Bexley Safeguarding Adults Board

Statutory Safeguarding Adults Review (SAR) Report and Findings known as Ms AB

This report has been commissioned and prepared under the statutory requirements of the Care Act 2014 by Internal Reviewer, Judith Clark, Safeguarding Adult Lead Bexley CCG and Performance Management and Quality Assurance Sub Group Chair for the Bexley Safeguarding Adults Board.

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1. Independent Chairs Foreword

This Safeguarding Adult Review was carried out so that the agencies involved in providing services to AB could learn lessons and improve practice. Agencies looked at how they worked as individual agencies and how they worked together. The aim of this work is to provide information, understanding and insight and importantly, to improve services as a result of that learning.

At the centre of this work is, of course, a 45 year old woman who had been homeless, although recently housed in her own right for the first time and who had been addicted to drugs and alcohol since the age of 15. We must retain her and her life in our sights and I know the agencies working across the services have done so.

I also want to extend sincere condolences to ABs family and friends, who have suffered significant loss.

The report highlights areas where agencies can improve working across boundaries and where information should be shared so that all professionals are aware of the wider picture when working with a vulnerable adult.

Also highlighted are areas of good practice, helpfully identified so that professionals continue to build a clear picture of what good looks like.

We cannot ever know for sure, but it is likely that early intervention could have improved the life of AB and we all need to be aware of the value of improving health and well-being.

And, as the numbers of street homeless increase, I consider it important to draw our attention to the fact that AB's age, at the time of her death at 45, she was just two years older than the National average age of death for those who are street homeless or living in temporary accommodation.

This is a well-informed helpful review which will support Bexley Safeguarding Adults Board to focus on improving services across all agencies providing services to vulnerable people in Bexley.

Annie Callanan
Independent Chair (January 2015-December 2018)
Bexley Safeguarding Adults Board
7th November 2018

2. Introduction

2.1 Criteria -
A Local Safeguarding Adults Board (SAB) must undertake reviews of serious cases in specified circumstances under Section 44 of the Care Act 2014 which sets out the criteria for a Safeguarding Adults Review (SAR).

A SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

(a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
(b) Condition 1 or 2 is met (set out below) -

Condition 1 is met if:
(a) the adult has died,
and
(b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Condition 2 is met if:
(a) the adult is still alive,
and
(b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.

A SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs). Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to:

(a) identifying the lessons to be learnt from the adult's case,
and
(b) applying those lessons to future cases.

3. Decision to hold a Safeguarding Adults Review (SAR)

3.1 A referral was made by Bexley Council's Domestic Abuse and Sexual Violence Strategy Manager, on behalf of the Multi Agency Risk Assessment Conference (MARAC), to the Bexley Safeguarding Adults Board (BSAB) on 29th March 2018 and was agreed by both the Bexley SAB Safeguarding Adult Review (SAR) Group Chair and the Bexley SAB Independent Chair that the criteria for a SAR on case AB were met under Condition 1 as set out above on the 2nd May 2018.

3.2 The circumstances of the referral were that AB had been found deceased on 11th January 2018 from a suspected drug overdose. AB had previously been the victim of Domestic Abuse and at the time of her death resided in Bexley. AB was in her 40's and died following a drug overdose only a few weeks following the release of her ex-partner from custody; both were in receipt of services.

3.3 The ownership of this SAR is the Bexley SAB, not individual agencies involved in the review process; sharing of this report is expected for learning purposes only. Note: any submissions to the Bexley SAB or the Reviewer by an agency or individual are owned by the submitting person/s and not the Bexley SAB, therefore, the Bexley SAB is not authorised to share this information.

4. Methodology

4.1 The methodology for this SAR was agreed to be an Internal Management Review (IMR) – chronology based, highlighting identified key learning themes. This was recommended by the Bexley SAB Safeguarding Adults Review (SAR) subgroup members and agreed by the Independent Chair of the Bexley SAB.

Key aspects of the process included:

- Consideration of multi-agency information submitted, including chronologies and reports;
- Individual conversations with practitioners, where necessary to support the information provided in the IMR or to provide local information*;
- The formation of a SAR Panel to consider agency information and agree the overview report;
- Practitioner event to reflect upon the learning to be arranged; and
- Action plans to be monitored by the BSAB

*All agencies were made aware that General Data Protection Regulations applied and that all information should be transferred securely.

4.2 The BSAB approached Judith Clark, Safeguarding Adult Lead for Bexley Clinical Commissioning Group to complete this Review and was appointed to undertake the SAR in the capacity of Bexley SAB (BSAB) Sub Group Chair and a BSAB representative not involved in the case.

4.3 Initial Scoping Submissions were completed from the following agencies and organisations:

1. London Borough Bexley Teams:
    (a) Adult Social Care (ASC)
    (b) Community Safety Services (CSS)
    (c) Independent Domestic Violence Advisor (IDVA)
    (d) Housing Services (Housing)
2. South London and Maudsley NHS Foundation Trust (SLAM):
    (a) Pier Road Project
3. London Metropolitan Police Service (MPS)
4. Lewisham and Greenwich Trust (LGT)
5. London Community Rehabilitation Company Probation Services (CRC)
6. Gallions Reach GP Practice (GP)
7. Oxleas NHS Foundation Trust (Oxleas)
8. Peabody Housing Association

*Note: The Church where AB and XY (AB's partner) attended would have been asked to submit an IMR unfortunately no agency was able to identify which Church was attended to seek this information.

5. The agreed Terms of Reference for the SAR were as follows:

5.1 What (if any) were the Domestic Abuse Multi Agency Risk Assessment Conference (MARAC) actions and timescales between the first MARAC and second MARAC presentation?

5.2 What is the process of risk management for high risk individuals against best practice?

5.3 What does public health in Bexley evidence against suicides in Bexley v. Nationally? (This question was found subsequently by the panel not to be the correct question and was changed to 'What does Public Health in Bexley evidence against death from drug overdose in Bexley v. Nationally?' This was agreed by the SAR sub group Chair.

5.4 Identification in communication gaps between agencies

(5.1, 5.2, and 5.4 are all addressed through the themes and action section 11. 5.3 is explored at the end of section 11)

6. Organisations involved in the SAR

6.1 The final list of agencies and organisations providing an IMR for the SAR were as follows:

1. London Borough Bexley:
   (a) Housing Services
   (b) Community Safety Team
   (c) CIT – Crisis Intervention Team; Independent Domestic Violence Advocate (IDVA)
   (d) MARAC
   (e) Adult Social Care- Safeguarding Team
2. Oxleas NHS Foundation Trust
3. SLAM - Pier Road (Drug and Alcohol Services)
4. London CRC Probation Services
5. Lewisham and Greenwich Trust:
   (a) Queen Elizabeth (IDVA)
   (b) Safeguarding Team
6. London Metropolitan Police Service
7. GP Practice (Greenwich CCG)

6.2 The Reviewer met with:

1. SLAM Pier Road Drug and Alcohol Service
2. London Borough of Bexley:
   (a) Public Health Services
   (b) Domestic Abuse (CIT and IDVA) Services

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7. Involvement of Family Members and Significant Others

BSAB SAR Toolkit and Statutory Guidance states*: When compiling and preparing to publish reports the BSAB will consider carefully how best to manage the impact of publication on Adult(s) at Risk, family members and others affected by the case.*

- Attempts were made to contact the sisters of AB prior to starting the review inviting them to speak or meet with the Reviewer. The address of only one sister was available and she was asked to pass on the information to the other family members. The sister who received the letter phoned the Reviewer and provided some background information and expressed that she would appreciate meeting to discuss findings when the report is complete before publication. There has been no contact with other family members. Subsequently, the family member made a decision not to meet and discuss the report but will receive a copy of the report once it is published.

- A decision was made not to contact XY, the ex-partner of AB, as he was the perpetrator of the domestic abuse towards the deceased and is also vulnerable due to drug and alcohol addiction. At the second panel meeting it was agreed that the drug and alcohol service would make a judgement as to whether XY should be informed of the review.

- AB's adult daughter was not contacted due to lack of contact information.

8. Parallel Investigations and Reviews

1. A Coroner's Inquest in respect of AB was opened and adjourned.

2. This case was not referred the Community Safety Partnership for consideration for a DHR as it would not have met the criteria i.e. it was classed as 'accidental overdose' and not suicide.

3. SLAM completed, as with all deaths during treatment, an Incident Review. The case has been reviewed at the Addictions Clinical Academic Group Serious Incident Panel. A Coroner's Report was also requested. None of these were submitted with the IMR for this Review.

9. Background

AB was 45 year old woman who moved into a housing association flat in November 2017, she was excited and optimistic about the future when she moved in as this was the first time she had her own tenancy. On 11/01/2018 she died in her housing association flat from a drug overdose. Emergency services were contacted by her partner and friend who were in the flat at the time. Her partner (XY) and paramedics tried to resuscitate but sadly were unable to revive her.

XY, her partner of 10 years had recently been released from prison following a prison sentence for Grievous Bodily Harm (GBH) against AB in August 2017- there had not been any previously known episodes of domestic abuse. Two members of staff who had worked with both AB and XY said that it always appeared that AB 'wore the trousers' in the relationship. It was their view that the domestic abuse had appeared out of character. AB is reported as saying that she had been very shocked by the attack and said that although she would never trust him again she still saw him as her closest friend.

From information provided by AB's family she had been taking drugs from the age of 15 and would spend days lying in bed. AB was described as a drug addict living a chaotic life. AB was dyslexic and was not confident in reading or writing, leaving school with no qualifications. Post school AB undertook a hairdressing course, but far as professionals are aware she had never worked.

It is also known that AB has a daughter who was 17 at the time of her death and who was removed from AB's care when she was a baby. In 2006 AB's boyfriend (who is thought to have been the father of her daughter, but this is not confirmed) died (cause of death unknown). Soon after his death it has been reported that AB tried to take her own life (as this is not within the scope of this review this has not been confirmed).

AB was known to the current provider of drug and alcohol services since 2007. She suffered from respiratory and liver problems, with a diagnosis of Hepatitis C. AB had an appointment to meet with her key worker at drug and alcohol services every 2 weeks. She did not always attend at the appointment time but did stay in contact with the keyworker. She was prescribed methadone by the prescriber at the drug and alcohol service which was given by the pharmacy on a daily basis. Physically she was frail – just over 36kgs at the time of her death. It appears that she was often reliant on the food bank for her food and food vouchers were given when needed. The GP prescribed supplements for the purposes of weight gain at the end of November 2017.

For years AB was essentially homeless. From 2007 – 2016 she lived in Lambeth, Southwark, Greenwich, Bexley then Southwark again, finally returning to Bexley in 2016. AB would on occasion over the years return to her mother's house. Sadly, her mother died 3 years earlier, from Motor Neurone Disease and Cancer. According to information received from the family, AB moved in with her mum with the intention of caring for her at the end of life, however, this arrangement was not very successful. AB and her partner XY lived together in a property in Thamesmead in 2016 which became overrun by crack users and they were moved to Sidcup. The tenancies in both of these places were only in XY's name, which led to AB being homeless following the domestic abuse incident.

AB was estranged from her family for 3 years prior to her death; this was following a family row over the inheritance left by their mother. There had been years of on-going family friction with family members being unhappy about the way AB had treated their mother whilst she was living with her, and due to her behaviour brought about through her addiction.

AB did not receive any psychological support and did not qualify for rehabilitation services due to the fact that she was unable to remain drug free long enough to qualify for this. She had some mental health input in the past for depression but at the time of the Domestic Abuse Incident was assessed as not requiring secondary mental health support. She did however have ongoing support from drug and alcohol services. She is said to have received two or three terms of rehabilitation many years ago and talked about 'getting clean' but did not manage to do so. AB is reported as often purchasing drugs over the counter and off the street, she would take these drugs in addition to the prescribed methadone, which was administered daily due to the risks of overdose.

10. A Summary Chronology of Key Events - listed by key event periods of time. (NB - This section is for reference if needed when reading the analysis and learning sections.)

10.1 Key Events: Pre-Domestic abuse Incident (before August 2017)

2007 – 2016 – AB was receiving support from drug and alcohol services in a series of boroughs including Bexley. Two referrals were made to adult social care in 2010 and 2011 for legal substance abuse.

February - April 2016 - Police were called to a 'verbal argument' on 25th February 2016 and a Merlin (police database about vulnerable people) was raised by the Police in April 2016 due to AB being intoxicated and rambling. The Police passed this information to the GP.

August 2016 - The Community Safety Team (CSS) were contacted by the Private Sector Leasing Team on the 22nd August 2016 raising safeguarding concerns about both AB and XY because a group of males had befriended AB and XY had taken over the property for drug production and storing weapons. They were moved to Gramby Hotel as a temporary measure however CSS were not informed of the final address which was in Sidcup.

CSS brought AB and XY to Gallion's Housing offices to discuss as a place of safety. The couple were signposted to call drug and alcohol services. Victim Support was not referred to as CSS, Drug and Alcohol Services and Housing were already involved. It was thought that although AB and XY were victims, they were not in a position to cope with more agency involvement.

September 2016 - AB reported on 7th September 2016 that a group of males were in the flat in possession of a firearm. The Police were informed people were in their flat cooking drugs for supply. The couple alleged that they were threatened with a firearm.

On the 10th September 2016 – a Misuse of Drugs Warrant was executed by the Police at the address. AB and XY were present and were arrested for possession of Class A drugs – they had been spoken with before the raid and had been told to go along with the arrest.

10.2 Key Events: Domestic abuse Incident 2017

AB and XY had been settled in Sidcup following the arrest in September 2016.

August 2017

25th August 2017- Domestic Abuse Incident
On Friday 25th August 2017 at approximately 0230 hours a call came in to the Police from a neighbour stating that his neighbour was battering his girlfriend and dragging her down the stairs. AB was found to be asleep, intoxicated through drink or drugs. XY who was alleged to have kicked her was charged. AB said that it was XY who had harmed her but later retracted this. The incident was witnessed by a neighbour.

29th and 31st August 2017 – Contact with the Independent Domestic Abuse Advocate
Following the Domestic Abuse (DA) Incident AB was seen on the 29th and 31st of August 2017 by the Independent Domestic Violence Advocate (IDVA) and the Safeguarding Lead for Lewisham and Greenwich NHS Trust where she had divulged to staff that her partner had thrown her down the stairs and punched her with his fists.

AB denied, to the IDVA, that XY had hurt her and said that she was trying to get her partner bailed. Due to her denial of the domestic abuse no safety plan was put in place by the IDVA. The IDVA made a Bexley social services referral but this was not taken forward.

29th August 2017 - Safeguarding Concern raised by the Acute Trust
Following the domestic abuse incident a safeguarding concern was raised by the acute hospital, on the 29th August 2017, highlighting ABs situation. The concern shared the following information: AB had been brought in by ambulance following neighbours calling 999 after hearing shouting and banging; AB found at bottom of stairwell, unresponsive initially; in the Emergency Department AB had remained drowsy; when alert, AB had reported that she and partner took crack cocaine yesterday and she had 2 cans of beer; AB had reported that he became 'mad', threw her against the wall, hit her with his fists and threw her down multiple flights of stairs; AB had reported that there were no previous episodes of violence; AB had been seriously assaulted by partner, had no place to live and was a vulnerable adult due to drug use.

29th August 2017 – Outcome decision of the safeguarding concern
The same day the adult social care triage hub outcome decision was recorded with the following information: {Telephone Call to AB on home number on system. Wrong number for AB - Telephone Call to Gallion's Reach GP Practice; face to face conversation with Crisis Intervention Team (CIT) - AB is known to CIT as Housing had raised previous concerns to them directly; face to face discussion with Housing Team. Housing advised adult social care that AB was temporarily placed in a temporary hostel in Erith awaiting a refuge. Housing advised that AB does not have a working phone at present.}

The plan recorded was as follows: - 'AB does not have any care and support needs; however in AB's 'best interest' a referral was sent to CIT who allocated an IDVA. The referral was passed to Crisis Intervention Team as AB thought not to be in need of care and support and therefore not eligible for safeguarding.'

10.3 Key Events: Following the Domestic abuse Incident September 2017 - January 2018

4th September 2017 – Discharge from Hospital
AB was discharged from hospital and presented as Homeless to the London Borough Bexley (LBB). She was provided with a place in a hotel in Medway for one night and then moved to temporary accommodation in a hostel in Erith. Drug and Alcohol Services made a safeguarding and a MARAC referral.

5th September 2017 – A Crisis Intervention Team IDVA Appointed
Crisis Intervention Team allocated IDVA (IDVA did not receive allocation until 18th September 2017).

15th–18th September 2017 - Homeless assessment with housing
It was noted that AB was a recovering drug addict on methadone. AB was recorded as vulnerable due to domestic violence and chronic obstructive airways disease. Priority status given. Automatic

bidding was organised due to difficulty AB had in reading and writing. AB advised that she did not wish to be placed in Sidcup or Thamesmead due to past association with drugs.

18th September 2017 – IDVA telephone contact with AB
CIT IDVA contact started via temporary accommodation main line as AB did not have a telephone.

22nd September 2017 – Cancellation of appointment with IDVA
AB cancelled the appointment with the IDVA as she wasn't feeling well.

25th September 2017 – AB suspect in a house theft – Not substantiated
AB was living in temporary accommodation when she became a suspect in a theft from the home of a Church acquaintance for whom she was voluntarily cleaning. Note: As previously mentioned that no agency could identify which Church this was.

25th September 2017 – GP trying to make contact and gather information
The GP surgery trying to make contact with Adult Social Care to find out if a social worker had been allocated and if there are any actions for the surgery. GP informed LBB that they had the wrong mobile number for AB.

Referral made to Bexley Women's Aid. AB was thought to be too high risk due to her vulnerabilities, so support responsibilities remained within the Crisis Intervention Team.

26th September 2017 – Communication between CIT IDVA and ASC
The IDVA informed ASC triage team that AB has missed her appointment

October 2017 – GP, Urgent Care Centre and IDVA contact. Unsettled time for AB
AB was living in temporary accommodation with no personal telephone. The GP surgery tried on multiple occasions to contact AB. IDVA made contact and acted as liaison. Good communication between CIT team and GP surgery. Erith Urgent Health Centre raised a concern with GP practice that AB had attended there 5 times in the last 12 months for repeat prescriptions. They expressed concern that she was not receiving the correct follow up.

Health review arranged by surgery for the 30/10/2017. Appointments made and missed but always followed up by the surgery. This was a chaotic time for AB, not attending appointments, housing benefit stopped, requiring foodbank vouchers were given as AB was without money.

3rd November 2017 – Multi Agency Risk Assessment Conference (MARAC)
ABs case presented was at MARAC (additional risk factors for AB were recorded a drug and alcohol use and it was noted that she was without a mobile phone. There is no record of any safety plan for when XY was released.

9th – 13th November 2018 – AB's Housing bidding history
7 auto bids for housing made for AB. 4 of the 7 were in Erith (where she had previously been involved with gangs and drugs) 2 were for Welling; one unsuccessful bid; 1 where she was 35th on the waiting list; and 1 in Belvedere where the bid was unsuccessful.

14th November 2017 – Weight loss and successful bid for tenancy in Thamesmead
A telephone call from AB to the IDVA saying that she had lost a lot of weight and was feeling very weak, but was very excited about the new flat. She wanted to return to the Sidcup flat to collect her belongings and in particular pictures from her mother's funeral. She was advised not to return to the flat until a safety plan was in place.

16th November 2017- GP consultation with AB
AB attended GP practice - weight 36.7kg MBI 14.89kg/m2. Flu vaccine given. Due to the number of issues AB was asked to make another appointment. She was very unhappy about this and left the surgery.

17th November 2017 – 24th November 2017 – Move into own flat
SLAM (Pier Road) staff accompanied AB to the Housing Association to sign the tenancy. It was noted by Pier Road that she had ticked 'no' to drug and alcohol dependency.
AB for the first time in her life had her own tenancy on a flat. She is reported to have been very happy about this and was slowly buying furniture to make it home. XY sent a message to AB via his sister saying that he was very sorry for what he had done and was pleased that she had a place to live and that she was safe.

27th November 2017 – **GP appointment - Food supplements prescribed**
Seen by GP and food supplements prescribed due to high MUST ('**MUST**' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese) score). A plan was put in place for her to return in two weeks for review.

December 2017 – Meeting with Keyworker at Pier Road (Drug and Alcohol Service)
Seen and weighed at drug and alcohol service 5stone 6lbs – reported as looking well.

19th December 2017 – **Perpetrator of Domestic abuse released from Prison**
XY released from prison on licence – no agencies working with AB were informed of his release.

22nd December 2018 – AB telephone conversation with CIT IDVA
AB reported being happy – she loved her flat and was decorating it. She had heard from XYs sister that he had heard that she had a flat and was very happy for her. AB reported that she had received a diagnosis of Chronic Obstructive Airways Disease. The IDVA had said to AB that she would contact her after Christmas and then close the case.

3rd January 2018 – Keyworker concerns for ABs safety and wellbeing.
Email was sent from Drug and Alcohol Services to the Crisis Intervention Team, IDVA.

AB had a positive 6 weeks settling in visit and a Peabody Hardship Fund application had been completed. Benefits issues had been identified and resolved.

Drug and alcohol were concerned that AB had asked for her pharmacy to be changed to a pharmacy near where XY was living as she wanted to stay with him for 2 weeks. This was refused due to the risks and AB was spoken to alone to explain this. AB had then told XY who was angry and volatile towards the drug and alcohol worker saying that she was accusing him of being a woman beater. He said that he would move in with AB if necessary.

4th January 2018 - CIT Safety Plan agreed:

- MARAC referral to be made by drug and alcohol services.
- IDVA to contact MPS to see if there were conditions on XY's licence**.**
- CIT to contact the Community Safety Officer at Peabody of the concerns for AB and to find out if there are any clauses on the tenancy re perpetrators visiting the property.
- IDVA to arrange meeting with Housing Manager and AB

9th January 2018 – Response from Probation Service
Response from probation service to the police saying that the only condition on the licence was for XY to report for meetings and to inform them of any change in address.

10th January 2018 – **Sharing of Information about risk**
Concerns raised by Community Safety Officer for Peabody that if AB was a Bexley nomination she should not have been placed in Thamesmead.

CIT IDVA email to Drug and alcohol Service arranging to meet AB at the drug and alcohol service (this would have been the first face to face meeting).

CIT IDVA sent email on the 09/01/2018 to the Housing Association asking Gallions if they have clauses in tenancy agreements about perpetrators and informing them of the concerns. Response

received explaining that there is no clause. AB would need to approach Gallions for help and then they could support her.

CIT IDVA to email Key worker at Drug and Alcohol Services requesting a joint visit – IDVA aware that AB had resumed relationship with XY and that he has stated that he would give up his property to move in with AB.

Email from Housing Association to CIT IDVA saying that a caution alert would be put in place and querying whether AB was placed in the area by Bexley as this should not have happened.

MARAC Minutes noted - MPS were told by XY and a friend who was present the night AB died said that AB had been approaching members of the public asking for money and then purchased Pregabalin off the street.

XY took some and it wasn't confirmed if AB had also taken any. XY said he often took drugs from AB to prevent her from taking them. They went home with the friend and stayed up talking until midnight when AB became short of breath. At midnight AB had been short of breath and the friend had given her an asthma pump and a drink.

AB then slept. AB was last seen asleep but alive by the friend at 3am – when the friend woke later finding AB dead. XY had tried to perform CPR.

11th January 2018 – Final episode
AB deceased. Police were told by XY and a friend who was present the night AB died that AB had been approaching members of the public asking for money and then purchased Pregabalin off the street, (Pregabalin is a drug which has recently been reclassified as a class C drug due to the fact that it is known to cause drug overdose when taken with other drugs).

XY took some and it wasn't confirmed if AB had also taken any. XY said he often took drugs from AB to prevent her from taking them. They went home with the friend and stayed up talking until midnight when AB became short of breath and the friend gave her an asthma pump and a drink.

She then slept. She was last seen asleep but alive by the friend at 3am – when they woke later the friend found AB dead. XY tried to perform CPR. XY recorded no evidence of foul play/disturbance. Suspected drug overdose.

Cause of death confirmed by the Coroner to be Methadone Toxicity – AB found to have taken diazepam, cocaine, dihydrocodeine and a significant amount of methadone.

30th January 2018 – MARAC
Case heard at MARAC on the 30th January 2018 after AB death.

29th March 2018 – Notification of potential SAR
Notification by Domestic Abuse Lead to Head of Safeguarding Adults regarding a possible Safeguarding Adults Review...

11. Analysis, learning themes and recommendations

As detailed in section 5 there were 5 specific questions included in the Terms of Reference for this Review. These questions are addressed in this section and will be referenced as such. Some of the information below will unavoidably reiterate some of the information provided in the chronology:

11.1 Outside of the scope of the SAR (Before 2016)

The remit of this review does not include support provided to AB before 2016 but it is noted that AB's addiction goes back to when she was 15. Public health confirmed that there is currently no preventative programme in schools for drug and alcohol use and research has shown that this would

be an effective preventative tool. The Community Safety Service has stated that there is a plan in place to target year 5s for preventative work.

Also pre 2016 AB suffered the death of a long term partner and the removal of her child from her care – there is no indication that she was given psychological support following these incidents and the current pathways available in Bexley would prevent her accessing these services. AB lived her life with limited ability with reading and writing and there is no evidence to suggest that she was supported to address this. Although higher education is available for drug and alcohol users in Bexley this can only be accessed via higher education colleges. It has been the experience of the AB's keyworker that there is a need for a specialist service coming into the support service as the people accessing the service wouldn't feel confident to go to a college – this effectively excludes some sections of the Bexley population from this opportunity.

Identified gaps in services identified from in this time frame are:

- Drug and Alcohol awareness prevention for children and adolescents
- Support with numeracy and literacy issues for people addicted to drugs and alcohol who are unable to access higher education services.
- Access to mental health and psychology services for people with a dual diagnosis of drug and or alcohol abuse with a need for on-going mental health or psychological support.

These issues are addressed in recommendations further in this report.

11.2 Themes arising from opportunities for intervention 2016-2018

Opportunities for intervention and / or information sharing appear to be:

- Gang related incident in 2016
- Post Domestic Abuse incident in August 2017
- Re-housing of AB November 2017
- Release from Prison of XY

The themes for development arising from these incidents have been identified as follows:

- Theme 1 –Single and Multi-agency risk assessment and high risk safety planning for high risk individuals.
- Theme 2 - Threshold for Accessing Psychology and Mental Health Services.
- Theme 3 – Housing availability for victims of domestic abuse who are also in need of support with addiction.
- Theme 4 – Communication issues.

11.3 Theme 1 –Single and Multi-agency risk assessment and safety planning for high risk individuals

11.3.1 The terms of reference question relating to this theme are: What is the process of risk management for high risk individuals against best practice (5.2)?

In Bexley at the time of writing this report there are 4 processes for management of high risk clients:

1. the adult safeguarding procedures;
2. the MARAC for those at risk of harm from Domestic Abuse;
3. the Mental Health High Risk Panel for those with a diagnosed mental illness**;**
4. the Community Safety High risk Panel

The overall purpose of all of these procedures and panels are to identify risks and put together multi agency risk management plans to support the person to achieve the level of safety that they feel comfortable with.

Access to Adult Safeguarding

There is no national 'threshold' for adult safeguarding. In the context of the legislation, Care Act 2014, specific adult safeguarding duties apply to any adult who:

- has care and support needs
- is experiencing, or is at risk of, abuse or neglect
- is unable to protect themselves because of their care and support needs.

Local Authorities can use discretion to provide support where the above eligibility criteria have not been met.

Access to Domestic abuse MARAC (Multi agency risk assessment conference)

The Domestic Abuse MARAC is a meeting that brings together representatives from a number of agencies including police, local authority, health, housing, domestic abuse specialists and representative from statutory and voluntary sectors in the local area to discuss the safety, health and well-being of people experiencing the highest risk domestic abuse (and their children)

The criteria for the Domestic Abuse MARAC are dependent on completing the multi-agency DASH Risk Assessment Checklist and the following applies:
Visible high risk 14+ ticks
Escalation
Professional judgement

Access to the Mental Health High Risk Panel

The panel is intended to oversee the safe management of people who may have mental health problems and who pose a risk to themselves or others and who may or may not already be open to Oxleas NHS Foundation Trust. Improving the management of people at risk and who come to the attention of any of the panel agencies is a key goal.

The Mental Health High Risk Panel will accept referrals from GPs and from Colleagues who have a concern about the management of risk to a person who has a mental health illness and who may be putting themselves or others at risk.

Access to the Community Safety High Risk Panel

The Bexley Community Risk MARAC (CR MARAC) is a multi-agency meeting where information is shared on complex, high risk cases between representatives of the local authority, local police, mental health services, housing practitioners, safeguarding advisors and other specialists from the statutory and voluntary sectors.

Cases that are referred to the CR MARAC should involve individuals whose behaviour affects persons in the London Borough of Bexley and those currently experiencing on going victimisation or are at risk of harm. Referrers need to be mindful whether the CR MARAC is the appropriate meeting to discuss the case, as there may be another meeting that could manage the case more effectively.

The current risk assessment scorecard is a practical tool which can be used by the person making the referral to establish the risk posed to the individual and whether the individual is suitable for the CR MARAC or whether consideration needs to be given for referral to another agency/meeting.

The current risk assessment score that meets the threshold for referral is 25+. Referrals that have a score of less than 25 should remain with the referring agency for routine actions or multi agency work outside the CR MARAC. The Panel reserves the right to adjust this threshold if deemed necessary.

The availability of these panels is in accordance with best practice however the criteria, thresholds, referral pathway and cross-panel communication is not clear, The result of this is that front line practitioners are not all aware of the existence of these panels or of referral routes.

Recommendation 1: *Ensure the DASH process is in place to assess risk to clients prior to making contact with them.*

(See also further recommendations in the report relating to risk assessment.)

11.3.2 Assessment of Risk factors for AB

All individual agencies have procedures and processes in place for risk assessment and risk management, however not all include what escalation processes are available where the person is at high risk of harm. For AB there is evidence of some risk assessment and of cross agency discussions, however, the evidence suggests that some opportunities for multi-agency and holistic risk assessment were not known or taken.

Police intervention in a gang related incident

In the 2016, a gang related incident the risk was appropriately raised with the CSS by the Private Sector Leasing Team and appropriate action taken to make the couple safe by finding them temporary accommodation. The CSS had taken appropriate action to meet with AB and XY in a safe place convenient for them. The Metropolitan Police Service (MPS) were made aware of the situation by the CSS and contacted the victims to check on their wellbeing which was good practice. Unfortunately, there does not appear to have been appropriate risk assessment undertaken to ensure that the timing of the police contact was safe for AB and XY. XY was in fact with gang members when the police made contact and this would have prevented an open response to questions on the wellbeing of XY and AB. The CSS had no more knowledge or contact in relation to AB until after the domestic abuse incident in 2017 and were not aware of her new address. The lack of joint safety planning in 2016 between MPS and CSS in relation to AB has been identified a missed opportunity for joint safety planning and was a missed opportunity to address the issue of AB having no tenancy rights and being essentially homeless.

Discharge from the Acute Trust following Domestic Abuse and drug overdose.

In August 2017, the acute trust appropriately identified that AB was at risk and made an adult safeguarding referral to the Local Authority, the trust also ensured that she had an opportunity to talk with the hospital IDVA. The hospital IDVA then made attempts to involve adult social care but AB was not eligible. The hospital IDVA then made a decision that as the domestic abuse was being denied by AB then a safety plan was not indicated. There was however sufficient evidence at this time to be clear that AB had suffered Domestic Abuse from her partner and good practice would have been to complete the risk assessment with the information available. AB was discharged and it was stated that she was 'not vulnerable' – this was presumably due to the fact that adult social care had informed the Trust that AB did not meet the criteria to be safeguarded under the care Act 2014. AB was around 6 stone, suffered with severe asthma (diagnosed as Chronic Obstructive Airways Disease 6 weeks later), had Hepatitis C, had overdosed on drugs, had been the victim of domestic abuse and was homeless. AB was discharged from hospital with police and temporary housing support. There does not appear to have been a clear plan to ensure she had money to live on, or to address her considerable health needs – in particular a very low Body Mass index. The criteria for ensuring a safety plan is in place prior to discharge from hospital is not specified and presumably were not found necessary in this case due to the fact that AB was not classed as an adult in need of care and support.

Action in progress - The discharge policy at Lewisham and Greenwich Trust is currently being reviewed with a consideration for when a risk assessment prior to discharge would be indicated.

Adult Social Care (ASC) Referral following the Domestic Abuse Incident

ASC receive a safeguarding referral and care needs referral, from the acute trust. The drug and alcohol key worker also raised a safeguarding concern. However the adult social care triage team found that AB did not meet the criteria for adult safeguarding. The triage team then appropriately referred the case to the Crisis Intervention team and to Housing through face to face discussions with colleagues having identified the risks in relation AB being Homeless and the victim of Domestic Abuse.

It arguably could have been an opportunity for adult social care to use discretion in this case to ensure that there was a multi-agency conference to address all of her vulnerabilities and to address

the self-neglect aspects; however they were of the view that this would be achieved through the Domestic Abuse MARAC process and made this referral. There is currently no guidance in Bexley (or in any other Borough that the author of this report is aware of) as to under what circumstances there may be a need to exercise discretion in relation to eligibility for adult safeguarding. People who are drug or alcohol dependent and who are homeless could be a group to consider in relation to this.

On discussion with the safeguarding review panel some felt that the Community MARAC may have been appropriate at this point and others interviewed for this review felt that an adult safeguarding planning meeting would have been appropriate. Either of these processes could potentially have ensured much quicker and more thorough assessment of risk which could have resulted in more effective safety planning for AB. This would have ensured a more coordinated approach to manage her health, social and housing needs and may have ensured that a safety plan was in place in relation to the release of the perpetrator from prison.

Risk assessment and the Domestic Abuse MARAC Process

There was no evidence from the IMRs or from the interviews that all of the vulnerabilities and risks for AB were identified either by single agencies or through the MARAC process. Had there been a multiagency professionals conference at the point of discharge from hospital, under any of the multiagency processes, then all risks could have been identified and minimised.

A multiagency safety plan for AB prior to or immediately following discharge from hospital to address housing, physical health, benefits, drug and alcohol, post domestic abuse issues, such as planning for when XY was released from prison, and of the risks of being homeless with her health issues, may have identified that AB was at high risk of harm. For unknown reasons the case was not taken to the MARAC until November, and the combination of risks for AB were not identified. The MARAC process has developed since then and it is believed that a professionals meeting would be mandated as a part of the safety plan.

Housing

Immediately following discharge from hospital AB was placed in a temporary hostel in Erith. She was registered as high priority for housing and it was recorded that AB did not wish to live in the Thamesmead area. The reason she did not wish to live there was due to previous links with drug users and gangs. Unfortunately, the only options available to AB were in that area and as the Housing Association were unaware both of the previous gang related activity in 2016 and of her drug dependency, she was offered and took up a tenancy in that area in November 2017. The housing association have since stated that had they had the full facts they would not have felt it appropriate to house AB in this area. This raises questions of availability and suitability of housing for people who have suffered Domestic Abuse and who are continuing to use drugs or / and alcohol.

Release from Prison of Perpetrator. Police, Crisis Intervention team – IDVA, Housing, Drug and Alcohol and Probation

XY, the Perpetrator of the Domestic abuse was released from prison in December 2017. No agency had assessed what risks there may be for AB on his release and none were aware of his release. There does not appear to have been any consideration by the MARAC, CIT, IDVA or probation service of risks for AB and so risks relating to this were not identified. This meant that no plan was in place to support and protect AB on XYs release from prison. In January 2018 when it became apparent to ABs drug and alcohol worker that XY and AB were spending a considerable amount of time together and that XY had displayed aggressive behaviour towards the keyworker ABs drug and alcohol keyworker identified the risk to AB and escalated appropriately. Had a multiagency professionals meeting taken place prior to this then a plan could have been put in place to help AB understand the risks of allowing XY back into her life , at a time when she was reported as making good progress.

Recommendation 2: *To review and revise a Borough wide process for agreement of the most appropriate process to use, and a timescale requirement, for a multiagency conference to identify and address risk for high risk.*

Recommendation 3: *IDVA services to give recommendations to the Courts when Domestic Abuse is known to have occurred – e.g. Injunctions.*

Recommendation 4: (linked to 3) *MARAC to include a Safety Plan for all risks to the victim, always including provision to keep the victim safe following the release of the perpetrator, housing and health risks.*

Recommendation 5: *Safety Plans for High Risk cases to be mandatory and shared across all agencies, unless sharing with a particular agency would be unlawful.*

11.3.3 Management of Risk

From the information above it can be seen that some identified risks were not formally assessed which meant that only a limited risk management plan was in place following the MARAC in November 2017. The result of risks not being identified is that management of risk was largely reactive. The information available suggests that the reason for this was a lack of knowledge of escalation processes and a culture of stopping seeking support when one avenue of support has been closed - i.e. the safeguarding route.
There was however evidence of positive multiagency information sharing both post Domestic Abuse and following the release of XY from prison.

Post Domestic Abuse
Mulita-agency risk assessment and management in August / September 2017 could have prevented some of the crisis situation arising. For example: benefits being stopped, significant weight loss occurring, tenancy being taken in a high drug use area where she had previously lived and ABs reengagement with the perpetrator of domestic abuse without the knowledge of professionals working with her.

Acute Trust, Hospital IDVA, Adult Social Care (ASC)
In 2017 AB was the victim of Domestic Abuse, was homeless and suffered deteriorating health. The Acute trust and IDVA did recognise risks and tried to refer on to ASC for assessment and safeguarding. ASC assessed her as not being eligible for support but did ensure that the crisis intervention team were aware of her. Once the adult care route was closed the acute trust classed AB as ‘not vulnerable’ even though to have raised the safeguarding concern they initially had assessed her as being so. This raises the issue of front line staff knowing where they can escalate concerns to if they feel that a risk to an individual is not being managed and their known route of support is closed.

AB did not meet the criteria for adult safeguarding in Bexley (referral in 2010, 2011 and 2017). In this period of time AB was very vulnerable and a coordinated approach to risk management may have reduced the risk of crisis situations, as listed above, occurring. This could have been an opportunity for professional discretion to have been used to ensure that a professionals meeting took place to look at risk or for one of the other escalation processes within the borough to be utilised. Adult Social Care did however refer to the MARAC where they understood that any risks for AB would be identified and managed.

Drug and alcohol Services and CIT IDVA
The drug and alcohol keyworker and acute trust also referred AB for adult safeguarding in the hope that there would be a multi- agency planning meeting. The drug and alcohol worker said that she was not made aware of the outcome of this referral although the safeguarding pathway has a mechanism whereby there should be an automatic response to the referrer informing them of the outcome. Although the referral was assessed as not meeting the Care Act eligibility criteria, adult social care did ensure that AB would have the support of the Crisis Intervention Team and Housing department. -On discussion with the safeguarding adult review panel it was agreed that, arguably, the Community High Risk Panel, may have been the most effective referral route for AB. This is a

panel was set up in 2017 and the referral route and the existence of this panel may not have been widely known. (See recommendation 2).

Health and Benefits
Issues relating to health issues and benefits were addressed in a reactive way when the problems had already arisen – post discharge from hospital AB had her benefits stopped, was diagnosed with Chronic Obstructive Airways Diseases and had a BMI of less than 15 – she was just over 36kg – under 6 stone in weight. She was going to the urgent care centre who were concerned that she wasn't getting the required follow up that she needed. The urgent care centre appropriately referred their concerns to the GP practice and the IDVA. The drug and alcohol key worker, GP practice and IDVA tried to support AB and there was some communication between the GP and the IDVA, however, the crisis situations may have been avoided with more proactive preventative multi agency risk management.

Housing
The Housing assessment had identified where AB should not be bidding for a tenancy, however the auto bid service, which was used due to AB having difficulty with reading and writing, bid in the high risk areas and due to rejections and waiting times from other bids, AB took a tenancy in an area where she had previously been involved with and the victim of drug producers and gangs. There was however no active management of this risk.

As can be seen from the chronology summary and good practice section of this report the Drug and Alcohol Keyworker and CIT keyworker took immediate action to safeguard AB when it was known that she was in close association with the perpetrator of domestic abuse. The CIT IDVA identified the risks and shared them with the Housing association where AB had a tenancy (The housing association had been unaware of any risks to AB). The MPS were also contacted in order that any terms of XY's release could be shared. (There was no contact made with the GP at this time and although this would not have affected the outcome for AB, it would have been good practice to do so.)

11.3.4 Terms of reference 5.1 What (if any) were the MARAC actions and timescales between the first MARAC and second MARAC presentation?

AB was eligible for the MARAC due to the domestic abuse she experienced in 2017 and could also have been referred to the Community MARAC, had front line workers been aware of the panel. The review panel felt that this may have been the appropriate route for risk management although both the acute trust and drug and alcohol services thought that adult safeguarding would have been appropriate.

The CIT IDVA team at that time only completed the safety plan when they were face to face with the victim and as this was never achieved there was no safety plan put in place by the CIT team.
The MARAC did not take place until 3 months following the domestic abuse incident - and even then the safety planning did not address all the relevant issues. The IDVA had not yet met with the victim as AB had cancelled the appointment – the IDVA did not ever manage to meet with AB.
Risk factors which were noted at the MARAC:

- AB having sustained a punctured lung and possible cracked rib following domestic abuse incident
- Both victim and perpetrator being crack cocaine users.
- Noted that AB didn't have a mobile phone
- Noted that the perpetrator was on remand – no safety plan in relation to his release.

There was no mention of the health issues for AB or of the need for a tenancy in a safe area. No safety plan was discussed other than continuing with drug and alcohol support service and support from the IDVA – both of whom did provide support to address immediate issues arising, but only as they arose – no preventative plan was in place. There was also no safety plan about the housing situation or of the need for AB to be supported to find accommodation in an area away from a drug culture and community which was familiar to her

The timescale between the first and second MARAC was two months (Terms of reference 5.1) the second taking place after ABs death. The reason for the first MARAC presentation being in November rather than September 2017 as planned remains unexplained as the relevant staff were not available for interview. The second MARAC was referred and heard appropriately in the same month as referral – sadly this was already too late for AB.

The CIT-IDVA did not manage to ever meet face to face with the AB, she was placed in Bexley in a high drug use area and there was no provision made to work with her on safety options on the perpetrators release from prison. The strategic lead for Domestic Abuse recognised prior to this that a whole systems review was needed and a strategic plan has now been developed and change is in progress.

Action already taken:

- ***When a face to face meeting can't be arranged between the IDVA and the client the safety planning is completed on the telephone***

- ***A new strategic plan is in place for the CIT and MARAC including a tender for outsourcing of the IDVA provision and more robust risk identification and safety planning in the MARAC.***

Recommendation 6 – All agencies to include in their procedures the process for escalating risks to high risk panels.

11.4 Theme 2 – Resources for people with Drug and Alcohol Services including access to mental health and psychology support

11.4.1 Terms of Reference 5.3. What does Public Health in Bexley evidence against death from drug overdose in Bexley v. Nationally?

This information is not available as the data is not gathered.

11.4.2 Summary of the services available for AB

AB was drug and alcohol dependent, homeless and had just been the victim of domestic abuse. She received a mental health assessment in hospital and was found not to require secondary mental health support at that time. She was receiving some support from drug and alcohol services but did not qualify for counselling or psychology services. To qualify for this service she would have needed to evidence that she was no longer using non-prescription drugs and alcohol for a period of around 6 months.

11.4.3 Drug and alcohol resources in Bexley

From 2017 Public Health currently commission the following via a single provider**:**

- assessment of needs
- individual keyworker throughout recovery journey onsite recovery groups including groups for - cannabis, Novel Psychoactive substances (spice, mephedrone, GBL for example), cocaine, crack, heroin and alcohol
- support for addiction to prescribed and over the counter medications
- substitute prescribing for opiate users
- families and carers service
- brief interventions for alcohol users
- housing support
- health interventions
- close working with criminal justice system
- support with accessing education, training and employment
- mutual aid groups including Narcotics Anonymous and Cocaine Anonymous

- peer support and specific training

Some of these services are only available for people who are managing to abstain from alcohol and or drugs and although, as an example, support to access higher education is a possibility in theory, it was suggested through conversation with professionals that this may not be a real option for many of the people using drug and alcohol services. There would be more of a need for support to be brought to them as a distinct group.

Action already in progress is that Public Health has recognised that there remain gaps in the service and are currently developing a new strategy.

National, Regional and Local Research and Information:

On a National level there is a project - http://www.alcoholpolicy.net/2015/01/blue-light-project-alcohol-concern-release-manual-for-working-with-change-resistant-drinkers.html which is challenging the idea that alcohol users resistant to change can't be helped. 22 Boroughs in the Country signed up to the Project and a manual of how to support these high risk people has been produced. Bexley did not choose to be part of this project and Public Health have been asked to provide a response as to what the reason was for this decision and what the alternative pathway is for alcohol and drug users who are resistant to change.

In addition to this, research shows that combining addiction treatment medicines with behavioural therapy ensures the best chance of success for most patients. Treatment approaches tailored to each patient's drug use patterns and any co-occurring medical, mental, and social problems can lead to continued recovery. drug use and addiction are preventable. Results from NIDA-funded research have shown that prevention programs involving families, schools, communities, and the media are effective for preventing or reducing drug use and addiction.
https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction

Recommendation 7: *A system to be agreed to ensure that victims of domestic abuse are supported to find accommodation in a safe place including consideration of placing in safer areas when at risk of other key factors (e.g. recovering drug addict).*

Recommendation 8: *Consideration to be given to whether there is a national need for supported accommodation for people who want to recover from drug and alcohol abuse.*

11.5 Theme 3 – Housing availability for victims of domestic abuse who are also in need of support with addiction.

AB expressed to professionals that she and XY were over and she expressly asked not to be placed in a high drug use area. Unfortunately the property which she was offered and accepted was not only in a high drug use area where she had already lived but was also in Bexley which would be contrary to safety planning for victims of domestic abuse. She had used the auto bid system due to difficulties with reading and writing.

A drug and alcohol worker spoken with was of the opinion that there is a need for some supported accommodation for people who have drug and alcohol addiction, particularly for those who are victims of domestic abuse as many refuges will not accept women who are using drugs and alcohol.

Recommendation 9 – Housing services to complete an audit and feedback to BSAB to provide assurance on reports given to private housing providers

11.6 Theme 4 Communication between agencies:

There was some very good communication between agencies when trying to support AB post the domestic abuse incident as can be seen in the good practice outlined in section 12.

This theme relates to terms of reference 5.4 - Identification in communication gaps between agencies.

The following communication gaps have been identified:

Gang related incident in 2016 -
- MPS / Housing did not inform CSS of AB's new address in Thamesmead; had they known they would have raised concerns.
- MPS did not risk plan with CSS re protection of AB and XY when contacting them re the gang involvement.

Domestic abuse incident in August 2017 -
- Drug and Alcohol Services were not contacted by the safeguarding team as AB did not meet the criteria for adult safeguarding and it was felt that Housing and Domestic Abuse services would provide the necessary level of support. An automatic reply would have been sent to the referrer saying that the concern was not being taken forward as a safeguarding enquiry.
- The IDVA was appointed on the 05/09/2018 but was unaware that she had been allocated the case until 18/09/2018. Reason unknown.
- The MARAC referral made on 05/09/2017 was not heard at MARAC until November 2017 – it is not clear where or how the breakdown in communication occurred
- The risk planning at the MARAC did not address the circumstance of the release of XY from prison, housing location or health issues.

Re-housing of AB November 2017:
- Lack of communication and multiagency risk management in relation to rehousing.
- The Housing Association Community Safety Officer was not advised of the specific vulnerabilities of AB by Housing Services until the email from the IDVA in January 2018.

Release from Prison of XY:
- The Probation Service did not make any other agency aware that XY had been released.
- The CIT IDVA did not alert health providers to the new risk to AB of being in contact with the perpetrator, in January 2018

General:
- The GP had no reports or contact from Drug and Alcohol Services since 2015.
- There does not appear to have been at any time a whole system review of the support that could be offered to AB taking into account national best practice in supporting people who have been the victim of domestic abuse and who are in co-dependent relationship with both parties being addicted to drugs and / or alcohol.
- Court licence restrictions do not appear to take the victim into account unless the conviction was for over 12 months.

The majority of communication issues identified will be addressed by previous recommendations.

Recommendation 10: *All agencies to ensure that they have a process in place to ensure that they are aware of which agencies are involved with their clients and that information is shared in a timely way.*

12. Good Practice

From analysis of the Individual Management Reviews made available together with the case notes, emails and verbal information received there have been several examples of good practice some of which can be seen below and in the chronology.

12.1.1 The Private Sector Leasing Team and Community Safety Service initially worked well to try to protect AB and XY in a cuckooing situation ensuring that they had a place of safety to go to.

12.1.2 In August 2017 the acute trust made appropriate and referrals to the Independent Domestic Abuse advisor, Mental Health Services and to the Local Authority Safeguarding team.

12.1.3 Good communication between drug and alcohol services and the acute trust to ensure that AB continued to get the daily methadone script.

12.1.4 Hospital IDVA responded promptly and saw AB twice.

12.1.5 Adult social care assessed AB as having no care and support needs and then ensured that she was referred to the Crisis Intervention team and housing for support.

12.1.6 Housing ensured that AB was on priority list for housing and put on the auto bid system due to AB having difficulties with reading and writing.

12.1.7 It was identified on housing assessment that areas known for high use of drugs and alcohol are to be avoided – vulnerability due to Chronic Obstructive Airways disease and Domestic Abuse also noted. (Unfortunately this was not followed through)

12.1.8 In September and October 2017 there was good communication between GP practice and IDVA. Good follow up by GP when AB was missing appointments and difficult to contact.

12.1.9 In September 2017 good communication between IDVA and ASC sharing information about missed appointment.

12.1.10 17/11/2017 letting team accompanied AB to view tenancy and sign papers

12.1.11 27/11/2017 Food supplements prescribed due to MUST and review planned for 2 weeks' time.

12.1.12 End of December 6 weeks settling in review took place with Housing Association. Problems with benefits identified and resolved. Hardship fund application completed.

12.1.13 4th January 2018 risks identified by Drug and Alcohol services were shared with the IDVA who in turn shared with the Police and with the Housing Association and a MARAC referral raised.

12.1.14 A caution alert put on the property by the Housing Association as soon as they became aware of the risks.

13. Recommendations for Action

13.1 Individual Agency Recommendations and Action Plans -

One of the main purposes of a SAR is to seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case and to ensure that those lessons are applied in practice to prevent similar harm occurring again.

As part of the Scoping and Individual Management Review process, the authors of these reviews were asked to identify areas in which their agency's practice could be improved. Only one agency identified any learning. However as can be seen from the above there were gaps in communications and in effective risk management. Gaps in adherence to best practice in service provision have also been identified.

The proposed recommendations and action plans are attached at Appendix 2.

13.2 Recommendations to the BSAB -

I have found nothing to suggest that the Adult Safeguarding Inter -Agency Policies and Procedures for which the BSAB is responsible are in any way lacking. However there are some cross agency learning opportunities which it may be helpful for the BSAB to monitor –

i. That the board seek audit assurance from the MARAC that safety planning is carried out in a timely and robust manner, including long term planning for when the perpetrator is released.

ii. That the BSAB seeks assurances from partner agencies that there is adequate and appropriate risk assessment and safety planning for all adults at risk of harm, including those who are actively using drugs and alcohol and /or are homeless.

iii. That the BSAB makes representation to Public Health and Bexley CCG to for assurance that best practice is followed in the commissioning of services for people who are drug and / or alcohol addicted in Bexley.

iv. That the BSAB makes representation to the children's board and Public Health in relation to ensuring that there is an alcohol and drug prevention programme commissioned for Bexley Schools.

v. Training in completing scoping forms and IMR to be offered to all agencies. Agencies to ensure that staff who worked closely with the client are involved in the process.

14 Closing Comments

AB became dependent upon drugs and alcohol at a young age and this resulted in a chaotic lifestyle and estrangement from her family. Due to her addiction to drugs she was excluded from access to some mental health and psychology services and was also found not to meet the criteria for adult safeguarding. There were clear gaps in risk assessment, identification and management which meant that risks to AB were not managed as proactively as they could have been.

It was clear that although AB suffered a very violent attack by her partner in August 2017 she wanted to continue in a relationship with the perpetrator and best practice would have been to ensure that a multi-agency plan was developed to support both AB and XY following his release from prison.

Due to AB's history any amount of risk or safety planning may not have saved her from the overdose which led to her death. However, it is evident that there were some opportunities for positive intervention which were not available or not taken: Had they been then it is possible that AB may have made been supported to have make different choices which could have prolonged her life.

The author of this report would like to extend condolences to the family and friends of AB and hopes that the implementation of the recommendations arising from this report will improve services for people in Bexley, particularly for those who suffer from drug and alcohol addiction, homelessness and domestic abuse.

Appendices:

Appendix 1: **List of recommendations**

Recommendation 1: Ensure the DASH process is in place to assess risk to clients prior to making contact with them.

Recommendation 2: To review and revise a Borough wide process for agreement of the most appropriate process to use, and a timescale requirement, for a multiagency conference to identify and address risk for high risk.

Recommendation 3: IDVA services to give recommendations to the Courts when Domestic Abuse is known to have occurred – e.g. Injunctions.

Recommendation 4: (linked to 3) MARAC to include a Safety Plan for all risks to the victim, always including provision to keep the victim safe following the release of the perpetrator, housing and health risks.

Recommendation 5: Safety Plans for High Risk cases to be mandatory and shared across all agencies, unless sharing with a particular agency would be unlawful.

Recommendation 6: All agencies to include in their procedures the process for escalating cases to the high risk panels.

Recommendation 7: A system to be agreed to ensure that victims of domestic abuse are supported to find accommodation in a safe place including consideration of pacing in safer areas when at risk of other key factors (e.g. recovering drug addict).

Recommendation 8: Consideration to be given to whether there is a national need for supported accommodation for people who want to recover from drug and alcohol abuse.

Recommendation 9: Housing Services to complete an audit and feedback to the BSAB to provide assurances on reports given to Private Housing Providers..

Recommendation 10: All agencies to ensure that they have a process in place to ensure that they are aware of which agencies are involved with their clients and that information is shared in a timely way.

Appendix 2: Bexley Safeguarding Adult Board Statutory Action Plan SAR-AB (Ms AB)

CONTEXT: This is the BSAB Statutory Action Plan following the SAR-AB (Ms AB) Safeguarding Adult Review. The Findings are that of an internal management reviewer, which were signed off by the statutory partners on 13th May 2019.

Recommendations	BSAB Actions	For whom	By when	BSAB Review Date
Recommendation 1: Ensure the DASH process is in place to assess risk to clients prior to making contact with them.	BSAB Chair will write to the Chair of the CSPB for joint work to seek assurances from CSPB that the Domestic Violence Services are using DASH and that training for professionals is available across the partnership.	BSAB Chair and CSPB Chair	1st April 2019	July SAR Sub Group
Recommendation 2: To review and revise a Borough wide process for agreement of the most appropriate process to use, and a timescale requirement, for a multiagency conference to identify and address risk for high risk.	BSAB Chair to write to the Chief Executive, London Borough of Bexley to seek assurances on embedding this recommendation to ensure all high risk individuals have a multi-agency forum for review.	BSAB Chair	1st April 2019	July SAR Sub Group
Recommendation 3: IDVA services to give recommendations to the Courts when Domestic Abuse is known to have occurred – e.g. Injunctions.	BSAB to share the recommendations with IDVA Services across the partnership in order for them to give assurances back to the BSAB.	IDVA Services for Bexley London Borough of Bexley, LGT, DGT, SLAM	1st October 2019 Annually	October SAR Sub Group Self-Assessment Tool and Challenge Event follow-up
Recommendation 4: (linked to 3) MARAC to include a Safety Plan for all risks to the victim, always including provision to keep the victim safe following the release of the perpetrator, housing and health risks.	Chair/Manager of the MARAC for assurances on regular quality audits to ensure embedding. BSAB to share recommendations with the	Chair of MARAC	1st October 2019	October SAR Sub Group

Recommendation 5: Safety Plans for High Risk cases to be mandatory and shared across all agencies, unless sharing with a particular agency would be unlawful.	Chair/Manager of the MARAC for assurances on regular quality audits to ensure embedding. BSAB to share recommendations with MARAC Chair.	Chair of MARAC	1st October 2019	October SAR Sub Group
Recommendation 6: All agencies to include in their procedures the process for escalating cases to the high risk panels.	BSAB to seek assurances from all agencies through self-assessment annual audits and spot requests of embedding escalation procedures into practice.	All agencies	Annually	Self-Assessment Tool and Challenge Event follow-up
Recommendation 7: A system to be agreed to ensure that victims of domestic abuse are supported to find accommodation in a safe place including consideration of pacing in safer areas when at risk of other key factors (e.g. recovering drug addict).	BSAB to seek assurances Domestic Violence Services, London Borough of Bexley, that when commissioning for services, those with drug/alcohol addictions are not excluded.	Domestic Violence Services, London Borough of Bexley	Annually	Self-Assessment Tool and Challenge Event follow-up
Recommendation 8: Consideration to be given to whether there is a national need for supported accommodation for people who want to recover from drug and alcohol abuse.	BSAB to escalate to the National SAB Chairs Network.	BSAB Chair	1st April 2019	April SAR Sub Group
Recommendation 9: Housing Services to complete an audit and feedback to the BSAB to provide assurances on reports given to Private Housing Providers.	BSAB to seek assurances from Housing at the annual self-assessment and challenge event.	Housing Private Housing	Annually	Self-Assessment Tool and Challenge Event follow-up
Recommendation 10: All agencies to ensure that they have a process in place to ensure that they are aware of which agencies are involved with their clients and that information is shared in a timely way.	BSAB to seek assurances from all agencies working with adults at risk in Bexley understand their duty of care with respects to sharing information.	All agencies	Annually	Self-Assessment Tool and Challenge Event follow-up