BRISTOL SAFEGUARDING ADULTS BOARD BRIEFING

DATE: 21ST JUNE 2018

ABOUT BRIEFINGS

This is produced by the BSAB to help practitioners reflect and continuously improve their practice.

Thank you for taking the time to read this information.

There are three areas of learning:

- What you must know
- What you should know
- What is good to know

At the end is a feedback form to help us assess how you and your organisation have implemented the changes.

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SAFEGUARDING ADULTS REVIEW BRIEFING - 'KAMIL AHMAD AND MR X'

WHAT IS A SAR?

The Care Act 2014 states that Bristol Safeguarding Adults Board (BSAB) must commission a Safeguarding Adult Review when:

- an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more or effectively to protect the adult;
- an adult in its area has not died, but the Board knows or suspects that the adult has experienced significant abuse or neglect.

'KAMIL AND MR X' SAFEGUARDING ADULTS REVIEW

In 2016, Kamil Ahmad, a Kurdish male who arrived in the UK as an asylum seeker, was murdered by Mr X, a white British male. Both men were residents in the same supported accommodation provided for individuals with mental health needs.

Kamil had been living in the shared accommodation since 2013. In the years they had lived in the same provision, Mr X had racially abused and physically assaulted Kamil on a number of occassions. The fatal assault occurred soon after Mr X had been discharged from hospital where he had been detained under Section 2 of the Mental Health Act.

The SAR found that Kamil's murder could have been avoided. This briefing outlines the circumstances of Kamil's death and the learning from the review.

The full report can be found on the BSAB website https://bristolsafeguarding.org/adults/safeguarding-adult-reviews/bristol-sars/ alongside the Board's Response and statements from Kamil's family.

WHAT CAN YOU DO?

Read the full report on the BSAB website.

Check the local Adult Safeguarding policies on the BSAB website.

Deliver staff briefing sessions to discuss the case.

Ensure your staff can identify hate crime and know where they can make referrals to specialist support organisations

CASE OVERVIEW

Mr X moved into the supported accommodation in 2010 and Kamil moved to the same premises in January 2013. The property has individual self-contained flats and is not staffed in the evenings or at weekends.

Kamil arrived in the UK as an asylum seeker and had diagnoses of PTSD and OCD. Several of the agencies who worked with KA also believed he had a learning difficulty but the assessment of this was pending at the time of his death. When he died, Kamil was seeking a judicial review of the decision not to grant him asylum and the decision by Bristol City Council that he no longer met the criteria for care and support under the Care Act 2014.

Mr X had a significant forensic history and had been detained in secure mental health facilities for a large part of his adult life.

Mr X displayed resentment towards Kamil due to his race and status as an asylum seeker, as well as a targeted personal dislike. There were periods, particularly when Mr X was unwell, that this dislike escalated to verbal and physical aggression.

A safeguarding referral was made in respect of Kamil in April 2016 due to the escalation in threatening behaviour from Mr X, although the referral did not identify the incidents as hate crimes. Kamil also reported the incidents to the police. By the time a statement was taken from Kamil he had decided not to pursue a complaint as he believed staff were looking into moving Mr X into alternative accommodation.

Concerns over Mr X's deteriorating mental health escalated from around this time as he was drinking, smoking cannabis and displayed increasingly sexually disinhibited behaviour. The Police were contacted on 8th June regarding an incident of indecent exposure and the suggestion of a voluntary admission to hospital was discussed with Mr X by his Care Coordinator on 9th June, which he refused.

The following day the supported accommodation staff found 34 notes which Mr X had pushed under the office door. They included delusional ideas about his abilities, and one which included threats to kill named tenants (including Kamil).They contacted the Community Mental Health team and Crisis team, who spoke to Mr X later that day, however Mr X remained at the property over the weekend due to a lack of beds elsewhere, and Police arrested him on suspicion of threats to kill and indecent exposure on 13th June.

Mr X was assessed by the Mental Health Team whilst in custody and detained under section 2 of the Mental Health Act 1983. He was released without charge to a section 2 MHA diversion into the care of an AWP hospital. The Police continued to treat the case as an open investigation until the decision regarding capacity could be made.

Familiarise yourself with the BSAB escalation procedure

Review what communication tools and aids you have available

Ensure your staff know the pathways to make referrals around substance misuse

In late June Mr X was transferred to a private Out-of-Trust hospital as there was pressure to create additional capacity for new admissions to the AWP ward. The out of trust hospital did not receive historical information regarding previous concerns about Mr X's psychiatric history from AWP.

Mr X made an application for a Mental Health Tribunal to review his detention. The AWP Consultant Psychiatrist was not aware of this or asked to contribute to the Care Coordinator's report. The Tribunal made its decision without receiving reports reflecting the views of Mr X's brother, the Community Psychiatric Consultant, or the supported accommodation. The decision was made that Mr X was to be discharged with a week's notice – this date was chosen to allow for accommodation arrangements to be made.

In the event discharge planning was only initiated by Mr X's Care Coordinator the day before and so the landlords were unable to coordinate the legal paperwork for an injunction or begin the eviction process before his discharge. The accommodation provider was not informed of the timing of Mr X's discharge from hospital until an hour before it happened. Contingency plans were rapidly put in place to advise female tenants (but not Kamil) of his potential return and alert the on-call manager. The Police were not informed and had not received any information regarding Mr X's progress since he moved hospital.

Mr X was formally discharged on 6th July. That evening he visited several pubs and consumed a large quantity of alcohol before returning to the accommodation. At 1:30am he telephoned the AWP Crisis Team stating that he had drunk a litre of rum and felt like punching an Asian resident who lived in the same accommodation. Mr X became angry when told he would be held responsible for his actions and said that he was 'insane and wasn't responsible' before ending the call. The Crisis Team contacted the Police using the 101 non-emergency number just after 2:00am, less than 10 minutes later Mr X called the Police stating that he had murdered Kamil.

WHAT YOU MUST KNOW: LEARNING FROM THIS CASE

- It is vital that tribunal processes are provided with full and complete information including of historical behaviours and risk, by all relevant organisations most particularly mental health trusts
- Discharge planning (s117 aftercare) should include relevant providers, landlord services and police when a crime has been committed before an inpatient stay
- Care Programme Approach multi-agency meetings should be held for adults with mental health needs when risks escalate or new significant

risks are identified

- Services must be aware of the impact of unconscious bias. Use of language such as 'failed' rather than 'refused' asylum seeker may unconsciously change how services regard need and support

- Interpersonal risk assessments should be undertaken by accommodation providers to consider risk between individuals

- Eviction processes take time to evidence and proceed through court. Multi-agency services should have discussions with landlord services about the need to terminate tenancy at the earliest opportunity.

WHAT YOU SHOULD KNOW: BEST PRACTICE

- Multi-agency safety plans should consider impact of medication changes on behaviour particularly considering previous reactions to medication change

- Alcohol use should be robustly assessed and reviewed as part of care plan even if the individual is refusing to engage with specialist services

- Safeguarding enquiries and care act assessments should include relevant voluntary and community sector services including, where relevant, services for refugee and asylum seekers

- Hate crime assessments should recognise the increased risk when victims of hate crime live within same provision as a perpetrator

- Perpetrator/s of hate crime using language such as 'paedophile' or 'terrorist' should be warning signs of increased risk to victims

- Victim care services should offer a flexible tailored approach to enhanced victims, particularly recognising the needs of those for whom English is not their first language or where there may be additional barriers such as in the case of refugees and asylum seekers

WHAT IS GOOD TO KNOW: REDUCING RISK FOR THE FUTURE

- The BSAB's escalation policy has been updated and relaunched to support professionals to manage disagreements

- Bristol has excellent community and voluntary sector services for asylum seekers and refugees, good practice from this review was their involvement

- AWP has updated their Bed Management policy to ensure adults who require a mental health bed can access them and do not remain living in the community for extended periods

- Adults with mental ill health are more likely to be victims of abuse than perpetrate it – we must not allow cases like this to add to existing stigmatisation

- On the 29th June 2018 Disability and Migration Event is being held by asylum seekers, disabled people and allies to discuss the experiences and needs of disabled asylum seekers and the learning from this case

SUPPORT SERVICES

Bristol Hate Crime & Discrimination Services

Are you aware of Bristol's Hate Crime and Discrimination Services? They can provide hate crime advocacy and casework, discrimination legal casework or advice, mediation, conflict resolution and restorative approaches, and other support services. They also provide training and support to professionals and organisations. You can find out more at https://www.bhcds.org.uk/

Support Services for Refugees and Asylum Seekers

Support Services for Refugees and Asylum Seekers were praised as examples of good practice in the SAR. You can find out more about the services available in Bristol at https://www.bristolrefugeerights.org/how-we-help/i-need-help-i-start/ Including leaflets in a range of languages

Bristol Mental Health

Public and voluntary sector organisations were brought together under the banner of Bristol Mental Health to provide NHS funded services in the city in October 2014. There are 18 organisations providing services, each one chosen for its expertise and experience. They have come together under the banner of Bristol Mental Health to work together to deliver the best possible support to the city's diverse communities. You can find out more at http://www.bristolmentalhealth.org

FEEDBACK, SUGGESTIONS AND IDEAS:

Tell the BSAB how you have used this briefing in your team by:

Email: bsab@bristol.gov.uk

Website: https://bristolsafeguarding.org/adults/contact/contact-the-bsab/

Twitter: @BristolLSAB

Please let us know if you identify work that could be completed by the BSAB which would support multi-agency professionals to implement the report's findings.

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