

**REPORT INTO THE CARE AND
TREATMENT OF**

GEMMA HEARN

JANUARY 2005

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1. Introduction

- 1.1. On 25 June 2001 Gemma Hearn fatally stabbed Mark Blackston at her home in Northfleet. Mr Blackston was found by a passer by in a stairwell and subsequently died in hospital.
- 1.2. Gemma Hearn was arrested, charged with murder and subsequently convicted and sentenced to life imprisonment. Gemma Hearn was 18 years old at the time of the murder. Mark Blackston was aged 39 years at his death. Gemma Hearn has since been transferred from prison to a secure hospital.
- 1.3. Gemma Hearn's contact with Social Services began with her foster care placement with Mr and Mrs Hearn when she was 4 weeks old, prior to her adoption by them at the age of 5 years. There was little further involvement with Social Services until June 1995 following a call from Gemma to Childline.
- 1.4. The first contact with the mental health services occurred in late 1996 which resulted in a period of in-patient assessment in a Child and Adolescent Services (CAMHS) in-patient unit. This was to be the first of many residential (including secure unit), and bed and breakfast placements over the following five years. Dr Wardell, the Consultant Psychiatrist at Fant Oast, the CAMHS in-patient unit, was to be the first of five Consultant Psychiatrists to see Gemma over the following five years up to the time of the murder.
- 1.5. Section 2 of this report provides a narrative chronology of the key events, assessments and placements covering the period between 21 June 1995 and 25 June 2001.
- 1.6. The inquiry process has aimed to track and review Gemma Hearn's care and treatment over that period of time, referring where necessary to relevant matters earlier in her childhood. We have looked in particular at the linkages between services, the appropriateness and effectiveness of interventions and the services available to meet Gemma's needs. We have attempted to identify any lessons that can be learned for the benefit of service users, their families, and carers and staff in the future. We have also examined potential options for services for young people, particularly those with emerging personality disorder¹, particularly with features of borderline personality disorder and anti-social personality disorder – and we have considered those options in the context of current and developing national policy.
- 1.7. We are grateful for the way in which many of the professionals involved in Gemma Hearn's care and treatment have worked with us. Their candour, openness and commitment to providing the best possible service to local people was commendable.
- 1.8. The willingness of Gemma Hearn's adoptive father, Mr Roger Hearn, to talk to us at length, was particularly helpful in ensuring that we were able to understand the family's perspective at an early stage in our work.

¹ Throughout this report, when we use the term *Personality Disorder* in relation to people aged under 18 years, we accept that it is more appropriate and correct to use the phrase *emerging personality disorder*

- 1.9. We also sought to gain an insight and perspective from Gemma Hearn herself. However, in spite of two attempts to contact Gemma in writing and a visit to Broadmoor Hospital by two inquiry panel members, arranged with the assistance of her consultant, she decided not to see us.
- 1.10. Last, but not least, we wish to thank Sarah Seabrook, Inquiry Secretary, for her invaluable help, support and expertise in managing the process of the Inquiry.

1.11. Why an Inquiry was needed

In May 1994, National Health Service Guidelines were issued which require an “Independent Inquiry” to be held when a person in contact with mental health services commits a homicide. In this case, Gemma Hearn had significant contact with the mental health services and also with Social Services children and families services. In these circumstances the Chief Executive of Kent and Medway Strategic Health Authority and the Strategic Director of Social Services for Kent County Council agreed that an Independent Inquiry should be jointly commissioned.

1.12. Terms of reference

1.12.1 To Review:

- The care Gemma Hearn was receiving at the time of the incident.
- The suitability of that care in view of her history and assessed health and social care needs and the services available to meet those needs.
- The extent to which Gemma Hearn’s care corresponded with statutory obligations, relevant guidance from the Department of Health and local operational policies.
- The exercise of professional judgement.
- The adequacy of care planning, implementation and monitoring.
- The adequacy of communication and sharing of information between all the relevant agencies.
- The adequacy of transitional arrangements between children’s services and adult services.
- The outcome of other relevant Inquiry Reports.

1.13. Who conducted the Inquiry?

The Inquiry was undertaken by:

Malcolm Barnard (Chairman) –
Former Area Director of Social Services and Senior NHS Manager.

Sonia Appleby –
Children’s Guardian, Social Services Manager and Adult Analytical
Psychotherapist.

Dr Claire Dimond –
Consultant Child and Adolescent and Adolescent Forensic Psychiatrist.

1.14. How the Inquiry was conducted

1.14.1 Gemma Hearn’s permission for the release of her health and Social Services records to the Inquiry Team was sought and given. All records relating to Gemma Hearn were requested and received from her General Practitioner, Thames Gateway NHS Trust, Invicta Community Care NHS Trust and Kent County Council Social Services Department.

1.14.2 The Inquiry Team reviewed records and documents including internal post-incident reports, reviews and chronologies and the report of an Interagency Review established to examine the circumstances surrounding Gemma Hearn’s court appearances in June 2001.

1.14.3 The Inquiry Team drew up a list of key witnesses. A letter was sent to all potential witnesses² inviting them to attend a hearing and give verbal evidence. Witnesses were offered to opportunity to submit a written statement in addition to giving verbal evidence. A separate letter³ was sent to the parents of Gemma Hearn inviting them to give evidence if they wished.⁴

2. Gemma Hearn’s Care and Treatment

2.1. Chronology

A brief chronology is included as Appendix D.

2.2. History

2.2.1. Gemma and her twin sister were placed in foster care with Mr and Mrs Hearn at the age of four weeks and adopted when they were five years old. Mr and Mrs Hearn were described by Mr Hearn as very experienced foster and adoptive parents, having cared for many other children, including children of mixed race. The records confirm this. A report in June 1995 by Jinder Pal Kaur, Social Worker, Dartford Children and Families Team referred to a conversation with Bexley Social Services Department. They had confirmed that Mr and Mrs Hearn had been foster carers with Bexley Social Services until they had withdrawn their services “due to discontent”. Reference was made in the same report to concerns expressed by Bexley Social Services about another mixed race child fostered by Mr and Mrs Hearn not being offered

² See Appendix A

³ See Appendix B

⁴ A list of witnesses is included in Appendix C

“cultural/identity appropriate input”. Mr Hearn told us that their experience of caring for mixed race children had been “a period of long term learning” rather than formal training offered by Social Services. He added that they were experienced but if they had a problem they had a very good Social Worker to turn to. Jinder Pal Kaur’s report also refers to the MBE awarded to Mrs Hearn for her services to foster care ,following nomination by her daughter.

- 2.2.2 Gemma’s behavioural difficulties appear to have begun very early. There were reports of her hitting and biting other children at nursery school and at home.
- 2.2.3 A pattern of aggressive and destructive behaviour continued both at home and at school. Soon after her transfer to secondary school, concerns were raised about Gemma’s difficulty in adjusting and her attention seeking behaviours. She was referred to an Educational Psychologist and the Behaviour Guidance Service worked with Gemma on social relationships and offered advice to the school on strategies for use in the classroom. The school requested a Statutory Assessment under the Education Act 1993, but the Local Education Authority decided not to issue a statement of Special Educational Needs.
- 2.2.4 In the summer of 1995 Gemma had an operation on her kidneys, following a series of urinary tract infections which started in early life.
- 2.2.5 Following a referral from Dartford West Girls School, Gemma was seen, in November 1996, by Claire Wainwright, Community Psychiatric Nurse at the Child and Adolescent Mental Health Service (CAMHS) in Gravesend. Ms Wainwright referred Gemma to Fant Oast Adolescent Unit in Maidstone. Ms Wainwright was concerned about Gemma’s difficulty in controlling aspects of her behaviour, and the possibility that she may be experiencing psychotic symptoms. Gemma was admitted to Fant Oast on 30 December 1996 for a period of assessment. Dr Wardell, Consultant Child and Adolescent Psychiatrist, stated in March 1997 that “we do not have evidence of mental illness in Gemma”.
- 2.2.6 During her stay at Fant Oast, Gemma became increasingly aggressive towards staff and to her parents during periods of home leave. This resulted in her arrest by the police and release without charge following a night in the cells. It also led to her discharge from Fant Oast on 20 February 1997 because the inpatient team did not feel able to manage her violence. On discharge Gemma was placed in foster care as her parents did not feel that they could manage her behaviour at home. At this point Gemma was accommodated under Section 20 Children Act 1989.
- 2.2.7 After a further (emergency) foster care placement on 8 March 1997 which ended with a physical assault on the foster carer, Gemma was placed by Social Services at a residential unit in Sidcup on 9 March. A further residential placement in Thanet followed on 12 March 1997.

- 2.2.8 During the period until June 1997, Gemma damaged property, threatened self-harm and attacked staff and other residents. She was seen in April 1997 by Dr Stephen Little, Consultant Child and Adolescent Psychiatrist at the request of Kent County Council (KCC) Social Services. Dr Little's report dated 12 May 1997 indicates: "I could find no evidence of mental illness as such..." and "She is plainly pushing the limits as far as she can and will not stop until she is locked up. She is becoming both a danger to herself (minor suicidal gestures) and to others..." Dr Little recommended that a secure placement should be found in order to "contain her and provide the necessary therapy to evaluate and tackle the underlying and as yet obscure issues".
- 2.2.9 Behaviour which caused very significant concerns continued during May and early June 1997 and included highly dangerous behaviour in a staff member's car.
- 2.2.10 On 10 June 1997 Gemma was admitted to Leverton Hall Secure Unit under the terms of a Secure Accommodation Order - Section 25 Children Act 1989.
- 2.2.11 In October 1997 an assessment report was received from the Adolescent Forensic Service based in Manchester. This had been commissioned by Dr Stephen Little on behalf of KCC Social Services. The opinion of Dr Phil Brown, Senior Registrar and Mr Dave Surgeon, Clinical Nurse Specialist was that Gemma "would seem to fulfil the criteria for the diagnosis of unsocialised conduct disorder". In this report a number of recommendations for Gemma's future management were made.
- 2.2.12 During a period in October and November 1997 in the "open" (i.e. not secure) unit at Leverton Hall, a period of highly disruptive behaviour ensued, including absconding, self-harm, assault, damage to property and sexualised behaviour.
- 2.2.13 A further Secure Accommodation Order was granted by Medway Magistrates' Court on 8 December 1997 and Gemma returned to Leverton Hall Secure Unit.
- 2.2.14 A further psychiatric report had been requested by Medway Magistrates' Court and was provided by Dr Terry Bruce, Consultant Psychiatrist at St. Bartholomew's Hospital, London. Dr Bruce's opinion in his report of January 1998 was that "Gemma is exhibiting the signs of early onset aggressive type conduct disorder" and suggested that a placement in a therapeutic community setting would be more appropriate than in a psychiatric unit.
- 2.2.15 During the period to May 1998 some abusive, threatening and physically aggressive behaviour continued at Leverton Hall and Gemma absconded on at least two occasions.
- 2.2.16 Also during this period Gemma disclosed to a member of staff that she had been sexually abused when she was ten years old.

- 2.2.17 On 1 May 1998 Gemma was placed at Sedgemore College and the Secure Accommodation Order was allowed to lapse. A pattern of absconding and highly disruptive behaviour was quickly established. During this time Gemma appeared to be staying frequently at the home of a friend in Slade Green, Kent, and was arrested for damage to her parents' and neighbours' property. Gemma told her father of the alleged sexual abuse when she was younger. Whilst at Sedgemore there were numerous incidents including arson, damage and threats against staff. Gemma appeared at Bridgewater Magistrates court on 16 July 1998 charged with criminal damage.
- 2.2.18 An Interim Secure Order was granted at Medway Magistrates' Court on 20 July 1998 and Gemma was placed at the Atkinson Secure Unit.
- 2.2.19 In October 1998 a further psychiatric assessment was arranged by KCC Social Services from Dr Julie Withecomb, Consultant Child and Adolescent Forensic Psychiatrist at Ticehurst House Hospital, East Sussex. Dr Withecomb's opinion was that Gemma did not show any evidence of serious mental illness such as psychosis or major affective disorder. Dr Withecomb added however that symptoms described by Gemma were consistent with a possible diagnosis of Post Traumatic Stress Disorder. She noted that although Gemma's allegations of abuse had been varied and usually unsubstantiated, she did feel it worth while taking seriously Gemma's allegations that she had been abused in some way. Dr Withecomb also agreed with past psychiatric assessments that the most likely diagnosis for Gemma was one of Conduct Disorder. Dr Withecomb's report made suggestions to support a proposed placement at the Marlowe Unit. The report noted Dr Withecomb's understanding that Dr Phillips, Consultant Child and Adolescent Psychiatrist for the local CAMHS service at Gravesend had been identified as someone who could provide a long-term and continuing overview of Gemma's mental health needs. Noting that Gemma had been assessed by at least four psychiatrists in the previous 18 months, Dr Withecomb expressed a strong view that it would be much more helpful for Gemma to be known by a single psychiatrist who would provide any further report.
- 2.2.20 On 7 October 1998 Gemma's planned move from the Atkinson Unit to the Marlowe Therapeutic Unit took place. On 15 October 1998 the Secure Accommodation Order was withdrawn and plans for Gemma were accepted by the Court, the parents, Guardian ad litem (this title has since been changed to *Children's Guardian*) and Gemma's solicitor.

Comment

- 2.2.21 *We note that Gemma's move from the Atkinson (Secure) Unit to the Marlowe Therapeutic Unit took place on 7 October 1998, i.e. eight days before the Order by Medway Magistrates' Court on 15 October 1998 to withdraw the Secure Accommodation Order. This seems unusual. However we also note that Gemma received care first at the Marlowe Unit's St David's***

Project in Pembrokeshire where one-to-one staffing was available. The records also show that the Magistrates were aware of Gemma's accommodation at the Marlowe Unit's St David's Project at the time of the hearing on 15 October. They were also aware of the then impending Care Proceedings.

- 2.2.22 A number of incidents of verbal abuse, threatening behaviour, damage to property and unauthorised absences were reported by the Marlowe Unit. In January 1999 a member of staff at the Marlowe Unit made a formal complaint that Gemma had pushed her down the stairs on 9 December 1998 and that she had sustained injuries as a result. Further escalations of disturbed behaviour continued until the end of January 1999, including sniffing gas, writing six suicide notes, verbal abuse, and damage to property. A proposed appointment with another psychiatrist did not materialise and Dr Withecomb, when asked for advice by Jean Ross, Senior Practitioners, KCC Social Services, suggested that Gemma could be seen by a psychotherapist rather than a psychiatrist. On 18 January 1999, Gemma was taken to Gloucester Hospital having complained of things creeping around her walls. She was reported to be pale, cold and very frightened. The Incident Report from the Marlowe Unit completed by Marian Tierney, Residential Social Worker, and dated 18 January 1999, states that while awaiting treatment, Gemma attacked a member of the Marlowe Unit staff and threatened hospital staff. Treatment was given for the self-harm inflicted on Gemma's forearms and a recommendation was made that she should see a Community Psychiatric Nurse the following day. Ms Tierney's report states that medical staff at Gloucester Hospital took the view that Gemma's problems were long-term and chronic and added that the resident psychiatrist was said to be too busy with acute case to see Gemma.
- 2.2.23 Gemma returned for a further placement at the Atkinson Secure Unit on 19 February 1999. A report from the Unit on 7 April 1999 describes numerous behavioural problems but noted that Gemma was coping well at the Unit and had settled well at school. A Planning Meeting on 7 April 1999 discussed options for future placements and decided that a new placement should be found.
- 2.2.24 On 5 May 1999 Gemma left the Atkinson Secure Unit and was placed at the Marlowe Unit's Deansway 15+ Project at Gloucester. This was to include weekly psychotherapy sessions with Hilary Ward, Psychotherapist.
- 2.2.25 Gemma was asked to leave The Marlowe because of criminal damage to a staff car and a building. It was also alleged that she set fire to her coat in the building causing extensive damage. She moved to Families Care Ltd at Taunton on 3 June 1999 with psychotherapy to be provided by Margaret Keohare.
- 2.2.26 On 20 July 1999 Gemma appeared before Gloucester Youth Court (for the seventh time in six months) charged with Criminal Damage (fire setting). She was sentenced to two months imprisonment and sent to HMP Eastwood.

- 2.2.27 Gemma returned to Families Care Ltd after her release from prison on 19 August 1999.
- 2.2.28 Following several moves within Families Care Ltd. and a further assault on a staff member after a period of unacceptable aggression towards staff, Families Care Ltd. requested Gemma's removal by 11 November 1999. Gemma appeared at Court again on 9 November charged with Criminal Damage and Common Assault and was sentenced to 40 hours Community Service.
- 2.2.29 The Senior Practitioner at KCC Social Services was unable to find a placement near Taunton, where supervision could have been provided by Families Care Ltd. Gemma returned to Dartford by train on 11 November 1999. Following consultation with Bill Anderson, Head of Children's Services and Ken Vickers, Locality Manager KCC Social Services, Gemma was placed in Bed and Breakfast accommodation in Gravesend. Mr Anderson also decided to deploy a sessional worker from the Adolescent Resource Centre to work with Gemma on a daily basis.
- 2.2.30 On 15 November 1999 Gemma was verbally aggressive and threatening to Jean Ross, Senior Practitioner and lunged at her, threatening that next time it would be with a knife and not her hands.
- 2.2.31 On 19 November 1999, Dr Phillips, Consultant Child and Adolescent Psychiatrist wrote to Jean Ross indicating that she was sorry that CAMHS would not be able to do more than you (Jean Ross) had already done for Gemma. The letter also informed Jean Ross that Dr Phillips did not accept psychiatric responsibility for Gemma.
- 2.2.32 Over the following 19 months Gemma lived in 20 Bed and Breakfast establishments throughout Kent, monitored and supported by Jean Ross and then by the KCC Social Services' 16+ Team.
- 2.2.33 In early December 2000 Gemma decided that she wished to live in a flat and was supported by the 16+ Team in securing a six month assured short hold tenancy. At this time Gemma was advised by her 16+ Social Worker to see her G.P. regarding physical and emotional health issues.
- 2.2.34 Dr Hall, Gemma's G.P. referred her to the Gravesend Community Mental Health Team (CMHT) on 19 December 2000. Dr Hall was advised by the CMHT to refer her to Psychological Services. A letter to Gemma from David Carter, Consultant Clinical Psychologist dated 5 January 2001 indicated that there was a waiting list for such services.
- 2.2.35 On 14 February 2001, a 16+ Team Worker took Gemma to the Accident and Emergency Department at the Darent Valley Hospital, believing her to be at risk of serious self-harm. This followed Gemma taking an overdose of prescribed medication in front of Social Workers. Gemma was voluntarily admitted to Littlebrook

Hospital for psychiatric assessment. During her stay at Littlebrook Hospital Gemma was reported to have been consistently and persistently getting into arguments with the staff and other patients. She had on numerous occasions hit her hand against the wall. Gemma had been compliant with medication but had repeatedly left the hospital to get drunk.

- 2.2.36 On 3 April 2001 a Care Programme Approach (CPA) meeting was held. It was agreed that Gemma's assessment did not show any evidence of severe mental illness but rather clinical features consistent with borderline personality disorder and anti-social personality traits. It was decided that Gemma could be discharged with follow-up in the community by her Social Worker and an outpatient appointment made for 6/8 weeks. Gemma was discharged from Littlebrook Hospital on 5 April 2001. The diagnosis in the discharge letter dated 20 April 2001 to Gemma's G.P. from Dr Babalola, Senior House Officer to Dr Reza, Consultant Psychiatrist, gave a diagnosis of Anti-Social Personality Disorder. (Dr Reza, in evidence to the Inquiry accepted that there was a discrepancy between his notes and the discharge letter. He told us that his diagnosis was in fact Borderline Personality Disorder and not Anti-Social Personality Disorder which appeared on the discharge letter).
- 2.2.37 In May 2001 Gemma took a further suspected overdose and her G.P; Dr Bryant referred her to the Psychiatric SHO. Gemma was subsequently taken to A&E but left without being seen.
- 2.2.38 On 7 June 2001 Gemma attended an appointment with her 16+ Team Social Worker Kim Keen at Joynes House, Gravesend. Gemma threatened to set fire to the building and assaulted Ms Keen, lunging at her with a knife. Once disarmed, Gemma bit Ms Keen. The police were called, Gemma was charged with Actual Bodily Harm and Possession of an Offensive Weapon, and removed into custody. The Court Liaison Nurse, Pete Wilson, requested a Mental Health Act 1983 Assessment. The Consultant Psychiatrist covering for Dr Reza decided not to attend. Gemma was assessed by Mr Perera, Approved Social Worker and a Mental Health Act 1983 Section 12 Approved Doctor, Dr Dott. She was not assessed as being detainable under the terms of the Mental Health Act 1983.
- 2.2.39 Gemma remained on remand at Holloway Prison until her appearance at Dartford Magistrates Court on 13 June 2001. A pre-sentence report was ordered and Gemma was bailed to return to court on 25 June 2001.
- 2.2.40 Gemma was arrested for the murder of Mark Blackston on 25 June 2001.
- 2.2.41 On 18 April 2002 Gemma was sentenced to life imprisonment at Maidstone Crown Court, having pleaded guilty to murder.

2.3. Accessing Services

2.3.1 The referral of Gemma to CAMHS by Dartford West Girls School in 1996 appears to have been entirely appropriate in view of serious and growing concerns at home and at school regarding her behaviour. Social Services, despite their earlier involvement, were unaware of CAMHS involvement until they were asked, during a telephone call from a staff nurse at Fant Oast, to make an appropriate placement for Gemma at weekends because she was unable to go home. A Professionals Meeting was held at Fant Oast on 20 February 1997.

Comment

2.3.2 *The referral pathway to the local CAMHS service appears to be clear. Gemma's school collaborated well with her GP who referred her in January 1995 to the Child Guidance Clinic at Gravesend. Gemma's parents chose not to take up services in 1995, but Gemma was seen by a Community Psychiatric Nurse at the clinic in November 1996. This followed a meeting at the clinic with Gemma's parents in September. By this time there was no Consultant Child and Adolescent Psychiatrist in post in Dartford and Gravesham. But Social Services were unaware of the referral to CAMHS until she had been referred on to and admitted to the CAMHS Inpatient Unit, Fant Oast in Maidstone in December 1996.*

2.3.3 By May 1997 access was needed for Gemma to a Secure Unit. A place was found quickly by KCC Social Services under the terms of a Secure Accommodation Order. Social Services were also able to access a return to the Secure Unit in December 1997 and to provide a timely Secure Unit placement again in July 1998.

2.3.4 When psychiatric assessment reports proposed placements in therapeutic communities, these too were accessed by the Social Services Department. Placements were also accessed at Sedgemoor College and the Marlowe Therapeutic Unit.

Comment

2.3.5 *The key issue here is not whether Social Services were willing and able to access both specialist assessment and specialist placements for Gemma. They were. The issue is whether the placements available to them were effective in meeting Gemma's needs. They were not.*

2.3.6 Throughout the period between Gemma's admission to Fant Oast in December 1996 and the end of CAMHS involvement in November 1999, Gemma was seen by five psychiatrists. Of these four were for assessments directly commissioned by Social Services.

2.3.7 Access to housing services for Gemma and for other young people with emerging personality disorder, borderline personality disorder and conduct disorders is a serious concern. The issues are complex and difficult. But Gemma Hearn lived in 20 Bed and Breakfast establishments, all over Kent in a 19-month period when she was aged 16 and 17 years old. There appeared to be little alternative supported housing or hostel accommodation available. We return to the issues concerning Gemma's placement in Bed and Breakfast accommodation in Paragraphs 2.6.59 to 2.6.67 below.

Recommendation

2.3.8 Closer links should be developed between children's and adult mental health services, Social Services and Housing Authorities to try to provide more stable living environments for vulnerable young people living chaotic lives.

2.3.9 Gemma's GP, Dr Hall referred her to the Community Mental Health Team in Gravesend in December 2000. On advice from the CMHT Dr Hall referred Gemma to Psychological Services, but quick access was not possible. Gemma was informed by letter that there was a waiting list. We heard from David Carter, Consultant Clinical Psychologist that the waiting time for an appointment would have been about 9 months and that there were still long waiting times when we interviewed Mr Carter. Decisions about allocation of referrals to practitioners were taken by a panel of three practitioners including Mr Carter. It appears that once the referral to the CMHT was diverted to Psychological Services there was no allowance in the process for re-allocation to any other CMHT member in the light of the long wait for an appointment with a psychologist. Access to community mental health services for Gemma was therefore, delayed. These issues are explored further in Paragraphs 2.7.3 to 2.7.11 below.

2.3.10 However, in February 2001, Gemma did access adult mental health services when she was admitted via the Accident and Emergency Department to Littlebrook Hospital as a voluntary patient following an overdose. Early in her stay as an inpatient Gemma was assessed by a Dual Diagnosis Specialist regarding her substance misuse and by a Consultant Clinical Psychologist.

Comment

2.3.11 Whilst access to additional specialists within the hospital was good, we were concerned to hear that the community based Psychology Services were unaware of Gemma's assessment by a hospital based colleague and that the Adult Mental Health Services were unaware of Gemma's history of involvement with CAMHS. Issues concerning the handover arrangements between different parts of the mental health services are addressed further in Paragraphs 2.5.17, 2.5.18, 2.5.19, 2.7.16 and 2.7.19 below.

2.4 Care Pathways

Comment

2.4.1 *We found very little evidence of a clearly identified multi agency care pathway during the period of Gemma's care and treatment. This was partly because her chaotic and highly disruptive behaviour demanded a focus on the immediate issues, but also partly because there was no agreed policy requirement for agreeing a multi agency care plan. Even as a diagnosis of borderline personality disorder emerged, there was no agreed policy and there were no underpinning protocols in place to ensure that adequate plans were clearly agreed for Gemma's future care or treatment. The Care Programme Approach mechanisms did not prove to be sufficient to look far enough ahead on a multi agency basis, and the Social Services Looked After Children Review process was not sufficiently robust or assertive in demanding adequate healthcare support for Gemma as a child in their care. These were not failings unique to Gemma's care, nor to Kent. They were symptomatic of prevailing confusion, nationally over who is responsible for the care of young people with emerging personality disorders and indeed over the treatability of such conditions.*

2.4.2 The National Institute for Mental Health in England (NIMH) has recently published policy implementation guidance for the development of services for people with personality disorder⁵. The document flags up the paucity of specialist services for people with personality disorder across the country. It provides information for Mental Health and Social Care Trusts about the Government's intentions for the delivery of personality disorder services within general mental health and forensic settings.

2.4.3 Care pathways for individual people with personality disorder are difficult to map out when the range of services available is limited nationally and mechanisms to bring to bear local expert advice are not in place locally. The NIMH guidance deals with services for adults, touching only briefly on the particular needs of young people. There is a need for more national guidance on the development of services for young people with emerging personality disorder, including transition from children's to adult services. This would build on the impetus expected following the publication of the adult service guidance.

Recommendations

2.4.4 **Progress towards developing services in Kent and Medway for people with personality disorder should be monitored by PCTs and the Strategic Health Authority through the appropriate performance management processes.**

⁵ Personality Disorder: No Longer a Diagnosis of Exclusion. National Institute for Mental Health in England 2003

2.4.5 The Strategic Health Authority and Kent County Council Social Services should jointly bring to the attention of the Department of Health the need for national guidance on the development of services for young people with emerging personality disorder. Such guidance should include the transition from children's services to services for adults. This should build on the impetus created by the publication of the NIMH guidance for adult services.

2.5 Child and Adolescent Mental Health Services (CAMHS)

2.5.1 Gemma was referred to the local CAMHS in Gravesend by her GP following a request from her school in 1996. She was seen by Claire Wainwright a Community Psychiatric Nurse in December 1996. There was no Consultant Child and Adolescent Psychiatrist in post locally at the time. Claire Wainwright, in consultation with Martin Yates Manager of the local CAMHS quickly and appropriately referred Gemma to Fant Oast, the CAMHS inpatient unit for Kent and Medway.

2.5.2 Gemma was admitted to Fant Oast on 30 December 1996 for a 6 week assessment as a 5 day a week boarder, returning home at weekends. There is a record in the daily Fant Oast record of a telephone call on 2nd January 1997 from Fant Oast to the Social Services Duty Social Worker, informing him that Gemma was at Fant Oast and discussing previous Social Services involvement with Gemma and her family.

2.5.3 The records and heated correspondence between Dr Wardell, Consultant Child and Adolescent Psychiatrist at Fant Oast and various Social Workers and Social Service managers, confirm that Gemma's stay was highly problematic. The records include no detailed psychiatric assessment, but Dr Wardell was recorded on a number of occasions as being of the opinion that there had been no evidence of a mental illness.

2.5.4 On 20 February 1997 Gemma was "suspended" from Fant Oast. Dr Wardell told a multi-agency professionals meeting that day that the situation in the Unit had deteriorated due to Gemma's behaviour becoming more violent. Concern was expressed at the meeting by Claire Wainwright and Social Services colleagues that an alternative placement would be made too quickly (to meet Gemma's needs adequately). Gemma was formally discharged from the Unit on 26 February 1997 and in view of her parents decision that they were not prepared to have her at home a foster care placement was made. Gemma was at this point accommodated under Section 20 of the Children Act 1989.

Comment

2.5.5 *We are concerned about the lack of services available to meet Gemma's needs .Fant Oast was clearly unable to cope with Gemma's increasingly disruptive and sometimes aggressive behaviour .Their concern about the effect on other patients and staff was understandable, but a move to foster*

care when mental health professionals were unable to cope in an inpatient unit seemed doomed to failure as predicted by a number of professionals at the time. There is no record of Gemma being referred back to the local CAMHS nor of any follow up from Fant Oast.

2.5.6 However Social Services did commission a further psychiatric assessment in April 1997 from Dr Stephen Little (please see Para. 2.2.8 above) an independent Consultant Child and Adolescent Psychiatrist. A further psychiatric assessment report, again commissioned by Social Services via Dr Little was received in October 1997 from Adolescent Forensic Services in Manchester, giving a diagnosis of “Unsocialised Conduct Disorder”. In granting a further Secure Accommodation Order in December 1997, the Court requested another psychiatric report which was provided by Dr Terry Bruce, Consultant Psychiatrist, St Bartholomew’s Hospital, London, with an indication of “early onset aggressive type conduct disorder”. Gemma was seen by Dr Julie Withecomb, Consultant Child and Adolescent Forensic Psychiatrist, at the request of the Dartford West Children and Families Team of Kent County Council Social Services Department on 3rd October 1998 at the Atkinson Secure Unit. Her diagnosis was one of Conduct Disorder with a possible additional diagnosis of Post Traumatic Stress Disorder associated with Gemma’s allegations of abuse. By this time it had been recognised that although a number of psychiatric assessments had been commissioned and undertaken without the involvement of local CAMHS, there was a need to provide some consistency, at least in the overview of Gemma’s mental health needs. Dr Withecomb supported that view. Her report concludes: “It is also my understanding that Dr Phillips, Consultant Child and Adolescent Psychiatrist, has been identified as someone who could provide a long term and continuing overview of Gemma’s mental health needs. Gemma has been assessed by at least four psychiatrists in the space of less than 18 months. Although I would hope, particularly as this group includes myself, that the standard of these assessments has been good, I feel very strongly that it would be much more helpful for Gemma to be known by a single psychiatrist who would provide any further reports. I would also hope that this psychiatrist might be able to meet Gemma other than at times of crisis so that a more general view of her ongoing mental health needs can be arrived at.”

Comment

2.5.7 We entirely agree with Dr Withecomb’s strongly expressed conclusion. These issues should however be seen in the national context. Health services for Looked After Children (Children “Looked After” by Local Authority Social Services Departments) are commissioned by the Primary Care Trust in whose area they live. There are therefore no resources for local CAMHS to “track” or provide services for adolescents who move or are placed around the country. Such tracking could potentially be achieved by CAMHS clinicians acting in a consultancy role, perhaps by means of a specified contract with the Social Services Department. However this could not

in our view reasonably be expanded to include clinical responsibility for young people living many miles away from their local CAMHS.

Recommendation

2.5.8 Lead Primary Care Trusts (PCTs) for CAMHS and Kent County Council Social Services should produce and agree a protocol to guide the management of young people with mental health problems, including emerging personality disorders who are placed away from the local area. This should include consideration of whether the management role in complex and difficult cases like Gemma's should be undertaken by a specialist adolescent forensic service.

2.5.9 Dr Phillips told us that in August 1998 she had been asked by her line Manger to take on the role of "long arm" responsibility to oversee Gemma's care and advise Social services. Dr Phillips had only very recently taken up this, her first Consultant appointment at the time. Dr Phillips had felt uncomfortable with this oversight role from the outset. Her Service Manager, Mr Martin Yates, Clinical Director, Dr Paula Pedlow and Mr Ken Vickers, District Manager at Social Services at the time, had made it clear that Dr Phillips's role was only advisory and that she had no clinical responsibility for Gemma. With hindsight Dr Phillips agreed that the "long arm" role was poorly defined and probably had little impact for Gemma. Dr Phillips also realised that this was a way of getting her to accept the case. Dr Phillips felt that if she been more experienced, she would have refused to accept this case and would have insisted that Gemma needed to be under the care of a Forensic Child and Adolescent Psychiatrist. As she was the only consultant Child and Adolescent Psychiatrist in the locality at the time Dr Philips considered, with hindsight, that it had been inappropriate to be asked to accept "long-arm" supervision of this case, about which she had not direct knowledge had she been a more experienced Consultant at the time, Dr Phillips felt that she would have insisted on more clarity on the role and its requirements. Dr Phillips never met Gemma Hearn and ceased any further involvement in November 1999. The case was closed by CAMHS in February 2000.

2.5.10 Dr Pedlow confirmed that West Kent Health Authority wanted someone to oversee Gemma who knew her. This had been discussed at a Statutory Review meeting on 7 August 1998 which had decided that the Health Authority should "appoint someone to oversee Gemma's long term mental health needs and coordinate services." Confirming that Dr Phillips had been asked to take this on, Dr Pedlow commented that it was a very difficult role; Dr Phillips was a new Consultant and with a very high workload. Dr Pedlow's view in evidence to us was that expectations of the overview role overstepped what was reasonable in the context of resources available in the local CAMHS service at the time, time pressures on Dr Phillips and perhaps a lack of clarity about what constitutes an "overseer" role. Dr Pedlow agreed that she had advised Dr Phillips not to get too involved and not take on too much. Dr Pedlow's view,

shared with Dr Phillips at the time, was that Dr Phillips was acting as an adviser and had no clinical responsibility for Gemma.

Comment

2.5.11 *The problem was that this left nobody with clinical responsibility for Gemma. By this time Gemma was well recognised by both Social Services and the NHS as one of the most disturbed and vulnerable young women in the local health and social care system.*

2.5.12 Dr Phillips's involvement can best be described in our view as peripheral. She attended a meeting on 16 December 1998 with Martin Yates, Claire Wainwright, and Jean Ross, Senior Practitioner and Ken Vickers, District Manager, KCC Social Services. Dr Phillips's handwritten notes of the meeting record Gemma's situation at that time and note: "We are possibly being asked to behave as a person she knows and can be seen wherever she is placed." No agreed actions are recorded from the meeting other than: "Suggest we liase with Gloucestershire Service." Dr Phillips did subsequently write to the Marlowe Unit asking whether there was anything she could do to facilitate an anticipated assessment by a Dr Ayleyard, Consultant Psychiatrist. CAMHS were not represented, however, at any of the regular Statutory (Child in Care) Reviews, but sent apologies.

2.5.13 On 8 July 1999 Dr Phillips wrote to Dr Withecomb seeking her views about the use of the Mental Health Act 1983 for Gemma and also the appropriateness of a facility such as St Andrews. Dr Withecomb's reply on 26 July outlined the very individual basis upon which it could in her opinion be worthwhile and in Gemma's best interests to make use of the Mental Health Act 1983 to test out whether Gemma would be treatable over a lengthy period in a secure environment. Dr Withecomb's reply added that she was currently carrying out a piece of work on behalf of the Department of Health to consider the health input for young people held in secure placements. She was seeking details from various places about their provision and if she came across anything at St Andrews or elsewhere that would seem appropriate to Gemma she would let Dr Phillips have the information.

2.5.14 By September 1999 Gemma's behaviour had deteriorated further and a possible placement at St Andrew's Hospital, Northampton was under consideration. We have seen handwritten notes indicating that a request was made to Dr Phillips to undertake an assessment of Gemma. The handwritten notes also refer to discussions within CAMHS about a suggested joint assessment with Dr Claire Dunkley, Consultant Forensic Psychiatrist. This assessment did not take place although there is no formal record either of a request or of a decision not to undertake it. Dr Phillips' recollection of the potential placement at St Andrew's was that multi-agency funding could not be agreed as there was no clear agreement that this was an appropriate placement for Gemma. The records shed no light on this for us. There was however a reference in notes completed by Jean Ross to a telephone conversation

between Bill Anderson Social Services' Head of Children's Services and Christine Ballard from West Kent Health Authority about a possible placement at St Andrew's. This is discussed further in Paragraphs 2.6.51 to 2.6.55 below.

2.5.15 In October 1999 a report from Jean Ross to Taunton Youth Justice Court stated: "This current situation has been discussed with Mr Bill Anderson, Head of Children's Services and Mr Ken Vickers, Locality Manager and they have concluded that Gemma can no longer be safely contained in the care system." This clearly reflected serious and continuing concerns about her behaviour which in Jean Ross's view and that of staff and management of Families Care Limited, placed Gemma, staff and other young people at risk. On 16th November 1999 Jean Ross wrote to Dr Phillips informing her of the complete breakdown of the placement in Taunton with Families Care Limited. The letter added that in the light of an inability to find any other placement for Gemma she was advised by Mr Anderson and Mr Vickers to place Gemma in Bed and Breakfast accommodation. Such accommodation had been found in Gravesend.

2.5.16 Following some discussions with Mr Yates and Dr Pedlow, Dr Phillips replied to Jean Ross on 19 November 1999. The letter stated: "I am sorry that the Child and Adolescent Mental Health Services will not be able to do any more than you have already done for Gemma. As you are aware Gemma is not mentally ill. The local Child and Adolescent Mental Health Service does not have resources to deal with the type of problems that Gemma presents with. I am further writing to inform you that I do not accept psychiatric responsibility for Gemma. Gemma needs input from the forensic service while she is in secure accommodation." The final sentence quoted is somewhat puzzling since Jean Ross's letter had made it clear that far from being in secure accommodation Gemma had been placed in Bed and Breakfast accommodation within Dr Phillips' catchment area.

2.5.17 When asked about the normal transition arrangements from CAMHS to adult mental health services, Dr Phillips responded that the normal age for a case to be taken on by adult services was 17. (Gemma was aged 16 years and 9 months in November 1999.) There were, however, a few exceptions where it is mutually agreed that one or other service is best placed to offer what is needed for an individual patient. For her patients it was usual for Dr Phillips to hold a transition meeting with the patient and an appropriate professional from adult services to discuss future care plans and handover arrangements. This did not happen in Gemma's case because Gemma was not her patient.

2.5.18 Dr Pedlow explained to us that it was the CAMHS view in November 1999 that responsibility should rest with adult mental health services in view of Gemma's age at the time. There is now a specific policy for 16/17 year old handover to adult services and in Dr Pedlow's view this works well in some areas where there is good communication, particularly in Maidstone and Tunbridge Wells where CAMHS and adult mental health services had been in the

same Trust since 1997. Dr Pedlow kindly provided us with a copy of a Discussion Paper she had prepared for the Trust Consultant's Committee in January 1998 to highlight key issues where Consultants from Child and Adolescent and Adult Mental Health Services respectively, needed to work closely together to ensure comprehensive, well coordinated services for young people in the 16 to 20 age group. The paper also identified a need for Consultants to work together to identify gaps in provision or resources that could be jointly discussed with the Health Authority.

Recommendation

2.5.19 The CAMHS providers and Mental Health and Social Care Trusts in Kent and Medway should ensure that a system is in place, with appropriate guidelines for the efficient and effective handover of each case from CAMHS to adult services whenever such a handover is decided to be necessary. The system should provide for the communication of information about the handover to other agencies involved in the care of the individual concerned. The guidelines should be explicit about confidentiality and information sharing.

2.5.20 Dr Pedlow felt that Gemma would have posed an extreme risk in bed and breakfast placements and she advised Dr Phillips and managers not to accept clinical responsibility within CAMHS as this would have been unsafe, and Gemma was at an age where transfer to adult mental health services was appropriate at the time she moved back to Kent.

Comment

2.5.21 Whilst sympathising with the undoubted workload pressures on the local CAMHS in general and for Dr Phillips as a new Consultant in particular, it is hard to conclude other than that the decisions of Dr Phillips, Dr Pedlow and the CAMHS Management were defensive and did not appear to focus on Gemma's needs. This was nevertheless understandable given Gemma's complex needs and CAMHS inability to meet them. Dr Phillip's letter of 19 November 1999 did not mention Gemma's age as a reason for CAMHS disengagement although according to Dr Pedlow this was a key reason for their decision. No attempt was made to contact adult mental health services about Gemma. Yet Dr Pedlow told us that was where responsibility laid in view of Gemma's age. No mention was made to Social Services of the "extreme risk" Dr Pedlow told us was the reason for her advice to CAMHS not to accept responsibility. This is of serious concern to the Inquiry Team. It appears that accepting clinical responsibility for Gemma was considered "unsafe", yet the "extreme risk" to Gemma of such placements as perceived by the Clinical Director of CAMHS was not communicated, even in a letter disengaging CAMHS entirely from Gemma's care.

2.5.22 In relation to the more specific issue of services for young people with emerging personality disorder, Dr Pedlow agreed that this was

a problem, nationally as well as locally. In Dr Pedlow's view young people with problems like Gemma's were the most difficult to provide for because agencies were often less clear of what services were needed and because service options were less clearly defined and less available than for young people with diagnosable mental illness. We return to the question of the provision of treatment and services for young people with emerging personality disorder in Section 4 below.

2.5.23 CAMHS Consultants are able to access tertiary adolescent forensic mental health assessments, either from tertiary NHS Units or the private sector. However Dr Pedlow told us that there is no protocol in place to guide and support decisions by CAMHS Consultants with regard to such referrals and she felt it would be helpful if such a protocol was produced, agreed and implemented. We agree with Dr Pedlow that this would be useful. However the issue for Gemma was not so much about access to assessment; there were a number. It was more to do with the lack of treatment facilities to meet her needs.

Recommendations

2.5.24 The CAMHS providers in Kent and Medway should produce, agree and implement a protocol covering referrals of young people with mental health problems who present a risk to others to tertiary forensic services. The protocol should be shared with all other relevant services for children and young people.

2.5.25 Work in Kent and Medway on the commissioning of specialist (Tier 4) CAMHS should specifically identify the needs of young people with mental health problems who present a risk to others, identify the range of provision required to meet those needs, identify gaps in provision and plan, if necessary on a Regional or sub- Regional basis, to commission services to meet the identified needs. These developments may include or complement the proposed 20 bed Medium Secure Unit scheduled to open in 2005/06 in Southampton.

2.5.26 Dr Pedlow also strongly supported the creation in Kent of some form of multi-agency outreach team which could undertake emergency assessments out of hours and at weekends for young people with personality disorder. This would in her view however require substantial resources including access to emergency beds and placements.

Comment

2.5.27 *A multi-agency, inter-disciplinary team could bring together a pool of expertise to offer focussed advice and support to health and social care professionals on the management of the few but most demanding young people in Kent with emerging personality disorder who create chaos all around them. We return to this in Section 4 below.*

2.6 Social Services for Children and Families

- 2.6.1 Social Services involvement with Gemma Hearn began soon after her birth. Gemma and her twin sister were placed by Tower Hamlets Social Services Department in foster care with Mr and Mrs Hearn at the age of 4 weeks. The girls were subsequently adopted by Mr and Mrs Hearn when they were 5 years old.
- 2.6.2 Although Gemma exhibited difficult behaviour from an early age, Social Services were not involved with the family again until June 1995. At this time Gemma was picked up by the police at a telephone box having made a call to Childline. Gemma had accused her parents of slapping her. The allegation was appropriately investigated by Kent County Council Social Services Department. Following an investigation it was decided not to pursue the matter in relation to child protection. The parents had referred to Gemma making up stories and this was supported by the school who described Gemma as erratic, irrational and irresponsible and as having fabricated stories and made unfounded allegations at school. Gemma's parents were seen, according to the records, as supportive and tolerant. However the investigating Social Worker, Jinder Pal Kaur, did express concerns about whether issues regarding Gemma's cultural identity were being adequately addressed. The records show that a discussion took place between the Social Worker and his Locality Manager in which the advantages and disadvantages of further intervention in this matter were weighed up. A decision was taken and recorded that further intervention in the matter of cultural identity at that time would only serve to undermine the girls' relationship with their adoptive parents.
- 2.6.3 On 3 February 1997 the Social Services Out of Hours Team referred Gemma to the Family Support Team at Dartford. This followed aggressive incidents at home over the previous weekend when Gemma had been on "leave" from her inpatient admission to Fant Oast CAMHS inpatient unit. It was reported that Fant Oast had arranged an assessment meeting for 20 February 1997 and the Duty Senior Social Worker confirmed that he would attend. This was the first knowledge the Social Services Department had of Gemma's admission to inpatient CAMHS care.
- 2.6.4 In the event, Dr Wardell, Consultant Child and Adolescent Psychiatrist at Fant Oast, asked for a Social Worker to attend an urgent meeting on 5 February and in the meantime on 4 February Staff Nurse Brown at Fant Oast had contacted the Social Services Duty Social Worker to ask about options for accommodation. At the meeting on 5 February the Fant Oast staff including Dr Wardell gave accounts of Gemma's "unacceptable" behaviour at the Unit and John Newman, Senior Practitioner, KCC Social Services undertook to feedback information about the difficulties to his office and discuss any alternative arrangements.
- 2.6.5 The professionals' meeting scheduled for 20 February at Fant Oast took place as planned. The minutes state: "Dr Wardell stated that the situation on the Unit had deteriorated due to Gemma's

behaviour becoming more violent. Dr Wardell felt that as Gemma's behaviour had deteriorated it was affecting the care of everyone on the Unit, resulting in injury. If Gemma is suspended we need to come up with a plan that makes sense." The implication from the notes was that Social Services needed to come up with a placement. The notes indicate that Trevor Wynn Social Worker asked about the assessment of Gemma's mental health. Dr Wardell's response was that "he was not convinced we were dealing with a mental illness as such, although we cannot definitely be sure — as we have had very little access to Gemma with regard to her revealing things to us." Dr Wardell mentioned a potential placement at Brookside but pointed out that Gemma had to have a home and that was not Fant Oast. Trevor Wynn stated that Social Services had not had the chance to assess Gemma to which Dr Wardell responded that John Newman had been told about her two weeks previously.

Comment

2.6.6 *This meeting set the tone for an exchange of correspondence between Dr Wardell and Ken Vickers, Locality Manager and Bill Anderson Head of Children's Services. We chose not to divert too much of the time and energy of the Inquiry investigating these apparent squabbles. We are however concerned at the apparent mismatch of expectations between the CAMHS Inpatient Service and Social Services and vice versa. Social Services appeared to be looking for a medical assessment and solution, while CAMHS regarded Gemma's accommodation at weekends as a social issue to be resolved by Social Services.*

Recommendation

2.6.7 The responsible clinician in CAMHS in-patient units should liaise with Social Services at the earliest opportunity during or after admission whenever it is considered that it is in the young person's best interests for Social Services to be involved. The aim should be for in-patient units to involve Social Services in care planning at the earliest possible stage whenever necessary.

2.6.8 A further meeting was called by Ken Vickers and held at Fant Oast on 27 February 1997, Chaired by Marie Dodd, the NHS Trust Manager for CAMHS. However by then Dr Wardell had discharged Gemma to the care of her parents in the knowledge that they were unwilling to have her at home. Gemma had therefore been placed by the Social Services Department in foster care on the evening of 26 February 1997. Gemma was now accommodated by the Social Services Department under Section 20 of the Children Act 1989. The meeting held on 27 February was described to us by John Newman as being in complete uproar, disrupted by Gemma and ending with the police being called. Although the notes do not confirm this, Mr Newman confirmed that the discharge from Fant Oast was in effect a "suspension" until 10 March 1997. John

Newman took on Social Work case responsibility for Gemma from this point.

2.6.9 Gemma remained with the foster carers until 8 March 1997. On that date, following a telephone call from her father to say that she would not be returning to Fant Oast on advice from Dr Wardell, Gemma physically assaulted the foster carer's son and threatened damage to property. The police and Gemma's father were called by the foster carers. Gemma was placed for one day with emergency foster carers but following a physical assault on a foster carer she was placed at a private residential unit at Sidcup while an urgent longer term placement could be made in order for further assessment to be carried out. Gemma was placed at a private residential unit, Ethelbert House in Thanet on 12 March 1997. Daily incidents of challenging behaviour, including violence, assaults and arrest and charging with criminal damage, are recorded over the following month. The records show that John Newman was in weekly contact with Gemma to try to form a relationship and there was almost daily contact with the staff at Ethelbert House. By early May, Gemma had made threats to the Duty Social Worker at Dartford and to staff at Durham House (an Annexe to Ethelbert House) that she would kill herself. Staff had also noted a number of scratches on her forearms.

2.6.10 Social Services called a meeting with staff from Ethelbert House and invited Dr Steven Little, a Consultant Child and Adolescent Psychiatrist in private practice to attend. Dr Little subsequently saw Gemma and recommended that Social Services seek a Secure Accommodation Order in view of her "becoming a danger to herself and others."

Comment

2.6.11 *The decision to seek a psychiatric assessment was entirely appropriate. It is also understandable that there was at this stage no referral back to Gemma's local CAHMS. Social Services had been aware of extreme pressures on the service at the time and their recent experience of working with the inpatient service had not been positive. However, our concern about Social Services' direct commissioning of such psychiatric assessments is that it effectively accepts that the NHS is unable to address the health needs of the child concerned. It can also serve to "hide" the extent of the need for such NHS services and lose opportunities to jointly identify and address service shortfalls.*

Recommendation

2.6.12 Social Services should ensure that referrals to Consultant Child and Adolescent Psychiatrists in private practice are discussed with the local CAMHS and that the objectives of the clinical intervention are agreed in advance and recorded. At this time the extent of or limits of CAMHS involvement and responsibility for the case should be determined and recorded.

- 2.6.13 Further and frequent challenging and dangerous behaviour continued. Dr Little had suggested a potential placement at the Gardiner Forensic Unit in Manchester but this did not prove possible because of the then mix of patients at the unit and the lack of clarity about whether Gemma had a Conduct Disorder or another psychiatric disorder. An assessment report from the Manchester Service provided a diagnosis of "Unsocialised Conduct Disorder". By then a Secure Accommodation Order had been appropriately sought and granted and Gemma had been admitted on 10 June 1997 to Leverton Secure Unit.
- 2.6.14 The records show that Gemma's behaviour, whilst on occasions demanding and manipulative, was contained in the period to October 1997. But when she was transferred to the "open" unit at Leverton in November 1997, (and was therefore no longer subject to a Secure Accommodation Order), Gemma's behaviour was extremely difficult to manage. There were charges and a conviction for criminal damage and a further Secure Accommodation Order was granted on 8 December 1997, effective until 15 January 1998. During this period staff at Leverton House were in very frequent contact with the Social Services Department. The records show that Social Services ensured that they were in touch with developments. Regular planning and review meetings were convened and well recorded. This included a record of decisions at a planning meeting held on 10 December 1997 at which it was reported that Jean Ross, Senior Practitioner, had taken over case responsibility from John Newman. The meeting also discussed the need for a further psychiatric assessment as required by the Court (upon granting the further Secure Accommodation Order). A Statutory In Care and Secure Accommodation Review meeting was held on 12 January 1998, Chaired by Ken Vickers, Locality Manager. Again the meeting appeared to be well focussed with clear and appropriate decisions. A further Secure Accommodation Order was granted on 15 January until 8 March 1998. This was subsequently extended at a hearing on 4 March 1998.
- 2.6.15 On 12 March 1998, Jean Ross received a telephone call from a member of staff at Leverton Hall informing her that Gemma had alleged that she had been sexually abused when she was 10 years old. Jean Ross informed the Child Protection Team. Ms Ross also visited Gemma the following day and contacted her parents. Mr Hearn told Ms Ross that Gemma had talked to him on the telephone about the abuse. We have seen in the records a clearly recorded decision making process regarding the Child Protection issues.
- 2.6.16 Further evidence of good practice in the review process was seen in the notes of the In Care Statutory Review meeting held on 7 April 1998. The meeting considered reports from a number of professionals, including Dr Bruce and Mr Tony Collins, Psychologist. A Care Plan prepared by Ms Ross was agreed. Gemma was transferred to Sedgemoor College on 1 May, following full discussions with the College and an introductory visit by Gemma.

- 2.6.17 Notwithstanding the preparation, the placement at Sedgemoor did not go well. Gemma frequently absconded, was arrested for damaging her parents' and neighbours' property and had spoken of using needles and drugs. Gemma also told her father more about the sexual abuse. By 11 June Ms Ross in consultation with Mr Vickers and Joan Long, Team Manager (who was supervising Ms Ross in this case) decided that Gemma should be moved from Sedgemoor as soon as possible. The case was discussed urgently at a Joint Funding Panel meeting, Chaired by Bill Anderson, Head of Children's Services and attended by managers from the NHS and Education. Funding was agreed for a new placement subject to a suitable placement being found and to a joint visit to the prospective placement by NHS, Education and Social Services Officers.
- 2.6.18 Gemma's behaviour at Sedgemoor was becoming still more extreme, including alleged fire setting, throwing a television and a music centre through windows. Ms Ross continued to visit Gemma regularly at Sedgemoor. There were further episodes of absconding and Gemma was convicted at Yeovil Magistrate's Court on charges related to damage to property and a vehicle. She was fined and ordered to pay nominal compensation.
- 2.6.19 The behaviour pattern continued and following appropriate consultation and discussion with supervisor and senior staff a further Secure Accommodation Order was sought, a place having been identified at the Atkinson Secure Unit. An Interim Secure Accommodation Order was granted on 20 July 1998. Funding for the placement was shared between Social Services, the NHS and Education. A further psychiatric assessment was to be undertaken. This took some time to arrange as the Consultant first requested was unable to carry out the assessment due to other commitments and Dr Withecomb, Consultant Forensic Child and Adolescent Psychiatrist was unavailable until early October. Gemma moved to the Atkinson Unit on 21 July 1998.
- 2.6.20 A Planning Meeting meeting was held on 7 August 1998. The decisions included a confirmation that Dr Sheldrick should carry out the assessment as soon as possible (as Dr Sheldrick was unable to carry out the assessment Dr Withecomb was asked to do so) and that the Health Authority should appoint a suitably qualified person to oversee Gemma's long term mental health needs and co-ordinate services.
- 2.6.21 The records show that Gemma's behaviour continued to be very challenging, including assaults on staff and fellow residents. Ms Ross continued to be in almost daily contact with the Unit and in frequent touch with Gemma. In August she contacted the Head of Children's Services and the Health Authority's Commissioner for Children's Services to try to expedite urgent psychiatric input. A local psychiatrist had been suggested by the Unit but funding was not agreed by the Health Authority as this was viewed as a short term measure and would not therefore benefit Gemma.

- 2.6.22 Confirmation was received that Dr Jeanette Phillips, Consultant Child and Adolescent Psychiatrist had agreed to oversee Gemma's medical needs and if necessary, assist with the referral to Dr Withecomb.
- 2.6.23 A further Court hearing on 26 August 1998 granted a further Interim Secure Accommodation Order until 15 October 1998 with Directions that: an appointment with Dr Withecomb be secured for 5 October 1998; a psychiatric report be prepared and Kent County Council to prepare bundles of papers and a chronology for the next hearing. Visits to Gemma continued from Jean Ross or from John Newman and Joan Long on Ms Ross's behalf. In late September, thinking ahead to Gemma's progression from the Secure Unit, Ms Ross made contact with the Marlowe Therapeutic Unit.
- 2.6.24 The records show that there was a meeting on 25 September 1998, attended by: Jean Ross, Ken Vickers and Ian Clark, Head of Legal Services, Kent County Council. The meeting examined the case for applying for a Care Order in respect of Gemma. Mr Clark advised that a Care Order could be applied for up to the date of Gemma's seventeenth birthday. He pointed out that without a Care Order Gemma could, when she reached the age of 16, leave Care. Without a Care Order at this point, a Secure Accommodation Order could not be applied for.
- 2.6.25 Jean Ross visited the Marlowe Therapeutic Unit on 30 September 1998 with Marion Songhurst from the Dartford CAMHS. The possibility of Gemma's transfer there was discussed. A Statutory Review meeting was held at Exeter on 2 October. Recorded decisions included: an introductory visit for Gemma to the Marlowe Unit and await Dr Withecombe's verbal report prior to a decision that Gemma should leave the Atkinson Unit. Ms Ross would seek the necessary three way funding. The meeting was attended by two representatives of the Marlowe Unit.
- 2.6.26 In the light of a long telephone conversation with Dr Withecomb on 5 October, confirmed by a written report, Gemma was transferred to the Marlowe Unit in Pembrokeshire on 7 October 1998. (Please see Paragraph 2.2.21 above).
- 2.6.27 Confirmation was received from Bill Anderson on 13 October regarding the initiation of Care Proceedings. At a Court hearing on 15 October 1998 the Secure Accommodation Order application was withdrawn and plans for Gemma were accepted by the parents, the Guardian ad Litem and Gemma's legal representative. Dr Withecomb's written report was received the previous day.

Comment

- 2.6.28 *There is evidence of good planning and preparation in the lead up to Gemma's placement at the Marlowe Unit. The decision to apply for a Care Order appears to be entirely appropriate in the circumstances.***

- 2.6.29 Over the next two months there were a number of incidents, all formally recorded and reported to Ms Ross by the Marlowe Unit. A Statutory Review meeting was held and decisions recorded. At a Court hearing, dates for a Final Hearing in respect of the application for a Full Care Order were set for 3/4/5 February 1999. Records show that there were discussions, within Social Services, by November 1998 about long term plans for Gemma's accommodation and independent living. It was also agreed that Jan Lucas from "Voice for the Child in Care" would visit Gemma on a monthly basis.
- 2.6.30 Gemma's behaviour deteriorated further in December 1998. The records show that this included an attempted suicide on 8 December, dealt with by a visit from the GP; a refusal to attend a follow up appointment offered by the GP, and the police being called because of damage to property. Gemma was arrested on 10 December following an attempt to push a member of staff down the stairs. Jean Ross continued to visit Gemma at the Marlowe Unit.
- 2.6.31 On 16 December 1998 a meeting was held between, Ms Ross, Mr Vickers, Martin Yates, Claire Wainwright and Dr Phillips to discuss how Dr Phillips could coordinate meeting Gemma's mental health needs. Dr Phillips hand written notes of that meeting are referred to at Paragraph 2.5.12 above. Jean Ross's notes of the meeting, also handwritten, in the daily Social Services records, state: "Meeting at the Swanley FC (Family Centre) with Dr Phillips, Martin Yates, Ken Vickers, Claire Wainwright and myself to examine how Dr Phillips could coordinate Gemma's mental health needs. Once Gemma has been seen Dr Phillips will liase with the psychiatrist. Dr Phillips expressed a wish to meet Gemma. She was invited to attend the next review on 28/1/99".
- 2.6.32 By January 1999 Jean Ross clearly felt that further psychiatric intervention was needed. The files record her concern about delays in securing an appointment on a number of occasions. She shared those concerns with Mr Hearn and wrote in January 1999 to Dr Phillips seeking her intervention to speed things up.
- 2.6.33 Gemma was found on 18 January 1999 to be cutting her forearms. She had previously on that day threatened to kill herself and her twin sister. The police were alerted and a WPC visited. Permission was sought and given to increase the staffing ratio for Gemma from 1:1 to 2:1. Further serious incidents were noted on 21 January. Gemma had been sniffing gas, had smashed up the Unit and was found to have written six suicide notes. The police were called and escorted Gemma to the local hospital where the services of a psychiatrist were requested. However Gemma was not seen by a psychiatrist. The duty psychiatrist at the hospital had been too busy with acute cases to see Gemma. Gemma had attacked a staff member from the Marlowe Unit whilst in A&E and threatened A&E staff. The Marlowe Unit informed Joan Long, Team Manager that they would arrange for Gemma to be seen privately by a psychiatrist.

- 2.6.34 Mr Hearn, who had continued to be kept informed of developments by Jean Ross, wrote to Social Services expressing concerns about the Marlowe Unit's ability to cope and referring to Dr Withecomb's view that a backup plan should be considered for a long term secure placement should a non-secure placement break down again.
- 2.6.35 A Statutory Review meeting was held in Tewkesbury on 28 January 1999. It was noted that Gemma was still not registered with a GP, she was still not attending school and she was still awaiting an appointment with a psychiatrist. Some frustration at this lack of progress from the Chairman, Joan Long is evident from the notes. Ms Long stressed the need to address these issues urgently.
- 2.6.36 In view of continuing problems in engaging a psychiatrist to see Gemma, Ms Ross was advised by Dr Withecomb in a telephone discussion to seek help from a psychotherapist rather than a psychiatrist. Dr Withecomb linked this with a need to work with the care staff and to put in place a good behavioural programme.
- 2.6.37 Gemma's behaviour continued to be extremely challenging. It included fire setting for which Gemma was arrested and charged with arson. On 17 February 1999, 72-hour Director's approval was given for her placement at the Atkinson Secure Unit. A Secure Accommodation Order was granted by Dartford, Gravesham and Medway Magistrates' Courts on 22 February 1999. Gemma remained at the Atkinson Unit until 5 May when she was placed at the Marlowe Deansway Project in Gloucester. On the same day the Crown Prosecution Service confirmed that the arson charge against Gemma had been dropped.
- 2.6.38 More behaviour difficulties began again soon after Gemma's release from Secure Accommodation. Jean Ross and Joan Long attended a meeting in Gloucester on 11 May 1999 requested by the Marlowe Unit. Gemma had been refusing to remain at Deansway. It was agreed that she would remain there and move to a smaller unit within the Marlowe Project within two to four weeks. Weekly therapy sessions had been arranged from 12 May. In the following three weeks there were numerous incidents including threats to staff, absences overnight, and arrests for criminal damage which included fire setting. On 3 June 1999 the Marlowe Unit wrote to KCC Social Services to inform them that the risks of Gemma remaining there were too great and requesting her removal that day. Gemma was charged with criminal damage but not with arson. Jean Ross alerted Mr Vickers and Mr Anderson to the situation. Her notes at the time indicate: "Because charge was reduced (from arson and criminal damage to criminal damage only) a secure unit was felt to be unnecessary."

Comment

2.6.39 *The notes do not indicate the detail or length of the discussions with her managers. However the implication is that the decision not to seek another Secure Accommodation Order at this point was related only to the criminal charges and not to an evaluation of her needs based on a by now well established pattern of extremely challenging, potentially dangerous behaviour.*

2.6.40 Contact was made with Families Care Ltd at Taunton. Gemma's placement with Families Care Ltd was approved after a recommendation from Andy McConekey, YOT Social Worker who had used them on several occasions for placements for young people from Kent. Information on Gemma's history was given to Families Care Ltd and they agreed to a short term placement during which they would carry out their own assessment. Gemma arrived at Taunton later on 3 June 1999.

2.6.41 On 11 June 1999 Jean Ross and Joan Long visited Families Care Ltd. Plans for Gemma's care and progression were discussed. On the same day Gemma cut herself in an episode of deliberate self harm at College. She had written two notes with references to her "destiny to die."

2.6.42 Gemma was arrested for extensive damage to Families Care Ltd property and fire setting on 16 June 1999 and charged the following day with arson and criminal damage. She was bailed until 18 June. A staffing increase at Families Care was agreed by Social Services. Gemma pleaded guilty to criminal damage on 1 July 1999. The arson charge had been dropped. The Youth Offending Team were requested to provide a pre-sentence report. Gemma was remanded on bail.

Comment

2.6.43 *This was not the first occasion when arson charges against Gemma had been dropped before the case came to court. It appeared that convictions for lesser offences e.g. Criminal Damage were perceived by Social Services staff and managers to reduce the chances of successfully seeking a Secure Accommodation Order.*

2.6.44 In mid July 1999 Gemma made weekend visits to Dartford. Problems were reported by her parents and her (adoptive) brother. Gemma had been disruptive, abusive and threatening. Gemma's parents wrote to Bill Anderson on 20 July expressing concern at the situation and making a request that Gemma should now be sectioned under the Mental Health Act 1983. They referred to Dr Withecomb's view (in her Report of October 1998) that there was a risk of a breakdown into her old patterns of behaviour after leaving Secure Accommodation and Dr Withecomb's expressed hope that "there is a backup plan to consider a longer term secure placement for Gemma should this be the case." The letter from Mr and Mrs

Hearn referred to their concern that Gemma was a danger to herself and others. Mr Anderson sent a copy of the letter to the Health Authority asking for their advice on the points raised by Mr and Mrs Hearn. On 30 July 1999 a reply was received from Christine Ballard. It refers to a discussion with Dr Pedlow, Clinical Director CAMHS and states: "Whilst we have every sympathy for the family, it needs to be recognised that four psychiatrists have assessed Gemma in the last 18 months and there is a form of consensus in those reports that it is likely that Gemma has a conduct disorder and/or possibly developing a personality disorder. Attempts have been made to ensure that wherever Gemma has been placed, specialist mental health input has been available. We cannot agree that Gemma's mental health needs have been neglected. The law is clear regarding Sectioning under the Mental Health Act and there are no good grounds under which this could happen for Gemma."

Comment

2.6.45 *There had been a number of psychiatric assessments but there was a lack of continuity in Gemma's psychiatric care. In such a complex case regular, high level multi-disciplinary/multi-agency meetings should take place to ensure regular reviews of the young person's placement, education and therapeutic needs and of their clinical management.*

2.6.46 On 20 July 1999 Gemma was sentenced to 2 months imprisonment, having refused a Supervision Order or Community Service Order. She "wanted to be locked up." Gemma was sent to Eastwood Park Prison. On 21 July the Social Services notes state: "I (Jean Ross) told Bill (Anderson) in my opinion Gemma now needs a psychiatric placement".

2.6.47 At the Joint Services Provision Board meeting on 22 July it was agreed that Jean Ross would follow up her request for a psychiatric report to be completed by a prison psychiatrist. The notes record that Christine Ballard did not agree with this course of action — she did not feel that Gemma needed a psychiatric placement. The meeting also agreed that the placement at Families Care Ltd would be held until Gemma's release.

2.6.48 Jean Ross visited Gemma in prison twice before her release on 18 August 1999 and return to Families Care Ltd at Taunton.

2.6.49 Ms Ross visited Gemma at Taunton on 25 August. The notes record a discussion about future care needs and independence. Major problems re-emerged over the following few days. These included damage to property and a staff car windscreen, an accusation by Gemma of verbal abuse by a member of staff and written threats to kill two members of staff at Families Care Ltd and stating that it would be a pleasure to kill herself. On 8 September Jean Ross telephoned Dr Phillips and faxed to her a copy of Gemma's threatening letter. According to the Social Services notes, Dr Phillips telephoned Ms Ross on 9 September 1999 advising that

Gemma should be seen urgently—that a psychiatric assessment was required. Dr Phillips was recorded to have wondered if an application should be made to St Andrew's Hospital as she felt, under some circumstances, a person Under 17 years could be sectioned. Dr Phillips would get in touch with Marie Dodd (the CAMHS Manager). Dr Phillips telephoned again on 13 September to check the latest situation concerning Gemma.

2.6.50 On 20 September 1999 a Statutory Review meeting was held at Taunton. Jean Ross visited again on 1 October and during the following week Mr Hearn telephoned expressing concern about a call from Gemma threatening to kill herself. In the same week Families Care Ltd informed Social Services of another incident of aggression and verbal abuse to a member of staff. On 13 October 1999 a fax was received from Families Care Ltd to report that Gemma was in custody following an alleged assault on a member of staff and setting fire to a tea towel. Gemma was bailed to re-appear in Court on 26 October. She refused, however to return to Families Care Ltd and in the circumstances Families Care Ltd would not accept her back. Jean Ross negotiated with the Police to hold her until 14 October and to bring her Court re-appearance forward to 14 October in view of the difficulty in finding accommodation for her.

2.6.51 On 14 October Ms Ross sent reports to the Young Offenders Team in Somerset, asking for a remand for psychiatric reports. Ms Ross mentioned the suitability of a placement at St Andrew's Hospital in this correspondence. On the same day Ms Ross's notes refer to Ken Vickers agreeing to Gemma being placed at St Andrew's if West Kent Health Authority (via Christine Ballard) agreed. However Jean Ross's notes go on to record that Christine Ballard and Bill Anderson agreed by telephone on 14 October that there was no point in Gemma going to St Andrew's because it was already known that she was untreatable. This information was conveyed to the Somerset YOT.

2.6.52 Mr Anderson and Ms Ballard were asked to comment on Ms Ross's notes regarding their telephone conversation. Neither could recall the conversation and this is unsurprising after a period of nearly five years.

2.6.53 Ms Ballard confirmed that her role at that time, as Placements Manager with West Kent Health Authority, was to agree health funding for individual placements in liaison with Social Services and Education, using the clinical opinion available. She commented that as a manager, not a clinician, she would not offer an opinion on possible diagnosis. She would act only on the recommendation of a clinician. Ms Ballard added that all cases in the Dartford, Gravesham and Swanley area at the time were brought to the Joint Services Provision Board (JSPB) for thorough discussion and joint decision-making. Her view was that this local JSPB was the most effective in Kent in delivering consistent care for children.

2.6.54 Mr Anderson pointed told us that it had never been his view that Gemma could not be helped by psychiatric intervention. He added

that it would not have been possible for Ken Vickers or Christine Ballard to agree to Gemma being placed at St Andrews. Such a recommendation would have to have been generated by a Consultant Psychiatrist as this was a “health” placement. It was not within the remit of the Social Services Department to recommend or make such a placement. Mr Anderson explained the process in the West Kent Area at the time, for making multi-agency decisions concerning placements through a joint panel, the Joint Services Provision Board . Mr Anderson had no recollection of any recommendation for a placement at St Andrews being raised at the JSPB and confirmed that any such recommendation would have been raised there even though such a placement would have been “solely a health placement”.

Comment

2.6.55 Jean Ross’s contemporaneous notes are the only record of the “decision” apparently made in a telephone conversation between Mr Anderson and Ms Ballard, that an application to St Andrews Hospital should not be pursued because Gemma was known to be untreatable. Ms Ballard and Mr Anderson have both confirmed that they would not have made such a decision and that such decisions were taken at the JSPB in the light of clinical recommendations. It is not possible for us to resolve this apparent inconsistency of evidence. However, it is possible that an opportunity may have been missed at this point to make a difference to Gemma’s future pattern of care. It is surprising in view of Ms Ross’s recorded concerns and in the light of the views expressed in Dr Withecomb’s letter to Dr Phillips dated 26 July 1999(See Para: 2.5.13 above), that the possibility of a placement at St Andrews was not considered by the JSPB. Issues regarding the treatability of people with personality disorder or borderline personality disorder are discussed in Section 4 below.

Recommendation

2.6.56 The CAMHS providers in Kent and Medway and KCC Social Services Department should ensure that appropriate clinical advice is sought whenever key decisions are taken about whether or not to seek placements for young people in specialist mental health in patient units.

2.6.57 Jean Ross wrote a report on behalf of YOT for Taunton Magistrates Court on 18 October 1999. The report stated: “This current situation has been discussed with Mr Bill Anderson, Head of Children’s Services and Mr Ken Vickers and they have concluded that Gemma can no longer be safely contained in the care system.”

2.6.58 Gemma was remanded on 19 October to the care of the Local Authority until 26 October 1999. An extension of her stay at Families Care Ltd was negotiated. At her next Court appearance the case was adjourned until 9 November. Jean Ross contacted Catherine Reilly, Team Manager Kent YOT regarding her difficulty in finding Secure Accommodation. She had approached nineteen

Secure establishments with only one possibility emerging and that was not a firm offer of a place. The notes indicate that Ms Reilly advised Ms Ross that she doubted whether Gemma would meet the criteria for a Secure Accommodation Order. On 9 November 1999 Gemma appeared before the Taunton Youth Court charged with Common Assault, she was sentenced to 40 hours Community Service.

- 2.6.59 The following day Families Care Ltd telephoned Social Services to say that there could be no further extension to Gemma's placement with them. Ms Ross contacted several establishments to try to find a placement. The records for 10 November 1999 state: "Spoke to BA and KV and was advised to place Gemma in B&B accommodation. This after the high level of supervision Gemma was used to was not a decision I totally agreed with, but the reality of not being able to place her dictated no other choice." There was no bed and breakfast accommodation available in Taunton. Mr Anderson therefore advised B&B "in our Area" and a sessional worker from the Adolescent Resource Centre (ARC) to work daily with Gemma. He advised that the police, health and education be informed.
- 2.6.60 Mr Anderson told us that his recollection of the decision to place Gemma in bed and breakfast accommodation was that her behaviour was getting worse and they wanted to test her in the community with good support from family support services. He and his colleagues had felt that residential care was not helping Gemma and having been "kicked out" of her residential care in Taunton she was in effect, homeless. There are no records of any consultations between Mr Anderson and his colleagues immediately before or after the decision on 10 November, other than the discussion noted by Ms Ross. (See para. 2.6.55 above). However the notes of a professionals meeting held on 1 December 1999 and Chaired by Jean Long, Team Manager, make reference to a meeting of the Joint Services Provision Board (JSPB) held on 18 November 1999, Chaired by Bill Anderson. The notes indicate that the main decision of the JSPB was "that Gemma should remain in the community and not return to residential care." The decisions made at the professionals meeting included: "Gemma to be maintained in the community" and a number of actions concerning: future living accommodation, support from sessional workers from the Adolescent Resource Centre, liaison with the police and a referral to the 16+ Team when it was operational.
- 2.6.61 Mr Anderson was asked to help the Inquiry Team understand the rationale between on one hand, Gemma being regarded as "no longer safe in the care system", and on the other, her being placed in bed and breakfast accommodation. Mr Anderson replied that there was a consistency in the decision. His view was that they had to try the option of a community placement so that Gemma had to take responsibility for the consequences of her actions. The decision was, he considered, also necessary because none of the residential placements they had tried had made the slightest bit of difference.

Comment

2.6.62 Our view is that the evidence of Gemma's history and recent behaviour at this time suggests that Gemma was not able to take responsibility for her actions.

2.6.63 On 11 November 1999 Gemma was placed in bed and breakfast accommodation in Gravesend. A staff member was identified by the 16+ Team to work with Gemma and a Probation Officer was identified to supervise the Community Service Order.

2.6.64 Over the next 12 months until 13 November 2000, Gemma lived in 20 bed and breakfast establishments throughout Kent (and including two in Bexley and East Sussex). During this period Gemma was also placed for two months at "The Boulders" a private residential and support unit at Teynham, near Faversham. This 12-month period was characterised by many, almost daily incidents. These included: threats and verbal abuse to proprietors and other residents, criminal damage and an allegation by Gemma, of rape. Gemma also disclosed drug misuse and having unprotected sex.

2.6.65 Gemma's placement in bed and breakfast accommodation locally coincided with a decision by the local CAMHS that they could no longer continue their involvement in supporting her care. This was notified to Social Services in a faxed letter from Dr Phillips on 19 November 1999. The letter made clear that Dr Phillips could not accept clinical responsibility for Gemma.

Comment

2.6.66 We regard the juxtaposition of the decisions to place Gemma in bed and breakfast accommodation and to discontinue CAMHS involvement in her care as most unfortunate. The two decisions taken together meant that Gemma was, in spite of the reservations of her Social Worker, living independently (albeit with support from Social Services) having immediately previously been living in highly supervised environments. She was no longer the "clinical responsibility" of anyone in the mental health services. The local CAMHS did not have the resources to deal with the type of problems Gemma presented with. She was however, recognised as being one of the most challenging and needy young people in the area. Whilst we understand the immediate need to find accommodation for Gemma on 11 November 1999 we have not seen or heard clear evidence that the decision to keep her in bed and breakfast placement(s) was well thought through. In particular we are critical of the lack of an objective multi-agency review of the situation as Gemma moved with such frequency between B&B establishments, dotted around the county and sometimes beyond, often, according to the notes, distressed and often leaving a trail of damage behind her. We are also concerned at the lack of a clear risk management strategy in these circumstances.

- 2.6.67 On 20 April 2000 a handover meeting was held and it was agreed that case responsibility for Gemma would be taken over by the Social Services 16+ Team with effect from 4 May 2000. We have seen the detailed and comprehensive handover summary documentation produced by Jean Ross. In the period from placement in bed and breakfast accommodation until the handover to the 16+ Team Jean Ross had continued her regular visits, and vigilant, often daily contact with Gemma. These contacts were well recorded in detail in the case files. The 16 + Team through key worker Lorraine Shorey and then Kim Keen continued both regular visits with frequent telephone contact and good record keeping. But Gemma's highly disruptive behaviour and frequent moves continued. The notes show that the 16+ Team did identify the need for more stability for Gemma. Efforts were made to secure more stable accommodation. Several potential accommodation providers were contacted, including Triple Key, "Safehouses" and Christian Alliance but none of these approaches were successful.
- 2.6.68 However on 23 November 2000 Gemma viewed a flat in Northfleet with Kim Keen. She wanted to take on the tenancy and was supported in doing so, including financial support through a Leaving Care Grant to assist with the required deposit and the costs of moving in. Weekly visits and frequent telephone contact continued after Gemma moved into her flat on 1 December.
- 2.6.69 On 2 January 2001 Gemma went to the Accident and Emergency Department with stomach pains. She did not however wait to be seen by a doctor.
- 2.6.70 On 14 February 2001 Gemma was taken to the Accident and Emergency Department by Kim Keen. Gemma had taken an overdose in front of Kim during a visit. Ms Keen told us that apart from the need for Gemma to be seen quickly concerning the overdose, she also saw this as an opportunity to engage the mental health services in Gemma's care. Gemma was seen by the duty psychiatrist at the Accident and Emergency Department and admitted to Littlebrook Hospital. The care and treatment she received from the adult mental health services is discussed in Section 2.7 below.
- 2.6.71 The records confirm that there were several visits made to Gemma in Littlebrook Hospital by 16+ Team staff. Kim Keen and a colleague, Liz Edwins who had also had a lot of contact with Gemma, attended the Care Programme Approach (CPA) meeting at Littlebrook Hospital on 3 March 2001. Gemma absconded from Littlebrook on 4 April but was discharged as planned on 5 April 2001.
- 2.6.72 On 16 May 2001 Kim Keen contacted Gemma's General Practitioner, Dr Bryant as Gemma appeared to have "lockjaw". Dr Bryant telephoned Gemma who told her she had taken an overdose of trazodone. Dr Bryant advised Gemma to call an ambulance and go to A&E, but Gemma said she could not walk or get to the door. Dr Bryant proceeded to ask how many tablets she had taken and assess her suicidal intent. However Gemma put the phone

down. Dr Bryant interrupted her afternoon surgery and went to Gemma's flat with the police. When they arrived Dr Bryant assessed that the amount of trazodone Gemma had taken was not life threatening. However, Gemma told Dr Bryant that she planned to take the remains of her lithium that evening to kill herself. Dr Bryant referred Gemma to the Psychiatric Senior House Officer on call and the police took her to Littlebrook Hospital. It appears that she was taken from Littlebrook to the A&E Department in view of the overdose, but did not wait to be seen. Dr Bryant saw Gemma again on 21 May 2001 when she reported feeling much better and no longer suicidal although she did feel very anxious.

2.6.73 On 7 June 2001 Gemma assaulted Kim Keen during a pre-arranged appointment at the Social Services Office, Joynes House, Gravesend. The assault was witnessed by Ms Keen's colleague, Cheryl Mahoney. Gemma lunged at Kim Keen with a knife. The incident is described in more detail in Paragraph 2.2.38 above. The police were called, Gemma was arrested and remanded in custody charged with Actual Bodily Harm and Possession of an Offensive Weapon. The incident was immediately reported to Ms Keen's manager and we were told by Mick McCarthy, County Manager, Kent 16+ Service, that an immediate review of procedures was carried out and that mandatory violence and aggression training was now in place for all members of staff. Issues relating to risk for staff are considered further in Section 5 below.

2.6.74 Case responsibility for Gemma was taken over by Mick McCarthy and Carolyn Paine. It was decided that in the immediate period following this incident there should be no face-to-face contact with Gemma. However support would be available if needed by telephone via the Duty System.

Comment

2.6.75 We were impressed with the tenacity with which Social Workers, particularly Jean Ross and Kim Keen stuck with the task of trying to support Gemma.

2.6.76 Ms Ross told us that although she received support from her Team Manager, the Locality Manager and the Head of Children's Services, there were occasions when she felt as though she had been left "holding the baby". This comment related also to a perceived lack of real support from CAMHS. Ms Ross told us that she was supervised in relation to this case by Joan Long, Team Manager. Although formal supervision was held fortnightly, there was often daily contact with Ms Long, as incidents and events unfolded.

2.6.77 Supervision records were signed by the supervisor and filed in the inside cover of the case files. We examined the supervision records. Apart from one or two periods when supervision sessions were not recorded, the records confirm the evidence we heard from Ms Ross. The supervision policy appears to have been adhered to in this case. We are unclear whether opportunities were taken to "step back" from the day to day

havoc being created by Gemma and look objectively at what was happening, identify options for interventions, and develop and implement clear plans for Gemma's care. The supervision records provide only partial evidence that supervision was used effectively for this purpose.

2.7 Adult Mental Health Services

2.7.1 Gemma was first referred to the Adult Mental Health Services in December 2000 when her General Practitioner, Dr Hall wrote to Mike Moore at the Gravesend Community Mental Health Team (CMHT). Dr Hall asked for Gemma to be seen, enclosed a patient summary with his referral and outlined her problems of conduct disorder and self-harming.

Comment

2.7.2 *There had been no handover from CAMHS to Adult Mental Health Services.*

2.7.3 Dr Hall was advised by the CMHT to refer Gemma to Psychological Services. Such a referral was quickly made and by 5 January 2001 Gemma had been sent a letter by David Carter, Consultant Clinical Psychologist at the Specialist Psychotherapy Service at St Saviours Walk indicating that there was a waiting list for such services. Mr Carter told us that the waiting time then was about 9 months. He described for us the process of placing referrals on the waiting list. In January 2001 the referral would have been scrutinised by Mr Carter and two practitioner colleagues. Because of the nature of the referral, relating partly to alleged sexual abuse, Gemma would have been placed on the waiting list to see Carol Hassel. Mr Carter confirmed that there was a long waiting list for this type of service and that this remains the case today. Patients are informed of the longest likely waiting time although the actual waiting time could sometimes be shorter. The waiting list is still established according to the practitioner best able to help the individual patient. Mr Carter told us that with regard to priorities, there were, for emergency or crisis situations, clearly established mechanisms within the Trust's mental health services. The Specialist Psychotherapy Service at St Saviour's Walk would not normally become involved in such situations but would ensure that any such request for emergency/crisis input was directed to the appropriate part of the wider mental health services. Mr Carter explained that cases that were labelled "urgent" by the referrer, other than those which fell into the "emergency" category, would be considered by the clinical team with regard to their suitability for assessment and then seen accordingly. The issue of how urgent cases should be dealt with was one factor which prompted critical review and changes to the referral system in 1999. Prior to that referrals came in and were placed onto the waiting list without scrutiny. The system of scrutinising all referrals to the Specialist Psychotherapy Service has now undergone a series of radical changes in order to ensure that all referrals are thoroughly considered with regard to their suitability for the services on offer. We understand that since Mr Carter gave

evidence to the Inquiry the Specialist Psychotherapy Service has continued with its re-design and is now able to offer all referrals to the service an assessment within a few weeks once the initial scrutiny process has been undertaken.

Comment

2.7.4 *We were pleased to note that referrals were now more thoroughly screened and seen more quickly. However we are concerned that Gemma may not have been a suitable candidate for psychotherapy at the time. In view of the nine month wait for an appointment Gemma should have been referred back to the CMHT. The CMHT could then have taken a robust team decision about how to respond to her needs.*

Recommendations

2.7.5 **CMHT's should ensure that their Operational Policies include clear procedures to monitor and if necessary follow up onward referrals to other services so that if there are delays in providing those services the situation can be kept under review.**

2.7.6 **Psychology Services, including Specialist Psychotherapy Services should routinely keep the CMHT and other referring agencies and professionals aware of any expected delay in commencing the delivery of services.**

2.7.7 We asked Mr Carter about the inter-relationship between different component parts of the adult mental health psychology services, wondering about potential scope for confusion from those making referrals about which part of the service they should make the referral to. Mr Carter responded that he was, in his new wider role within the Mental Health and Social Care Trust, trying to ensure that the various sub-components are well defined in terms of their inclusion and exclusion criteria and that they are clear about the range of services they offer. This articulation of the service is intended to ensure that there is good quality communication about the "grey areas" that will exist between, for example, the Primary Care Psychology and Counselling Service and the Specialist Psychotherapy Service. We understand that further work has recently been done within the West Kent Health and Social Care Trust which includes the production of a document defining and describing the care pathways for all adult mental health psychology services within the Trust.

Recommendation

2.7.8 **The relevant Service Managers and Clinical Directors in the Mental Health and Social Care Trusts in Kent and Medway should clarify which parts of the Psychology Service provide what services. This information should be sent to all potential referrers with a clear indication of the information required when a referral is made.**

- 2.7.9 David Carter confirmed that his service did not have access to any information concerning Gemma's mixed heritage. He also told us that the service did not undertake monitoring of the ethnic origin of its clients.

Comment

2.7.10 This raises questions about the accessibility to services for non-white people and the services they can expect when they get them.

Recommendation

- 2.7.11 Mental Health and Social Care Services should reflect the needs of the whole community they serve and the diversity within that community.**
- 2.7.12 Gemma's first actual contact with the Adult Mental Health Service was on 15 February 2001 when she was admitted to Littlebrook Hospital from the Accident and Emergency Department following an overdose. At Littlebrook, Gemma was under the care of Dr Hashim Reza, Consultant Psychiatrist. She was admitted as a voluntary patient. Gemma remained an in-patient until her discharge following a Care Programme Approach meeting on 3 April 2001.
- 2.7.13 Dr Reza helpfully provided a written report for the Inquiry. In verbal evidence to us Dr Reza confirmed that he first saw Gemma on 16 February 2001 on his ward round.
- 2.7.14 During initial assessment by Dr Majek, duty Senior House Officer, Gemma described several depressive features of three weeks duration, which had been worse for a week. She complained, in particular, of poor, broken sleep and was noted to have continuous preoccupation with ideas of self harm. Dr Majek noted that she showed no remorse for having taken the overdose and she had threatened to harm herself again if she were allowed to go home. There was no evidence of florid psychotic features of formal thought disorder, perceptual disorder or bizarre thought contents.
- 2.7.15 A preliminary risk assessment was undertaken on the date of admission by Mrs Karen Brett, Staff Nurse. It showed past and present risk of self harm, past and present risk of substance misuse and past risk of arson/fire setting. On the Worthing Weighted Risk Indicator (a checklist of 45 indicators used by many NHS Trusts) she scored high for risk of self harm, low for violence/aggression indicator and low for neglect indicator. Dr Reza confirmed that this risk assessment followed the agreed format adopted by Thames Gateway NHS Trust, Kent County Council Social Services and Medway Council Social Services. Dr Reza added that risk assessments were normally carried out very soon after admission. Subsequent risk assessments were usually recorded narratively in the records and not on a separate proforma unless problems arise. Dr Reza agreed that in this case the risk assessment would have been undertaken without the possibility of reviewing earlier notes,

e.g. from CAMHS, which were not available until some days after her initial assessment.

Comment

2.7.16 *There is evidence in the inpatient notes of attempts to trace the earlier referral letter from Gemma's G.P. to the CMHT. There is however no record of any effort to trace or request any records from CAMHS, although the recorded history must have provided clues to an earlier involvement of mental health services and copies of previous psychiatric reports were later faxed to Littlebrook by Social Services. There appears to be a weakness in not systematically updating risk assessments carried out on admission once more detailed and relevant information becomes available.*

Recommendations

2.7.17 The Mental Health and Social Care Trusts in Kent and Medway should review their policy and guidelines for assessment of risk. Particular attention should be paid to providing for an adequate system to ensure that preliminary risk assessments, carried out on admission to inpatient units, are regularly and systematically reviewed and updated in the light of new information received.

2.7.18 Consideration should be given to whether risk assessments carried out after the preliminary risk assessment should be recorded on an agreed pro-forma for ease of reference in the patient's records.

2.7.19 Operational policies should require Adult Mental Health Services to request records from CAMHS wherever the patient's history suggests a previous CAMHS involvement, whether or not the case has been closed by CAMHS.

2.7.20 The nursing records during Gemma's stay at Woodland's ward were mostly completed by Angela Brown, Gemma's named nurse, and occasionally by Karen Brett, Staff Nurse. They often describe Gemma's behaviour as disruptive and threatening. At times she is described as aggressive. The notes indicate that Gemma frequently consumed alcohol and did not adhere to her care plan. For example she absented herself from the hospital on a number of occasions without permission.

2.7.21 Gemma was referred, while she was an inpatient, to Frank Costigan, Dual Diagnosis Nurse Specialist and to Mike Bassett, Clinical Psychologist (Serious Mental Illness).

2.7.22 Mr Costigan saw Gemma at Woodlands Ward on 20 February 2001. However, she was not keen to talk about her drug and alcohol abuse in any depth. Mr Costigan's report states that he found it impossible to assess the extent of her drug and alcohol related problems or to make any recommendations. He did,

however, suggest that Gemma should be asked to sign a contract stating that she would not take drugs or consume alcohol whilst in hospital.

2.7.23 Mike Bassett saw Gemma for an assessment on 22 February 2001. His report to Dr Reza dated 14 March indicates an impression that Gemma was primarily suffering from a severe personality disorder. The report concluded that as there was no evidence of psychotic phenomena, Mr Bassett did not see any scope for his further involvement. The hope was expressed in Mr Bassett's report that Gemma could be referred "somewhere that will be able to support her in managing her long term and pervasive psychological problems."

Comment

2.7.24 No such referral was made and nor was any discussion of the need for such a referral recorded at subsequent CPA meetings. This was, in our view, an omission in the light of Mr Bassett's report. Our discussion with Dr Reza and others indicates that the absence of such a referral could have been because of the absence nationally of adequate treatment or therapeutic facilities for young women with personality disorders.

2.7.25 CPA Meetings were held on 13 March and 3 April 2001. Both were attended by representatives of KCC Social Services 16+ Team. Dr Reza's handwritten notes of the 3 April meeting state:

2.7.26 "Gemma absent from the unit – did not return from her shopping visit. Agreed that inpatient assessment did not show evidence of severe mental illness. Clinical features consistent with borderline personality disorder. Advised lithium and trazadone from problem orientated management of poor impulse control and sleep disorder. Ready for discharge as early as possible with OPC 6-8/52".

2.7.27 The daily Ward Progress Form entry for 4 April 2001 states: "Gemma returned to the Ward around 1600hrs. Gemma admitted drinking alcohol . She became verbally abusive, very loud and physically attacked staff. Gemma had to be restrained and placed in seclusion for the safety of others and until calm. Gemma seen and examined by Dr Babalola. Seclusion terminated at 17.15pm".

2.7.28 Gemma was discharged from Littlebrook Hospital on 6 April 2001. A formal discharge letter was sent by Dr J. Babalola, SHO to Dr Reza to Dr Hall, Gemma's G.P. on 20 April 2001. The letter was appropriately detailed and unremarkable except that the diagnosis was given as "Anti-Social Personality Disorder". Dr Reza confirmed that his diagnosis was borderline personality disorder and not anti-social personality disorder. Dr Reza told us that he usually checked discharge letters personally but could not have done so on this occasion.

2.7.29 Gemma did not attend her outpatient appointment on 29 May 2001. Her GP was informed and a further appointment was sent out. Dr Reza did not see Gemma again until he assessed her in Holloway Prison on 6 July 2001.

2.7.30 However the Mental Health Services became involved with Gemma again on 8 June 2001 following her arrest the previous day for assaulting her social worker, Kim Keen, having lunged at her with a knife. The Court Liaison Nurse, Pete Wilson, was requested by Gravesend Police to assess Gemma. Mr Wilson's report, dated 8 June 2001, plainly indicated his serious concerns. The report states:

"She repeatedly declared her intention to be in custody and said she would kill someone if she was bailed. [sic] In order to be arrested and remanded."

The report goes on to state:

"The Court Liaison team have significant concerns about the level of risk posed by Gemma were she to be bailed, particularly to health and social care workers. If remanded, urgent input will be requested by Kent Forensic Psychiatry Service."

2.7.31 Mr Wilson told us that it was his professional judgement that Ms Hearne should be subject to assessment for detention under the Mental Health Act 1983. He therefore contacted the Approved Social Worker on call, Mr Romero Perera. Mr Wilson's reasons for requesting a Mental Health Act 1983 Assessment were conveyed verbally to Mr Perera. They were, Mr Wilson told us, as follows:

- Ms Hearne clearly presented a risk to others.
- Although Ms Hearne had a provisional diagnosis of anti-social personality disorder (Mr Wilson's understanding of the diagnosis), Mr Wilson believed that it was unlikely that the issue of treatability would have seriously been addressed during her brief involvement with Mental Health Services.
- Ms Hearne was also reporting symptoms which would be consistent with her experiencing depression.
- Ms Hearne had recently been an inpatient on Woodlands Ward, Littlebrook Hospital.

2.7.32 We asked Mr Perera whether he had contacted a psychiatrist with a view to undertaking a Mental Health Act 1983 Assessment on 8 June. He told us that Dr Reza was away on 8 June 2001. He had therefore spoken to Dr Khalid, Consultant Psychiatrist, who was covering in Dr Reza's absence. Dr Khalid had said that he would like to refer to Gemma's notes and to get back to him. Dr Khalid did contact Mr Perera again having spoken to Dr Reza's SHO. Mr Perera told us that Dr Khalid decided not to undertake a Mental Health Act 1983 Assessment because Gemma had an anti-social personality disorder and no mental health issues. Dr Khalid had

said, according to Mr Perera, that she was better dealt with by the criminal justice system rather than mental health services.

2.7.33 Mr Perera then discussed the case with Dr Dott, Section 12 (2) doctor (a G.P., not a psychiatrist) who had interviewed Gemma in the cells. Dr Dott also considered that there were no mental health issues presented by Gemma at the time of interview. Mr Perera told us that he attempted to interview Gemma himself but she just blanked him out and he was unable to make an assessment. Mr Perera therefore informed the 16+ Team that the case was proceeding along the criminal justice route and not via the Mental Health Act 1983.

2.7.34 Dr Khalid, in his verbal evidence to us, said he had very little to do with Gemma Hearn. Dr Khalid's recollection was that "if this is the right person" (i.e. Gemma Hearn), the Approved Social Worker rang when he was very busy and asked whether Dr Reza had been asked to attend. The ASW was told that Dr Reza was also very busy. Dr Khalid told us that he did not refuse to attend for a Mental Health Act 1983 Assessment but stated that he was very busy and was not able to attend at that time.

2.7.35 The Inquiry Panel put it to Dr Khalid that the records show that he had been asked to assess Gemma Hearn on two dates in June 2001. The first occasion was on 8 June 2001 after Gemma had been arrested for attacking Kim Keen. The records indicated that on that date Mr Perera had discussed the problem with Dr Khalid and, after consultation with Dr Reza's SHO, Dr Khalid had decided not to attend to carry out an assessment. Dr Khalid's response was that he could not remember anything about 8 June and his recollection was that he had been asked to attend on only one occasion, after the date of the murder. Dr Khalid added that he would wish to check for himself where Dr Reza was on 8 June 2001.

Comment

2.7.36 *Dr Reza has since submitted clear written evidence that he was on leave on 8 and 26 June 2001.*

2.7.37 *We have to accept that Dr Khalid had no recollection of a request to attend for a Mental Health Act 1983 Assessment on 8 June 2001 and could, therefore, not remember any decision not to undertake such an assessment or the reasons for such a decision. Mr Perera's recollections, confirmed by the report he wrote at the time, were very clear. They were also consistent with the verbal evidence of Mr Wilson and with Mr Wilson's written post-incident statement. We conclude, therefore, that Dr Khalid did take a decision not to attend for Assessment under the Mental Health Act 1983 and that he conveyed the reasons for that decision verbally to Mr Perera.*

2.7.38 *We have some sympathy for Mr Wilson's view that treatability should not have been an issue in Dr Khalid's decision not to assess. If Dr Khalid had attended and carried out a Mental Health Act Assessment with Mr Perera, it may have concluded*

that Gemma Hearn was not at that time detainable under the Mental Health Act 1983. Nevertheless in view of Gemma's recent history of involvement as an inpatient in the Mental Health Services, the seriousness of the incident (the attack on Ms Keen involving a knife) and the fact that Dr Khalid did not know Gemma, we consider that it would have been prudent for Dr Khalid to visit Gemma for assessment on 8 June 2001.

Recommendations

- 2.7.39** The Medical Director of the West Kent NHS Health and Social Care Trust should discuss the case with Dr Khalid and advise on criteria to be used in deciding whether or not to attend for Mental Health Act 1983 Assessments when requested to do so.
- 2.7.40** The Mental Health and Social Care Trusts in Kent and Medway should review their guidelines for Psychiatrists concerning attendance for Mental Health Act Assessments to ensure that decision making by individual psychiatrists is within agreed criteria and is appropriately recorded.
- 2.7.41** Gemma appeared before Medway Magistrates Court on 9 June 2001 and was remanded in custody at Holloway Prison. She appeared at Dartford Magistrates Court on 13 June when the case was adjourned until 25 July 2001. Pre-sentence reports were ordered and Gemma was bailed to return to court on 25 July. It appears that the Court did not have access at the time to Mr Wilson's recommendations to the earlier Court hearing on 9 June that Gemma should not be released on bail. It appears also that information given to the Probation Service after the 13 June hearing led them to believe that Gemma had been remanded in custody. No information was provided by the Court to the Mental Health Service or to the Social Services 16+ Team that Gemma had been released on bail on 13 June.

Comment

- 2.7.42** ***Our Terms of Reference do not include undertaking a review of the role of the criminal justice system and its effect on the care and treatment of Gemma Hearn. It is hard however to escape from the obvious statement that if Gemma had been remanded in custody on 13 June 2001 pending a further court appearance on 25 July 2001 she would have been unable to murder Mark Blackston on 25 June 2001. It is not for this Inquiry to reach conclusions about the lessons to be learned in the criminal justice system from this case. We are aware however, that an interagency review was Chaired by Mr Maurice O'Reilly, Manager, Public Protection Unit, National Probation Service, Kent. A review report has been circulated to all participating agencies and the agreed outcomes of the review have been or are in the process of being implemented.***
- 2.7.43** ***There are nevertheless issues directly relating to Gemma's care and treatment by the health and social care services which we did feel able to pursue within our terms of reference.***

These concerned the relationship between the mental health services and the Multi-Agency Public Protection Arrangements (MAPPA) set up under Home Office guidance. We return to these issues in Section 4 below.

3. A Parent's Perspective

- 3.1.1 The Inquiry Team were grateful to Mr Roger Hearn, Gemma's adoptive father, for talking to us at length about Gemma, her talents and problems. Mr Hearn was also able to provide a valuable parental perspective on the efforts and responses of health and social care services, to deal with the considerable challenges Gemma presented and to try to meet her needs.
- 3.2 Mr Hearn told us that he and his wife were closely involved by the local health and social care services in the care Gemma received.
- 3.3 He wanted the Inquiry to appreciate the extent of Gemma's mood swings. They were, he said, like a pendulum, and he added that hardened policemen were frightened of her. Mr Hearn felt that although he was keen for lessons to be learned from Gemma's case, it would be wrong to blame anyone for what happened. Mr Hearn also stated that he wished to add, for the record, that without the help of Jean Ross, their lives would have been twice as difficult. She was there for Gemma, and Mr Hearn said that should be commended.
- 3.4 Gemma's early childhood and history was confirmed by Mr Hearn. He added that psychologists at primary and secondary school had said that she would "grow out of it", referring to her difficult and disruptive behaviour which had begun at 18 months to 2 years old. Gemma was very talented at singing and gymnastics. She was very competitive, particularly with her twin sister. Her secondary school eventually refused to have her back until she had been seen by CAMHS.
- 3.5 Mr Hearn also recalled Gemma's telephone call to Childline. Gemma had alleged that Mrs Hearn had hit her, when in fact he (Mr Hearn) had told her off and slapped the back of her legs.
- 3.6 However, Gemma did not become violent until during and after her stay at Fant Oast in 1997. Mr Hearn felt that she was copying the behaviour of other young people there. On a weekend home from Fant Oast Gemma was extremely violent towards Mrs Hearn. The police had to be called as her parents were unable to calm her down. At this point in Gemma's care Mr Hearn felt that he and his wife were "only a bit involved" by the staff at Fant Oast.
- 3.7 We asked Mr Hearn what the family's worries were for Gemma at this time. He replied that everyone in the family was frightened of her. However Social Services were being objective and John Newman, Senior Practitioner, worked hard to find Gemma an emergency placement once it became clear that she could not remain at Fant Oast. Mr Newman had kept Mr Hearn very closely informed of his efforts and what was happening. Mr Hearn told us

that he was concerned about “where it was going to end up”. He was worried about Gemma self-harming or harming other people.

- 3.8 Mr Hearn said he welcomed Gemma’s placement at the secure unit in Essex (Leverton) in November 1997. During her time there, they had fortnightly family sessions working on Gemma’s issues. For example, they talked through her identity, competitiveness with her sister and the fact that Gemma wanted to believe that Mrs Hearn was her birth mother. This went well until Gemma telephoned Mr Hearn and said she had something important to say. He asked if there was anyone she could talk to and she told someone soon after about the alleged sexual abuse when she was younger. Mr Hearn told us that he felt strongly that the family had been wrongly excluded from all investigations into the allegations. It was, he said, “as if everything else went out of the window and they only focussed on this - it (the reason for all Gemma’s problems) had to be sexual abuse.”
- 3.9 Recalling that Jean Ross had at one stage sourced a place a St. Andrew’s Hospital for Gemma, Mr Hearn understood that this had not happened because the agencies could not agree on the funding. Mr Hearn was upset to think that someone felt it was not the right place for Gemma then; yet after she committed murder that was where she was sent. (Gemma was detained at St. Andrews under Section 38 of the Mental Health Act 1983 whilst awaiting trial).
- 3.10 During Gemma’s time in bed and breakfast placements, Mr Hearn and Jean Ross were in frequent contact to share information about how Gemma was and about her movements between placements.
- 3.11 Mr Hearn was asked about whether he and his wife had ever been offered advice about how to deal with twins or about children of mixed race. He replied that nobody said anything specific about twins and when they sought advice about Gemma’s behaviour e.g. from psychologists, they were told she would grow out of it. With regard to parenting mixed race children, Mr Hearn said it was more a case of a period of long-term learning than receiving advice. They had got experience (of fostering other mixed race children) but if they had a problem they had a very good Social Worker they could turn to.
- 3.12 When asked whether there were lessons he felt the health and social care services should take on board Mr Hearn reiterated that he did not feel that individuals should be held responsible. He did however have real concerns about the difficulty over a long period of time in finding an appropriate secure placement for Gemma in which she could be held for long enough to work through her problems and make a difference.
- 3.13 Mr Hearn confirmed that since the offence, the family had not been offered and had not received any support. There was not even a courtesy call from health or social services. The only contact they had was from the police advising them that it would be best if they didn’t turn up in court for Gemma’s trial.

Comment

- 3.14** *Mr Hearn's evidence was extremely valuable to the Inquiry. A parental perspective on his daughter's care and treatment added a new dimension to the issues we considered.*
- 3.15** *In particular we endorse Mr Hearn's positive comments about Jean Ross's "stickability". For a long period of time when Gemma's lifestyle was at its most chaotic, Ms Ross was indeed "there for Gemma".*
- 3.1.6** *We also agree with Mr Hearn's views about the difficulty in finding suitable placements for young women with extremely challenging behaviour; placements that will "make a difference". The recommendations in this report deal with that key issue, and relate it to the question of the treatability of young people with personality disorders, and also the need to ensure that these matters are addressed in Kent and Medway's implementation of the Government's developing women's mental health strategy.*

4. Meeting the Needs - A Strategic and Co-ordinated Approach

4.1 Overview

4.1.1 There is no doubt that once the statutory agencies were engaged in Gemma's care and treatment after her admission to Fant Oast in 1997, a great deal of time, effort and money was put into:

- Identifying the causes of her problems
- Finding placements and services to meet her needs
- Supporting Gemma and
- Supporting service providers in their attempts to help her.

In Social Services, although there maybe some question marks over the extent of objective supervision of the key workers, managers up to the level of the Head of Children's Services were certainly engaged in advising on case management and in key decision making.

In the NHS, the engagement of CAMHS, once Gemma was discharged from Fant Oast, was partial and poorly defined.

4.1.2 We are concerned that the service response to Gemma Hearn's needs was not in the context of a well defined strategy within Kent and Medway for services to support young people with the most challenging behaviour and who often have or eventually have a diagnosis of one of the personality disorders. Such a strategy does not exist. This position is not confined to Kent and Medway. We

would, judging from our unsuccessful literature and internet searches, have found the same lack of strategy in many parts of the country.

4.1.3 The opportunity now exists to develop a Kent and Medway-wide strategy. This would build upon the work already completed to operate an agreed Model of Care for Adult Secondary Mental Services. It would also be guided by the National Service Framework and the Department of Health/National Institute for Mental Health (NIMH) policy implementation guidance for the development of services for people with personality disorder: "Personality Disorder: No Longer a Diagnosis of Exclusion". The Strategy would recognise and highlight the particular needs of young people, drawing on or contributing to the consultation arising from the Department of Health Consultation Document: "Women's Mental Health: Into the Mainstream."

Recommendation

4.1.4 Work should be jointly commissioned as soon as possible to develop a Kent and Medway-wide strategy for the development and provision of services for young people with personality disorder and the most challenging behaviour.

4.2 Specialist Resources to meet Specialist Needs

4.2.1 Services for Adults with Personality Disorder

4.2.1.1 The DOH/NIMH guidance provides helpful advice on the development of service models. We commend this to the commissioning agencies in Kent and Medway. The guidance is targeted at adult services. It suggests that all Trusts may wish to consider the development of a specialist personality disorder team to meet the needs of those with personality disorder who experience significant distress or difficulty.

4.2.1.2 The following guiding principles (based on those included in the DOH /NIMH guidance), could underpin the development of a specialist team for young people:

- People with personality disorder need multi-disciplinary input and a team approach.
- Treatment of people with personality disorder should be lead by clinicians with appropriate expertise and dedicated resources.
- Triggers for the referral and acceptance of people by specialist (personality disorder) services will depend on the severity of the patient's personality disorder and the capacity of less specialised services to provide appropriate treatment and containment.

4.2.1.3 The team would provide consultation and support for staff working in a range of settings and in accordance with agreed protocols:

- Within adult mental health services, including drug and alcohol teams
- To CAMHS
- To Accident and Emergency Departments, including deliberate self-harm teams
- To Social Services
- To Primary Care
- To other key agencies, e.g. housing, probation
- To private and voluntary sector service providers.

It would also ensure appropriate communication with and where appropriate joint working with the Youth Offending Team and/or Multi-Agency Public Protection Panels (MAPPPs) where appropriate for young people with personality disorder who commit criminal offences.

Recommendation

4.2.1.4 A Specialist Multi-Agency/Multi-Disciplinary Team(s) should be established for people with personality disorder, including those in the younger 18 to 25 age range. The Team(s) should target those with significant distress or difficulty who present with complex problems. The Team(s) should be set up to dovetail with the wider development of services for adults with personality disorder. It should work closely with the Multi-Agency Public Protection Arrangements (MAPPA) in Kent.

4.2.2 Adolescent Forensic Services

4.2.2.1 There are at present no services in Kent to meet the needs of young people with personality disorder and who have the most challenging behaviour. In the care and treatment of Gemma Hearn, CAMHS were unable to provide services partly because of the treatability issue, partly because of the pressure of work for local CAMHS staff, and partly because CAMHS inpatient services were unable to cope with Gemma's challenging behaviour. Social Services, having tried a series of secure and non-secure residential placements, some with therapeutic packages included, effectively ran out of placement options. The lack of residential placement options, particularly for young women presenting the most challenging behaviour is a national issue, not just one for Kent and Medway.

- 4.2.2.2 We are aware of plans developed in this Region, to open a new Medium Secure In-patient Forensic Adolescent Unit in Southampton in 2005/06 with 20 beds. (See also Para. 2.5.25 above.) This is a very welcome development for young people in the 12 to 18 age group. However, we understand that the eligibility criteria may exclude young people with a personality disorder unless mental illness is also a factor, usually accompanied by a worrying forensic history.

Comment

- 4.2.2.3 *We are extremely concerned that currently there are no plans to commission adolescent forensic outpatient/community services. It is likely that the provision of an adequate community service would both reduce the number of young people requiring in-patient admission to the proposed medium secure unit and also reduce the length of time for which they were admitted.***

- 4.2.2.4 Models of Service both for support in the community and for residential provision have been or are being developed elsewhere in the country. For example; the ROSTA Project in Liverpool, the Behaviour Resource Service, Southampton, and Bristol's Collaborative Service (BCS). In Kent, Social Services have made a successful application to the Department of Health for a grant to develop treatment foster care. The application was signed on behalf of Kent County Council Education Directorate, Kent Social Services Directorate, Kent Youth Offender Service and East Kent Primary Care Trusts. It will be an important addition to the range of service options available to meet the emotional and mental health needs of children and young people, including those with challenging behaviour.

Recommendations

- 4.2.2.5 A specialist multi- disciplinary adolescent forensic team should be established for young people aged 10-18 years. The team would provide consultation, assessment and treatment for young people presenting with significant mental health problems and who are presenting a significant risk to others. This team would provide consultation to Tier 3 CAMHS teams, Social Services and YOTs.**
- 4.2.2.6 A copy of this report should be forwarded to the Department of Health, to emphasise the need for the development of community adolescent forensic services. At present in-patient services, revenue funded by the National Specialist Commissioning Advisory Group (NSCAG), are developing without community services, so there is no appropriate care pathway.**

5. The Management Perspective

- 5.1 We welcomed the opportunity to discuss the issues we had identified with Managers of the Kent County Council Social Services Department and with Dr Paula Pedlow, Clinical Director, Child and Adolescent Mental Health Services, West Kent NHS Health and Social Care Trust.
- 5.2 Dr Pedlow's evidence is dealt with in Section 2.5 of this report. It was particularly helpful to hear from the Clinical Director about:
- The adolescent/adult mental health service interface.
 - The normal age for handover between adolescent and adult mental health services.
 - The need to identify gaps in provision or resources.
 - The lack, nationally of adequate resources to assess and meet the needs of young people with personality disorder.
 - The need for a protocol to guide and support decisions by CAMHS Consultants with regard to referrals for tertiary adolescent mental health assessments.

Recommendations on these key issues are included in Paragraphs 2.5.8, 2.5.19, 2.5.24 and 2.4.25 of this report.

- 5.3 In addition Dr Pedlow commented that there was no written protocol in CAMHS to cover the management of risk for patients "at the severe end of the spectrum."

Recommendation

- 5.4 CAMHS in Kent and Medway should undertake a review of all their operational policies and protocols to ensure that all staff are able to access a set of procedures governing the work of CAMHS**
- 5.5 Bill Anderson was the Head of Children's Services in the West Kent Area of Kent County Council's Social Services Department throughout the period of Gemma's care and treatment.
- 5.6 Mr Anderson was able to provide us with a perspective on the very real difficulties in taking appropriate and effective decisions for the care and treatment of young people with behaviour as chaotic as Gemma's. The swiftness of decision making was sometimes affected by the need to ensure that decisions were owned by different organisations, principally Social Services, the NHS and Education. Mr Anderson considered that for Gemma the decision making processes were reasonably solid but the outcomes were not always successful because of Gemma's particular needs and the lack of service options for young women with extremely challenging behaviour.

- 5.7 Mr Anderson told us that the Joint Services Provision Board within the Area at the time reviewed complex cases every three months. He chaired this multi-agency Board which also included Senior Managers from West Kent Health Authority and the Kent County Council Education Department. Clinical input to the Board was provided on an individual case by case basis. The purpose was to fit the three key agencies together for joint ownership of the most complex cases that needed high input, high cost and high-level accountability. Mr Anderson felt that this mechanism worked very well on the whole within the West Kent Area. A majority of such complex cases were jointly funded and owned. The review process also helped to ensure that children in residential placements continued to be well managed and were not allowed to “drift”.
- 5.8 With regard to the management of risk for staff, Mr Anderson confirmed that KCC Social Services provided training for staff and issued guidance. All managers were also required to attend training. Guidance and protocols were regularly reviewed and re-issued. In addition the GENYSIS (Computerised Social Services Information) system was used to flag up violent or potentially violent people. In such cases the worker and their line manager undertake and agree a risk assessment.

Comment

- 5.9 *It is not clear in Gemma’s case, whether a formal process of agreeing and recording a risk assessment was followed. From Ms Ross’s evidence it seems unlikely and there is no recorded risk assessment on the Social Services files.***

Recommendation

- 5.10 Kent County Council Social Services should remind all staff about the processes to be followed in assessing and recording the risk or potential risk to staff from violent or potentially violent clients.**
- 5.11 The Inquiry Team also found it very helpful to have the opportunity to discuss some of the emerging management, quality and standards issues with Angela Graham, Head of Service Standards, Kent County Council Social Services Department. Ms Graham had no direct knowledge of Gemma Hearn or of her care and treatment. She was however able to tell us about a number of mechanisms, vehicles and initiatives in place or in preparation which could support the care and treatment of young people like Gemma, with very complex needs and mental health service involvement.
- 5.12 District Inclusion Forums exist for each District. (co-terminous with District council boundaries in Kent). Their main purpose is to address education needs, but Ms Graham commented that the frequency of meetings and length of agendas makes it difficult for them to address complex cases where there is a need for a multi-agency plan.
- 5.13 Ms Graham considered that the emerging Kent Children’s Consortium should, in future, provide a framework for developing multi-agency strategy and for joint commissioning via pooled budgets. This was, however, at the early stages of development. For children and young people with complex

needs and in residential care a multi-agency workshop is planned, involving those with financial responsibility to look at case studies of the most complex cases to see whether some of the existing difficulties in multi-agency work can be unlocked and to enable the development of joint protocols.

- 5.14 Ms Graham confirmed that the County Council policy is that it is believed that family placements are best for children where these can be achieved. It is recognised, however, that some few children do need specialist residential placements. There is a problem in identifying these latter children early enough. There is a problem in getting CAMHS assessments and this applies not only to where cases are considered urgent.
- 5.15 Ms Graham indicated that in her experience children like Gemma may get a psychiatric assessment but then have no CAMHS service offered after assessment.

Comment

- 5.16 Ms Graham's views appear to confirm what happened for Gemma Hearn. Psychiatric assessments were commissioned privately (rather than through CAMHS) by Social Services after her initial stay in the CAMHS inpatient unit. Gemma was not, however, subsequently at any time offered any direct service by CAMHS.**
- 5.17 Referring to current work to review and develop Tier 4 CAMHS inpatient services in Kent, Ms Graham told us that she was not sure how far this had progressed.**

Recommendation

- 5.18 In reviewing and developing the model of CAMHS (Tier 4) inpatient services in Kent and Medway, the relevant agencies should ensure that the needs of disturbed and challenging young people with personality disorder are fully considered. The essential links between local CAMHS, Social Services, Tier 4 CAMHS inpatient services and tertiary forensic services should be clearly identified. Protocols should be developed to ensure that those links are effective.**
- 5.19 A Treatment Foster Care Model had been developed and was subject to a bid to the Department of Health for funding. (We have subsequently been informed that the bid was successful.) (See Para.4.2.2.4 above). The model has a therapeutic/treatment element to it, but this is not necessarily psychiatric. It could also involve a psychological input.

Comment

- 5.20 We commend this initiative and the multi-agency commitment to its development and implementation. We understand, however, that whilst PCT's in East Kent have clearly supported the proposal, commitment from PCT's in the West of the county has not been forthcoming. The Strategic Health Authority may wish to ensure that any underlying differences across the county do not dilute the pace of development of such important additions to the range of service delivery options.**

- 5.21 Commenting on strategy for children and young people whose behaviour is uncontrollable; Ms Graham confirmed that there was no such strategy. The proposed workshop (see Para. 5.13 above) and further review work on services for young people with complex needs and in residential care should help to develop strategic thinking. However Ms Graham's view was that there is no "one fit all" solution and whatever solution is found would still need to be tailored to the individual child as the only thing they have in common is their complexity.
- 5.22 Ms Graham indicated that there was no corporate (i.e. Pan Kent) contracting process in place which ensured that the agreed needs of a child are met in the contracted placement. Each of the three Areas within Kent Social Services places children on a "spot" contracting basis. Area Contracting and Planning Teams monitor these contracts. Ms Graham told us that work was ongoing at a regional level to develop specifications and introduce some consistency.
- 5.23 Ms Graham has kindly provided us with a copy of the Families Core Staff Supervision Policy dated 18 October 1996. It provides clear guidance on the purpose of supervision, principles applied in the conduct of the supervision process, minimum standards and additional standards for the supervision of Children and Families Social Workers. Explicit within the policy is a commitment to ensure that every member of staff receives regular, purposeful and dedicated time with their line manager or supervisor. Ms Graham told us that the policy, which we found to be comprehensive, easy to read and clear in its expectations, was currently in the process of being revised.
- 5.24 As an additional resource within the Kent Social Services Directorate, to improve and develop the quality of social work practice, Practice Development Consultants are now in post and ensure that there is a process in each of the Areas for auditing case files. They may also be asked to consult on particularly complex cases.

Comment

5.25 We welcome this initiative. It seems likely that cases like that of Gemma Hearn may in the future be referred to the Practice Development Consultants who would be well placed to offer additional support, objective advice and experience to Social Workers managing the most difficult cases.

5.26 Ms Graham added that to ensure that staff and managers at all levels were aware of their roles and responsibilities, a document on Accountabilities and Delegations was currently being developed.

6. Thematic Summary of Recommendations

Working Together

Recommendation 1

Closer links should be developed between children's and adult mental health services, Social Services, and Housing Authorities to try to provide a more stable living environment for young people leading chaotic lives. **(Para. 2.3.8, Page 11)**

Recommendation 2

The CAMHS providers, Mental Health and Social Care Trusts in Kent and Medway and lead Primary Care Trusts for mental health and children's services should ensure that a system is in place, with appropriate guidelines, for the handover of each case from CAMHS to adult services whenever such a handover is considered necessary. The system should provide for the communication of information about the handover to other agencies involved in the care of the individual concerned. The guidelines should be explicit about confidentiality and information sharing. **(Para. 2.5.19, Page 18)**

Recommendation 3

Operational policies should require Adult Mental Health Services to request records from CAMHS whenever the patient's history suggests a previous CAMHS involvement, whether or not the case has been closed by CAMHS. **(Para. 2.7.19, Page 39)**

Recommendation 4

The CAMHS providers in Kent and Medway and lead Primary Care Trusts for mental health and children's and young people's services should produce, agree and implement a protocol covering referral of young people with mental health problems who present a risk to others, to tertiary forensic services. The protocol should be shared with all other relevant services for children and young people. **(Para. 2.5.24, Page 19).**

Recommendation 5

The responsible clinician in CAMHS in-patient units should liaise with Social Services at the earliest opportunity during or after admission whenever it is considered that it is in the young person's best interests for Social Services to be involved. The aim should be to involve Social Services in care planning at the earliest opportunity whenever necessary. **(Para. 2.6.7, Page 21).**

Recommendation 6

Social Services should ensure that referrals to Consultant Child and Adolescent Psychiatrists in private practice are discussed with the local CAMHS and that the objectives of the clinical intervention are agreed in advance and recorded. At this

time the extent of or limits to CAMHS involvement and responsibly should be determined and recorded. **(Para. 2.6.12, Page 22).**

Recommendation 7

The CAMHS providers in Kent and Medway and KCC Social Services Department and lead Primary Care Trusts should ensure that appropriate clinical advice is sought whenever key decisions are taken about whether or not to seek placements for young people in specialist mental health in-patient units. **(Para. 2.6.56, Page 31).**

Recommendation 8

CAMHS in Kent and Medway should undertake a review of all their operational policies and protocols to ensure that all staff are able to access a set of procedures governing the work of CAMHS. **(Para. 5.4, Page 50)**

Recommendation 9

Community Mental Health Teams (CMHTs) should ensure that their operational policies include clear procedures to monitor and if necessary follow up onward referrals to other services so that if there are delays in providing those services, the situation can be kept under review. **(Para. 2.7.5, Page 37)**

Recommendation 10

Psychology services including specialist psychotherapy services should routinely keep CMHTs and other referring agencies and professionals aware of any delay in the delivery of services. **(Para. 2.7.6, Page 37).**

Recommendation 11

The relevant Service Managers and Clinical Directors in the Mental Health and Social Care Trusts in Kent and Medway should clarify which parts of the psychology service provide what services. This information should be sent to all potential referrers with a clear indication of the information required when a referral is made. **(Para. 2.7.8, Page 37).**

Developing and Commissioning Services and Monitoring their Progress

General

Recommendation 12

The Strategic Health Authority and Kent County Council Social Services should jointly bring to the attention of the Department of Health the need for national guidance on the development of services for young people with emerging personality disorder. Such guidance should include the transition from children's services to services for adults. This should build on the impetus created by the

publication of the NIMH guidance for adult services. (See also Recommendation 21 below) **(Para. 2.4.5, Page 13)**

Recommendation 13

Work should be jointly commissioned, as soon as possible, to develop a Kent and Medway wide strategy for the development and provision of services for young people with personality disorder and the most challenging behaviour. **(Para. 4.1.4, Page 47)**

Recommendation 14

Mental Health and Social Care Services should reflect the needs of the whole community they serve and the diversity within that community. **(Para. 2.7.11, Page 38)**

Services for Adults

Recommendation 15

A Specialist Multi-Agency/Multi-Disciplinary Team(s) should be established for people with personality disorder, including those in the younger, 18 to 25 age range. The Team(s) should target those with significant distress or difficulty who present with complex problems. The Team(s) should be set up to dovetail with the wider development of services for adults with personality disorder. It should work closely with the Multi-Agency Public Protection Arrangements (MAPPA) in Kent. **(Para. 4.2.1.4, Page 48)**

Recommendation 16

Progress towards developing services in Kent and Medway for people with personality disorder should be monitored by PCT's and the Strategic Health Authority through the appropriate performance management processes. **(Para. 2.4.4, Page 12).**

Services for Children and Adolescents

Recommendation 17

Lead PCT's for CAMHS and Kent County Council Social Services should produce and agree a protocol to guide the management of young people with mental health problems, including emerging personality disorders, who are placed away from the local area. This should include consideration of whether the management role in complex and difficult cases like Gemma's should be undertaken by a specialist adolescent forensic service. **(Para. 2.5.8, Page 15)**

Recommendation 18

Work in Kent and Medway on the commissioning of specialist (Tier 4) Children and Adolescent Mental Health Services (CAMHS) should specifically identify the needs of young people with mental health problems who present a risk to others, identify the range of provision required to meet those needs, identify gaps in provision and plan, if necessary on a Regional or sub-Regional basis, to commission services to meet the identified needs. These service developments may include or complement the proposed 20 bed Medium Secure Unit scheduled to open in 2005/06 in Southampton. **(Para. 2.5.25, Page 19)**

Recommendation 19

In reviewing and developing the model of CAMHS (Tier 4) in-patient services in Kent and Medway, the relevant agencies should ensure that the needs of disturbed and challenging young people with personality disorder are fully considered. The essential links between local CAMHS, Social Services, Tier 4 CAMHS Inpatient Services and tertiary forensic services should be clearly identified. Protocols should be developed to ensure that those links are effective. **(Para. 5.18, Page 52)**

Recommendation 20

A specialist multi-disciplinary adolescent forensic team should be established for young people aged 10 to 18 years. The team would provide consultation, assessment and treatment for young people presenting with significant mental health problems and who are presenting a significant risk to others. This team would provide consultation to Tier 3 CAMHS, Social Services and YOT's. **(Para. 4.2.2.5, Page 49).**

Recommendation 21

A copy of this report should be forwarded to the Department of Health to emphasise the need for the development of community adolescent forensic services. At present in-patient services, revenue funded by the National Specialist Commissioning Advisory Group (NSCAG) are developing without community services, so there is no appropriate care pathway. **(Para. 4.2.2.6, Page 49).** (See also Recommendation 12 above).

Assessment and Management of Risk

Recommendation 22

The Mental Health and Social Care Trusts in Kent and Medway should review their policy and guidelines for assessment of risk. Particular attention should be paid to providing for an adequate system to ensure that preliminary risk assessments, carried out on admission to inpatient units, are regularly and systematically reviewed in the light of new information received. **(Para. 2.7.17, Page 39).**

Recommendation 23

Consideration should be given to whether risk assessments carried out after the preliminary risk assessment should be recorded on an agreed pro-forma for ease of reference in the patient's records. **(Para. 2.7.18, Page 39).**

Recommendation 24

Kent County Council Social Services should remind all staff about the processes to be followed in assessing and recording the risk or potential risk to staff from violent or potentially violent clients. **(Para. 5.10, Page 51).**

Mental Health Act 1983 Assessments

Recommendation 25

The Medical Director of the West Kent NHS Health and Social Care Trust should discuss the case with Dr Khalid and advise on criteria to be used in deciding whether or not to attend for Mental Health Act Assessments when requested to do so. **(Para. 2.7.39, Page 43).**

Recommendation 26

The Mental Health and Social Care Trusts in Kent and Medway should review their guidelines for psychiatrists concerning attendance for Mental Health Act Assessments to ensure that decision making by individual psychiatrists is within agreed criteria and is appropriately recorded. **(Para. 2.7.40, Page 43).**

**INDEPENDENT INQUIRY INTO THE CARE AND TREATMENT OF
GEMMA HEARN**

C/o Sarah Seabrook
Preston Hall
Aylesford
Kent
ME20 7NJ

Tel: 01622 713126

Strictly Personal and Confidential

Dear []

Inquiry into the Care and Treatment of Gemma Hearn

Kent and Medway Health Authority and Kent County Council have set up an Independent Inquiry in accordance with Health Service Guidelines concerning cases of homicide involving people under the care of the Mental Health Services. The members of the Inquiry Team are: Mr Malcolm Barnard, a former Area Director of Social Services and former Senior NHS Manager, (Chairman); Ms Sonia Appleby, Social Worker and Guardian ad Litem; and Dr Claire Dimond, Consultant Child and Adolescent Psychiatrist. A copy of the Terms of Reference set for the Inquiry is enclosed for your information.

From our initial examination of records and documents relating to Gemma's care and treatment, the Inquiry Team considers that you may have relevant evidence to give to the Inquiry. We would therefore request that you attend a Hearing in order to provide verbal evidence. We propose to hold hearings between 13 March and 30 April 2003. Sarah Seabrook, Administrator to the Inquiry Team will contact you during the next week or two to arrange a date and time for your attendance. Hearings will normally be held at Preston Hall, Maidstone. Your reasonable travel expenses and subsistence costs arising from your attendance at the Inquiry will be re-imbursed.

The objectives of the Inquiry are to ensure that any lessons arising from Gemma's care and treatment are learned, so that all the relevant agencies and their staff can be supported in their continuing efforts to improve services.

When giving evidence you may, if you wish, be accompanied by a friend or relative, trade union representative, lawyer or member of a defence organisation, or anyone else with the exception of another Inquiry witness. However it is to you that questions will be directed and from whom replies will be sought. It is intended that the Inquiry Hearings, which will be in private, will operate with the minimum of necessary formality. Therefore verbatim notes of the Hearings will not be recorded. However summary notes will be taken and copies will be sent to you if you wish.

In order to help to clarify issues in advance of the Hearing, we would ask you to consider providing us with a written statement, setting out and providing a commentary upon your involvement with Gemma Hearn. If you do wish to provide such a statement, please let Sarah Seabrook know when she contacts you about

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dates. Sarah will then be able to let you know by when your statement should reach us.

If you need to review the records when completing your statement or prior to giving verbal evidence, please contact Sarah Seabrook who will be able to advise you on how to access them. You will, of course, be expected to keep any such records and copies securely and confidentially, within the normal terms specified by your employing agency.

Yours sincerely

Malcolm Barnard
Inquiry Chairman

**INDEPENDENT INQUIRY INTO THE CARE AND TREATMENT OF GEMMA
HEARN**

c/o Sarah Seabrook
Preston Hall
Aylesford
Kent
ME20 7NJ

Tel: 01622 713126

STRICTLY CONFIDENTIAL

Letter to: Mr & Mrs Hearn

Dear

Inquiry into the Care and Treatment of Gemma Hearn

I am writing to invite you to participate in an Inquiry which is being set up to look into the care and treatment Gemma received from the mental health services and social services. The Inquiry is being held in accordance with Government guidelines which require the NHS to seek to learn lessons from cases where a person receiving mental health services is involved in a homicide.

The Members of the Inquiry Team are: Malcolm Barnard, a former Area Director of Social Services and Senior NHS Manager, (Chairman); Ms Sonia Appleby, Social Worker and Guardian ad Litem; and Dr Claire Dimond, Consultant Child and Adolescent Psychiatrist. A copy of the Terms of Reference for the Inquiry is enclosed for your information.

The Team would very much welcome the opportunity to meet you to tell you more about the Inquiry and to listen to your perspectives on the care and treatment Gemma received. To do this it would be possible for you to meet us at Preston Hall Aylesford, or alternatively for one or more of us to visit you at home if you would prefer.

Sarah Seabrook, Administrator to the Team will contact you within the next week or so to discuss possible dates for a meeting. In the meantime if you have any questions at all about the Inquiry please do not hesitate to contact Sarah on the above telephone number.

I look forward to meeting you within the next few weeks.

Yours sincerely

Malcolm Barnard
Inquiry Chairman

LIST OF WITNESSES

Name	Position
Bill Anderson	(Former) Head of Children's Services, West Kent Area, KCC Social Services. Now Area Director, KCC Social Services.
David Carter	Consultant Clinical Psychologist, Thames Gateway NHS Trust.
Angela Graham	Head of Service Standards, KCC Social Services.
Roger Hearn	Gemma Hearn's adoptive father.
Glan Hopkin	Area Manager, KCC, East Kent Youth Offending Team (YOT).
Kim Keen	Senior Practitioner, 16+ Team, KCC Social Services.
Dr. Khalid	Consultant Psychiatrist, Thames Gateway NHS Trust.
Mick McCarthy	County Manager, 16+ Team, KCC Social Services.
John Newman	(Former) Senior Practitioner, KCC Social Services.
Maurice O'Reilly <i>(Interviewed by the Inquiry Chairman)</i>	Manager, Public Protection Unit, National Probation Service, Kent.
Dr. Paula Pedlow	Consultant Child and Adolescent Psychiatrist, Clinical Director, CAMHS, Invicta NHS Community Care Trust.
Romero Perera	Approved Social Worker, KCC Social Services.
Dr. Jeanette Phillips	Consultant Child and Adolescent Psychiatrist, Invicta NHS Community Care Trust.
Dr. H. Reza	Consultant Psychiatrist, Thames Gateway NHS Trust.
Catherine Riley	Team Manager, KCC Youth Offending Team (YOT).
Jean Ross	Senior Practitioner, KCC Social Services.
Pete Wilson	(Former) Court Liaison Officer.

GEMMA HEARN INQUIRY

Chronology

8 February 1983	Gemma Hearn was born; one of twin, premature (non-identical) girls of dual heritage (UK Black/White).
March 1983	Gemma and her sister were placed with Mr and Mrs Hearn, UK White foster carers, who later adopted the girls when they were five years of age.
September 1994	Gemma attended secondary education: Dartford West Girls School considered that Gemma might have special needs Attention Deficient* Hyperactivity Disorder (ADHD).
24 November 1987 - 19 February 1996	Gemma was investigated for enuresis, 'intercurrent urinary tract infections and renal scarring'.
4 January 1995	Dr. David Maizels referred Gemma to Dartford Child Guidance Clinic – Dartford CAMHS.
13 January 1995	Letter sent from Dartford CAMHS to Mr and Mrs Hearn requesting completion of form regarding referral.
5 May 1995	Letter from Dr R Bradford, consultant clinical psychologist CAHMS, to Mr and Mrs Hearn confirming that the file would be closed as no response had been received regarding the letter of 13 th January 1995.
7 July 1995	Letter from CAMHS confirming that Mr and Mrs Hearn had completed the referral form, which was received on 27 th June 1995.
21 June 1995	Gemma alleged in the presence of the Police and Social Services that she had been hit by both her mother and father.
25 July 1995	Letter to Mr and Mrs Hearn from Maidstone NHS Trust inviting the Hearn family to an appointment on 4 th September 1995.
4 September 1995	Letter to Mr and Mrs Hearn from CAMHS requesting contact from Mr and Mrs Hearn.

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26 September 1995	Letter from Dr Bradford CAMHS to Dr Maziels confirming that no response had been received from Mr and Mrs Hearn.
15 July 1996	Letter of referral regarding Gemma sent to Dartford CAMHS from Dr Arora.
19 July 1996	Gemma attended Accident and Emergency West Hill Hospital. She had multiple bruises to the face following an alleged assault.
5 August 1996	Gemma was subject to a medical examination by Dr C Lawrance under the Education Act 1993 for the purpose of an educational statement.
27 November 1996	Educational Psychology report by Beth Gibson-Robinson. Gemma measured to be at the lower end of the average intelligence range, although with support could manage within mainstream secondary education.
24 December 1996	Letter from Kent County Council to Mr and Mrs Hearn stating Gemma was assessed and would not be subject to a Statement of Special Educational Needs (SEN) under the Education Act 1993. Gemma's assessed needs were identified as 'emotional and behavioural difficulties and learning difficulties in relation to the development of literacy and numeracy.' The SEN statement was declined because Gemma's needs were 'primarily emotional'.
30 December 1996	Gemma was admitted to Fant Oast.
31 January 1997	Police and Kent Out of Hours service were called to the Hearn's home because Gemma was violent towards her twin sister.
1 February 1997	Fant Oast re-admitted Gemma.
14 February 1997	Letter from Mrs Hughes, Head of Year 9 to Mrs Thomas, Fant Oast, stating that mainstream education would not be suitable for Gemma.
20 February 1997	Gemma was formally discharged from Fant Oast caused by Gemma's 'unacceptable attacks' upon a member of staff. It was thought that the discharge was a temporary suspension.

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26 February 1997	Gemma was subject to s. 20 of the Children Act 1989. Mr and Mrs Hearn were unable to care for her and she placed with foster carers.
8 March 1997	Gemma was informed that she would not be able to return to Fant Oast. Gemma became disruptive and physically assaulted the foster carers' child. Gemma was placed with emergency foster carers.
9 March 1997	Gemma moved to Castle Homes after she physically assaulted the female foster carer.
11 March 1997	Gemma charged with criminal damage.
12 March 1997	Gemma was placed at Ethelbert House in Margate.
8 April 1997	Gemma was placed at Durham House, Cliftonville following disruptive behaviour.
16 April 1997	Gemma charged with breach of bail and returned to Durham House.
24 April 1997	Gemma charged with breach of bail and returned to Durham House.
6 May 1997	Staff increasingly concerned regarding Gemma's welfare: she was aggressive, angry with little insight and was self-harming.
4 June 1997	Gemma given a two-year conditional discharge for criminal damage x 3 and was ordered to pay compensation to the victims. Gemma was declined from the Gardiner Forensic Unit (Manchester) because of the current patient population and the uncertain nature of Gemma's diagnosis.
8 June 1997	Police called to Durham Unit when Gemma was found on a window ledge.
10 June 1997	Gemma placed at Leverton Hall, Secure Unit.
17 October 1997	Report from the Gardiner Unit which identified Gemma as having an unsocialised conduct disorder.
8 December 1997	Gemma was made subject to a Secure Accommodation Order and returned to the secure unit of Leverton Hall.

Appendix D

15 January 1998	A further application was made to extend the Secure Accommodation Order, which was granted until 8 th March 1998.
2 February 1998	Gemma was problematic because she was angry, was self-harming (cutting) and said she was hearing voices that she must kill another resident.
4 March 1998	A further Interim Secure Accommodation Order was granted.
12 March 1998	Gemma disclosed that she had been sexually abused by a male sibling when she was ten years old. Gemma also alleged that following the disclosure she tried to hang herself.
6 April 1998	Strategy Meeting convened and an agreement was made to proceed with a joint investigation.
2 April 1998	Kent Social Services sought for Gemma to be made subject to a care plan where a consultant psychiatrist would undertake a supervisory role.
7 April 1998	A LAC Review was held and it was noted that Gemma had made good progress. It was agreed to search for a girls' therapeutic unit.
1 May 1998	Gemma was placed at Sedgemoor College, however, Gemma was disruptive from the outset.
14 May 1998	Gemma absconded and was found in Slade Green living with a family unknown to Social Services.
19 May 1998	Gemma arrested and charged at Gravesend Police Station for damaging her parents' and neighbour's property.
21 May 1998	Gemma again absconded to the family in Slade Green.
29 May 1998	Mr Hearn reported that Gemma had turned up at the family home in the early hours of the morning. Gemma stayed with her family and was returned to Sedgemoor College the following day.
9 June 1998	Gemma again absconded and was found in Slade Green. She was arrested and taken to Bexleyheath Police Station. She was reported to be 'distressed and suicidal'. She was returned to Sedgemoor College.

Appendix D

15 June 1998	Gemma smashed household items because she did not want to attend 'school' and also stated that she wanted to be 'locked up.'
22 May 1998	CAMHS wrote to Dr Maziels to advise that Gemma's file would be closed because she was living out of the area.
24 June 1998	Gemma was arrested for starting a fire; she also threw a television through a window.
3 July 1998	Gemma absconded and her whereabouts were unknown until 5 th July 1998 when she was reported to be with the family in Slade Green but she refused to return to Sedgemoor College.
9 July 1998	Gemma was arrested and returned to Sedgemoor College and was placed in a crisis unit.
20 July 1998	Gemma subject to a Secure Accommodation Order and was admitted to the Atkinson Unit.
25 August 1998	Gemma cautioned by the Police following an assault on a member of staff.
3 October 1998	Dr Withecombe, consultant psychiatrist, assessed Gemma.
7 October 1998	Gemma placed at the Marlowe Child and Family Services, St David's Project (Pembroke).
18 October 1998	Gemma moved to Deansway Preparation for Independence (Gloucester).
1 November 1998	Gemma moved to the Face to Face Project.
18 January 1999	Gemma was treated at Gloucester Hospital following her complaints that things were creeping around the walls. She was not seen by a psychiatrist albeit that she attacked a member of the Marlowe staff and threatened hospital staff.
21 January 1999	Gemma was moved to the Neville Road Project following a number of incidents of violence to staff and criminal damage.
3 February 1999	Letter from Dr. Jeanette Phillips to Mr Bob Blenkinsopp offering assistance to facilitate Dr Ayleyard's assessment of Gemma.

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4 February 1999	Gemma subject to a Care Order under s.31 of the Children Act 1989.
19 February 1999	Interim Secure Accommodation Order obtained. Gemma admitted to Atkinson Secure Unit.
22 February 1999	Further Interim Secure Accommodation Order granted.
11 March 1999	Gemma attempted self-strangulation using her clothing.
17 March 1999	Gemma charged with ABH, Common Assault and Criminal Damage.
9 April 1999	Gemma charged with Arson and Criminal Damage.
5 May 1999	Gemma moved from the secure unit to the Marlowe therapeutic unit, (Gloucester).
3 June 1999	Gemma moved to Families Care Ltd (Taunton).
20 July 1999	Gemma was convicted for criminal damage and sentenced to two months imprisonment, which she served at HMP Eastwood.
19 August 1999	Gemma was released and returned to Families Care td.
15 November 1999	Gemma was verbally and threatening to her social worker, Jean Ross and threatened that she would use a knife on the next occasion.
16 November 1999	Letter from Jean Ross to Dr Jeanette Phillips advising that Gemma was placed in Bed and Breakfast accommodation in Gravesend.
19 November 1999	Letter from Dr. Jeanette Phillips, Invicta Community Care NHS Trust, to Jean Ross, inter alia, not accepting 'psychiatric responsibility for Gemma.
November 1999 – December 2000	Gemma lived in approximately twenty different Bed and Breakfast placements. Later she was supported by the 16+ Team; her social worker, now, Kim Keane enabled Gemma to be accommodated in a short-hold tenancy.
19 December 2000	Letter from Dr Hall, Gemma's GP to Mike Moore, Community Mental Health Team.

5 January 2001	Letter to Gemma from David Carter, consultant clinical psychologist, confirming a referral for counselling from Dr Hall, Gemma's GP.
14 February 2001	Gemma was admitted to the A&E following an overdose of prescribed medication.
15 February 2001	Gemma was admitted to Woodlands Ward on 15 th February 2001.
5 April 2001	Gemma was discharged from Woodlands.
16 May 2001	Gemma took an overdose; she attended hospital but did not wait to be seen.
7 June 2001	Gemma assaulted her social worker, Kim Keane. Gemma was charged with Actual Bodily Harm and was remanded in custody.
13 June 2001	Dartford Magistrates Court bailed Gemma to re-appear on 25 th July 2001.
25 June 2001	Gemma fatally stabbed Mr. Mark Blackston.
24 August 2001	Gemma interviewed by Dr. Philip Sugarman. Letter dated 28 th August 2001 to Dr Reza. (See 000342-000347).
28 August 2001	Gemma was interviewed Dr Fiona Mason, Consultant Forensic Psychiatrist; report dated 28 th September 2001.
7 November 2001	Gemma was interviewed by Dr. Philip Sugarman, Consultant Forensic Psychiatrist; report dated 8 th November 2001.
9 November 2001	Gemma was interviewed by Dr. Mark Earthrowl, Specialist Registrar in Forensic Psychiatry; report dated 23 rd November 2001.
19 April 2002	Gemma was sentenced to life imprisonment at Maidstone Crown Court having pleaded guilty to murder. Gemma was later transferred from prison to a secure hospital.

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