Hippy Safeguarding Adult Review

July 2021

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Contents

1.0 Background

1.1 Hippy, a forty-eight-year-old white, British woman had a history of alcohol dependency, which she attributed to a traumatic childhood, that included sexual abuse and neglect. From the age of fourteen, Hippy was involved in an abusive relationship with her partner and this pattern of abuse continued throughout her adult life.

1.2 In July 2016 Hippy's son became subject to a child protection plan under the category of emotional abuse and Hippy could no longer live in the family home, although she had sole tenancy. After two years of sofa surfing, Hippy was provided with temporary housing. During the period when Hippy was homeless, she was particularly vulnerable and experienced sexual and physical abuse on several occasions by a number of perpetrators.

1.3 Following a violent assault in May 2018, the perpetrator was charged with GBH and sentenced. In October 2019, Hippy heard that he was to be released from prison and became suicidal. Although Hippy sought help at this time, the agencies that she contacted were unable to keep her safe and she was assaulted again sustaining a traumatic head injury.

1.4 Hippy was admitted to hospital on the 23rd October 2018 following this attack and was transferred the next day to another hospital for neurosurgery. She never recovered and died in hospital on 20th February 2019. The cause of death was multi-organ failure, acute liver failure, and alcohol liver disease and not as a result of the injuries that she sustained from the assault.

2.0 Purpose and terms of reference

2.1 The purpose of a Safeguarding Adults Review (SAR) is neither to investigate nor to apportion blame. It is only relevant when professionals can learn lessons and adjust practice in the light of lessons learnt. It therefore requires outcomes that:

- Establish what lessons are to be learned from a particular case in which professionals and organisations work together to safeguard and promote the welfare of adults at risk.
- Identify clearly what those lessons are both within and between agencies, and how and within what timescale those lessons will be acted upon.
- Identify what is expected to change as a result to improve practice.
- Improve intra agency and inter agency working to better safeguard adults at risk.
- Review the effectiveness of procedures (Both multi-agency and those of individual organisations).

2.2 The terms of reference for this SAR were agreed at the first panel meeting of the SAR on 28th November 2019. The specific lines of enquiry were:

1. How effective was the multi-agency approach to assessing, re-assessing, understanding, sharing and responding to risk in this case?

2. How effective were agencies in assessing and dealing with the complex combination of mental health, domestic abuse and alcohol abuse (*Multi-agency meetings/forums, reviews. Marac*)*?*

3. How effective were agencies in providing suitable intervention pathways appropriate to Hippy's needs and behaviour?

4. How effective were agencies in sharing information on the perpetrator's release from custody, sharing this information with Hippy and manging her concerns and onward safeguarding (*see SAR referrals highlighted concerns)?*

5. How effective were local services and county services in responding to a *transient user* moving throughout Hertfordshire and occasionally being homeless. Did service provision and ownership meet Hippy's needs?

6. Identify gaps and missed opportunities in the collective agency response to Hippy's needs.

7. How effective were agency procedures and organisational cultures towards Hippy's *capacity*?

8. Is there any best practice identified?

2.3 In addition, it was agreed that this review would consider the recommendations of the Learning from tragedies report (July 2019 Alcohol change UK) in relation to effective service provision.

2.4 The safeguarding adult review has been anonymised. The name Hippy is a pseudonym, chosen by Hippy's family as she was affectionately known to them as their crazy hippy sister/aunty.

3.0 The review process

3.1 The Hertfordshire Safeguarding Adults Board agreed to review this case as the Board agreed the case met the criteria for a SAR under section 44 of the Care Act 2014 (as stated in the Hertfordshire SAB protocol for commissioning a SAR).

3.2 The criteria met were identified as:

- An adult at risk dies (including by suicide) and abuse or neglect is known or suspected to be a factor in their death and there is a concern that partner agencies could have worked more effectively together to protect the adult.

- A review into the circumstances of a death or serious abuse or neglect can provide useful insights into the way organisations are working together to

prevent and reduce abuse and neglect of adults who are at risk of, or experiencing, abuse and neglect.

3.3 The first SAR panel meeting took place on 28th November 2019. The purpose of this meeting was to:

- Introduce the overview report writer, Deborah Klée who was commissioned by Hertfordshire Safeguarding Adults Board to write this review.
- To introduce the SAR panel members and identify anyone else who should be invited to join the panel.
- Review the integrated chronology prepared ahead of this first SAR panel meeting.
- To agree the terms of reference and scope.
- To agree a methodology and timescale.

3.4 Agencies represented on the SAR panel from the outset were:

- Change Grow Live (CGL), a national health and social care charity dealing with challenges such as drugs and alcohol, housing, justice, health and well-being.
- Hertfordshire Police Constabulary
- Hertfordshire County Council – Children's service
- Hertfordshire Mind Network
- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- Hertfordshire Safeguarding Adults Board
- Hertfordshire Safeguarding Children's Partnership
- West Hertfordshire Hospitals NHS Trust.

3.5 The SAR panel agreed that the following agencies should be included in the review:

- Adult Social Care
- Refuge – Independent Domestic Violence Advocate (IDVA)
- General Practitioner
- Herts Valleys Clinical Commissioning Group
- PCP Luton and Chelmsford – a rehabilitation service
- Oxygen – a rehabilitation service
- Essex Police Constabulary

3.6 It was not until an integrated narrative chronology was produced that the absence of Three Rivers District Council became apparent. The District Council were responsible for Hippy's housing plan and therefore key to this review. Three Rivers District Council were invited to contribute to the review in April 2020. This oversight is addressed in 11.0 Learning from the SAR process.

3.7 SAR panel members were:

- Detective Chief Inspector 1, Hertfordshire Constabulary (Chair from November 2019 to March 2020)
- Detective Chief Inspector 2, Hertfordshire Constabulary (Chair from March 2020).
- Named Nurse for Safeguarding Adults, West Hertfordshire Hospitals Trust.
- Senior Social Worker, Change Grow Live

- Head of Housing, Three Rivers District Council (from February 2020)
- Staff Member, Hertfordshire Constabulary
- Consultant Social Worker, Hertfordshire Partnership University NHS Foundation Trust
- Service Manager Hertfordshire Safeguarding Children's Partnership and Hertfordshire Safeguarding Adults Board.
- Head of Assessment, Children's Services HCC
- Business Manager Hertfordshire Safeguarding Adults Board
- Head of Operations, Herts Mind Network
- Detective Chief Inspector 3, Hertfordshire Constabulary (from September 2020)

Methodology and scope

3.8 When the SAR panel met in November 2019 it was agreed that given the number of agencies working with Hippy from 2012 to 2019 and the complexity of the case, that a methodology was required that would enable the HSAB to learn how agencies could work together more effectively to deliver a person-centred pathway for people like Hippy who are experiencing a combination of, poor mental health, substance misuse, sofa-surfing, and abuse. The learning from the complex combination of mental health, domestic abuse and alcohol abuse would inform local and national practice.

3.9 As suggested by the terms of reference, the focus was to be on the systems across the HSAB partnership, reviewing what is working well and what needs to change to deliver better outcomes.

3.10 To achieve these aims the SAR panel agreed the following methodology:
- Narrative chronologies
- Interviews with family members
- Learning event
- Report

Narrative chronology

3.11 A narrative chronology was requested from each of the agencies working with Hippy. It was to include: a pen picture of Hippy; a description of interventions, Hippy's response and observations; conclusion and learning.

3.12 The scope of the narrative chronology was from 20th February 2016 to February 2019. However, narrative writers were asked to include anything exceptional or relevant that took place outside of this timeframe.

3.13 Narrative chronologies were received from:
- Change Grow Live (CGL), a national health and social care charity dealing with challenges such as drugs and alcohol, housing, justice, health and well-being.
- Hertfordshire Police Constabulary
- Hertfordshire County Council – Children's service

- Hertfordshire Mind Network
- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- Three Rivers District Council
- West Hertfordshire Hospitals NHS Trust.

3.14 Outline chronologies detailing contact with Hippy were received from:

- HCC Adult Social Care
- GP Medici Medical Practice
- IDVA Refuge
- PCP Luton

Interviews with family

3.15 The SAR panel wanted Hippy's voice to be heard in this review, and acknowledged the important role of her family in telling us more about Hippy as a person and her experience of services. It was agreed that the report writer and Chair of the SAR panel would meet with Hippy's adult daughter, her sister-in-law and her mother. A risk assessment was to be carried out prior to the meetings.

Learning event

3.16 The aim of the learning event was to review why things happened as they did at that time for Hippy. It was not to cast blame, but to understand the systems that supported or got in the way of professionals working together to meet Hippy's needs in a person-centred way, with a clear pathway to achieve her desired outcomes.

3.17 SAR panel members would each facilitate a table of multi-agency representatives and explore in detail key episodes of care as identified through the narrative chronologies.

Timescale

3.18 At the November 2019 SAR panel meeting the timescale agreed was:

- Narrative chronologies to be submitted by the end of February 2020
- Meetings with family to take place before end of March
- SAR panel to meet on 30th March to review the narrative chronologies and plan the learning event.
- Learning event to take place in June
- SAR panel to meet in early September to review a draft report

Adapted methodology as a result of pandemic

3.19 At the beginning of March, the country was in lockdown as a result of the national Covid 19 pandemic and the agencies involved in this review had to prioritise responding to the national crisis. The March SAR panel meeting was cancelled. Instead, the report writer had telephone interviews with the narrative chronology writers to gain a better understanding of the narratives submitted.

3.20 Telephone interviews took place with:

- Named Nurse for Safeguarding Adults, Watford General Hospital
- Senior Social Worker, Change Grow Live
- Named Nurse for Adult Safeguarding, CCGs
- Staff Member, Hertfordshire Constabulary
- Advanced Practitioner Safeguarding Adults, HPFT
- Head of Service, Assessment - Children's Services
- Head of Operations, Herts Mind network
- Service Manager, Refuge IDVA

Summary of integrated narrative chronology

3.21 The report writer integrated the narrative chronologies into a lengthy document, which is available on request from the HSAB. This document was summarised with notable practice and the report writer's observations to capture learning in anticipation of a significant lapse in the progression of this review. The summary narrative chronology can be found at 5.0.

Interviews with family

3.22 Hippy's sister-in-law was contacted at the beginning of the review and agreed to meet with the report writer and chair. However, the meeting was postponed until the restrictions imposed by a national lockdown had eased, and the sister-in-law felt comfortable meeting face to face. The meeting eventually took place at the end of September.

3.23 Chief Inspector Anna Borella and DCI Graeme Walsingham met with Hippy's sister-in-law in her home and the report writer Deborah Klée joined the meeting virtually using Skype. Notes from this meeting can be found at appendix one.

Learning event

3.24 The learning event took place on 14th October 2020 using Microsoft Teams. The aim of the learning event was to bring together frontline staff from the organisations that had contact with Hippy to learn together. with the benefit of hindsight. how systems could be improved to achieve a better outcome for people experiencing homelessness, poor mental health and alcohol dependency.

3.25 A list of participants at this on-line learning event can be found at appendix two. The output and recommendations from this event have informed the report. The author of this SAR and the SAR panel are grateful for the candid and informed contribution of all the participants.

SAR panel meetings

3.26 There were three SAR panel meetings.

- 28th November 2019 to agree terms of reference, methodology, membership and timescale.
- 19th August 2020 by Zoom to review integrated narrative chronology, key issues for the draft report, planning the learning event.
- 17th November 2020 to discuss draft report.

4.0 A pen picture of Hippy

4.1 Hippy is described by her sister-in-law as a fun-loving, giving person. An earth mother who loved her kids to bits. She always made time for her family, her children, mum and her dad who lived in Ireland. She was affectionately called by her nieces and nephews, ‘our crazy, hippy aunt.’

4.2 Hippy was born in 1969. The youngest of three children, Hippy has an older brother and sister. She described a difficult childhood and attributed this to her dependence on alcohol. Her father was an alcoholic and her mother had agoraphobia. When Hippy was sexually abused by a neighbour for two years from the age of eight, her parents were unaware and Hippy felt abandoned by their lack of engagement with her at that time. She is quoted as saying, ‘she felt invisible as a child.’ Hippy’s parents separated when she was eleven years old.

4.3 In her teens Hippy would truant from school and on occasions was involved in shoplifting. At the age of fifteen she became involved with a man and two years later moved in with him. This man was physically and mentally abusive to Hippy for ten years. They lived together until he died as a result of suicide - an overdose of drugs and alcohol. She is quoted as saying that, ‘she had not had the opportunity to talk about how these experiences had affected her and she felt that rehabilitation would provide the perfect environment to do this.’

4.4 Hippy left school at the age of sixteen to start an apprenticeship in hairdressing. When she completed her training, she got a job as a hairdresser and worked in the same salon from the age of seventeen to twenty. She then worked as a freelance hairdresser and also worked occasionally in catering. This work continued for a few years. Hippy then took on the running of a café with her friend. Unfortunately, the café was not a great success and so she went back to hairdressing.

4.5 In 2006, aged 34, Hippy married a man who she described as ‘caring and supportive.’ Hippy separated from her husband when her drinking became a problem and she was asked to leave the family home as part of a protection plan for her youngest child.

4.6 Hippy had three children, her eldest son and daughter are now adults and the younger son lives with his father.

4.7 From 2012 – 2013 Hippy worked at a school as part of the catering staff. This was the last time that she worked. It was in 2013 that Hippy first admitted to being

an alcoholic and requested help to manage her dependency so that she 'could be more present for her child.'

5.0 Narrative chronology

5.1 This is a summary of the integrated narrative chronologies. The notable practice and questions raised are the report author's observations. These questions informed the learning event.

2012 – 2014

5.2 In 2013 Hippy was first referred to Spectrum. She admitted to having a twenty-five-year history of alcohol misuse. In alcohol groups preparing for detox, Hippy said that she wanted to cut down on her usage to be more present for her child, and to lead a more normal life, not dependent on alcohol.

5.3 When Hippy was admitted to hospital in February 2014 with a nose bleed, signs of jaundice and chest and urine infections she said that she really wanted to participate in a rehabilitation programme again. As a result, a referral was made via email to a social worker for assessment. The Spectrum social worker, with Hippy's permission, contacted her son's school.

5.4 A carer's assessment was offered to Hippy's husband. Hippy participated in a parenting course. She also completed her rehabilitation after twelve weeks. She attended the Living Room in St Albans three days a week and AA meetings three times a week. Although Hippy was managing to abstain from alcohol for several weeks, she told her recovery worker that she had a relapse. A referral was made to Drug Link for counselling, as Hippy needed help in dealing with her past.

2015

5.5 Hippy was referred for the first time to HPFT by her GP. She was formally diagnosed with PTSD, alcohol abuse and depression with anxiety symptoms. She was offered appointments by Support and Treatment Team but did not attend.

5.6 In February Hippy was expressing suicidal thoughts and she was admitted to hospital. During this admission chronic liver disease was noted and her GP informed. On discharge from hospital Hippy did not engage with the Crisis Team as her poor health led to her cancelling home visits and failing to attend appointments.

5.7 The Support and Treatment Team took over from the Crisis Team. A referral was made to psychology (HPFT), as CGL did not provide trauma therapy and Hippy's alcohol abuse was rooted in disturbing and traumatic experiences in her earlier life. Psychology declined the referral due to Hippy's dependency on alcohol.

5.8 July 2015 Thriving Families worked with Hippy and her family. Regular Team around the family meetings included Hippy's mother, sister-in-law and daughter. Good support was provided for Hippy and her family at that time including, a worker supporting Hippy to attend appointments with her GP and rehabilitation in

Birmingham, counselling sessions, funded play schemes for her son and play therapy.

5.9 October 2015 Hippy was admitted to WGH with hyperemesis and gastro-intestinal bleeding. The hospital RAID team and an alcohol liaison nurse worked with Hippy during that admission. However, she was discharged without RAID's knowledge.

5.10 At the end of the year Hippy agreed to attend Relapse prevention groups and was offered three brief intervention sessions at Spectrum.

2016

5.11 In January and February Hippy had several relapses in trying to abstain from alcohol. East of England Ambulance raised a safeguarding alert on 25th March 2015 as Hippy had taken a number of overdoses in the past couple of days. This alert did not progress to a referral as Hippy was not experiencing abuse or neglect.

5.12 On an admission to hospital (WGH) with a GI bleed in May, Hippy said that she could go without drinking for six weeks but then emotional stress would result in a two-week binge.

5.13 In June, Hippy returned from rehabilitation in Birmingham, having completed only three weeks, as she said that she didn't like discipline. Hippy was living in the family home and drinking excessively, her husband was concerned for the welfare of their son.

5.14 Hippy had several attendances and admissions to Watford General Hospital throughout June when feeling suicidal or experiencing physical symptoms as a result of cirrhosis of the liver.

5.15 When Hippy was discharged from a hospital admission in July, Spectrum offered her an appointment the following day. She attended group work and was referred to the Spectrum psychologist.

5.16 Despite interventions by professionals at Spectrum, Hippy's behaviour was erratic and she continued to drink whilst responsible for her son. On 11th July 2016 Hippy's son became subject to a Child Protection Plan under the category of Emotional Abuse. Hippy could no longer live in the family home, although she had sole tenancy.

5.17 Spectrum continued to support Hippy, who explained that she responded better to one to one sessions than group work. She also said that she needed to have continuity in her key worker to progress.

5.18 Hippy was referred back to Betel Rehab in Birmingham but did not stay there and went missing. When she was found by the police, she said that she was homeless.

5.19 In September 2016 Hippy went missing three times in 90 days. Hippy thought she had been given drugs and tested positive for cocaine. The police took Hippy to her GP's for an emergency appointment as she refused to go to A&E. On another occasion Hippy thought she had been given the date rape drug she was afraid for her safety and felt very vulnerable. Whilst an inpatient at WGH, Hippy said that she wanted rehab and somewhere permanent to live, she said that she could stay at her daughter's or mother's house on discharge. A referral was sent to Supporting Herts for housing.

5.20 In November Hippy started rehab at PCP in Luton where she engaged in structured psycho-social treatment for alcohol misuse, inclusive of 1-2-1 and group counselling.

2017

5.21 Hippy successfully completed her rehabilitation with PCP Luton, despite a lapse into alcohol use. On the 8th March 2017 she moved into PCP supported housing for abstinence and on-going recovery. The Child protection plan had been stepped down and Hippy could now have regular telephone contact with her son. However, later that month Hippy's family removed her things from the accommodation as Hippy had left to live with a new boyfriend S.

5.22 On 14th March 2017 the Children's service received a phone call from PCP rehab - Hippy had not been seen since Friday. It was agreed that rehab would refer Hippy to Chelmsford Adult safeguarding.

5.23 At the beginning of April 2017, Three Rivers District Council referred Hippy to Herts Mind Network Domestic Abuse Service as an initial assessment identified that Hippy was 'high risk', she was referred onto Herts IDVA. Hippy told IDVA that she was getting support from a SARC officer and Rape Crisis after being raped by a stranger the previous weekend. She was due to attend a meeting with the Council to discuss her housing situation. During this period of homelessness, Hippy made several calls to the MIND Nightlight service.

5.24 In April 2017, Hippy attended the Three Rivers District Council offices with her friend and was interviewed by a housing officer. During this interview Hippy expressed a concern that her husband was manipulative and said that she feared for her safety if she returned to the family home. On 7th April 2017 Hippy made the decision to make a homeless application and she was allocated a housing options officer (a case worker). The GP wrote to housing services supporting the need for permanent accommodation for Hippy, who they considered to be a vulnerable person, rather than accommodation such as the YMCA which they felt would put Hippy at risk. The Citizens Advice spoke with Hippy's case worker who explained that there was nothing legally preventing Hippy from returning to her home; she had made this decision on the advice of Children's Services due to their concerns around Hippy being alone with her son. The case worker told Citizen's Advice that it was likely Hippy would be considered not-homeless and not in priority need.

5.25 Hippy was still homeless when on the 30th April 2017 she first reported sexual abuse and rape in a Travel Lodge. There was a further incident of rape and

physical abuse on the 18th May 2017. No referral was made to safeguarding adults or domestic abuse at that time.

5.26 When Hippy attended the Three River District Council offices on 23rd May 2017 for her housing options interview, she explained that she had not been paying rent on the family home and had tried to add her husband to the tenancy, which the housing association had allowed her to do. During this interview Hippy disclosed that her husband was emotionally abusive towards her.

5.27 In July 2017 a 'not homeless decision' was made on Hippy's homeless application. Hippy was sent a copy of the decision letter by email, together with a list of accommodation providers.

5.28 From July 2017 Hippy had regular contact with the MIND Nightlight.

5.29 By July, Hippy had a new boyfriend DM. Whilst staying with this boyfriend she was raped by his landlord. There were further incidences of rape, including three men whilst staying at another hotel. There was an escalation in incidents reported to the police throughout 2017, as Hippy became more vulnerable and unable to keep herself safe.

5.30 In August 2017 Hippy was admitted to hospital with an ear infection and had an alcohol detox. Hippy stated she was given something to snort by a woman she met and thinks it may have been Subutex. This woman became aggressive hitting and pushing her. Hippy didn't want to return to the Elms because this woman lived across the road and because she had reported this to the police. Hippy's situation was discussed with the ward sister and Spectrum Hospital liaison team and it was agreed that a referral to 'safeguarding' would be made

5.31 In October 2017 Spectrum found out that Hippy's family had funded a detox for her with Oxygen where she was staying for rehab. In December Hippy left rehab and went missing.

5.32 Hippy was now in a relationship with ML. The police note a period of violence reported between Hippy and ML from late 2017 to early 2018.

2018 January – April

5.33 In January Hippy was admitted to WGH vomiting blood and jaundiced. Here, she had investigations and treatment. Whilst in hospital, Hippy was seen by a social worker (2nd February 2018). Hippy told the social worker that she could not go home due to relationship issues with her daughter. She also said there was an open safeguarding concern with the police, following an incident of sexual abuse and that she was known to Herts Sunflower, a domestic abuse support service. Hippy's sister confirmed that Hippy was extremely vulnerable and at risk of further abuse and so the social worker raised an adult safeguarding concern, with Hippy's consent.

5.34 The safeguarding service assessed Hippy and concluded that she did not meet Section 42 criteria for a safeguarding referral as, *'Hippy did not have care and*

support needs and was able to protect herself from the risk of abuse or neglect. This was affected during times of alcohol use, however Hippy was aware of services that could support her with this, if she required'.

5.35 The social worker sent an email to Dacorum Borough Council for accommodation support and made Hippy aware of the support she could access if required. Hippy was also signposted to Turning Point. She was discharged from Watford General Hospital on the 8th February 2018 and it was understood that she would be staying with a friend.

5.36 In March 2018 Hippy was assaulted by ML and ML was arrested. ML was referred for a NCDV non-molestation order.

5.37 Hippy was admitted to WGH again on 6th April 2018 with hematemesis, she reported having been assaulted and had serious injuries. A safeguarding concern was raised for self-neglect by the alcohol liaison nurse. Hippy was referred to the Acute Mental Health Liaison Team who started a detox programme. She was discharged on 17th April 2018 as deemed medically fit.

5.38 When Hippy was discharged from hospital, she contacted the Council to say that she was staying with her mother. She had been in contact with the housing association who confirmed their intention to offer her a one-bedroom property. Hippy expressed a wish to move back into the family home, if her husband vacated the property, but accepted this was unlikely. A professional's meeting was arranged with the Community Safety Partnerships Officer, Intensive Families Support Team, Housing Options Manager, and the housing association. As a result of this meeting, all housing options were explored for Hippy, including a two-for-one swap with both Hippy and her husband being offered alternative accommodation. Hippy expressed her preference that she did not want to be offered temporary accommodation in Harlow.

5.39 Hippy was offered temporary accommodation in Harlow; however, she was admitted to hospital before taking up this offer.

2018 May – October

5.40 On 1st May 2018 ML assaulted Hippy with a knife cutting her neck and inserting it in her vagina twice causing cuts and bleeding. Hippy took herself to Watford General Hospital A&E; she wasn't seen on her first visit but returned the following day 2nd May 2018. Hippy explained her assault but RAID notes say that no lacerations were found to her genital areas or vaginal bleeding. Hippy said that she had been 'turned down' by Refuge and Sunflower services due to her alcohol dependence, her sister-in-law confirmed this. Hippy said that she would kill herself if she was sent home. As Hippy was intoxicated at that time, she was seen the following day by a RAID doctor and she denied having suicidal thoughts. Hippy was discharged to her daughter's home with no evidence of any discharge plans being made for ongoing support. A safeguarding concern was not raised by any of the staff who interviewed Hippy at Watford General Hospital.

5.41 ML was charged with GBH and remanded in custody until 3rd May 2018. Police records state that safeguarding teams were unable to progress, as Hippy could not be contacted and did not respond to calls from the police. Hippy was in hospital at this time.

5.42 On 22nd May 2018 DVLA report that a referral had been made to MARAC as a result of two incidents of assault by ML on 21st April and 1st May 2018. Three Rivers Council were aware of the MARAC referral.

5.43 The housing association agreed to offer Hippy a one-bedroom property and her husband a two-bedroom property, but he declined this because of the location. Hippy was then offered temporary accommodation in a women's refuge that specialised in alcohol dependency in Luton. The solicitors representing Hippy (advised by sister-in-law) challenged the suitability of the offer, citing Hippy's need to remain in the Three Rivers District. The offer of temporary accommodation in Luton was withdrawn and Hippy was offered temporary accommodation in South Oxhey.

5.44 After two years of sofa-surfing Hippy had a home, albeit temporary. However, she was overwhelmed by the loneliness of living alone. She was also distressed by a number of issues that the housing service considered minor as other people would have been able to cope with them. This included a police raid on the flat below Hippy's.

5.45 Hippy contacted the housing association customer service centre threatening to hang herself if the issues were not addressed (on this occasion the delivery time of white goods that had been ordered). During this conversation Hippy also said that she was fearful of her attacker being released from prison. Hippy's sister-in-law commented on the significant impact this slow resolution of housing issues was having on Hippy's mental health.

5.46 Hippy was in and out of hospital with conditions associated with her drinking. On one admission Hippy said she had had enough of living and had wanted to kill herself by hanging. She prepared for this and is very likely to have executed her plan had she not been discovered by a neighbour and emergency services called. When Hippy was brought to the emergency department, she kept saying all she wanted was '*someone to hug and hold her for a bit.'*

5.47 During a hospital stay in June an AMHLT was contacted by the ward as there were concerns about Hippy's paranoia and suicidal intention. Staff applied for Deprivation of Liberty Safeguard and put an Enhanced Care worker with Hippy. This meant that Hippy had one to one care as she was openly saying she wanted to hang herself. Hippy was discharged on the 16th June 2018 as she was medically fit. She said that she would stay with her mother over the weekend. There is no evidence of a discharge plan.

5.48 On the 20th June 2018 Hippy's sister-in-law tried to contact Single Point Access (SPA) on Hippy's behalf as RAID had advised HIPPY to call the SPA in a crisis. There was no RAID referral open on PARIS at that time and they could not help as they were not a crisis service. HPFT policy was not followed on this occasion.

5.49 On the 22nd June 2018 Hippy was seen by a RAID Consultant Psychiatrist consultant who confirmed that Hippy's main concern was in relation to housing rather than her mental health. He also said that Hippy had voiced concern about her ex-partner potentially being released from prison at some point in the future. As the perpetrator was in prison, the RAID Consultant did not consider raising a safeguarding concern.

5.50 On 9th July 2018 a referral was logged on PARIS for Hippy to have a follow up under Watford Initial Assessment, but this was not communicated, and she was eventually offered an appointment for a RAID clinic in August 2018. Hippy did not attend and it is unclear as to which address this appointment was sent. Another appointment was made for 6th November. Hippy's assessment was therefore delayed by three months, leaving her without support from mental health services at this time.

5.51 In July 2018 Hippy was offered and accepted a bungalow with a tenancy starting 9th July 2018. However, her husband's refusal to provide bank statements led to this offer being withdrawn. A homeless application had been started in April 2018 but the relevant forms had not been completed. The process was eventually followed through in August with a housing options interview. Hippy's sister-in-law asked why the housing options interview was not completed months ago. The housing officer acknowledged the delay and apologised. Hippy was awarded band D priority on the housing register.

5.52 When Hippy is seen in a Gastroenterology outpatient clinic on 23rd August 2018, she explained that she had not been able to see the Alcohol liaison community worker as she was afraid of meeting the people who had assaulted her. It was suggested that Hippy contact the Alcohol liaison worker in the community and agree on a safe place to meet.

5.53 In September 2018 Hippy was receiving support from Refuge IDVA, Step up, Ascent and MIND. Her GP practice was providing counselling. Three Rivers Council were kept informed of Hippy's situation by IDVA.

5.54 The main homeless duty was owed to Hippy and on 24th September 2018 her priority on the housing register increased to band B. It was agreed that the Council would only bid on behalf of Hippy for properties in the areas of her choice, rather than across the whole district.

5.55 On 18th October 2018 Hippy went to Watford General Hospital A&E (during the night), she had been drinking heavily and was suicidal. She had heard through a third party that ML had been released from prison and was fearful for her safety. ML was released from prison on 5th October 2018. A RAID assessor decided that as Hippy had support from CGL, MIND and ACMHS there was no need for further action. There was no discussion with other agencies involved in Hippy's care, if there had been the assessor would have found out that Hippy had not yet received a service from ACMHS (because of the delayed referral).

5.56 The RAID assessor did not raise a safeguarding concern as: Hippy had the phone number of her domestic abuse worker (although her phone battery was dead and she couldn't remember her name), and had the name and contact number of a police support worker whom she agreed to contact the following day. The information about ML's release from prison was third hand and Hippy had not used her support networks to confirm this. Hippy left Accident and Emergency that night with no planned support.

5.57 On the 21st October 2018 a member of the public called the police when they witnessed Hippy being assaulted on the street by a man, she sustained injuries to her head and face. Hippy was unwilling to support police in an investigation. The police chronology says, 'safeguarding allocated to PC M.'

5.58 On 23rd October 2018, Hippy was reported missing and police liaison were informed. The police went to ML's address on an arrest for ABH. They found Hippy who had been abused sustaining extensive injuries including a traumatic head injury. She was transferred from Watford General Hospital to St Mary's Hospital, London on the 24th October 2018 for neurosurgery. A Refuge IDVA worker was able to visit Hippy at Watford General Hospital but Hippy was in too much pain to engage in an assessment.

5.59 The police did raise a safeguarding concern following assaults by ML when released from prison. The case was due to be heard at a MARAC meeting on 20th November 2018. Sadly, safeguarding and MARAC interventions were too late for Hippy. Unresponsive to treatment at St Mary's Hospital, Hippy was moved to Imperial College Hospital with mild brain damage and chronic liver disease. Although she survived until 20th February 2019, when she passed away at Watford General Hospital. Hippy was unable to engage in safeguarding interviews and had no recollection of the events which led to her assault.

5.60 The case was not discussed at the November MARAC as ML committed suicide on 13th November 2018 whilst in prison.

5.61 Hippy's cause of death was reported as multi organ failure, acute liver failure and alcohol liver disease.

6.0 Analysis

6.1 This analysis is based on the integrated narrative chronology, and interviews with narrative writers Findings have been grouped under four headings although there is some overlap between them. These are:

- Safeguarding and MARAC
- Multi agency response
- Personalisation
- Access to services
- Information sharing

7.0 Safeguarding and MARAC

Referrals made to adult safeguarding

7.1 Throughout this review there were occasions when Hippy was referred to adult safeguarding, however none of these referrals were progressed to an enquiry under Section 42 of The Care Act 2014.

7.2 The Care Act requires that each local authority must: 'make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect (see para. 14.16 onwards). An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by who.' Care and support statutory guidance (updated June 2020).

7.3 Hertfordshire County Council's policy on adult safeguarding states, *There is no threshold for adult safeguarding services. If an adult at risk of being abused or neglected, cannot keep themselves safe from abuse or neglect because of their care and support needs, then the local authority's safeguarding duty applies. If they are able to protect themselves, despite having care and support needs, then a safeguarding response may not be appropriate.*

7.4 *The adult safeguarding duties apply to any person aged 18 or over who: has needs for care and support* ***and*** *is experiencing, or is at risk of, abuse or neglect* ***and*** *as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.*

Table one - Safeguarding concerns raised between 2016 and 2020

Date	Raised by	Reason	Outcome
25th March 2015	East of England Ambulance	Hippy had taken a number of overdoses in two days.	Not progressed as Hippy was not experiencing abuse or neglect.
August 2017	Ward sister (WGH) and Spectrum hospital liaison team	Hippy said that she had been given something to snort by a woman (possibly Subutex). The woman became aggressive hitting and pushing Hippy.	Not progressed Reason unknown.
14th March 2017	Spectrum	Children's service contacted Spectrum (rehab) Hippy was missing. Agreed that Spectrum would refer Hippy to Chelmsford adult safeguarding.	Not progressed by Essex. Reason unknown.
7th February 2018	Hospital SW (WGH)	Sister-in-law raised safeguarding concern as she believed Hippy would be at serious risk if she was discharged from hospital	The safeguarding service assessed Hippy and concluded that she did not meet Section 42 criteria for a safeguarding referral as, *'Hippy did not have*

Date	Raised by	Reason	Outcome
		without support and accommodation. Vulnerable due to intoxication and homelessness	*care and support needs and was able to protect herself from the risk of abuse or neglect. This was affected during times of alcohol use, however Hippy was aware of services that could support her with this, if she required'.*
6th April 2018	Alcohol liaison nurse WGH	Hippy was admitted to hospital having been assaulted and sustained serious injuries. Safeguarding referral for self-neglect.	Not progressed. Reason unknown.
3rd May 2018	Police	Hippy was assaulted by ML with a knife, cutting her neck and inserted in her vagina twice.	When Hippy took herself to WGH following the assault she was discharged the same day 1st May (no referral made to SG). The safeguarding referral made by the police could not be progressed as Hippy was missing following discharge from hospital.
23rd October	Police	Hippy assaulted by ML resulting in life threatening injuries.	Hippy unable to co-operate with safeguarding interview as a result of a traumatic brain injury.

7.5 With the benefit of hindsight it is highly likely that Hippy was unable to protect herself when she was referred to adult safeguarding on 7th February 2018, and she had care and support needs as a result of her mental health and substance misuse. The adult safeguarding team assessed Hippy and concluded that she knew where and how to seek assistance and was therefore able to take care of herself. Further exploration, gathering information from the other agencies working with Hippy, and listening to Hippy's sister-in-law might have resulted in a different outcome.

7.6 LGA ADASS (2015) found 'Victims of domestic abuse who misuse substances feel consistently judged and stigmatised by agencies and false assumptions are frequently made.'

7.7 The safeguarding needs of people who misuse substances are often ignored as professionals consider this a lifestyle choice. A report by Stella (2002) reminds us that clients should not be denied services as a result of substance misuse.

Missed opportunities to refer to adult safeguarding

7.8 All but one of the referrals made to adult safeguarding in table one was not progressed to a Section 42 enquiry. If the professionals working with Hippy did not deem her to have care and support needs then a referral to an Independent Domestic Violence Advisor (IDVA) or the MARAC could have been made. See table two below.

Table two – Missed opportunities to refer to adult safeguarding

Date		Comment
21/9/16	Hippy thought she had been given drugs, and tested positive for cocaine. The police took Hippy to her GP's for an emergency appointment as she refused to go to A&E. On another occasion Hippy thought she had been given the date rape drug she was afraid for her safety and felt very vulnerable.	Hippy was not referred to adult safeguarding on either occasion although the police did take other appropriate action.
30/4/17	Hippy was still homeless when on the 30th April she first reported sexual abuse and rape in a Travel Lodge. There was a further incident of rape and physical abuse on the 18th May. No referral was made to safeguarding adults or domestic abuse at that time.	Hippy had two periods of missing, three sexual, and one physical assault reported to the police during this period, and yet no referral was made.
20/7/17	By July, Hippy had a new boyfriend DM. Whilst staying with this boyfriend she was raped by his landlord. Hippy reported this incident at a police station. Records note that she was drunk at the time.	Hippy would not engage with the police, would not consent to swabs or a medical and would not complete an ICO book. No safeguarding referral made.
24/8/17	Hippy was found at the side of the road having been attacked by a female. She had a broken nose and head wounds.	Ambulance requested and referred to vulnerable victim case manager at victim support. No safeguarding referral made.
10/12/17	Hippy contacted the police. She reported that she had been imprisoned in M's flat. She had been drugged and had unconsented sex. Could not report the initial rape as she was kept in the bedroom at all times and M took her phone.	Hippy taken to hospital and then home. Unwilling to engage in pursuing allegation of rape. No safeguarding referral made.
December 2017	Hippy approached police whilst M was absent and alleged that M had strangled her, she refused further information and left the police station. Officers attended her home address and Hippy stated the strangulation was part of their sexual habits and that no offences had taken place.	A period of violent reporting between Hippy and M covers the period of late 2017 and early 2018. A number of reports are made from third parties alongside Hippy herself however the outcomes are of the theme that Hippy refuses to engage with police and M is released from custody NFA following a positive action investigation. Alcohol issues are prevalent in all reported cases. No safeguarding referral is made or MARAC
2/5/18	Hippy took herself to A&E WGH following a attack by M who used a knife on her neck and vagina. Hippy said that if she	No evidence of a care plan on leaving A&E or ongoing support. No referral was made to adult

Date		Comment
	was sent home she would kill herself. Seen by RAID doctor. Hippy denied having suicidal thoughts and was discharged to her daughter's house.	safeguarding.

7.9 There were several reported cases of physical and sexual assault, and rape, during 2017 and 2018. Hippy was drinking heavily and sleeping rough, or with men who then abused her. She was particularly vulnerable during this period. However, her intoxication, lack of an address, and an unwillingness to engage with professionals, presented a challenge. This is not uncommon. Lessons might be drawn from research on self-neglect by Professor Michael Shoot and Suzy Braye, who advocate a whole systems approach to finding personalised responses to complex cases where the person is unwilling to engage (Braye and Preston-Shoot SCIE November 2014).

MARAC

7.10 The multi-agency risk assessment conference (MARAC) is a meeting where agencies talk about the risk of future harm to people experiencing domestic abuse and if necessary, their children, and draw up an action plan to help manage that risk. The Home Office definition of domestic violence and abuse is: *Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners* or family members**, regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, or emotional.*

7.11 Table two highlights missed opportunities for referral to adult safeguarding. In several of these cases a referral to MARAC would also have been appropriate.

- 20/7/17 – When Hippy is staying with her boyfriend and is raped by his landlord.
- 12/17 When Hippy reports strangulation by M, and later retracts this statement saying it was part of their sexual habits.
- 2/5/18 – This is the date when Hippy presents herself at the hospital. However, on 1st May 2018 police attended M's flat where Hippy had been assaulted with a knife. M was charged with GBH and remanded in custody. When Hippy was discharged from hospital she would not engage with the police and the crime was closed without a referral to MARAC.

7.12 In addition to the incidents raised in table two and above, there were other occasions when a MARAC referral might have been considered, see table three.

Table three – Additional incidents where a MARAC referral might have been considered.

Date	Incident	Comment
27/4/17	Hippy is arrested for attempted theft. She tells police that she is homeless and a victim of domestic violence.	
28/3/18	Police called to M's flat. Hippy says that she has been the victim of assault for the past two days and shows officers the bruises she has sustained as a result. M is arrested but Hippy refuses to give a statement.	
28/4/18	A friend of Hippy who was previously in a relationship with M contacts the police. Hippy is staying with her and they are both terrified of M who has been physically abusing Hippy and threatening to kill her family. He has abused both of the women in the past and Hippy's friend says that he is capable of murder. They are both too scared to leave the flat and visit the police station.	Once again, when this was followed up Hippy refused to co-operate with the police.
21/10/18	Hippy is assaulted by M in the street. She has injuries to her head and face, but unwilling to support police proceedings into an investigation.	
23/10/18	Following the above assault, police find Hippy in M's flat. M is arrested for ABH and Hippy taken to hospital with severe head injuries. A referral to MARAC was made and was due to be heard 20th November 2018.	The police found Hippy at M's flat when making an arrest enquiry for M. Was this related to the assault on the 21st or coincidental? A referral to MARAC was made on this occasion but it was too late as M committed suicide in prison before the date of the MARAC and Hippy never recovered from her injuries.

7.13 There are many incidents of physical, emotional and sexual abuse inflicted on Hippy by M in 2017 and 2018. Apart from the last referral, following the fatal assault, none of the concerns raised progressed to a MARAC.

7.14 Victims of domestic violence are afraid to speak out against the perpetrator. Hippy's friend tells police in March 2018 that M has threatened to kill Hippy's family. Hippy's lack of co-operation with the police, in investigating crimes committed against Hippy by M, should not have prevented a MARAC taking place.

8.0 Multi-agency response

8.1 From July 2015 Hippy and her family received excellent multi-agency support initiated by Thriving Families. Regular Team around the family meetings took place which included Hippy's mother, daughter and sister-in-law. The whole family

were involved in finding solutions to keep Hippy and her youngest son safe, providing a valuable resource for Hippy. A key worker supported Hippy, accompanying her to medical appointments. This came to an end in July 2016 when Hippy's youngest son was subject to a Child protection plan. Hippy was asked to leave the family home and in effect became homeless.

8.2 The purpose of team around the family is to bring together agencies into one meeting when there are concerns about a child but not enough to warrant statutory intervention. When the decision was made for a child protection plan, and for Hippy to vacate the family home, the meetings came to an end. Thriving Families policy is to work with parents who are living with their children or involved in providing their care. Unfortunately, this meant that the multi-agency support that Hippy needed at this time was no longer available to her.

8.3 Section 7.0 of this report highlights the missed opportunities for a multi-agency response through the statutory pathways of adult safeguarding and MARAC. If one or both of these interventions had been triggered when Hippy first started reporting physical and sexual abuse then there would have been a co-ordinated response to her needs.

8.4 In April 2018 a professionals meeting was organised by Three Rivers District Council to discuss Hippy's housing options. This was after two years of sofa surfing when she was particularly vulnerable and had experienced regular abuse. This housing options meeting should ideally have taken place when Hippy was first asked to leave the family home in response to a Child protection plan.

8.5 With no fixed abode, a chaotic lifestyle, and fluctuating mental capacity Hippy had no anchor – no one point of contact, and drifted from one agency to another, one county to another, in the course of two years. The report writer counted over thirty organisations that had contact with Hippy.

Some of the agencies involved with Hippy.

Thriving Families, Children service, Substance misuse family intervention worker, Spectrum, Refuge IDVA, Step up, Ascent, MIND and Nightlight, drug and alcohol liaison team, GP-including GP counselling, Sunflower, PCP Rehabilitation, Holywell House Rehabilitation Unit, Passmores Rehabilitation, Betel Rehabilitation, Oxygen Rehabilitation, SARC, New Hope, Rape Crisis Support, housing: The Elms and The Den, Single Point Access, Acute Mental Health Liaison Team (AMHLT), DAISU, Three Rivers Council, Dacorum Borough Council, Herts Police, Police Liaison/ Street Triage, Essex Police, MARAC, Watford General Hospital, Alcohol liaison nurse.

8.6 None of these agencies were unaware of all the other agencies, despite some of them providing care during the same time period. Hippy was unable to give a reliable account as she was often intoxicated. A timely multi-agency strategy meeting involving all of the agencies working with Hippy could have:

- Led to a more person-centred response
- Pooled knowledge and expertise across safeguarding adults, domestic violence, alcohol misuse, and housing, including legal actions and sanctions (criminal and civil).
- Assessed the risks at different stages through the sharing of information, with a co-ordinated response to minimise risk and negotiate potential solutions.

8.7 Ward M. Holmes M. (2019) say that multi-agency care planning or a care co-ordination role are essential when working with a person who abuses alcohol as these clients are likely to be in contact with a number of agencies. 'People should not pinball around the system. Multi-agency planning will help to ensure a consistent approach (i.e. know who is involved and who is meant to do what, when and why,) help to identify risks and facilitate sharing information'. Reference is made in this report to Nottingham's multi agency approach of a Street Drinkers Conferencing Group, which is used to identify the most problematic street drinkers and support them.

8.8 The learning event participants suggested that since Hippy's experience links between the Intensive Family Support Team (IFST)[1] and Three Rivers District Council Housing have strengthened. There is a monthly Antisocial Behaviour Action Group (ASBAG) for the Three Rivers district which is now attended by a representative from IFST. It was a discussion at this meeting that led to Three Rivers District Council Housing initiating the multi professional meeting for Hippy.

8.9 The learning event participants referred to local Complex Case Guidance which states that any concerned professional can initiate a multi professional meeting. Those in the discussion group who had tried this approach said that attendance was poor. They suggested that it was only a statutory meeting such as safeguarding or MARAC that resulted in good representation.

8.10 The learning group participants felt that there needed to be a greater awareness of professionals across all organisations in understanding how and when to initiate a multi professional meeting, and the appropriate pathway: safeguarding, MARAC, or an anti-social behaviour meeting such as the Three Rivers ASBAG.

9.0 Person centred care

9.1 A personalised approach is one that puts the person experiencing abuse at the centre of decision making so that their views are listened to and heard, and services are provided in a way that is meaningful and accessible to them. The Stella report (2002) says that people who misuse substances and experience domestic abuse, 'need to be consulted about the interventions they find supportive and effective.'

9.2 The Care Act 2014 requires adult safeguarding practice to be person-led and outcome focused, providing a range of responses to support people to improve and resolve their circumstances. Drawing on their personal resources, including

[1] Thriving Families changed their name to Intensive Family Support Team (IFST) in 2016.

the support of family and friends to help build resilience is an important part of this process.

9.3 The National Institute for Clinical Excellence (NICE Guideline 115), says that, *Families and carers are to be involved in the treatment and care of people who misuse alcohol to help support and maintain positive change.*

9.4 Hippy's sister-in-law was a strong advocate for Hippy. She tried to bring services together to help Hippy but was often ignored.

9.5 From the outset of this case in 2013 Hippy was clear about the outcomes she wanted to achieve. In alcohol groups preparing for detox, Hippy said that she wanted to cut down on her usage to be more present for her child, and to lead a more normal life, not dependent on alcohol.

9.6 In 2016 Hippy was recorded as saying she:

- Preferred one to one intervention rather than groupwork.
- Needed to have the continuity of a trusted worker.
- Didn't like discipline, preferring a more relaxed rehabilitation environment.

9.7 This valuable information at the start of Hippy's decline could have informed a person-led, outcome focused approach to co-ordinated care and support. The support shown by Hippy's family in the Team around the family meetings, and Hippy's sister-in-law's ongoing involvement, could have provided a valuable resource for Hippy. In the absence of a multi-agency response this information was not shared and did not inform a co-ordinated plan.

9.8 The learning event participants discussed whether Hippy's expressed needs could have been better met. They were unclear on one to one intervention versus groupwork as there were a number of rehabilitation providers working with Hippy and not all of them were represented at the learning event.

9.9 On continuity of a trusted worker, it was agreed that this would be ideal for all clients, however it was not always possible. Hippy accessed different services within each organisation and so even if there was continuity within one service there would still be a number of people involved in providing her care. Response teams such as a duty service meant that a different person could be allocated each time. In addition to this, staff turnover and rotations within services, and absence due to sickness, maternity, and annual leave had to be taken into account.

9.10 From 2016 Hippy was clear that her priority needs were, somewhere permanent to live, and counselling to help her deal with her traumatic past.

9.11 In 2015, Hippy was referred by Change Grow Live to HPFT psychology for trauma therapy counselling because a traumatic childhood, including sexual abuse as a child, was the cause of her dependency on alcohol. Change Grow Live do not have the facility to provide trauma therapy. Hippy was refused by psychology as the clinical psychology department did not believe counselling

would be effective whilst Hippy was dependent on alcohol. This was not HPFT policy but was based on clinical judgement. This is discussed further in 10.0 Access to services.

9.12 There are several examples throughout this review where Hippy's voice and/or her sister-in-law's voice are neither heard or nor acted on. The key areas are regarding discharge from hospital without a support plan and the provision of appropriate housing.

At risk of harm if discharged from hospital without a support plan.

9.13 2nd May 2018 - Following a serious assault by M, Hippy presented herself at A&E. She said that she would kill herself if she was sent away without help. Hippy was discharged home to her daughter's house with no formal discharge plan although her daughter's house was considered a place of safety.

9.14 16th June 2018- Hippy was discharged without a discharge plan. On the 20th June, Hippy's sister-in-law contacted SPA (Single Point of Access) who was concerned about Hippy. She had been advised by RAID to contact SPA if Hippy was in crisis. However, she was advised by SPA that they were not a crisis service and there was no RAID referral open on the computer (PARIS) at that time. No assistance was given to support Hippy.

9.15 18th October 2018- Hippy presented herself at A&E again but was not admitted. She was suicidal and had been drinking heavily. Hippy told staff that M had been released from prison and wanted to see her. Hippy was interviewed and then discharged without any formal plan. As this took place at night there was no contact with other agencies.

9.16 Assumptions were made about Hippy's ability to protect herself and it is possible that she was not listened to because she was intoxicated at the time. When Hippy's sister-in-law tried to act on Hippy's behalf she was not always listened to and turned away on several occasions without any assistance.

Provision of appropriate housing

9.17 Hippy's sister-in-law was a strong advocate for Hippy in trying to access appropriate housing. On 5th February 2018, she pointed out that the various sheltered housing accommodation that Hippy had been housed in had been detrimental to Hippy's recovery as residents who misused substances tended to hang around the area. Temporary accommodation at the YMCA was sought but refused on account of Hippy's alcohol dependence.

9.18 In May 2018 Hippy's sister-in-law was frustrated that despite repeatedly explaining Hippy needed to be housed in the area so that she could access mental health and alcohol services, and that Luton was not an option because it was where her abuser lived, Hippy was offered temporary accommodation in a women's refuge in Luton. Hippy's sister-in-law sought legal advice and only with the assistance of a solicitor were Hippy's wishes heard and acted on. Hippy was eventually offered 9.17 temporary accommodation in South Oxhey.

9.19 When Hippy moved into a flat she was overwhelmed by the loneliness of living alone. A person-centred approach might have anticipated this and worked with Hippy to help her integrate into the local community with additional support until she settled.

10.0 Access to Services

10.1 Ward M. Holmes M. (2019) stress the importance of motivating people who misuse substances to engage with services. In 2014 when Hippy was living in the family home, she was motivated to work on her dependence on alcohol. In an alcohol group preparing for detox Hippy was reported to have said, 'I want to cut down my usage so I can be more present for my child and to lead a more normal life and not be dependent on alcohol.'

10.2 In May Change Grow Live (CGL) were providing one-to-one counselling to Hippy which she valued as she wanted help in coming to terms with her previous experience of a long-term, physically violent and abusive relationship. She also found a ten-week parenting course beneficial and said, 'it is offering insights into the future care of my son, but also the negative impact that my drinking may have had on him in the past.'

10.3 Overall Hippy felt she was really starting to benefit from treatment and completed a twelve-week rehabilitation placement in July 2014.

10.4 Despite some progress in rehabilitation Hippy did not always engage with services. In January 2015, Hippy failed to attend two appointments with CGL. On 1st March 2015 the Crisis team attempted to contact Hippy without success. Although Hippy contacted them on 2nd March 2015, she declined a home visit due to ill health.

10.5 Alcohol Change (2019) identify potential barriers to change that include difficulty accessing services due to poor health as a result of factors associated with drinking. Poor nutrition, leading to low energy levels, liver disease which can reduce energy and result in disruptive sleep patterns, and depression as a result of alcohol's effect on the nervous system. This report goes on to say that in addition to physical health other factors can present a barrier to accessing services, for example concern about poor hygiene.

10.6 In Hippy's case we know that the fear of coming into contact with the people who assaulted her, meant that she had not been able to meet with the Alcohol liaison community nurse. When Hippy explained this at a Gastroenterology outpatient clinic on 23rd August 2018, it was suggested that Hippy contact the Alcohol liaison worker in the community and agree on a safe place to meet.

10.7 When Thriving Families (later known as IFST) were working with Hippy and her family between July 2015 and July 2016, a support worker accompanied Hippy to hospital appointments. This was an excellent approach.

10.8 In July 2016, when Hippy's son became subject to a Child Protection Plan, Hippy lost the support of Team Around the Family. She also lost her motivation to

rehabilitate as ‘being more present for her child,’ had been her objective. Alcohol Change (2019) advocate the benefits of family conferencing, and it seems that this was effective for Hippy and her family whilst it lasted. The Alcohol Change report (2019) suggests that letters from children, drawings or recorded messages can also be powerful in helping to motivate the person misusing alcohol in their recovery.

10.9 Whilst the framework provided by Team Around the Family was beneficial, Hippy was still inconsistent in engaging with services. In June 2016 she returned from rehabilitation in Birmingham after having completed only three weeks.

10.10 In June 2017 Hippy successfully completed her rehabilitation with PCP Luton, as she was offered a second chance when she relapsed. This was good practice.

Access to trauma therapy counselling

10.11 Hippy received a counselling service from Change Grow Live and from her GP. However, neither of these agencies had a trauma therapy counselling service and so Hippy was referred to HFPT clinical psychology department. The referral was declined as Hippy was dependent on alcohol and the psychologist’s professional opinion was that this would have a negative impact on the efficacy of this treatment.

10.12 NICE clinical guideline 120 (2011) make clear that requiring someone to be free of alcohol before entering mental health services is not a clinically validated response.

10.13 There is no guidance on the efficacy of trauma therapy counselling with a person who is alcohol dependent. However, Brady and Back (2012) concluded that:

10.14 Early-childhood trauma is strongly associated with developing mental health problems, including alcohol dependence, later in life. People with early-life trauma may use alcohol to help cope with trauma-related symptoms.

10.15 *People with both a positive history of early childhood trauma and co-occurring alcohol dependence have a more severe clinical profile, as well as worse treatment outcomes when compared with those with either early trauma or alcohol dependence alone. Recent investigations highlight the importance of assessing trauma among patients with alcohol use disorders and the positive benefits associated with the application of integrative psychosocial interventions that target both trauma-related symptoms and alcohol dependence.*

10.16 The rationale for refusing to provide traumatic therapy counselling for Hippy, despite her need, might have been clinically justified. However, alternative approaches might have been considered as suggested in Brady and Back’s research (2012).

10.17 The Stella report (2012) advises: *Attempting to address a survivor's substance use without also giving support in relation to their experiences of violence is unlikely to be effective. You cannot expect better results if you fail to look at their situation holistically*

10.18 *Many survivors use drugs and alcohol as a strategy to cope with the violence they experience. Addressing their substance use without acknowledging the effects of violence on their lives can increase their feelings of vulnerability and their ability to remain engaged with treatment.*

10.19 This report recommends; *Clients should not be denied services due to issues with domestic violence or substance misuse.*

10.20 The Learning Event participants recognised that trauma therapy required a person to be abstinent from alcohol for a period of time prior to commencing treatment. However, there is a long waiting list and it is unrealistic to expect this service to be in place immediately after a twelve week stay in rehab. It was suggested that agencies explored how they could best support a person following rehab given the delay in treatment becoming available.

11.0 Information sharing

11.1 On 20th June, Hippy's sister-in-law called the Single Point Access for support in a crisis, as advised by RAID, and was refused a service as Hippy's did not have a case open with RAID on the PARIS system.

11.2 A referral to Watford Initial Assessment for follow-up was logged on PARIS on 9th July but due to communication errors Hippy did not attend an appointment at a RAID clinic until 6th November. The waiting time should not exceed 28 days and so Hippy was without mental health services for three months.

11.3 The Learning event participants suggested that information sharing could be more effective if there was a co-ordinator of care across the different organisations.

11.4 Hippy was not made aware of M's release from prison. The protocol is for the Victim Liaison Service to contact the victim, if they have been the victim of either a violent or sexual crime, where the offender is sentenced to 12 months or more. The service looks to provide the victim with information around changes in their sentence, when they will be released, how to make victim statements at parole hearings, how to apply for licence conditions such as non-contact and exclusion zones and how to challenge a parole decision. Probation did not have a record of M or Hippy so concluded that neither of them were known to the probation service as the sentence must have been less than 12 months.

12.0 Learning from this SAR process

12.1 This review was carried out during a pandemic and national lockdown. Whilst safeguarding adult boards have now learnt to adapt to new ways of working as a result of the restrictions on socialising in the workplace, this review commenced

just before the first lockdown. In addition to these difficulties, staff were under considerable pressure to respond to the crisis delivering public services. Despite these challenges the SAR panel, report writers, and the learning event participants committed fully to the process. They worked hard, demonstrating resourcefulness and flexibility in their engagement.

12.2 Telephone interviews, a virtual learning event, and interviewing the family by Skype, were successful adaptations to the methodology. This was made possible by a committed, can-do admin team who worked hard to deliver results, learning new technologies to overcome obstacles.

12.3 This was a complex SAR covering a significant time period, and many organisations across two different counties. It was only when chronologies were collated that it became apparent that Three Rivers Council housing department had not been included on the SAR panel or asked to contribute a narrative chronology. This was put right; however, it did highlight an initial lack of awareness regarding the key role of housing in this case.

12.4 Two GP practices were asked to contribute to this SAR. Given the demand on GPs during the pandemic, it was accepted that GP involvement would be limited. This was not ideal, and it is hoped that when the opportunity arises learning will be disseminated to GPs in Herts through the CCG.

12.5 Probation were not asked to contribute to the SAR. This was a missed opportunity as the SAR panel did not explore how the release of Hippy's abuser from prison could have been better communicated to safeguard Hippy.

12.6 When the SAR panel first met to review the integrated chronology, it became apparent that a traditional Independent Management Report (IMR) approach where each organisation writes a report analysing their involvement, would not be the best approach for this case. The methodology of using narrative chronologies, supplemented by interviews and a learning event worked well. It enabled the SAR panel to analyse and understand Hippy's experience within the whole system, and in doing so, identify where systems worked and where they were failing people.

13.0 Conclusion

13.1 This was a complex case, where professionals did their best to support Hippy within a system that was not equipped to respond to the needs of a person experiencing homelessness, alcohol dependency, and mental health trauma. There are many other people living a similar experience to Hippy today and it is hoped that the learning from this review will help to improve the local and national response to their needs.

13.2 There are many examples of good practice and these have been highlighted in appendix three.

13.3 There are three key areas that need to be addressed within the whole system:

- Triggering a timely multi professional team meeting.

- Filling the gap in service for people who are dependent on alcohol and are experiencing trauma.
- Raising professionals' awareness and understanding of vulnerable adults with alcohol problems.

13.4 There was confusion and misunderstanding over who and how a multi-disciplinary strategy team meeting could have been triggered for Hippy. Herts Adult safeguarding state that Hippy did not meet the criteria for a Section 42 referral because 'it was only when she was intoxicated that she could not protect herself.'

13.5 *All professionals working with alcohol-dependent adults should be trained to recognise the complicated role that alcohol plays in adult safeguarding, that 'free choice' is often an unhelpful paradigm, and to avoid stigmatising drinkers.* Alcohol Change UK (2019)

13.6 Hippy had fluctuating mental capacity in her ability to make informed judgements. This review demonstrates that Hippy was often vulnerable due to intoxication and poor mental health. The extent of Hippy's mental health needs and whether or not they identified her as having care and support needs, the criteria for a Section 42 safeguarding adult referral, was a matter for health professionals to assess.

13.7 In the absence of adult safeguarding, there were other pathways that could have led to a multi professional team meeting and a co-ordinated strategy to support Hippy, namely a referral to MARAC or the local complex case guidance that states any professional can initiate a multi professional meeting.

13.8 Professionals at the learning event agreed that a timely strategy style multi-disciplinary team meeting could have resulted in a co-ordinated care and support plan, the sharing of knowledge and expertise to identify a wider range of options, and a better understanding of the escalating risk. However, they were unclear as to who and how this might have been initiated effectively.

13.9 Local authorities should ensure that vulnerable adults with alcohol problems are actively supported to engage with services and should support services to adapt so that they can better serve these adults. In particular, there should be support for multi- agency systems that can coordinate assertive outreach and view the task of generating positive engagement as an important action in its own right. Alcohol Change UK (2019)

13.10 This SAR has revealed a potential gap between mental health and alcohol dependency services. This is about the co-ordination of services, because a person has to be abstinent from alcohol for a period of time prior to and during trauma therapy if they are to benefit from this intervention. There is often a gap between rehab detoxification completion and the start of trauma therapy, due to the high demand for this service. If a person has experienced counselling during rehab then they are particularly vulnerable and without ongoing support, it is almost inevitable that they will use alcohol to cope with difficult emotions.

13.11 Professionals at the learning event suggested that a mental health and substance misuse team could bridge this gap. Alternatively, closer working between the two teams.

13.12 Unfortunately, there are a growing number of people both locally and nationally who are sofa surfing, have poor mental health and alcohol dependence/substance misuse. The learning event highlighted gaps in participants' awareness of other services working with this client group, as it brought together a breadth of knowledge and experience from different sectors. This expertise needs to be pooled and targeted to reach vulnerable people most at risk. To do this there needs to be a better understanding of the needs of vulnerable people with alcohol problems, and what different sectors can offer including: safeguarding adults and children, MARAC, housing, community safety, community and voluntary sector, mental health, substance misuse, domestic violence, social care and other health services.

13.13 There are three items that this report does not address in recommendations:

- Discharge from hospital without a care plan.
- The administrative error that resulted in a delayed referral for follow up with the mental health team.
- Concerns raised by Hippy's family regarding her end-of-life care.

13.14 The first two items were addressed in a Serious Incident report by Hertfordshire Partnership NHS Foundation Trust with appropriate recommendations. See extract below.

1. Reflective Learning Session to be held with all involved staff in order to facilitate further reflection and learning around Safeguarding processes, domestic abuse and to ensure that teams refer all identified and suspected abuse of an Adult at Risk to an appropriate investigating team as per HPFT Safeguarding Adults at Risk policy.
2. HPFT staff would benefit from a more consistent level of knowledge and/or training in Domestic Abuse as a specific form of Abuse under the Care Act 2014. This action is being progressed by the Corporate Safeguarding Team. HPFT Domestic abuse policy is in the final stages of completion and once ratified will be shared with staff across all clinical areas to ensure that comprehensive guidance around Domestic Abuse is disseminated
3. The RAID Service Manager should ensure that as per RAID operational policy, referrals to Community Mental Health Services from RAID should be accompanied by a verbal contact or email to the appropriate duty inbox as well as the PARIS referral.
4. The RAID Service Manager should ensure that where RAID is conducting joint clinics or meetings with a secondary agency such as CGL, records should be kept on PARIS in concordance with the RAID operational policy regardless of whether records are also kept on the other agency's record system.

13.15 Hippy's family raised a concern regarding the last few hours of Hippy's life. This very serious matter has been passed to West Hertfordshire Hospitals NHS Trust for investigation. Unfortunately, the unavoidable delay in interviewing Hippy's family meant that this concern was not known to the report writer at the outset and therefore was not included in the scope of this report

14.0 Recommendations

14.1 The Safeguarding Adults Board to implement a system that responds to the needs of vulnerable adults who live chaotic lives by assessing accumulating risk and triggering a multi-disciplinary team strategy meeting.

14.1.1 Examples where this is working include:

- Community MARAC – Several London SABs have adopted this approach, including Islington and Sutton. See Capsticks description of a Community MARAC https://bit.ly/2TJXNej
- Nottingham's multi-agency Street Drinkers Case Conferencing Group (Ward M. and Holmes M. July 2019).

14.2 Hertfordshire Partnership University NHS Foundation Trust and Change Grow Live, to review the care pathway for people with alcohol dependence and mental health trauma and to provide a co-ordinated response of care and support.

14.3 The Safeguarding Adults Board to raise awareness and understanding of the needs of people who are dependent upon alcohol and the organisations that work with them. This should include:

- An understanding that alcohol dependence is not a lifestyle choice
- Fluctuating mental capacity as a result of intoxication and the application of the Mental Capacity Act
- The roles of different organisations and the breadth, knowledge, and experience they bring to problem solving and identifying options for the person.

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Appendix One

Interview with Hippy's sister-in-law

The following are notes from an interview, using direct quotes when possible.

Hippy was one of three children. The eldest girl now lives in Spain, a brother was next in age – he was married to Hippy's sister-in-law, although they are now divorced and then there was Hippy.

Sister-in-law (SIL) knew Hippy from when Hippy was thirteen and SIL was seventeen, dating Hippy's brother. She describes Hippy as a fun-loving, giving person. Hippy met her first love at a young age. Unfortunately, it was an abusive relationship but Hippy was strong. They had two children a girl and a boy. The relationship broke down when the children were still young, as he was a drug user and Hippy did not take drugs. She was a brilliant mum and loved her kids to bits.

Hippy met her next partner when he was in prison. They had a child together and got married.

Hippy was a home loving mum. An Earth Mother. She used to live in Chorley Wood. Hippy always made time for her family and her mum. Her dad lived in Ireland, but Hippy made time for him too.

One day Hippy banged on SIL's door. She was in a bad way. A dark place. It was then that SIL realised Hippy had a drink problem. Hippy did everything she could to help herself. She saw the doctor and went to rehab. At that time, she was fighting fit. The family thought Hippy had turned a corner but rehab opened up a can of worms for Hippy as it revealed traumatic experiences in Hippy's life that the family had known nothing about.

SIL's children called Hippy 'Crazy, hippy, aunty.' Hippy loved everyone.

Social services made Hippy leave her home. Her youngest son would go into school and tell them what was happening, in his eyes. The school got involved and then Thriving Families.

Hippy's husband ended up back in prison for a while and Hippy struggled with two kids on her own. She was drinking at that time.

From leaving her home in Chorley Wood, Hippy was suicidal and lost. SIL had her own grandson living with her and her son, so could not give Hippy a home. Hippy's daughter lived in a one-bedroomed flat with a baby and so she couldn't provide a home for her mum – although she did try.

Professionals would not help Hippy because of her drinking. In 2018 Hippy was admitted to hospital as she had been badly beaten. SIL begged the social workers to help Hippy but they were not interested. Hippy was discharged from hospital with no place to go. She was told to go to the Council. Hippy had just been detoxed but

without any support or a safe place to stay she just went back to drinking. Hippy was like a hamster on a wheel. She would get a little help with detox in hospital; they were brilliant with her, but different places just kicked her back.

SIL got involved when she saw the state Hippy was in. The Council knew all about Hippy's home situation – that she had a tenancy but had been asked to leave her home. Despite this, a care worker who was still in touch with the family (Thrive) suggested she sign up for a bungalow. Hippy's hopes were raised but then she was told that she couldn't have it because of her tenancy.

Nobody fought hard enough for her professionally. Mental health team – Watford, RAID team.

The homeless accommodation that Hippy was offered was disgusting. She was surrounded by drug addicts. The place was constantly raided and Hippy was scared. When there were loud noises, she thought that someone was trying to get into her flat to harm her. Hippy's daughter was afraid to visit with her baby, although she did.

On one occasion the housing association called an ambulance as Hippy was suicidal. A doctor saw Hippy and agreed that she needed to be admitted to hospital. The next day a different doctor asked Hippy if she felt like killing herself. Hippy said no, because she covered up how she was feeling and so they just discharged her – with nobody picking her up and keeping her safe. It was awful.

She was given conflicting messages. One clinician said ,'If you have another drink it will kill you.' Then, another one said, 'Don't call yourself an alcoholic, if you want a drink have one.'

It was a Sunday eve when Hippy went missing. SIL guessed where she would be. ML had just been released from prison and somehow, he had made contact with Hippy. SIL rang the police Sunday eve and found out that during the day there had been police reports of someone hitting Hippy in public. The police still didn't go to ML's to investigate. They didn't go until the Tuesday night when they found Hippy.

SIL found out Hippy was in St Mary's Hospital with severe head trauma, through her nephew's school – not the police. They didn't contact SIL to tell her that Hippy had been admitted to hospital. SIL didn't know Hippy from that date as she was so damaged.

SIL is angry with professionals. Domestic violence workers, social services, housing, the mental health team. The police. Nobody let her know what had happened to Hippy. The police had said Hippy was alright when she had been admitted with a severe head injury.

Nobody took Hippy seriously. She received rehab but was not given the tools to deal with the issues rehab brought up for her. Hippy was a beautiful girl.

She experienced domestic violence repeatedly from ML. but because of her drinking – she was not taken seriously. ML imprisoned Hippy. He knew when she would receive her benefits. SIL would visit the next day and Hippy's bank account had been emptied.

Thriving family worker knew that Hippy was going to be homeless when she was asked to leave her home. Professionals should have stepped in then. Refuge services refused to help because Hippy was an alcoholic.

ML took her in, beat her up and drugged her. Another woman experienced similar abuse and it was her evidence that was used in court.

Nobody cared about Hippy. As soon as she was asked to leave her home, professionals should have started putting things in place. Thriving families should have referred Hippy to an adult care team. At that time, she was a vulnerable woman with poor mental health/ depression.

People took advantage of Hippy. Everything was stolen from her – her passport, birth certificate. Hippy trusted people because she could be trusted.

The mental health team refused Hippy access to the services she needed because of her drinking. She had no-one.

Hippy's mum had a heart attack. Her stepdad had a stroke and her father had Alzheimer's and was living in Ireland. Her big sister lived in Spain and was caring for her own husband who was dying. Her brother was trying to get their dad back from Ireland so that he could arrange care for him.

No matter how many doors we (SIL and Hippy) knocked on – nobody seemed interested enough in helping Hippy.

Hippy loved fairies. She wanted her own place with a little garden, where she could heal in peace.

ML was not held to account for his part in Hippy's death as he committed suicide. The family know that the brain injury led to a breakdown of other organs, despite what the coroner's report said.

Hippy did not even die in peace. She experienced fits from 7am to 2pm. The fits were awful. The family were left alone to watch Hippy suffer with only the occasional visit from a junior doctor who did not know how to help. It was only when Hippy was moved within ICU that a different doctor took an interest and stayed with Hippy. She gave her a medication which calmed her down – but this should have been given to her sooner, to ease her suffering.

The passing of Hippy will have a lasting effect on her family. Her thirteen-year-old son is severely depressed. Her mother's last memory of Hippy is watching her daughter fitting violently for hours, unattended. We are all deeply affected by Hippy's experience. Sad, and incredibly angry at how services failed her.

Appendix Two

Participants at the learning event.

Role	Service
Social worker/AMHP	HPFT
Community Mental Health Practitioner	HPFT
Locum Consultant Old Age Psychiatrist	HPFT
Consultant Liaison Psychiatrist	HPFT
Mental Health Liaison Manager of Service	HPFT
T/ Detective Chief Inspector Safeguarding Partnerships	Herts Police
Head of Operations Panel Member	Herts Mind Network
Service Manager	Herts Mind Network
Service Manager	Herts Mind Network
Team Leader / Case Worker	Herts Mind Network
Lead Midwife for Complex Social Care/Named Midwife for Safeguarding	West Herts Hospital Trust
Team Manager FS Teams	Children's Services HCC
Head of Adult Disability Service	HCC, ACS
Team Manager Adult Disability Service	HCC, ACS
ACS Discharge TEAM	HCC, ACS
Senior Development Manager	ACS, HCC
Head of Housing Services	3 Rivers District Council
Thriving Families Operational Manager	IFST, HCC
Team Manager	IFST, HCC
Deputy Services Manager	CGL
Team Leader Watford & Dacorum	CGL
Family Safeguarding Drug and Alcohol Worker	CGL
Substance Misuse Outreach Support Worker	CGL
Recovery Worker	CGL
Principal Social Worker	ACS, HCC
Safeguarding Specialist Nurse	West Herts Hospital Trust
Clinical Nurse Specialist Safeguarding Adults	West Herts Hospital Trust
Adult Safeguarding Advanced Practitioner| AMHP| Social Worker	HPFT

Senior Social Worker	CGL
Head of Assessment Service	Children's Services HCC
Business Support Officer	HSAB
Quality Assurance Senior Support Officer	HSCP
HSCP Training Coordinator	HSCP
Business Manager	HSAB
Chair	HSAB
Service Manager	HSAB / HSCP
Chief Inspector (SAR Panel Chiar)	Herts Police
Independent Report Writer	

Appendix Three

Good Practice.

There were many examples of notable practice.

2014

- Spectrum (CGL) carried out a medical review
- A referral was made to Children's services by CGL following the review in January 2014.
- When Hippy is admitted to hospital a referral is made by the social worker for a rehab assessment.
- The Spectrum social worker let the school know of Hippy's rehab plan.
- Contact was made with Hippy's husband's probation officer in relation to the children.
- A carer's assessment was offered to Hippy's husband and a carer's grant.
- Parenting course
- Twelve-week rehabilitation with an offer of further rehabilitation and a plan that included day services and the support of a recovery worker.

2015

- Excellent support from Thriving Families.
- RAID and alcohol liaison nurse worked with Hippy during her stay in WGH.
- When Hippy did not attend her outpatient appointments (5th November and 18th December) she was discharged but referred to psychology.
- When Hippy asked for help, she was offered three brief intervention sessions by Spectrum.

2016

- 7th January assessed in WGH A&E by RAID and discharged with an out-patient appointment booked with the alcohol liaison team and a follow-up call from RAID.
- 12th January a family meeting to discuss support for Hippy's son when Hippy relapses (Hippy and her husband, mother and sister-in-law were present).
- July 2016 discharged from hospital and offered an appointment the day after discharge (CGL). A referral made to Spectrum psychologist.
- Spectrum attended the initial case conference for child protection.
- Two monthly key worker sessions offered by Spectrum.
- September 2016, when Hippy went missing and on being found by the police, claimed that she had been given drugs, the police took her to an emergency appointment with her GP.
- Referred to PCP in Luton where she engaged in treatment.

2017

- 9th January Luton PCP offered Hippy a second chance when she relapsed into alcohol use and she completed her treatment as a result.
- March – Essex Police made contact with Herts Police.

- 7th April, referred to the Domestic abuse service by Three Rivers Housing team, this led to a face to face meeting which identified Hippy as high risk.
- Support from SARC officer and Rape Crisis – initiated by police.
- Support from MIND Nightlight service – crisis support at night.
- Spectrum carried out a pregnancy test when Hippy had stomach cramps and advised her to see her GP (July).
- Several attempts were made to find suitable housing.
- Continued efforts to provide robust care plans, however the lack of a stable home environment was a significant barrier to Hippy's recovery.

Acronyms

RAID	A service delivered by the mental health trust in acute hospitals to enable fast identification of mental health needs in hospital inpatients and in emergency departments.
IDVA	Independent Domestic Violence Advocacy Service
MARAC	Multi Agency Risk Assessment Conference
CAB	Citizens Advice Bureau
GP	General Practitioner
DV	Domestic Violence
ICU	Intensive Care Unit
ASB	Anti-Social Behaviour
GBH	Grievous body harm
JSA	Job Seeker's Allowance
ESA	Employment and Support Allowance (state benefit)