Richmond and Wandsworth Safeguarding Adults Board Safeguarding Adults Review – Harvey recording script

The Richmond and Wandsworth Safeguarding Adults Board undertook a Safeguarding Adults Review following the death of Harvey in order to understand how agencies might work together in future to support young people with complex lives and with mental health and substance misuse issues.

Harvey had a long history of involvement with statutory services. During his childhood he received support through CAMHS, the child and adolescent mental health services; he had previously lived in a secure unit, and in a Young Offenders institution. As a child, Harvey received treatment for Attention Deficit Hyper-activity Disorder and had learning and educational needs. As an adult, Harvey had care and support needs that arose from his mental health, substance misuse, and personal and social history, including having been a looked after child. Harvey had a diagnosis of unspecified non-organic psychosis and had been receiving support from the Early Intervention service. Harvey was aged 21 years old at the time of his death from a fatal stab wound inflicted by a Matthew, a fellow tenant in the mental health supported living service where they lived.

What did the review find?

1. There was a disconnect between the family and relationship-focused support offered to Harvey as a looked after child and his support as an adult with mental health difficulties, which focused more on Harvey as an autonomous individual. The care and support offered to Harvey operated with a narrow focus on social, medical, and behavioural treatment goals, and on dual diagnosis.

2. There was no joined-up approach to supporting Harvey in the context of his family network (as a child and as a parent) and to strengthen his relationships and informal support networks.

3. Effective multi-agency work was more likely to occur where practitioners had established relationships and a clear understanding of one another's roles. It was most effective when professionals worked closely together with a shared goal. This review reveals a divide between child and adult operational service structures, and in their perspective on need and risk in relation to Harvey's childhood and adulthood. The formulation of Harvey's mental health needs and risks appears to have been confined to each different phase of his life. Harvey's childhood experiences do not appear to have had much impact on the understanding of his adult mental health issues, or diagnosis.

4. The formulation of risk appeared to be resistant to change following incidents at the supported living project where Harvey and Matthew lived. There was a conflation of risk identification in responses to domestic abuse incidents and conflicts between Harvey and Matthew. Existing knowledge of Harvey and Matthew and assumptions about their usual presentation and behaviours, meant that the risk of further aggression between them was under-identified. Assumptions were made about both Harvey and Matthew based on their usual behaviour, a reliance on third parties for assessment of their mental state, and reassurances too easily obtained about Matthew's wellness, based on his ability to maintain employment.

5. There was a lack of joined up multi-agency involvement and risk assessment responses to incidents between Harvey and Matthew. As a result, there was no plan initiated by any agency to support Harvey and Matthew to feel safe. There was an element of de-sensitisation to the situation where all agencies persisted with their original plan and were not prompted by new incidents to alter their interventions and approaches. This suggests a lack of professional curiosity, which is key when dealing with any safeguarding situation.

So, what can we learn?

1. Many individuals who have been looked after children, who have diagnoses of mental health difficulties, or who use substances can often be socially isolated, and may struggle to maintain supportive personal and family relationships. Despite this, health and social care agencies often rely on families and informal carers to help support individuals with care and support needs. A failure to prioritise support for relationships can undermine the effectiveness of other interventions for support and risk management. Work to restore and maintain family support systems needs to be a feature of adult case work, particularly where these relationships are part of the risk management for an individual.

2. It is also important for all professionals to understand and take into account the importance of positive and negative childhood experiences on an adult's independence, abilities, skills, and resilience. The failure to recognise the interdependence of child and adult services for people who leave care, and the need to work collaboratively may leave some individuals with a partial approach to management of risk. This is especially relevant to periods of crisis, outside of formal or scheduled reviews.

3. There also appears to be a general acceptance of poor mental health and substance misuse among the population of individuals living in supported housing projects. This was coupled with reliance on third party information, and assumptions underlying assessment of mental state and risk. Incidents of interpersonal conflict within this group were regarded as regular and even to be expected. There is a risk that unconscious bias among the professionals and a general tolerance of, and desensitisation to, conflict between service users may result in a lack of response to incidents of interpersonal abuse.

4. Finally, for multi-professional and multi-agency practice to be most effective, services must have a good understanding of one another's remits, roles and responsibilities and particularly about safeguarding. The Multi-Agency Risk Assessment Framework should be used to ensure that all agencies focus their interventions with a team around the person.