X's medical and social history.

Organizations that had significant involvement with X in the 12 months leading up to their death completed a chronology of events outlining their involvement. These were collated into an integrated chronology. The integrated chronology starts in November 2013 when Kent Police reported X to be sleeping rough in Dover and finishes with X's reported death and the immediate aftermath in December 2014.

Additional information was requested by the overview report writer from organizations working with X in Kent prior to X's move to Sussex in April 2014. Information provided by the former Kent Probation Trust (now Kent Surrey and Sussex Community Rehabilitation Company), Porchlight (a homeless charity operating in Kent) and Kent Police has been helpful in establishing useful background information, including details of previous mental health diagnoses. This information was further enhanced by a conversation with X's Mental Health Worker in Kent who had knowledge of X over 20 years. No relatives of X have been identified at this point.

Internal Management Reviews (IMRs) were requested from all the organisations that had significant involvement with X. A chronology and IMR was requested and received from the following organisations:

- Brighton and Hove Adult Social Care
- Brighton Housing Trust (First Base)
- Brighton and Hove City Council Housing Options Team
- Change Grow Live (formerly Crime Reduction Initiatives)-Rough sleeper service
- Brighton Homeless GP practice
- Sussex Partnership NHS Foundation Trust
- Sussex Police

X identified as transgender. At the time of X's death they were registered for services using differing names traditionally representative of a particular gender, one male and one female. For the purpose of this report I have considered whether a gender neutral title 'their' would be more appropriate than the traditional gender exclusive pronouns he/she. This accords with good practice as set out in 'Providing Services for Transgender Customers' (Gov. Equalities Office 2015). Because X presented to and was treated by respective services as, almost exclusively, male, there are references to the pronoun he/his throughout this report. This reflects both that predominant presentation and response and the actuality of how X's interactions were in practice conducted.

Introduction Report Author

Leighe Rogers is an accredited SCIE reviewer. Leighe has considerable experience of investigations and report writing from a career in criminal justice where she held several posts at Director level in the Probation Service. Leighe was her organisational lead for Child Protection and has held membership of several Child and Adult Local Safeguarding Boards. A former Chair of the Brighton & Hove LSCB Case Review Subcommittee, Leighe also has experience as Chair of SCRs and as the author of Individual Management Reviews (IMRs).

1. Terms of Reference in conjunction with the Safeguarding Adult Review Process

1.1. To review and analyse the individual agency management reports.

1.2. To examine the agency interaction and support of X from April 2014, in particular, whether their support was appropriate and coordinated between relevant agencies.

1.3 To establish background information pre-April 2014, when X was living outside of the Brighton & Hove area.

1.4 To identify missed opportunities for agencies to intervene and affect a positive outcome.

1.5 To form a view as to whether an appreciation of X's particular needs was identified

1.6 To identify learning as to how agencies respond when someone is hard to engage with, or whose eligibility for specific services is unclear.

1.7 To examine the adequacy of the operational policies and procedures applicable to his support, such as the Sussex Safeguarding Policy and Procedures and/or Self Neglect Procedures (in place during the period being reviewed), and whether staff

complied with them.

1.8 To consider any learning outcomes in the light of the Care Act 2014, (which came into force April 2015, outside of the period of this review) and identify how the new legislation may have affected the outcome.

1.9 To examine the adequacy of collaboration and communication between all the agencies involved

1.10 To agree the key points to be included in the Safeguarding Adults Review report and the proposals for action

1.11 Any other matters that the Safeguarding Adults Review considers arise out of the matters above

1.12 To prepare a written report that includes recommendations to be put to the Safeguarding Adults Board for future learning.

1.13 To prepare an anonymized Executive Summary that could be made public

1.14 To request the Brighton & Hove Safeguarding Adults Board to commission an Action Plan addressing any recommendations from the Safeguarding Adults Review.

2. Introduction Short Case History

2.1 On The 1st December 2014 X was found dead in a caravan in Sussex by a member of the public who had befriended him and gone to check on him. There was a tube running from a gas canister outside the caravan into X's sleeping bag inside. An Inquest into his death was held on xxx the when the Coroner recorded a verdict of 'misadventure to which self-neglect contributed'.

2.2 X was a 59-year-old biological male who also sometimes presented as female. He identified as transgender and in the mid 1990's had been treated at Charing Cross Hospital as part of their gender reassignment programme. Medical intervention (hormone treatment/surgery) was not completed because of doctors' concerns about X's mental health. However throughout his life X continued to identify and present as a transgender person. X was known to statutory and voluntary services in Kent over many years because of his challenging personal and social circumstances. He had a well-documented history of unstable housing due to his inability to access and sustain accommodation.

2.3 X was assessed by psychiatric services in 2009, following a conviction for arson. He was diagnosed with 'Paranoid Personality Disorder' and 'possible Learning Difficulties'. X's condition was said to be characterized by frequent episodes of self-harm and self-neglect. He could also be threatening and violent towards others and had issues with harboring food and overeating. X was vulnerable to bullying and intimidation and frequently self-reported numerous incidents in which he was a

victim.

2.4 Shortly before his death X moved to Brighton, leaving behind the expected offer of fresh accommodation in his local area and going to an area with which he had no local connection. Initially housed by the Local Authority on a temporary basis X was later given notice to quit. Investigations by the LA Housing Authority found that X had rendered himself intentionally homeless by leaving accommodation in Kent, and that there was no duty on them to offer housing in Brighton. X left the accommodation in July 2014 and was rough sleeping in the Brighton area where he was supported by staff at a Day Centre, Rough Sleeper and associated Outreach Services. X remained living in the Brighton area until his death although he did return to Kent on at least two occasions, and had contact with their previous outreach worker and the police.

2.5 X had difficulty in engaging with the services that he was offered and in the months leading up to his death, was particularly resistant to mental health assessments. Episodes of aggressive and threatening behaviour led to X being excluded from the Brighton Day Centre services for designated periods of time. X was also the victim of bullying that was of a verbal and physical nature.

2.6 At the time of his death X was in contact with and/or known to a number of local services in Brighton. These were: -First Base Day Centre, Pathways Plus, Pathways to Health (MIND), Rough Sleeper Street Support Response Team (Crime Reductions Initiative) Mental Health Homeless Team (Sussex Partnership NHS Foundation Trust), Brighton and Hove City Council Adult Social Care and Brighton Housing Department.

3. Agency Contact

A summary of agency contact drawn from the combined chronology illustrates X's struggle to manage his life and the impact of this on him and those with whom he came into contact, including the level of demand on the range of agencies involved:

Background 2002-2011

3.1 X's GP records note that he is transgender, made repeated drug overdoses in the early to mid-1990's, has a long history of self -harm. In the 1990's he was flagged as being at risk of suicide. There is a gap in GP records between 2003 and 2010.

3.2 Between 2002 and 2010 Kent Police record five warning signs in relation to X for matters related to the possession of weapons and self-harm. The earliest in 2002 concerns the possession of firearms and ammunition and resulted in a conviction and sentence to a Conditional Discharge. In 2008 he is arrested and cautioned for several matters including the possession of knives. The most serious of these committed on the 26th September 2008 also included an offence of Arson. During a dispute, he poured paraffin into a container, lit it and threw it into the street. On the 3rd March 2009 X was sentenced to 36 months' imprisonment for these offences and for the possession of an imitation firearm.

3.3 **20th February 2009** Dr. Clare Dunkley prepared a psychiatric report requested prior to sentence. I have not been able to obtain a copy of this report but I understand that this report together with a further assessment made by Wayland Prison 'In Reach' mental health team, made a diagnosis diagnosed of 'abnormal thoughts as a result of Paranoid Personality Disorder in addition to features of Schizoid Personality Disorder'.

In September 2009 whilst making preparations for his release his Probation Offender Manager discussed with Wayland Prison 'In Reach' team the absence of community support and associated risks attached to his release. It was agreed that the release plan would include a condition that X attend for assessment and engage with community mental health services upon release.

3.4 **3rd March 2010** X was released from prison on the and immediately came under Licence supervision with Kent Probation Trust. His release plan, drawn up by his Probation Offender Manager in conjunction with the prison In Reach Mental Health team, included a condition to attend for assessment with the Community Mental Health Team (CMHT). Accordingly, his Probation Offender Manager contacted the CMHT and explained that X urgently needed to engage with their service and that he had a condition on his Licence to attend appointments as arranged. The written referral records, that X had been released from custody following imprisonment for an offence of arson committed as a result of 'very poor mental health' and that he has no community support. The CMHT were asked to make an assessment of medication and mental health treatment as well as substantial assistance with daily activities, arranging more permanent accommodation and encouragement to maintain personal hygiene.

3.5 **09/11/2010** After several false starts X attended for a mental health assessment. X is reported to have been assessed by Dr Mallise who was of the opinion that X was not suffering from mental health problems and there was no medication required, as his presenting issues were behavioural.

3.6 **22/11/2010** NE Mental Health Social Worker agreed to see X at his accommodation with a view to offering him some support. NE had known X for some 15 years prior to this date. He understood * that X had a '*borderline personality disorder and low IQ'*. Following this meeting NE agreed to work with X to help him with managing his levels of anxiety, money management and his propensity to dramatise events. X expressed his willingness to work with NE.
* *I found no records to confirm this category of PD diagnosis*

3.7.1 X had earlier (**June 2010**) registered with a GP and was prescribed with Diazepam apparently because of his difficulties with sleeping. Unhappy with the level/dose of Diazepam prescribed X later told his OM that he was purchasing this 'off the street' in order to help him sleep. GP records note that X has a personality disorder and is illiterate.
3.8 X remained subject to Probation Licence supervision until his recall to prison on

7th March 2011. Throughout this period his offender manager and the MHSW supported him. The MHSW (NE) recalled that X was difficult to engage and would only do so on his own terms, also that he had a tendency to dramatise events and situations and was constantly seeking assistance with his benefit payments. He presented as confused about himself and his identity and his mood fluctuated, as did his identity.

3.9 X was frequently the victim of bullying. He told the MHSW that this had increased since his imprisonment where he had been wrongly accused of being a paedophile. The label stuck with him on release when people who had been imprisoned with him at a similar time saw him. There were instances of verbal and physical abuse and NE recalls X telling him that faeces were placed on his prison bed and that he was urinated on whilst sleeping rough. Probation records note that on **24/06/2010**, X telephoned his officer stating that he had been "*jumped by a gang of youths*" but was not prepared to speak with the Police.

3.10 Whilst being the victim of bullying and assaults X himself had a propensity for violence and what his MHSW describes as 'massive histrionic gestures'. There are several incidents of threatening behaviour recorded in police and probation records during this period. The housing provider is recorded as saying that '*staff are at the end of their tether'*…. and that there are concerns that, '*someone will get assaulted'.* Finally, on the **7/03/11** X is arrested for Breach of the Peace. This concerned a further incident at his accommodation. X having already received a warning for intimidating behaviour was issued with the formal warning and in response 'grabbed a knife from the shared kitchen and stabbing a kettle and other items'. This last incident resulted in the termination of his licence and recall to prison.

3.11 **19/04/2011** the Parole Board notified X that he would not be re-released on Licence before his sentence expiry date. In coming to their decision, the Board had considered reports from Probation and others concluding: -

3.12 "*There is quite proper concern for your mental wellbeing and your increasingly aggressive and threatening behaviour to your neighbours and those managing accommodation in which you live. This led to the withdrawal of your room and placed you in breach of your Licence. More worryingly is the risk that you pose as a result of your fascination with and a readiness to use offensive weapons to intimidate others. This has again manifested itself and led to you being bound over to keep the peace. The Panel believe that you need to address your aggressive behaviour and undertake work aimed at improving your thinking skills before it can be regarded as safe to release you into the community. They also believe that there is a need for you to receive attention aimed at addressing your mental wellbeing and the fact that the in-reach team is assessing you is a positive step in this regard. Consequently, the Panel make no recommendation as to re-release'.*

3.13 **21st September 2011** X's sentence expired - when he was released with no further supervision from probation services.

September 2011- April 2014

3.14 Following his release from prison in September 2011 X returned to the Kent area where he again came to the attention of Kent Police. Between **October 2011** and **June 2013** X was arrested on three occasions. A charge of Common Assault went to trial and X was found not guilty, he was cautioned for racially abusing a security guard. An arrest in connection with threatening behaviour and possession of a homemade bomb were discontinued at court.

3.15 For much of this period X was supported by a Kent based charity (Porchlight). This charity works across Kent to help vulnerable and isolated people get support with their mental health, housing, education and employment. X received practical support with accessing benefits, food and help to secure accommodation. X was allocated a key worker and a floating support worker. Porchlight records show over 30 helpline calls made by X over this period. Most of these were connected to meetings with his keyworker. For most of this period X was rough sleeping and meetings with support workers took place at the local library or other public places. NE recalled that for much of this period X wanted to go back to prison.

3.16 **December 2011** health records show that X was detained by Police on a Section 136 Order, as he was threatening to kill himself with a rope. At around the same time a fellow rough sleeper who remembering him from prison wrongly called him a paedophile and assaulted him. Episodes of self-harm together with intimidatory behaviour and violence towards others continued. On one occasion in **December 2012**, X was briefly hospitalized after he stabbed himself in the chest. He was seen by a doctor in Margate and referred back to the Community Mental Health Team, but remained difficult to engage with.

3.17 Between 2012-April 2014 X was variously sleeping rough or living in Bed and Breakfast accommodation arranged by Kent council. Shepway (Kent) council knew X (male pronoun) as Z (female pronoun) 'during this time (2012) she came to see me at the civic Centre on a regular basis saying the owners were deliberately trying to upset her and making dogs bark and causing noise. She stopped engaging with Porchlight and had to be given a new support worker (male) as the female support worker felt intimidated. Z threatened suicide on a few occasions because she wasn't happy but this was never followed through…she voluntarily gave up her accommodation and disappeared between June and November 2013'. X also approached Folkestone Council for housing but they were unable to place in the area as he was banned from all Bed and Breakfast establishments and had no local connection. By early 2014 X was in the Dover area and in contact with Porchlight who were working to house him. In **January 2014,** he was treated by his GP for burns to the arm. Later that same month he asked his GP to be referred for anger management. A referral was made for counselling. There is no record of this being offered or taken up. On the 10th April 2014 Kent Police completed a Vulnerable Adult at Risk Alert due to concerns about X's safety. This was not progressed shortly afterwards X left the Kent area.

April- December 2014

3.18 **April 2014** X relocated to Brighton and apart from brief trips back to Kent stayed in the Brighton area until his death. X was first found rough sleeping in Brighton on the **18th April 2014** by staff from the Rough Sleepers Team (RST). X introduced himself as Transgender and said that he liked to be known as Z (female pronoun). He supplied details of his contact with Porchlight in Kent and was clear that he wanted to remain in Brighton, as 'it was the only place he fitted in'. RST staff note the need to link with Kent to obtain additional information and that X will need support to access housing.

3.19 **23rd April 2014** the Housing Options Team (HOT) placed X in emergency accommodation overnight, pending homelessness enquiries. Following the advice of RST X presented at FB Day Centre on the 23rd April where he could access food, showers medical services and support staff. A note in the FB day book records that:
'*X very vulnerable individual-suicide risk. Has been placed in accommodation following two nights in Emergency Assessment Centre. Presented me with a noose, explaining he would use it if told to go back to Kent'.*

Following this assessment FB staff made a referral to the Mental Health Homeless Team (MHHT).

3.20 **24th April 2014** X, supported by FB Day Centre staff and the RST made a formal homeless application. He was interviewed by a member of the Housing Options Team (HOT) whose job it was to determine what further enquiries were necessary to assess what duties the LA had to house. Meanwhile X was booked into alternative emergency accommodation - pending the outcome of the assessment. X's referral to the MHHT by a Support Worker at FB is responded to by the offer an assessment appointment for the **28th April.2014** The MHHT worker notes his recent arrival from Dover where he was reportedly subject to bullying from other members of the street community; that he threatened suicide when it was suggested to him that he return to Kent. Also shared is information about his application for housing and placement in emergency accommodation. The worker further notes that alerts received from services in Kent refer to 'high risk due to vulnerability'. Police checks reveal a prison sentence for possession of firearms, GBH and a previous arson charge. No further details are recorded on MHHT systems. The worker notes that X is unaware of the referral to the team because of concern about X's reaction.

3.21 **25th April 2014** background information about X is shared by Porchlight with FB who immediately share this with the RST. The background information includes details of X's previous violent offending, his diagnosis of Personality Disorder with Learning Difficulties and history of self-harm. On the **28th April,** these risk notes were further updated with a list of 'alerts' recorded whilst in Kent. Five of these 'alerts' contain reports of self-harming behaviours and /or threats and three concern threats to others. The report notes that X is regarded as high risk due to his vulnerability.
Staff at the FB team include X as an item for discussion at their team meeting. A note from that meeting records 'X is quite vulnerable he suffered bullying in his previous accommodation in Kent…. referral made to Mental Health Housing Team'.

3.22 **28th April 2014** X failed to attend for the pre-arranged appointment with the MHHT worker. The worker asks that the referrer speak with X about a fresh appointment prior to one being offered. Several days later, on the 1st May in an effort to progress the assessment the mental health worker contacts the referrer FB again. Throughout this period X continued to access services at FB and was also receiving outreach support from Pathways Plus. X's GP records were transferred to the Morley Street Surgery in Brighton in May 2014.

3.23 **7th May 2014** X told staff at FB day Centre that a man at the soup run had pointed a gun at him. X is reported as being in a heightened state and to threaten that 'someone was going to burn'. X was further recorded as being observed using a sharp knife with a 3-inch blade to cut the butter at FB. X handed over the knife when asked to do so, but was unhappy when staff would not return it to him. The Police were informed of the episode and staff were advised to inform Mental Health Services which they duly did. The Mental Health worker notes that X had been at FB Day Centre flicking his cigarette lighter on and off in a threatening manner. X was barred from the Centre for a week because of his behaviour. Also on the 7th May X attended for an appointment with his GP requesting Zopiclone. GP records 'transgender-not on testosterone, reluctant to discuss gender. Identified as high risk of being taken advantage of. Presented as unkempt, slow cognition, he identified having been in a mentally handicapped home from the age of 15, refused to discuss childhood'.

3.24 **9th May 2014** X continues to be housed in temporary accommodation and on 9th May X's case is formally allocated to a Housing Options Officer for a full assessment.

3.25 **13th May 2014** X approaches staff at FB asking that wounds to his stomach are dressed, concerned staff encouraged and offered support for him to attend at his GP practice. X declined to attend. When X did attend his GP on the 21st May he requests medication for back pain and a walking stick. X reports being hit by a car many years ago. He is offered physiotherapy, which he refuses. An earlier neck injury caused by shotgun pellets is noted as causing discomfort.

3.26 **2nd June 2014** he presented in a similar way with self-inflicted wounds to his stomach to the Housing Options Team. Their staff advised him to attend at A&E. On that same day, the Pathways Plus Service made a call to the MHHT expressing concern about X's self - care. The MHHT staff member worker said they would discuss with staff at the FB Day Centre.

3.27 **3rd June 2014** X shouted abuse at FB day Centre staff when he was told that he could not store his laptop in their safe. Although he left the building X continued to shout, press the doorbell and to kick the wheel of the St John's Ambulance which was parked outside. Concerns about his behaviour led to the police being called. X was barred from FB for a month because of his aggressive behaviour. (Until 4.7.14). Housing and other services were informed of X's bar.

3.28 **4th June 2014** X was seen by Housing Options Services. He told their staff that he would be returning to Kent for a friend's wedding. Following this it appears to have been understood by RST and FB that the council were to close X's room on the **15th June** and that X was to be located swiftly back to Kent where Porchlight were to arrange accommodation for him.

3.29 **5th June 2014** - The next day the worker from the MHHT notes a report from RST and Relocation team that X is escalating threats of self-harm as his emergency housing is under threat. The worker from MHHT agrees a joint visit with a colleague from the relocation team.

3.30 **6th June 2014** the worker from the MHHT obtained further background information about K from Kent (Porchlight and Community Mental Health Team) prior to seeing X. This confirmed what was already known about his forensic history and associated housing and vulnerability issues including a reference to a Learning Disability. The MHHT worker offered a further appointment to X via his Pathways Plus worker (outreach), with a clear message to be given to X that 'he should not be under any impression that by seeing this team he would be offered accommodation'. X refused to accept the appointment and the MHHT worker agreed to keep the file open for a further four weeks. The other agencies working with X advised the MHHT worker that X's behaviour would 'in all likelihood deteriorate if his accommodation was put at risk. In a further attempt to undertake and assessment the MHHT worker offers an appointment for X on the **17th June.**

3.31 **10th June 2014** outreach staff from the RST and PP record a further episode of self-harm involving X. An e-mail exchange between staff from the RST, PP outreach and Housing Support details that X has no local connections and that his best option is to return to Kent. On the 11th June GP records note that X is in the process of moving back to Kent by RSST.

3.32 **17th June 2014** X met with Housing Support and was informed that he would receive support and assistance if he returned to Kent. The Housing Options Team had liaised with the housing team in Kent and now had a better understanding of X's housing history. They were now close to reaching a decision about X's eligibility for housing. X told staff that he was reluctant to return to Kent for more than a few weeks. In the same meeting, he disclosed that he was receiving verbal abuse at his property from other residents.

3.33 **18th June 2014** X spoke with the RST about his experience of verbal abuse at his current housing. The RST worker tells X that he is likely to be found intentionally homeless and will have to leave his accommodation by 30/6/14. The worker notes concern that 'X does not understand what is being told', and that she will try and get him to engage with mental health services.

3.34 Again On **18th June 2014** the Housing Team made a third-party report to the police about an incident at X's address that had occurred the previous evening. A

resident had tried to force their way into X's room as they had lost their keys. Another resident broke a window and X is reported to have made racist comments to the resident. In a separate incident X alleges that a neighbour had called him 'a transvestite' in an abusive manner. A note recorded on police systems that same day records that X is distressed, problems with neighbours and has not slept for three days. Police notify Housing Support who log the incident. As a result of the disclosure of verbal abuse ('transvestite'), an HARA is submitted and VAAR raised by the Police.

3.35 **25th June 2014** The VAAR alert is received by Adult Social Care (ASC) on the. The alert is forwarded to Mental Health Services with a record of no further action being taken by ASC.

3.36 **26th June 2014** The MHHT worker receives the VAAR alert. They note the report that X is self-harming by opening a wound on his abdomen in response to being called a 'transvestite'. X has also told the police that he is afraid he might retaliate against the aggressors. The MHHT worker contacts RST, PPT and Housing Support to discuss the VAAR and following discussion concludes that there is sufficient support in place for X. When seen by his GP on the 1st July 2014 the notes made are as follows 'most stable seen, wants to stay in Brighton but has to move.

3.37 **2nd July 2014** Following up on the same incident, the RST see X at his accommodation. They complete a Hate Incident Form with him and send this to the Community Safety Team (CST). The assessment suggests the risk as Standard with a score listed as 12/33, the CST are satisfied that there are sufficient commissioned services engaged with X and aware that X does not want the matter to progress. After discussion with the RST the CST record the incident and take no further action.

3.38 **3rd July 2014** X presented at CSC where he meets with the Housing Options Officer IO (Housing). X tells the housing officer that he has been to the police and has been asked by them to share safeguarding information. X says that 'he had been fleeing violence all of his life and wanted to use the evidence given to the police to strengthen his case to remain in Brighton.

3.39 **8th July 2014** following a reassessment interview X is allowed back into the FB day Centre. He resumes accessing the Centre on a regular basis.

3.40 **16th July 2014** X presents at FB in an agitated state. He said that he can no longer cope at his accommodation and has been kept up all night, again, by a resident setting off the fire alarms. X demands to return to Kent. The FB worker contacts Porchlight in Kent who advise that the hostel accommodation that they will offer will not be enough to support X's complex needs. Porchlight explain that they had raised a Safeguarding Alert /Adult Protection 1 with social services in Kent two days before X travelled to Brighton. Porchlight suggested that the Day Centre Keyworker try and get the council involved with social services in Brighton to look at X's case.

3.41 **3rd July 2014** the decision from the Local Authority in respect of X's housing was

communicated to all involved in supporting X. The decision was that X was found to be 'Intentionally Homeless' must leave his accommodation and would not be offered an alternative in Brighton. The final date of his tenancy was given as 20.8.14 a date, which was considered to allow sufficient time for X to make alternative arrangements. The MHHT are asked by the HOT to undertake a Community Care Assessment. This is requested when a person is found 'intentionally homeless' and is also considered to be vulnerable and therefore in need of a further assessment by social services who may have a duty to assess and support with alternative accommodation. The MHHT worker, working with staff engaged with X at the day Centre and through outreach, offered X an appointment for assessment on 1.8.14, which he declined.

3.42 **24th July 2014** BHCC Housing department authorised the decision on the homeless application and the case was closed. A referral having been made to the Homeless Mental Health Services for a CCA. The referral noted X's lack of engagement to date with Mental Health Services.

3.43 **28th July 2014** The decision on homelessness application was relayed to X by day Centre staff after he failed to attend an appointment with housing staff. Staff note that X 'oscillates between threatening to hang himself from the bandstand and wanting to leave his temporary accommodation'.

3.44 **29th July 2014** X met with RST, PP and FB staff at FB day Centre. X was informed that his room was being closed and that he would be supported to return to Kent. X said that he did not want to return to Kent due to being victimised in that area. He became upset and shouted. X again said that he would not attend for the planned mental health assessment.

3.45 **5th August 2014** RST and PP staff have a further meeting with X at his home. They persuade him to agree to attend for the Mental Health Assessment but X refuses to discuss relocation. X continues to report that he is being bullied. Staff at the day Centre also note that he upsets other users at the day Centre because of his excessive consumption of sugar.

3.46 **7th August 2014** the MHHT worker notes that X has agreed to a Community Care Assessment and this is set to take place on 15th August.

3.47 **12th August 2014** Day Centre staff record that X has self-harmed by cutting his stomach which is bleeding and that X has alleged that Temazepam has been stolen from his room.

3.48 **13th August 2014** X attends the day Centre in Brighton to use their facilities before making his way to Kent where he is stopped and questioned by police. X shares with the police a letter from Brighton council informing him of their decision about his homelessness application. That same day the MHHW closes X's file based on information received that he had returned to Kent.

3.49 **14th August 2014** Records from the PP outreach service indicate that X had

handed in the keys to his accommodation and that he intended to go to Margate to sleep rough.

3.50 **20th August 2014** By now X was back in Brighton and again attending at FB day Centre for a daily shower and support.

3.51 **26th August 2014** staff note that whilst attending regularly X is difficult to engage. His keyworker notes 'I tried speaking to X about the possibility of engaging with the Mental Health Homeless People Team in order to receive a Community Care Act Assessment but X has not been able to take on board what I have been saying and has been more concerned about trying to get me to support him buying a caravan.' The Keyworker initiates a meeting with PP worker to discuss a plan. They agree that a re-referral to MHHT would be the best way forward and contact MHHT worker who agrees to offer a further appointment. The keyworker also contacts Porchlight in Kent to ask about X accessing their accommodation waiting list. GP care is recorded as ending at Morley Street on the 26th August 2014.

3.52 **27th August 2014** X presented at FB day Centre in a 'heightened' state. X told staff he had been the victim of theft and would hang himself. Staff spent time with him and were able to calm him.

3.53 Acting on the re-referral from Day Centre and Outreach Staff the MHHT worker offers X a further appointment for the **10th September 2014.** As with previous appointments this is given to X by the keyworker from FB day Centre. The MHHT worker notes that, the referrer described X as' having unrealistic ideas, an inability to engage with constructive casework, making frequent and conflicting demands on workers and on-going threats of self-harm.

3.54 **3rd September 2014** X continues to access FB Day Centre. Staff record their concerns about an open wound to the abdomen and threats to hang himself in response to delayed benefit payments. On this day X tells his keyworker that he has had a better night sleep as he has now got sleeping tablets, that he is concerned about housing options and is considering purchasing a caravan. A request to FB for large amounts of sleeping pills is met with the advice that he contact his GP. (GP records)

3.55 **4th September 2014** Day Centre staff note that X is complaining about a problem with his feet which are swollen and painful. He is supported to attend the GP and is diagnosed with an infection. The GP notes 'was in Dover for 5 days then returned to Brighton, Street homeless has Mental Health Homeless Team Assessment next week. Cellulitis in foot.

3.56 **8th September 2014** another day Centre client informs staff that he was woken at his sleep site by sounds of X being disturbed by two men and that after the incident X told him that it was the second or third time that he had been woken by these people and that they always offered him alcohol and were abusive to him. The client added that he was worried about X as his legs were swollen and he was unable

to walk to the day Centre. Also on the **8th September** the Housing Team e-mailed Sussex Police stating that in the early hours of **8th September** X and one other person were disturbed in their sleep, given blankets and insulted. Adding that other rough sleepers had been approached by these men who tried to entice them into their car. X also believed that money had been taken.

3.57 **10th September 2014** In a further incident a friend of X reported to the police that a vanload of people had tried to kidnap his friend. The group of suspects were reported to be targeting members of the street community. Attending police officers found a group of men involved in an altercation. X was seen to be holding a chain. X told the police that he was defending himself using a chain. X was arrested with others and detained under the Mental Health Act but later released without charge. Following his arrest X was assessed in the cells by the Police Court Liaison and Diversion Service. A person in custody would be referred to this service if they reported or were deemed by the Police to be vulnerable due to possible mental illness. The outcome of the assessment was that 'there were no mental health concerns' but that X was chronically vulnerable due to possible learning difficulty, homelessness and a transient lifestyle

3.58 Again On **10th September** the MHHT workers were informed by X's Pathways Plus worker that he would not be able to keep his appointment as he had been taken into custody for his own safety following an attempted abduction at his sleeping site.

3.59 **11th September 2014** X was released from custody and met with his keyworker at FB. X told staff that he was not to be charged with anything but understood that two suspects were being charged with attempted kidnap and assault. X remained reluctant to return to Kent and said that if he were to return he would go back on the waiting list for accommodation. His Keyworker and Outreach worker (PP) agreed with X that they would try and contact the MHHT worker to arrange a further assessment appointment which might result in X being temporarily accommodated. With X's agreement, the MHHT worker was contacted and agreed to a further appointment for **16th September 2014**.

3.60 **15th September 2014** in an effort to ensure X's attendance for his mental health assessment his keyworker and outreach worker arranged for X to stay overnight at FB as part of their Emergency assessment Centre Operation. X also needed to be available that day to meet with police to provide a statement about the alleged attempt to kidnap him.

3.61 **16th September2014** X met with the MHT assessor. The assessor notes record 'X was seen. He engaged but only on his terms. Any attempt to commence a full psych-social assessment was met with 'that's private' or 'that's my business'. He described his mental health as 'perfect' and only wants help to find a place to rest. Speaking with his keyworker immediately after the meeting the mental health worker said that 'she did not feel there was anything she could offer X in terms of support although clearly felt that he was a vulnerable adult with high support needs'. The assessor questioned whether X has a learning disorder and raised the possibility of

referring X to learning disabilities. Regardless of this it was the recorded views of the Keyworker and MH assessor that X would not be eligible for support from services in Brighton and that his only option was to return to Kent. This message was shared with PP.

3.62 On the **16th September** the Mental Health Assessor advised all professionals involved of the decision that - based on the outcome of the meeting with X that there was no current role for mental health services.

3.63 **18th September 2014** X presented at the Day Centre in a 'heightened' state. He said that his outreach worker from PP was 'getting him kicked out of the Centre and kicked out of Sussex'. His keyworker understood that the outreach worker had informed X about the results of his mental health assessment. This had concluded that X would not be eligible for support in Brighton and would need to return to Kent. Seemingly holding the Outreach Worker responsible for this decision, X made a threat to his keyworker that if he saw the Outreach Worker he would assault him. On seeing the OW later X subjected him to verbal abuse and threats. X's behaviour led to him being barred from the Day Centre for one month. A few days later, on the **22nd September** having concerns about his welfare, the Day Centre team exceptionally agreed to offer X outreach whilst barred from the Centre and to encourage him to go back to Kent.

3.64 **25th September 2014** X's Keyworker and a Day Centre colleague conduct an outreach visit to X. They find X at his rough sleeping site on the seafront. On speaking to X it becomes clear to them that he is unwell' Breathing laboured he has a cough and showed symptoms of having a cold'. X said he would not speak to anyone and had no interest in looking after his own health. X told his keyworker that he did not want to go back to Kent, as there is 'nothing for him there'. The Keyworker offered to collect X's medication and also to return with food. They complete both tasks.

3.65 **1st October 2014** X's Keyworker records his concern about X's continued street presence and the lack of a clear plan for him regarding accommodation. This leads the Keyworker to refer X to the Rough Sleepers Casework Forum for discussion. This was a multi-agency forum involving all agencies supporting clients moving from the streets and the police.

3.66 **3rd October 2014** The Keyworker undertakes a further outreach visit to X.

3.67 **8th October 2014** The MHHT worker adds a further note to X's records on the in response to concerns raised about X regarding 'entrenched rough sleeping, poor engagement and poor physical health. The MHHT worker further records that 'There is no new information that would lead to re-engagement with mental health services'.

3.68 **9th October** 2014 further outreach visit was conducted by X's Keyworker. The Keyworker notes that 'X 's health remains poor' and that currently the only service

accessed is 'anti-freeze outreach workers' X complain of issues with his ears which he described increasing sensitivity to noise. Also, that his registration at his GP has ceased. The Keyworker records weather conditions as poor and that his site on the seafront is exposed. At one point X says that he is thinking of ending his life. The Keyworker agreed to contact Porchlight in Kent about the possibility of accommodation and X's GP to find out why he was no longer registered. It emerged that X's registration with his Brighton GP had been removed because he had re-registered in Kent. The Keyworker contacts the Brighton GP who agrees to reinstate him on to the list.

3.69 **12th October 2014** X declines support from Rough Sleepers staff to access medical attention linked to mobility issues with his knee.

3.70 **13th October** 2014MHHT worker writes to the Day Centre Keyworker to inform him that X's case is closed.

3.71 **14th October** 2014X presented at the Day Centre seeking support with missed benefit payments. Staff note his presentation as disheveled and that he is experiencing some pain, which he says, is in his hips and knees. Enquiries of the Job Centre reveal that his claim has been suspended as post sent for his collection at the Day Centre has been returned to him. The Worker is able to establish that the reason for this was that post was being sent to X under the name of Z (female pronoun). The Job-Centre agrees to re-open the claim. Further contact with Porchlight in Kent is made and they agree that X can go on the housing waiting list in Kent whilst rough sleeping in Brighton. At the same time cautioning that X would need to show a local connection to the area the project was in. Staff at the Day Centre FB agree to allow X to access services on their site as before his ban.

3.72 **17th October 2014** X attended the day center and told staff that he could no longer stay in the shelter on the seafront anymore and was attracting a lot of verbal abuse from people driving by in their cars. X said that he intended to return to Kent and to sleep in the old fort at Dover. X showed staff his legs which were covered in a bad rash. Day Centre staff informed Porchlight of X's intention to return to Kent.

3.73 **21st October 2014** X called Sussex Police and enquired about attending court as a witness for attempted kidnapping. He expressed concern that he would be arrested for missing court dates.

3.74 **23rd October 2014** X was found by Kent Police rough sleeping in Dover. Police advised him that it was likely that the owners of the land would evict him. X was asked about his health and he told the police that his feet were swollen and sore, but that he was otherwise in good health. X added that he did not feel safe in Dover and that he just wanted to get paid so that he could go back to Brighton.

3.75 **25th October 2014** Kent Police crime report records that X was a victim of common assault and battery.

3.76 **28th October 2014** was brought into the day Centre in Brighton. The Day Centre

records note that X has scabies and is supported with washing. This action was part of the overnight Emergency Assessment Centre operation

3.77 **30th October 2014** X accessed the Brighton Day Centre and is reported to be storing sugar and coffee in his own containers

3.78 **31st October** X accesses the Brighton Day Centre FB day Centre. He tells staff that whilst in Kent he was assaulted by someone who accused him of being a paedophile and that as a consequence he decided to return to Brighton.

3.79 **4th November 2014** his Keyworker at the Day Centre is informed by a person sleeping in the same location to X on the seafront that X is ill with a bad chest and that this is why he was not at the Day Centre.

3.80 **7th November 2014** reports come from clients of the Day Centre that X has a Ball Bearing gun. Again, on the 10th November further concerns were expressed to staff at the Day Centre by other clients about X's health particularly his chest. Staff also understand that X has now apologised to his Outreach Worker for threats to harm him, which had led to his most recent exclusion from the Day Centre.

3.81 **12th November 2014** the RST share their concern about a number of complaints made by residents living near to X's sleep site on the sea front. The RST suggest calling a case conference with representatives from City Clean and Seafront office to discuss enforcement options and removal of his belongings.

The Keyworker at the Day Centre sends an E-mail referral to the Access Officer BHCC ASC. In it he expresses the concern for X's general health and wellbeing. Highlighting that this includes 'physical health, neglect, pain, relationship with food, history of self-harm, threats of suicide, possible learning difficulty. The Keyworker request is for an assessment to be undertaken to determine if X has any eligible need. The Keyworker also observed that 'he had not previously worked with anyone with the range of X's needs and was struggling to find a solution thus the referral to statutory services seeking suggestions about how X's needs to be met to ensure that his wellbeing is protected'.

3.82 **13th November 2014** The Access Officer responded, suggesting that the Keyworker make a referral to X's GP for concerns about X's physical and mental health, asking if a referral for mental health assessment has been considered and further asks what the implications are for X's MCs.

The Access Officer also contacts X's GP who reports that 'X is well known to the practice and last seen on **12th September'**. There is 'no clear mental health diagnosis, concerns are about neglect and exploitation, no concerns that medical condition is urgent, known to St Johns Ambulance and does not turn up for medical appointments'. The Access Officer referred X to an ASC service manager who will investigate whether there is a duty to provide housing to X.

3.83 **14th November 2014** the Day Centre Keyworker raised concerns with Police that

X may be a risk to the general public. That same day the Keyworker sent an e-mail to the MHHT worker expressing his concern about X's on-going vulnerability, with specific reference to his poor physical health, disengagement and entrenchment. As services, have been unsuccessful in meeting his needs the Keyworker explains that he is seeking advice from X's GP, Adult Social Care and the Rough Sleepers Team in an 'attempt to creatively develop a way forward'.
In response to the e-mail from the Day Centre Keyworker the MHHT worker agrees to conduct a joint assessment with the Learning Disability Team (LDT). The LDT declined to outreach but offer to see X at their offices. Recognising that X is unlikely to attend the mental health worker agrees to an outreach meeting at X's sleep site on the seafront on **21st November 2014**.

3.84 **17th November 2014** when accessing the Day Centre X's Keyworker discussed with him a referral to the vulnerability scheme being piloted by the Job Centre. Initially reluctant to agree (he did not want to move his stuff every night from place to place as happened with the churches night shelter), X agreed and a referral was made. BHCC ASC pass X's case to a Social Worker from the Short-Term Intake Team on the **17th November**. That same day the SW receives e-mail from the Police Sergeant in the Street Community NPT suggesting that an urgent case conference is called by the current lead agency. The SW contacts the mental health team worker from the MHHT. The MHSW confirmed that X would not engage with her when she recently attempted to carry out a Social Care Assessment. The MHW also highlighted the need to assess X's capacity to make decisions and suggested that a multi-agency approach might be required. The MHSW concludes that as X's needs were complex he would need longer term support which could be offered by the longer-term Adult Social care team. The case was passed to the specialist Intentionally Homeless Care Manager (IHCM). The IHCM transferred X's case to Learning Disability Services in the light of information shared by the mental health worker that X had difficulty in assessing information'.

3.85 **18th November 2 014**X attended at the Day Centre where he again met with his Keyworker who spoke with him about his health and rough sleeping. X told him that he had had enough of being around people who use drugs and drink alcohol and that that was the reason that he did not want to go into the church's shelter. During the course of the morning X was involved with an argument with another client of the Day Centre. He was seen to produce and threaten the client with a weapon from his pocket (reported to be a pocket multi-tool). X was banned from the Centre for three months due to 'aggressive and threatening behaviour to another service user'.

3.86 **18th November 2014** the Mental Health Social Worker e-mailed the Operations Manager at the Learning Disability Team suggesting that a joint assessment be undertaken 'as per the Pan Sussex Self Neglect Procedures'. The manager confirms that the LDT will support this approach. The Keyworker from the Day Centre responded positively to a request from the LDSW to join the proposed assessment.
Arrangements were made to assess X's capacity at his sleep site on the **21st November**. In making further enquiries the LDSW requested information from X's GP. In a telephone conversation with the LDSW the GP recorded as saying that 'he

thought X was very intelligent, there was nothing to suggest any Learning Disability, that X had multiple personality disorders and suggested a mental health assessment'. The LDSW asks the Mental Health Worker how she would like to proceed in the light of this information.

3.87 **19th November 2014** the RST saw X on the street and report to police that X has threatened that he will 'slit the throat' of the service user he had threatened the previous day. In a separate incident on the **20th November** it was reported to the police that whilst a member of the RST was out on patrol he saw X who seemed agitated. X told the worker that he had had an altercation with a female, lost his temper, pulled out a screwdriver and threatened to slit her throat. Police were unable to find the alleged victim and the matter was discontinued.

3.88 **20th November 2014** X's Keyworker at the Day Centre received an E mail from the RST advising that there have been an increasing number of complaints from members of the public about X's sleep site. The RST worker asks about the possibility of taking enforcement action to clear the site. Following consultation with the MHW the Keyworker responds by requesting that action is delayed until 24th November. This will allow time for the mental capacity assessment to go ahead. The Keyworker records the MHT workers view that if 'X is found not to have capacity then a more supportive approach to dealing with the situation would be necessary'.

3.89 **21st November 2014** the Day Centre Keyworker, Mental Health Worker met with X at his sleep site. They wanted to persuade X to attend for a Community Care Assessment with Mental Health professionals. X eventually agreed that he would as long as he was able to meet with the Day Centre Operational Manager to appeal his exclusion. The Keyworker arranged a meeting that same day and it was agreed that the ban would be suspended as long as he engaged with the CCA process. A meeting with X to progress the CCA was set for **25th November** at the Day Centre.

3.90 **24th November 2014** a member of the RST sent an e mail to Day Centre staff, Police, PP, MHSW indicating that X was to have a Community Care Assessment and that his capacity to make decisions about housing were to be assessed. RST had agreed to hold off any enforcement action in relation to X's sleep site until after the assessment. There was also an indication in the email from housing support services that X had changed his sleep site from Hove to a caravan in Kemptown. X attended an appointment with his GP on the 24th November for the last time. The GP notes 'no suicidal ideation'.

3.91 **25th November 2014** X attended for an assessment interview with the MHSW at the Day Centre. The assessment is reported as 'being brief and simple to ensure good engagement. X told the social workers that he wanted to stay in Brighton. He reported that he was being harassed by members of the public but said that he was dealing with this. His self-care was poor but he declined to use the public showers at the day Centre. He advised us that he had plans to buy a caravan to live in and was deemed to have capacity to make this decision'.
In a further note the Mental Health Social Worker adds 'A CAA was completed. We

considered that there were no grounds to house this client based on his mental health needs but due to our on-going concern about his self-neglect, poor physical health and possible learning difficulty, we agreed to hand him back to Adult Social Care for an assessment'.

3.92 **1st December 2014** the Keyworker from the Day Centre contacted the Mental Health Worker requesting news on the outcome of the CCA assessment attended by X. The MHSW advised that X had engaged fairly well with the process and that the assessment would be discussed at a panel meeting on the **3rd December**.

3.93 **1st December 2014** X was found dead in a caravan. It is understood that a member of the public who had befriended him and provided him with food had bought the caravan for X.

4. Analysis

X's Presenting issues and vulnerability

4.1 X's vulnerability and support needs were apparent to all agencies in Brighton with whom he came into contact. Initially this information was provided verbally to the Rough Sleepers Team (RST) by X who told their agency staff that he: -

- had mental health problems,
- was transgender
- threatened to harm himself and
- had been the victim of abuse whilst in Kent.

4.2 Visibly neglectful of his personal hygiene, X's overall presentation and disclosures meant that there was immediate agreement by the services involved with him that that he was vulnerable. Requests were quickly made by voluntary services, for further information from Kent. This confirmed much of what X had told them and also established that: -

- he had a history of violent offending,
- was diagnosed with a Personality Disorder and Learning Difficulty and
- had a long history of self -harm.

4.3 X was consistent in telling agencies that he had relocated from Kent because of fears for his personal safety. Reports of instances where X had been the victim of abuse are contained in records held by agencies with whom X came into contact in Kent. Shortly before leaving Kent the service working most closely with him (Porchlight) raised a Vulnerable Adult at Risk (VAAR) alert because of concerns about his vulnerability to abuse. This was not progressed by Kent Adult Social Care seemingly because he left the county. There are currently no arrangements in place for the notification of a person's move where an alert remains outstanding.

This is an issue requiring further investigation. Had for example it been possible for the alert to be picked up and proceeded with when X arrived in Brighton a joined up planned multi-agency approach could have started at an earlier stage.

Brighton – Initial Agencies' response

4.4 Those agencies involved with supporting X into local services for homeless people in Brighton responded appropriately within the first few days. The RST and Day Centre staff were in regular contact and supported X to manage his immediate day-to-day needs. Day Centre staff supported X to make a homeless application and emergency accommodation was provided by the LA housing service on the basis that X is a vulnerable person due to mental health problems (s198 Housing Act 1996). The Day Centre Keyworker completed an initial needs assessment and made an appropriate referral to the Mental Health Housing Social Worker (MHSW).

4.5 At this stage no consideration appears to have been given by any of those involved of a notification to Adult Social Care - in the light of the Kent VAAR procedures. Given the extent of information available to all the agencies concerned it would have been clear *even at this early stage* that X was a vulnerable person with complex needs and that a planned coordinated multi-agency approach was needed. This was the first of many missed opportunities to intervene in a managed and purposeful way.

Housing eligibility

4.6 In the absence of a local connection (which X never claimed or sought to establish) his eligibility for housing by the LA rested on whether or not he had rendered himself 'intentionally homeless', or alternatively that the LA had a duty to house him because of vulnerability. The then relevant definition of a vulnerable adult, as defined by the **Department of Health** in '**No Secrets'**[1] is:

'a person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

In X's case there were then four main issues meriting further investigation:-

- mental health;
- learning disability;
- experience of abuse and discrimination because he identified as a transgender person and
- self-neglect.

Although it is arguable that self-neglect was less relevant pre Care Act, Sussex Multi-

[1] No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. 2000

Agency Procedures to Support People who Self-Neglect did apply and it was clear that X met the definition 'the inability (intentionally or unintentionally) to maintain a socially culturally accepted standard of self care with the potential for serious consequences to the health and well being of the individual and potentially the community'.

4.7 The council accepted that X was vulnerable for the purposes of **s198 of the Housing Act 1986** on the basis that X was suffering from 'some form of mental health problems' which they were unable to verify because X refused to engage with mental health services'. Their enquiries of their neighbouring housing authority focused on whether or not X was intentionally homeless. The information provided by Kent was sufficient for the Brighton Housing Department to conclude that X was intentionally homeless. This was on the basis that having been assisted into an Assured Shorthold Tenancy in 2012, he was found to have voluntarily left against the advice of the Council. Council staff in Kent found no evidence to support X's claims that he was being subjected to abuse and harassment.

4.8 Enquiries made by Kent Housing Department to inform their decision appear to have been extensive. It was recognised that X could not live independently and there were several attempts at maintaining him in supported accommodation. These broke down as X struggled to adapt to living in a shared space. In one instance an owner wanted X to vacate the property because of his behaviour. X himself complains bitterly of lack of sleep and that the 'owners were deliberately trying to upset her by making dogs bark and cause a noise'. X had a criminal record involving acts of violence and threats made to burn down or bomb places where he had lived. These were - rightly - taken very seriously. There can be no doubt that X was a most difficult and potentially dangerous tenant to accommodate and that if it was going to be possible to accommodate him safely it would only be in circumstances where he was willing to accept some rules and tailored support from people he trusted.

4.9 An analysis of all risk information available to agencies involved with X in Kent, together with current information known to services in Brighton was necessary in order to understand the risk to X and whether it had increased. In X's case his presentation as transgender and as having mental health problems should have alerted staff to the possibility at least that what X was telling them about his experience of abuse was correct. From the information available to staff in Kent and later Brighton it was possible to extrapolate that X was vulnerable to abuse and probably experienced this on a regular basis (cumulative effect) and also that his behavior was indicative of the diagnosis of personality disorder that had been shared with them by health professionals.

4.10 Further there were two serious abusive incidents recorded - where X was the victim -whilst living in Brighton. The first was his disclosure that he had been the victim of verbal abuse ("transvestite") from a resident at his accommodation, and which occurred before the decision on his housing application was made. The second involved X being targeted by a group of males for possible kidnap in September 2014. X consistently told housing staff that he had left Kent for Brighton

because of instances of harassment and wished to stay in Brighton where he felt more comfortable. There are similarities in X's case with findings in the Brighton and Hove Trans-Needs Assessment 2015 [2]. These are: - an increased risk of homelessness in trans people; the reputation of Brighton and Hove as a safe haven for trans people; the vulnerability of trans people to abuse in homelessness settings & services - including emergency accommodation; some reluctance to reveal gender identity within homelessness services. The same report recognized that Brighton's reputation as a 'safe haven' led to more people arriving in the city. This despite affordable and safe accommodation being in short supply; with a high proportion living in the private rented sector and reporting poor experiences with letting agents. X's own reported experience of his previous tenancies appears to be similar and yet it is not clear to me that the housing team took into account X's specific and very complex needs and vulnerabilities as a trans person when making their decision about eligibility and allocation of housing.

Community Care Assessment

4.11 Once the decision that X was 'intentionally homeless' was made by the Housing Department the case was referred by them to the MHSW for a Community Care Assessment and the case was closed by Housing Options. Although there were concerns about X's vulnerability and self-care no formal steps were taken by housing staff involved with X to seek to address these under Sussex Multi-Agency Procedures to Support People who Self Neglect' or under The Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk'. These were two potential routes open to them address X's health and well being. The scope of the self –neglect procedures includes those not engaging with a network of support and where there is a perceived and actual risk of harm suggesting that X fell within their scope. Whilst the referral to the MHSW for a CCA was the correct next step, consideration could have been given to this much earlier and a lead agency identified to co-ordinate information and determine the most appropriate actions. Regular and sustained joint working between housing and Adult Social Care together with Health and Police is essential to protect people who may be at risk of abuse. A coordinated response is particularly helpful in cases where - like X - a person is difficult to engage with and refuses support save on their own terms.

4.12 Before the Care Act became law the definition of a 'vulnerable' adult differed across sectors. Self-neglect was not regarded as a 'safeguarding' issue and if someone refused to engage with services, there were strong arguments against imposing support against their will. Clearly there is a balance to be struck based on the level of assessed risk. X was clearly an extremely challenging individual to deal with and it was important for statutory services to join together with those from the voluntary sector with persistent offers of support whilst updating changes in risk factors and any deterioration in circumstances. The change of language, scope and legal basis afforded by the Care Act 2014 should see improvements in practice.
4.12.2 Where a local authority has reasonable cause to suspect that an adult in its

[2] *Brighton and Hove Transgender Needs Assessment 2015*

area (whether or not ordinarily resident there)

4.12.2.1 has needs for care and support (whether or not the authority is meeting any of those needs),

4.12.2.2 is experiencing, or is at risk of, abuse or neglect, and

4.12.2.3 as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it, it must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom. (Care Act 2014)

4.12.1 Had statutory professionals been able to build a trusting relationship with X it might have been possible (although not certain), by negotiation and persuasion to have assisted him to make safer choices. A record of this approach, evidenced with regular reviews and continued and creative offers of support with decisions clearly recorded and shared with all those concerned with a case, would potentially have provided X with greater continuity of care and support. There were statutory services in place and ready to assist X. The MHSW offered several appointments and made efforts to meet with X at FB and later his sleep site. These were brokered by FB and the RST but with X's repeated refusal to engage with mental health services the chance of success was slim, particularly since it was made clear to X that meeting with the MHSW would not influence a decision about his housing.

Personality disorders are common among people experiencing long-term homelessness. Research suggests that approximately two-thirds of street homeless people meet the diagnosable criteria for a personality disorder, although only one in ten of those will have a formal diagnosis[3]. It is widely accepted that it can be difficult to engage people with a Personality Disorder into services, particularly treatment services. A psychologically informed approach and multi-agency management plan based on best practice can offer the best chance of success. In this way whichever agency took the lead, (and given the PD diagnosis I would argue that the MHSW was best placed to do so), they could have set out a coordinated plan with clear aims and contingency arrangements. The MHSW did make several attempts to see X by negotiations brokered by FB. When this approach proved unsuccessful it was determined that X did not have a mental health need. This is surprising given the weight of evidence to support this - as evidenced by his psychiatric history and his presenting behaviours. The MHT remain of the view that as X did not want help with his mental health needs then it was appropriate and legitimate to respect his decision and for efforts to be focused on his wish to be housed. In my view, it is difficult to separate out his mental health needs, from those attached to his wish to be housed. Behaviours which may be identified as a feature of personality disorder,

[3] Middleton R, *Brokering reality: a review of service provision in Leeds for homeless people with personality disorder/complex needs*, Community Links, 2008

in X's case:- suspicion, lack of trust, secretiveness, eccentric and sometimes violent episodes affected his ability and willingness to engage. Similar behaviours affected his ability to sustain a tenancy. The MHSW expertise was needed to ensure that all agencies were working in a psychologically informed way to a plan, with the potential for developing a path, which might have led to a better clinical outcome.

Care Pathways for people with a Personality Disorder

4.13 A fundamental difficulty for all the agencies working with X was the absence of a fully informed and agreed assessment of his mental health and learning difficulties. X's refusal to engage for an assessment with a mental health social worker was clearly a problem for those trying to assist him. X was first referred to the MHSW in April 2014. He was offered appointments which he refused to attend and although information was shared with them by Kent, further information was not requested until June of that year.

4.14 The MHSW delayed accessing information from mental health services in Kent until early June 2014 on being notified of fresh VAAR and HARA procedures initiated by Sussex Police. This alert was connected to an incident in which X was the victim of verbal abuse ("transvestite") connected to his presentation. The HARA was completed by CRI and shared with the Community Safety Team. The score showed the risk as standard (12 out of 33) and also noted that the victim did not want further intervention. Accordingly the CST closed their case on the basis that CRI who were trained in identifying and working with victims of hate crime would continue to monitor X's situation. This appears to have been a reasonable assessment with the potential for the case to be transferred back should the situation change.

4.15 The VAAR alert was received by Adult Social Care (ASC) on the 25th June and forwarded without further action to the MHSW. The alert notice that was received by these staff made reference to, 'X is self-harming by opening a wound on his abdomen in response to being called a 'transvestite'. X has also told the police that he is afraid he might retaliate against the aggressors'. Following conversations with staff from RST and Housing Support, the MHSW concluded that there was sufficient support in place and that she was unable to identify any role for her service.

4.15.1 In 2014, a VAAR was the standard way that police would alert the LA to concerns about individuals at risk of harm. This has since been replaced by a SCARF which is dealt with by the Multi-Agency Safeguarding Board (MASH)). At the time the relevant procedures that staff followed were The Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk'. The definition of adults at risk under these procedures means: -

a person aged 18 years or over. who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against ***significant harm or exploitation***

4.16 From the evidence available to me: - X would have met the first test in that he

had an identifiable mental health issue by virtue of being diagnosed with a personality disorder.

4.17 It is arguable whether he would have met the threshold for 'significant harm', and self-neglect was not then incorporated into safeguarding procedures. Whilst the Police alert sat outside of the formal partnership Adult Safeguarding Alert system, it did require that the LA to determine the level of risk posed to X. If on assessment the risk met the threshold for intervention, then it would have been appropriate for the case to have been investigated. In this case neither ASC assessor nor the MHSW undertook their own risk assessment based on the information gathered and conversations with staff from the charitable sector that were working as best they could with him. There was no formal investigation by ASC or the MHSW and no formal record of the outcome. This was a further missed opportunity to provide an integrated response to X's deteriorating situation.

4.18 A Community Care Assessment is the only way a person can access provision of community care services. The duty to assess is set out in the NHS and Community Care Act (1990) which describes the duty to assess, in this case X's needs, on the basis of an identified mental health problem. From the information obtained from Kent it was already established that X had a personality disorder, (a recognised mental health condition within the legislative framework) and that there were indications of a learning difficulty. This offered the prospect of two potential routes for an assessment by the mental health team and the learning disability team (LDT). This suggested that an integrated approach was appropriate. However, it was not until September 2014, that efforts were made to join together to undertake an integrated assessment, and even then LD worker would initially only offer an office based assessment. On his past performance it was inevitable that X would not cooperate with this type of approach.

4.19. Given what was known of X's forensic medical history, his presentation and vulnerabilities as a transgender person and concerning behaviours (self–care and violence), a care coordinated pathway to address X's personality disorder should have been considered as a viable treatment option. At the same time when taking into account the recorded concerns about a learning difficulty and concerns expressed by some staff that X did not understand what he was being told, a plan to address this issue would similarly have been appropriate. Indeed, these two aspects should have been considered together since it is widely recognized that IQ level alone is not the main determinant of a learning disability and that intellectual impairment together with social or adaptive dysfunction should both be considered[4]

4.20 When seen a mental health professional on the 10th September, as part of the Court and Police Custody Liaison and Diversion Service, the assessor concludes that there are 'no mental health concerns'. A result that is perhaps surprising given that the assessor would have had access a shared health case record. The MHSW was aware of this assessment when a few days later on the 16th September she was able

[4] British Institute of Learning Disabilities-2011

to finally meet with X for an assessment. The assessment was made difficult by X's continued resistance and his own declared view was that his mental health was 'perfect'. The MHSW concluded that 'she did not feel there was anything she could offer X in terms of support although clearly felt that he was a vulnerable adult with high support needs'. No reference is made to the earlier diagnosis of Personality Disorder and specifically how this might have affected his behaviour and ability and/or willingness to engage. Many homeless people with similar presentations and characteristics are thought to be undiagnosed[5], in this case although there was an awareness of the diagnosis it was hard to find evidence of where this was taken into account.

4.21 Guidelines issued by the Royal College of Psychiatrists are clear that people with Personality Disorders should not be excluded from any health or social care service because of their diagnosis or because they have self-harmed. These are individuals with 'severe disturbances of their character and behaviour'. There is now a growing body of evidence to suggest that by working with people who have a Personality Disorder and by developing with them an optimistic and trusting relationship the distress they experience and outcomes can be improved. It is difficult to understand why this approach was not attempted with X and why his case was not consistently approached with a coherent plan. Professionals assigned to work with people with a Personality Disorder need proper support, training and time. 'All mental health professionals need to be PD capable, having appropriate attitudes and values for offering competent treatment to individuals with PD' [6] The mental health professionals assigned to the Mental Health Housing Team are 'PD capable' and have undergone relevant training. It is unfortunate therefore that I found nothing in their notes or plans which suggests that X's PD diagnosis forms the basis for any plans for intervention either by them or other services engaged with him. The MHHT do work with a significant number of clients with PD and successfully engage with them. However X's continual refusal to engage with their service was the key factor in their decision not to intervene in the way suggested above. In my view the complexity of X's needs taken together with his mental health diagnosis was sufficient to justify that a psychologically informed plan be put in place and that this was led and coordinated by the MHT. Such a plan could have set out X's needs, the risk posed both to himself and others together with X's views and what might reasonably be achieved. If direct contact was made an initial goal then the means of achieving this could similarly be set out and shared with services able to maintain contact. The application of a more flexible approach to engaging with people who are known to have a Personality Disorder of sufficient severity as to interfere with their ability to support themselves has the potential to secure better outcomes for all concerned. I am aware that the circumstances in which the MHHT and their colleagues were working was challenged by the high levels of homeless people with complex needs in the city. It follows that decisions about the allocation of resources will need to take account of what can be achieved, particularly with a person who is reluctant or

[5] Middleton R, *Brokering reality: a review of service provision in Leeds for homeless people with personality disorder/complex needs*, Community Links, 2008

[6] (The National Institute for Mental Health England in their 2003 policy document; Personality Disorder: No Longer a Diagnosis of Exclusion)

unwilling to engage. Where this is the case I would suggest that being explicit about the nature of the issues and the risks involved together with the rationale for decision-making is formally recorded.

Self-Neglect

4.22 In the weeks leading up to X's death there was a marked deterioration in his physical condition and in the area where he was rough sleeping he was attracting the attention of local residents who wanted him removed. Six days before X's death the Day Centre Case Worker writing an e-mail referral letter to the Access Officer in Adult Social Care concluded

> *4.22.1'I am concerned that without some form of intervention X's health will deteriorate to the point of needing a significant hospital admission. I also believe that if left unchecked X's levels of neglect could lead to his life becoming endangered and as a worker for a charitable organisation I feel that I have exhausted the avenues I am able to go down to try and ensure X's welfare'.*

4.23 Similar information including concerns about the risk X might pose to others is shared with Sussex Police and the MHSW. This prompts the MHSW to request a joint assessment with the Learning Disability Team under the Pan Sussex Self Neglect Procedures. Although they agree to this approach the Learning Disability Social Worker refuses to conduct an assessment at X's sleep site. A response that is unhelpful and lacking in the flexibility required to engage with someone with the level of need and complexity attached to X's case. Service models designed to support people with learning difficulties (including those with a mental health condition) are recognized as being successful 'not within systems and processes.' Rather 'by working in partnership with individuals… and through adopting person centred approaches'. [7]The MHSW eventually completes what is described as a 'brief and simple' assessment to ensure good engagement'. The assessment includes a capacity assessment, the DC case worker recording the MHSW view that if X' is found not to have capacity then a more supportive approach to dealing with the situation would be necessary'. Finding that X had capacity to make decisions and that there were no grounds for X to be housed (the purpose of the original CCA assessment), but with a remaining question mark about a learning difficulty and 'on-going concern about neglect the MHSW decided to hand X back to ASC team.

4.24 The Mental Capacity Act 2005 together with its code of practice says that a person should be presumed to have capacity unless it is otherwise established that they lack capacity. The decision is one of professional judgment.

4.25.1 At the time that professionals were working with X self-neglect was not part of Adult Safeguarding Procedures. If an adult is found to have capacity, then their

[7] Supporting people with learning disability/and or autism who display behaviour that challenges including those with a mental health condition. NHS England 2015

autonomous wishes are likely to be respected. In this case by all accounts the MHSW assessment was brief because X was reluctant to engage with the process. When I spoke with NE X's mental health worker in Kent with knowledge of him over 20 years his view was that X probably had capacity for most of the time although not always.

4.25.2 The results of the MHSW assessment did not reduce the concerns raised about X and his wellbeing. There was still a role for ASC and this was recognized by the MHSW. However, the pattern that had developed of referring cases back and across agencies was not good practice and led to delay and a lack of leadership and co-ordination by statutory services. These issues remained unresolved at the time of X's death.

5. Conclusions

It can and has been argued by professionals involved with X that the case is typical of many that homeless services manage across the city on a daily basis. They present a challenge to services and to staff who are tasked to work with them in the most difficult of circumstances. In this case the city is one with a very large homeless population many of whom have complex needs. In my view X was one of the most challenging for homeless services. X's health and social care needs were complex and X was determinedly resistant to interventions connected to their mental health. The combination of vulnerability and the threat of harm X posed to others, whilst not unique, were amongst the most serious and concerning. A range of services was in place to address these needs, and they had the potential to join together in a coordinated and purposeful way. The absence of agreement about their mental health needs and X's unwillingness to engage with MH services acted as a barrier to such work. Whilst individual agency procedures were followed, these (for the most part) lack an individual 'person centred' approach. The exception to this being staff from the charitable sector who showed greater flexibility in their dealings with them. The determined focus on reconnecting X with their local area, whilst understandable as it offered X the best chance of being housed, was done in such a way that risked them feeling unheard. Of paramount concern is that the procedures that were in place to protect and support X (Multi Agency Procedures for Safeguarding Adults at Risk and Sussex Multi-Agency Neglect Procedures) were for the most part not invoked and as a result an integrated and coordinated multi-agency partnership led approach was not achieved.

6. Recommendations

1. Where it is known that an individual subject to a VAAR or any equivalent from another authority is resident in Brighton and Hove the LA should seek information about the alert from that authority and undertake their own multi- agency risk assessment to determine what action is needed by them.

2. The Adult Social Care Social Work Service should review their professional oversight and management of Safeguarding Alerts to ensure that they are compliant with agreed standards. This should include assessment of risk, appropriate recording

which captures professional judgment and collective agreement where a person's wellbeing is influenced by multiple agencies.

3. The Mental Health Homeless and Learning Disabilities Team should review their service user engagement strategies particularly as they relates to people who are diagnosed with or suspected of having a Personality Disorder to ensure that this accords with best practice.

4. The SAB needs to satisfy itself that all agencies represented on the Board who work with the homeless population understand the wider remit and value of Safeguarding Policies and procedures together with their individual agency responsibilities.

5. The SAB needs to assure itself that all agencies represented on the Board who work with people who self-neglect understand and agree the threshold, which makes this a safeguarding issue requiring action under Sussex Safeguarding procedures.

6. When reaching a determination about access to services the LA should ensure that all efforts are made at the earliest stage to establish a full antecedent history to include housing and medical records.

7. The SAB needs to satisfy itself that Adult Social Care, Housing and other services who work most closely with the homeless population have developed a clearly understood and coordinated assessment, referral and interventions pathway for people with a diagnosed or suspected Personality Disorders based on best practice.

8. The Quality Assurance Subgroup of the SAB take forward a multi-agency case file audit of a sample of cases regarding homeless individuals who are currently in receipt of the city's services. This report should be used in the development of audit standards

9. The SAB needs to satisfy itself that recommendations as they relate to: -
i) Homelessness ii) mental health iii) community safety contained in the 'Brighton and Hove Trans Needs Assessment 2015', have been fully implemented and meet the required standards of good practice.