

Report of the Independent Inquiry into the Treatment and Care of **Sanjay Kumar Patel**

A report commissioned by

Leicestershire Health Authority

March 1998

MEMBERSHIP OF THE INQUIRY PANEL

The panel was commissioned in January 1997 by Leicestershire Health Authority to undertake this inquiry. The report is now presented having taken into account comments and representations made by various parties.

Mr Malcolm Ashman
Professor Herschel Prins
Mr Gregory Steele
Dr Marion Swan

Social Services Advisor
Chairman
Nursing Advisor
Medical Advisor

ACKNOWLEDGEMENTS

The panel recognises and appreciates the stresses that are involved for those giving evidence to an inquiry of this kind and is grateful to all the witnesses for their willingness to assist with both written and oral submissions and for their frankness in doing so. (A list of witnesses can be found at Appendix Two and a list of documents submitted at Appendix Three).

The panel owes a particular debt of thanks to Miss Melanie Sursham and her staff for facilitating its work with such helpfulness and efficiency.

The panel also wishes to thank the staff of Margaret Wort and Co. for their prompt and accurate transcription service.

A. INTRODUCTORY COMMENT

This inquiry was set up under Department of Health guidance HSG(94)27 which requires that there be an independent inquiry into homicides committed by persons who have been in contact with the specialist psychiatric services. The terms of reference set for the panel are given overleaf but in addressing them the following comment is made.

It was borne in upon the panel during the course of this inquiry how difficult it was to draw fine dividing lines between the functions of the various agencies involved. In this case there are a number of areas where interagency overlap is unavoidable. This may be particularly relevant for this type of inquiry when it involves the mental health of children and adolescents whose needs are also addressed by other legislation and where young people are in transition between services for children and adolescents and those for adults.

Such inquiries may need to consider information which spans many years, and the panel is aware that it is easy to be wise with the wisdom of hindsight. The panel is also aware that policies and procedures may change significantly during the course of such a lengthy period of time.

In writing this report a narrative and chronological flow has been used but the panel has decided that, in order to emphasise our comments, these should be interspersed in the text at places where they appear to have the greatest impact and relevance in order to promote an understanding of their importance and significance. Such comments are found in the text in *italic* type. Similarly the recommendations of the panel have been placed within the text using **bold** type.

To assist the reader, a chronology of significant events and supporting details has been included. This can be found at Appendix One on pages i-iv of this report.

The panel has sought to identify the quality of care given to Sanjay Patel by the various agencies and the level of collaboration and cooperation that there was between them. When undertaking this inquiry, the panel had in mind the importance of seeking out, not only the key events in this tragic event so that lessons can be learned from them, but also the need to highlight these for the information of all those who will have responsibilities for the care and management of Sanjay Patel in the future.

LEICESTERSHIRE HEALTH AUTHORITY
The Independent Inquiry pursuant to HSG (94) 27 into the
Care and Treatment of Sanjay Patel
Remit for Inquiry

- I. To examine all the circumstances surrounding the treatment and care of Mr Sanjay Patel by the mental health services, including primary care, up until the murder of Mr Patrick Cullen in October 1995, in particular:
 - A. the quality and scope of his health, social care and risk assessments,
 - B. the appropriateness of his treatment, care and supervision in respect of:
 1. his assessed health and social care needs and
 2. his assessed risk of potential harm to himself and others

Taking account of any previous psychiatric history, including drug and alcohol abuse and the number and nature of any previous court convictions,

 - C. the extent to which Mr Patel's care was provided in accordance with statutory obligations, relevant guidance from the Department of Health, including the Care Programme Approach HC(90)23, LASSL(90)11, Supervision Registers HSG(94)5 and Discharge Guidance HSG(94)27 and local operational policies,
 - D. the extent to which his prescribed care plans were
 1. effectively drawn up
 2. delivered and
 3. complied with by Mr Patel
- II. To consider the appropriateness of the professional and in-service training of those involved in the care of Mr Patel, or in the provision of services to him.
- III. To examine the adequacy of the collaboration and communication between:
 - A. the agencies involved in the care of Mr Patel or in the provision of services to him and
 - B. the statutory agencies and Mr Patel's family
- IV. To prepare a report and make recommendations to Leicestershire Health Authority.
- V. To consider such other matters as the public interest may require.

Henceforth, the inquiry panel has chosen to refer to Mr Patel by his first name, Sanjay.

Justification for the panel's interpretation of the remit and performance of the task

The panel decided at the outset that, although the inquiry could have been limited to the issues that arose from the time of Sanjay's referral to the mental health services when he was almost sixteen years old, this approach was inappropriate. This is a case where mental health issues arose much earlier and also later in Sanjay's life. The panel has, therefore, felt that it was important to look at all the events that occurred throughout his life and to consider whether outcomes might have been different at any stage had certain courses of action been followed. The panel has had a vast amount of information before them both in terms of the oral evidence and the documentation made available. Attention will be drawn to those matters which the panel regards as being the key events and issues. The panel has noted that it is not alone in taking this approach. For example a report¹ presented to Bromley Health Authority and others has adopted this frame of reference from the outset. The Martin Mursell inquiry² also adopted a similar approach.

The panel held a preliminary meeting on 27 January 1997 and subsequently met on 13 days in which evidence was taken and the report formulated.

Two members of the panel (HP and MS) interviewed Sanjay in Moorland Prison on 13 February 1997. Another member (MA) visited Leicestershire Social Services Department and Leicestershire Probation Department on 20 February 1997 to scrutinise certain case files.

The procedure adopted by the inquiry for the receipt of evidence is set out on page 6.

¹ Bromley Health Authority et al. Report of the Independent Inquiry Team Following a Homicide by a Service User in April 1996. April 1997

² Camden and Islington Health Authority. The Report into the Care and Treatment of Martin Mursell. March 1997

PROCEDURE ADOPTED BY INDEPENDENT INQUIRY

- I. Every witness of fact will receive a letter in advance of appearing to give evidence informing them:
 - A. of the terms of reference and the procedure adopted by the Inquiry; and
 - B. of the areas and matters to be covered with them; and
 - C. requesting them to provide written statements to form the basis of their evidence to the Inquiry; and
 - D. that when they give oral evidence they may raise any matter they wish, and which they feel might be relevant to the Inquiry; and
 - E. that they may bring with them a friend or relative, member of a trade union, lawyer or member of a defence organisation or anyone else they wish to accompany them, with the exception of another Inquiry witness; and
 - F. that it is the witness who will be asked questions and who will be expected to answer; and
 - G. that their evidence will be recorded and a copy sent to them afterwards for them to sign.
- II. Witnesses of fact will be asked to affirm that their evidence is true
- III. Any points of potential criticism will be put to a witness of fact, either orally when they first give evidence, or in writing at a later time, and they will be given a full opportunity to respond.
- IV. Any other interested parties who feel that they may have something useful to contribute to the Inquiry may make written submissions for the Inquiry's consideration.
- V. All sittings of the Inquiry will be held in private.
- VI. The findings of the Inquiry and any recommendations will be made public.
- VII. The evidence which is submitted to the Inquiry either orally or in writing will not be made public by the Inquiry, save as is disclosed within the body of the Inquiry's final report.
- VIII. Findings of fact will be made on the basis of the evidence received by the Inquiry. Comments which appear within the narrative of the Report and any recommendations will be based on those findings.

B. BACKGROUND/PERSONAL HISTORY

On the 13 December 1996 Sanjay Kumar Patel (then 20 years of age) having been convicted of the murder of Mr Patrick Cullen was sentenced to Life Imprisonment at Leicester Crown Court. He had pleaded not guilty to murder but guilty to manslaughter on the grounds of diminished responsibility within the meaning of Section 2 of the Homicide Act 1957. This plea was not accepted by the Court. There was a full trial during the course of which psychiatric evidence was put to the jury.

Sanjay was born in London on 4 October 1976. He has an older step sister and a younger brother. He lived in North West London with his parents until he was eight years of age when he came to live in Leicester with his maternal grandparents. Much of his education was subsequently in a residential school for children with special educational needs. In 1991 he was accommodated by Social Services under the provisions of The Children Act 1989. Thereafter he spent time in both foster and residential care. Eventually he attended a residential training centre in Staffordshire and then resided at a variety of addresses in Leicester. In June 1992 he was referred to the specialist psychiatric services for children and adolescents. Some of his subsequent offences resulted in him spending time in various penal establishments both on remand and in custody. He also received community sentences including formal supervision by the Probation Service in 1995.

We now turn to consider in more detail the work of the various agencies involved with Sanjay and his family.

C. AGENCY INVOLVEMENT WITH SANJAY AND HIS FAMILY

1. Life in London (October 1976 to July 1985)

From a very early age Sanjay had contact with the primary health care team and the specialist paediatric services. The significance of these early contacts is not evident. The first specific child and adolescent mental health problem displayed was that of nocturnal enuresis. There appears to have been a family history of this particular difficulty. While appropriate help was sought for, and received by Sanjay, there was some inconsistency by the parents in bringing Sanjay for appointments.

In January 1983, Sanjay was examined by his general practitioner, whose attention had been brought to injuries and bruising he had sustained. On 24 January 1983, given the nature of these injuries and the possibility of non accidental injury (NAI)³, Haringey Social Services convened a multidisciplinary case conference. Prior to the case conference, Sanjay's parents were visited by a social worker to discuss these matters. Mr Patel openly admitted that he had struck Sanjay a blow across the cheek and head because Sanjay had been very naughty while travelling in the car with his younger brother.

³ Terminology in relation to child abuse has changed several times over the period that this inquiry spans e.g. non accidental injury, child abuse, child protection. The panel will hereafter in this report adopt the term Child Protection when referring to this aspect.

The case conference concluded that until further information was available no decision could be made about placing Sanjay on a child protection register. On 31 January 1983, when more information was forthcoming about the extent of family difficulties generally and the incident resulting in Sanjay's injuries, it was decided that Sanjay's name should be placed on the register. Furthermore, it was considered that Sanjay's parents should receive help in meeting their children's needs and that a referral to the child guidance service for Sanjay should be made. A recommendation was made that the case conference should be reconvened in three months' time. The inquiry panel has needed to form a view on incomplete case notes as it has not been possible to access, from any source, information about further case reviews if, indeed, they did take place or any details about the implementation of the care plan.

It is known indirectly that Sanjay's name was removed from the Child Protection register on 10 September 1986. Well before this time Sanjay had moved to Leicester to live with his maternal grandparents. The reason for the closure of the case has not been determined.

It appears that Sanjay's name was removed from the Child Protection register in Haringey without his current whereabouts being established. Because of this, it appears that no arrangements could be made to ensure his well being in Leicester or to arrange for any involvement of the Social Services Department there.

The panel has made extensive enquiries of Haringey Social Services Department in attempting to secure the records to expand our understanding of this period in Sanjay's life. Unfortunately, the passage of time and the consequences of reorganisations of that Department in the intervening years, have removed all trace of those records. Furthermore Haringey Social Services Department is unable to confirm whether Leicestershire Social Services Department received relevant information from them around the time of Sanjay's removal to Leicester. The Social Services Department in Leicestershire has no record of receiving such information. The panel has seen references to difficulties which Sanjay was experiencing at primary school in London but it has not been possible to verify, from the records that we have been able to obtain, the primary source of such information. Sanjay was received into primary education in Leicester on 28 August 1985.

Apart from the information received from witnesses, much of what we know about Sanjay's early life and that of his family was gleaned from the general practitioner record which was transferred from London to Leicester. The general practitioner record is the only document which contains any substantial amount of information about Sanjay's early life. All other records available to the panel were compilations of information from various sources which are mostly unidentified. The original social services and education files from this period were not seen as they could not be located for the panel.

The panel is aware that issues concerning the retention, maintenance and transfer of records have been commented on in a large number of past child abuse or homicide inquiries.

Witnesses told us that the case would have been handled differently if this information had been available to them. This seems to have been particularly relevant at the time of formal statementing in which Social Services might have taken a more active role had they been aware that Sanjay was an abused child. This would have also been a relevant consideration for Social Services in Leicestershire when they first became involved in the case.

- C1(i). The panel considers that there is still a need for more explicit national guidance for all agencies concerned in child protection as to the need to maintain case records in cases concerning the protection of children over stipulated periods of time.**
- C1(ii). The guidance should specify procedures to facilitate the speedy transfer of case information when children move between authorities and within agencies. This is of crucial importance in the case of a child already on the child protection register. This aspect of practice requires careful monitoring.**

Although there are no details available to the panel from official social services files, the panel heard harrowing accounts of the physical and emotional abuse and neglect that Sanjay had suffered in the family home during his time in London. These accounts were from witnesses who had been given this information by Sanjay and/or his grandparents (including a teacher, a foster parent, a child psychiatrist and a social worker). These experiences appear to have resulted in emotional disturbance. This led to Sanjay being described as a very disturbed child, in terms of his behaviour, in the three primary schools he attended after his arrival in Leicester.

The extent of emotional and physical abuse of a child described to us occurred at a time when the importance of this had been highlighted extensively in a number of significant previous child abuse inquiries through the 1970s and the 1980s.

In addition, this emotional disturbance and his maladaptive behaviour, clearly contributed to Sanjay's exclusion from two primary schools; this was an exceptional occurrence in Leicester at that time. His educational needs were such that following the statutory statementing process in 1987⁴ he received special educational provision at a residential special school until he left there at the age of 16.

In 1983 when Sanjay was at primary school in London he was described by his head teacher as a lively and energetic but naughty child, who could show anger and aggression, but not to an abnormal degree. However, there is reference to the lack of attention being paid to Sanjay's hygiene, his urinary incontinence and his tendency to attention seeking behaviour. Although case conference records at that time recommended a referral to the child guidance service, there is no evidence that this happened.

⁴ A statutory assessment under the terms of the Education Act 1981

2. In Leicester before Millgate school (August 1985 to November 1987)

On arrival in Leicester, Sanjay was admitted to primary school on 28 August 1985. In December of that year Sanjay was referred by the school to the Educational Psychology Service. In June 1986 there was recognition that Sanjay could have special needs and statutory assessment of these was proposed.

Sanjay's behaviour became so difficult to manage and he had become so disruptive that a transfer was arranged to another primary school on 23 February 1987. The statementing process was then completed and Sanjay was admitted to Millgate Educational Centre on 11 November 1987.

Sanjay was exhibiting very disturbed behaviour and, quite exceptionally for that time, had been excluded from two primary schools. His special needs had been recognised. In spite of this it appears to the panel that there was limited awareness that his difficulties might have been the consequence of emotional and/or physical abuse or consideration that he might benefit from specialist therapeutic intervention at that time.

The panel formed the view that these factors were not given the weight they merited when considering the extent of Sanjay's disturbance. Sufficient consideration did not appear to have been given to the underlying causes for it.

A routine formal notification was sent to the Social Services Department inviting comments on his special educational needs/disabilities for the process of statementing but as Sanjay was not known to the Leicestershire Social Services Department in any capacity no action by them was indicated at that time.

In the light of this information, the panel asked witnesses from the Educational Services about their general awareness of child abuse at the relevant time. The panel heard that all schools had "a blue handbook" which was meant to alert senior staff to signs and symptoms which might indicate such abuse. The advice therein was largely based on evidence of physical signs of such abuse, for example bruises and abrasions. At that time the advice given in booklet form was not underpinned by training programmes.

Such manifestations of abuse were not present while Sanjay lived with his grandparents. Consequently no reason was perceived to convene a multidisciplinary case conference to discuss the very difficult problems which Sanjay was presenting. The interagency protocols, procedures and training required by the Department of Health from 1991, resulting in the publication of "Working Together"⁵, were not then available or developed. In Leicestershire, these procedures only came into operation in July 1993. Earlier, joint agency procedures existed dealing with aspects of physical and emotional abuse but these did not prompt a case conference to consider the considerable problems that Sanjay was then presenting.

⁵ This document provides advice and guidance and detailed requirements for all agencies who are involved in child protection activities or work.

Subsequently Sanjay's first recorded contact with Leicestershire Social Services Department was when he and his grandparents asked for him to be accommodated⁶ by that Department in November 1991. He remained an accommodated child in both foster homes and residential care until 28 February 1994.

The panel hopes that the procedures instituted in Leicestershire since 1993 have remedied this situation and have improved awareness of the signs and symptoms of emotional, physical and sexual abuse, the duty to report it and the appropriate action to take in such cases.

C2(i). These procedures should be reviewed to make sure that this is the case and that training programmes to underpin these are also scrutinised regularly.

The panel would emphasise that as far as it is aware no agency other than education had any significant involvement with Sanjay between his arrival in Leicester in 1985 and the request for him to be accommodated away from his grandparents in November 1991. Interagency planning conferences were not commenced until October 1992 after fostering arrangements for Sanjay had broken down and when Sanjay's behaviour at Millgate was causing serious concern.

The panel has scrutinised the general practitioner record and has made extensive enquiries including one member of the panel (HP) undertaking an informal discussion with one of the general practitioners now in the relevant practice. Sanjay appears to have been registered with this practice in November 1985. The panel has not been able to determine what, if any, steps were taken by the general practitioners involved in Sanjay's care after the move to his grandparents in 1985, to initiate discussion about the child protection issues or to follow up on information in those records stating that on 31 January 1983 Sanjay had been placed on a child protection register.

Given that the general practice was the only source of knowledge within Leicester that Sanjay was subject to child protection procedures, it is a pity that there was no liaison with or enquiry to the Social Services Department by the practice about this to ensure that child protection measures could be considered and action taken if necessary after Sanjay's arrival there.

All professional workers engaged in the child protection process have a responsibility to ascertain the current status of any child with whom they come into contact if this is unknown to them.

⁶ Under Section 20, Children Act 1989 - children can be accommodated by Social Services because parents are ill or missing or cannot cope. Accommodation is a completely voluntary agreement in which Social Services do not gain parental responsibility.

- C2(ii). Procedures need to be instituted to ensure that this liaison is undertaken promptly and, whenever there is evidence that a child may have been abused, this should be subsequently monitored by the Area Child Protection Committee, who may also wish to review local practices and procedure in this respect. This is apart from matters which the Panel has raised above for further national consideration.

3. Millgate School (November 1987 to April 1993)

There is evidence that Sanjay intermittently made progress and achievement at Millgate School. However, the behaviour problems presented by Sanjay earlier in his life continued and became so serious in terms of his tendencies to self destructiveness that in June 1992 Millgate School initiated a referral to a child psychiatrist at Westcotes House in Leicester. Records from Millgate School did not appear to have contemporaneous entries about key events in Sanjay's life that led to this referral.

The panel saw the file of the educational psychology department which was helpfully provided to it by Leicestershire Education Department. Although assessments made by the educational psychology department were prompt and perceptive, the file did not indicate that action on points made in the assessment reports was initiated. In particular, the identified need (set out in the educational psychologist's report of 21 March 1991) for Sanjay to receive specialist counselling to help him cope with his emotional and family problems was not pursued alongside his special educational needs.

The referral of Sanjay to a psychiatrist appears to have taken place only in June 1992 when concerns about him had reached crisis point. These concerns about Sanjay had been emerging over a long period of time. The panel heard about a number of incidents of self destructive and antisocial behaviour and references to Sanjay's low self esteem which had taken place much earlier than this. He and his grandparents also apparently disclosed details of the neglect and abuse that he had experienced in his early life to staff at the school. This information was received but not acted upon in a way that might have assisted Sanjay's emotional needs and reduced his level of disturbance.

The means of helping him to cope with these early life experiences, which included very significant loss of contact with both of his parents and other members of his family, could have then been developed. An earlier referral might have been more constructive in preventing a crisis particularly as Sanjay would have been more amenable to therapy at a younger age and relationships with his grandparents might have been preserved. Failure to do this added to Sanjay's profound sense of having been abandoned and was compounded by his inability to understand destructive early life experiences which he saw as having resulted in rejection by key figures in his life.

Advice and guidance published since 1995 from government and other significant research sources emphasise that mental health problems are not uncommon in children and that unresolved problems in childhood and adolescence may continue or increase in adult life. Early intervention and treatment is of

paramount importance. (see Health of the Nation: A Handbook on Child and Adolescent Mental Health, Health Advisory Service/National Health Service Thematic Review of Commissioning and Management Arrangements for Child and Adolescent Mental Health Services and also the publication Treating Children Well).

- C3(i). Programmes of training for educational staff, particularly those working with emotionally and behaviourally disturbed children and adolescents, should include information about the role of the child and adolescent mental health services in dealing with these problems and their role in the multidisciplinary management of such individuals.**
- C3(ii). All staff in education establishments dealing with children who have emotional difficulties should have training in the importance of keeping proper records about significant events that take place. The achievement of such an understanding by staff should be monitored. Staff supervision arrangements should ensure that the quality of record keeping is maintained and that timely and appropriate referrals to specialist services are made where necessary.**
- C3(iii). Where many files are kept, such as in Education or Social Services Departments, a departmental master file should be maintained to enable the coordination and regular updating of all the information available.**
- C3(iv). The quality of interagency referral letters should be monitored and reviewed to demonstrate that the information needs of the receiving agencies concerned are met. Where necessary appropriate training about the writing of these should be given.**
- C3(v). The Leicestershire Mental Health Service NHS Trust internal review drew attention to the need for the child and family psychiatric service to review procedures for communicating with general practitioners and other agencies, having regard to contemporary guidance, including the application of the Care Programme Approach Procedures to those over 16 years of age, and the Children Act 1989.**
- C3(vi). The panel would add that compliance with these recommendations should be monitored.**

In view of the concerns described, the consultant child psychiatrist to whom Sanjay had been referred saw him promptly. A series of twelve appointments was subsequently offered, nine of which were kept. One outcome of these appointments was that Sanjay was diagnosed as having a conduct disorder.

The panel would commend not only the prompt attention that Sanjay received from the child and adolescent mental health services but the fact that treatment was provided for him by a psychiatrist who spoke his language and understood the cultural issues that were relevant. Furthermore, the social worker staff

allocated to Sanjay were well matched and sympathetic to his cultural and linguistic needs.

From this point onwards, there is considerable evidence of effective multidisciplinary and multi agency working through which an agreed care plan was formulated to manage Sanjay's future care while he remained at Millgate School. This also included workers with knowledge and experience of Sanjay's culture and language. Indeed this could not be considered to be a case where lack of attention was given to issues of race, culture, language or religion. Sanjay was a full participant in the formulation of these plans and apparently agreed with them. Nevertheless, Sanjay now feels that his deep and enduring wish to resolve or come to terms with his family situation was not given the importance that he would have wanted.

The decision was made to discharge Sanjay from the care of the consultant child psychiatrist when he was of school leaving age and he was about to move to Burton-on-Trent to take up a residential place with Advantage Enterprises, a centre providing vocational and social skills training for young adults. The consultant child psychiatrist recommended that if Sanjay needed further psychiatric help this should be arranged in Burton-on-Trent. She had one final appointment with him on 7 July 1993. The social worker was notified of his final discharge from her clinic by telephone that day.

The panel was not able to find any evidence that this recommendation was followed up by any of those involved.

It seems that there was uncertainty about the application of CPA procedures to a person of Sanjay's age (16 years).

Subsequent DoH advice in 1996⁷ confirms that these procedures should be applied. However, given that a multiagency care plan for Sanjay had been recently agreed by health, social services and careers service and was being implemented, in this respect the actions of those concerned seem reasonable in connection with his discharge. Furthermore, a multi-agency case review meeting had been arranged by Social Services at Advantage Enterprises for the 12 July 1993 to deal with any matters which were considered relevant.

An internal review undertaken by the Leicestershire Mental Health Service NHS Trust examined these aspects of this case, notably that child and family psychiatric services should review their current systems of communicating with other agencies when discharging patients. Other recommendations were made by that review. This panel would endorse these. The consultant in charge of the case did not apparently write to the general practitioner informing him of Sanjay's discharge from her care.

⁷ A guideline document regarding the Care Programme Approach 'Collaborative Practice in Action' (HSG(96)6 Annex) "The Care Programme Approach should apply to all mentally ill patients aged 16 and over who are accepted by the specialist psychiatric services"

4. Foster placements (November 1991 - September 1992)

Sanjay was accommodated in an emergency at the request of both him and his grandparents. He was placed in foster care. It is clear from the information available to the panel that Sanjay had been involved in delinquent behaviour before he was accommodated. Subsequently, following further acts of delinquent behaviour, he was faced with the consequences of these by means of formal charges. During the initial foster placement attempts were made to reunite Sanjay with his grandparents and his mother.

The first foster placement broke down within weeks. While in this placement Sanjay formally complained that attempts had been made by his foster parents to introduce him to drug taking. He had also alleged that he had been encouraged to commit acts of theft in order to buy drugs. Sanjay stated that he did not cooperate with these requests and he was concerned that he should have been subjected to this experience by people who were there to care for him. In formulating his complaint he stated that he would not wish to see this happen to any other children who might be placed in this home. Also, having made this complaint, he was concerned about the consequences for himself in terms of further contact with these foster parents.

A full investigation was undertaken by the Social Services Department into Sanjay's allegations which the foster parents strenuously denied. The panel has been told that the Social Services Department investigation found no evidence to confirm Sanjay's allegations. However, subsequently, in what is described as a precautionary measure, these foster parents were deregistered.

The Social Services Department responded promptly to Sanjay's complaint with an investigation and by placing him in another foster home where he stayed until August 1992 when the relationship between Sanjay and his foster mother broke down after a series of incidents. During this placement, Sanjay established a relationship with his foster mother which has been maintained to date. Sanjay continued to visit her home regularly and to talk to her about the extent of his difficulties up until the time of his remand in custody for the homicide. Not only does there appear to have been a strong emotional bond between her and Sanjay, but he felt able to confide in her about some of the violent incidents in which he had been involved, and to talk to her about the abuse that he had experienced in his early childhood. His foster mother liked and trusted Sanjay and he often assisted her in the care of other children.

5. Advantage Enterprises (April 1993 to September 1993)

The placement at Advantage Enterprises resulted from a jointly agreed care plan between the Careers Service and the Social Services Department; it was strongly supported by the consultant child psychiatrist and Sanjay himself. In his circumstances, all concerned felt that a supported living arrangement with training would be the best way to prepare Sanjay for adult life and independent living.

Although this placement removed Sanjay from Leicester, the panel is satisfied that this was the best possible placement that could be made for him in all the

circumstances. All those involved were committed to ensuring the success of this placement.

After a number of misdemeanors within and outside of Advantage Enterprises, Sanjay was suspended and subsequently left there at the beginning of September 1993. At one point Sanjay made threats to "wreck Advantage Enterprises" if he was not "banged up" as a result of his assault on a policeman.

At the time of Sanjay's placement there, Advantage Enterprises had a liaison arrangement with the psychiatric services in Burton. They did not use this for support. They did not perceive Sanjay as suffering from mental illness. Further, it seems as if the Intermediate Treatment programme⁸ that was in place at the time as part of a Supervision Order for previous offences, was considered to be an appropriate substitute for other courses of action. The quite proper use of the word treatment in this particular context, may have assumed a significance which it did not have in comparison to treatment provided by medical intervention.

6. Accommodation after Advantage Enterprises (September 1993 and subsequently)

Sanjay returned to Leicester where he lived in a variety of accommodation, including various types of hostels. He reached the point where he was excluded from most of these. He also spent a period in custody.

By the time of his arrest for the murder of Mr Cullen, Sanjay had obtained his own accommodation but was spending most of his time at the flat of his girlfriend. After leaving Advantage Enterprises, Sanjay was supported continuously by the Social Services leaving care team⁹ and was supervised from March to July 1995 by the Leicestershire Probation Service.

During this period the Social Services leaving care team remained committed to Sanjay and did their best to help him resolve his practical difficulties.

7. The involvement of Probation (February 1995 - July 1995)

The involvement of the Probation Service started when a Combination Order was imposed by the Court on 2 February 1995 for offences committed in May to July

⁸ This requires the young person concerned to participate in a variety of activities to build skills and improve social functioning; all arrangements supervised by a social services specialist team worker.

⁹ Services for young people leaving care are provided (usually by specialist teams of social workers) under Sections 20, 24 and 27 of The Children Act 1989. Summarised, these require children and young persons to be assisted through advice and befriending and by practical help in cash or kind, to aid them in moving towards independence. Such requirements include a duty to assist young people to find accommodation. This assistance can be provided until the age of 21 or beyond, at the discretion of the Authority concerned.

1994. Probation accepted responsibility for supervising this in discussion with Social Services.

While the handover was technically handled correctly, the Probation Service did not receive all the information from Social Services that would have assisted them in exercising their supervision of Sanjay. While Probation would have accepted Sanjay's supervision in any event, his supervision would have been enhanced by full knowledge of the case. In particular, they should have been aware of his previous contact with specialist psychiatric services, the extent of his abuse of drugs and alcohol and the details of the extent of his previous offences. In the management of the case, there were also significant events of which they were unaware for one reason or another.

The above problems were aggravated or compounded by three factors. These were the lack of a protocol concerning the handover of cases, the lack of a risk assessment strategy and the non involvement of the supervising Probation Officer in the handover discussions.

During the course of the inquiry we were shown evidence of agreed procedures between Probation and Social Services which now seek to deal with these matters.

C7(i). The panel recommends that procedures agreed between Probation and Social Services to deal with high risk cases should be implemented as soon as possible.

The implementation of the Combination Order¹⁰ was frustrated by the imposition of a 5 month custodial sentence given on 7 March 1995 for offences which predated the making of that Order. This sentence was served by Sanjay at Onley Young Offenders Institution. He was released from there and a period of licence was commenced on 19 May 1995. The licence technically terminated on 18 August 1995 (although contact had, in reality, ceased some weeks earlier).

During his time in Onley, Sanjay wrote a letter to the social worker from the leaving care team on 21 April 1995 as follows:

"I think that jail is the Best place for me at the moment because it sort's my head out. If I was on the street I would put peples life at risk, so thats that over with."
(exactly as written)

Although in retrospect, everyone considers that this letter was important and significant at the time, its content and import was not communicated to the Probation Service.

With hindsight, it would appear that the content of this letter might have prompted a referral for a further psychiatric assessment.

¹⁰ In this instance the Combination Order consisted of one year of probation supervision and 40 hours of community service under the Criminal Justice Act 1991.

From information available to the panel there is reference to Sanjay's drug problem at this time. It is indicated that he had a "crack" habit on which he spent £40 to £50 each day. Sanjay saw his problems then in terms of his "stress and anger". Inappropriate consumption of alcohol also seems to have been a feature of these. His behaviour led to repeated evictions from various forms of accommodation. After leaving Advantage Enterprises and before Onley, this had been a repeated feature of Sanjay's lifestyle. As a result of this behaviour further fostering placements, as an option for Sanjay, were virtually exhausted. By this time Sanjay, himself, was also rejecting this option.

When a chronology of key events is examined (see Appendix I), it appears that there had been an escalation of Sanjay's instability and aggression over an 18 month period. This includes damage to property and assaults on people as well as the misuse of alcohol and other drugs. Some examples follow.

In July 1995 Sanjay went to a Probation Office in Leicester. While there he was verbally abusive to staff and damaged the office. He also disclosed to Probation staff that he had assaulted a doctor at the Leicester Royal Infirmary. His girlfriend described an assault on her with a baseball bat. Probation staff informed the Police of this last incident and the damage to their office. On this occasion Sanjay was noted to have a damaged jaw. He said that he had been punched while trying to rob someone in the street. This was the incident that had led to his attendance at the Infirmary. As a consequence of his behaviour at the Probation Office, Sanjay was remanded in custody although he was subsequently bailed at the end of July.

The panel has heard that it was this behaviour that led to the decision by the Probation Department that Sanjay would not be offered any voluntary contact with that service after the expiry of his licence. However, the Social Services leaving care team continued to be involved with Sanjay until the time of the homicide in October 1995.

In the evidence given to the inquiry, the Probation Service now recognises that the work carried out with Sanjay was in response to a series of crises rather than involving planned, proactive, strategic management of a multifaceted case. Such an informed review could have resulted in a recommendation for an opinion from a forensic psychiatrist at this stage. The approach that was taken blinded those involved to underlying mental health issues and also prevented them from seeing Sanjay as anything other than a "run of the mill" case. Good practice should have indicated the need for a strategic multidisciplinary team review and a more formal assessment of the risks presented. This could have included referral to the psychiatric panel discussion provided by a local forensic psychiatrist in one of the Probation Service Offices. Facilities for multi-disciplinary reviews are now in place (see page 24 - D7).

C7(ii). The panel has seen the combined Probation and Social Services procedural arrangements for the transfer of cases between the two agencies and the protocol for risk assessment and management. These stress the need for regular review of all cases and in particular those judged to present a high level of risk. The panel endorses this approach but would recommend that these procedures are reviewed in

the light of this report at regular intervals and monitored to ensure compliance.

It was not clear to the panel how the responsibility for the provision of services for those suffering from problems of drug and alcohol misuse is mediated and allocated to individual patients. At present it would appear that these are provided by a dedicated Drug and Alcohol Service. However, there is also a service provided for these patients by the Forensic Psychiatry Service. The panel was told about restrictions placed on referrals made to the dedicated Drug and Alcohol Service. The Service was not prepared to see clients subject to court orders, unless they were prepared to refer themselves. The panel was told that the Service had an agreement with the local magistrates that no court orders for treatment by this Service would be made. However, it would appear to the panel that the dedicated Drug and Alcohol Service might well have expertise and resources that would be particularly appropriate for that group of clients.

C7(iii). Leicestershire Health Authority should examine and monitor the numbers of clients suffering from drug and alcohol problems referred to the dedicated Drug and Alcohol Service and the Forensic Psychiatry Service. Account should be taken of any restrictions being made by those services on the acceptance of referrals during the planning of services, particularly those from Social Services and the Probation Service.

C7(iv). Leicestershire Health Authority in conjunction with the relevant Trust, Social Services Departments and the Probation Service should ensure that workers in health, social services and probation are aware of the range of services offered for clients suffering from drug and alcohol misuse. It should be ensured that the waiting times for such clients are in line with the standards set out in the Patients' Charter. Workers in the field also need to know how to refer clients for assessment in an emergency.

Issues about the sharing of confidential (medical) information relating to high risk cases with other agencies including the Probation Service were raised with the panel. While this did not have a relevance for this particular case, the panel is concerned that the Probation Service and other agencies may not always have the necessary information to assist them with the comprehensive management of high risk cases and to maximise the protection of the public from harm.

The panel has made reference to recent publications about interagency working and information sharing. These matters have been referred to in previous inquiries and there is an informative article, including an analysis of this particular issue in a recent publication by the Royal College of Psychiatrists.¹¹

¹¹ "Assessing Risk in the Mentally Disordered. *British Journal of Psychiatry*" (1997) 170 (Suppl.32) pp 4-7

- C7(v). The Health Authority and the Trust should ensure that all their employees are aware of their responsibilities in relation to information about high risk cases. They should ensure that staff are given training as to when disclosure is possible in such cases and should put in position structures (including the provision of legal advice if necessary) to ensure that there can be debate when difficulties arise.**

8. Events leading up to 10 October 1995

From the date of his discharge from Advantage Enterprises, Sanjay was in weekly contact with the leaving care team. This led up to their involvement in PACE¹² interviews after Sanjay's arrest for the index offence.

There were repeated incidents of inappropriate behaviour by Sanjay, leading to a significant incident on 4 October 1995. On other occasions, in between these incidents, Sanjay appeared calm, friendly and relaxed.

On 4 October 1995, alleging that he had been refused a community care grant by the Benefits Agency, Sanjay called at the Leaving Care Team Office of the Social Services Department in Conway Buildings to complain. Social Services staff agreed to help him to appeal against this alleged refusal. Sanjay was dissatisfied with this and became abusive and threatening. He left the office and assaulted a gentleman who was using a public telephone in the street outside the office. He demanded money from him. This incident was witnessed by Social Services staff. Probation staff were advised of this incident. It was not reported to the Police by the Social Services Department. The Police have no record of a complaint in connection with this incident which occurred very near to the location of the later attack on Mr Cullen. There was an internal discussion within Social Services about how to manage Sanjay's behaviour as a result of this incident.

When this incident was discussed with those involved from Social Services, they felt that no further action could be taken because the identity of the victim was unknown.

- C8(i). In the event that Social Services staff witness an incident of violence by a client against a member of the public it should be reported to the Police in addition to measures being taken to ensure the security of their own staff. Discussions need to take place with the Police Authority as to how information about such incidents can be usefully communicated.**

On 5 October 1995, Social Services staff made arrangements for a security guard to be present on future occasions when Sanjay visited the office. Sanjay was advised of this that day.

¹² The Police and Criminal Evidence Act 1984 requires that where a child or young person is being interviewed about alleged offences by the Police arrangements should be made for an "appropriate adult" to be present to give support and advice during the interview, in addition to any right of legal representation.

The panel is not aware of any contact with Sanjay by any of the agencies involved following this event and before the commission of the index offence.

9. Events of 10 October 1995

In describing the events leading up to the commission of the index offence, Sanjay told the two members of the panel who saw him that he was taking legal advice about the possibility of an Appeal against his conviction for murder. In view of this, and because the circumstances immediately prior to the index offence are disputed, the panel has not given a detailed account of these.

It does not appear to be in dispute that Sanjay had been involved in a number of vexatious incidents earlier that day with members of the public and his girlfriend. In addition to being charged with murder he was also charged with robbery and attempted robbery as a result of some of these incidents. The panel saw evidence that Sanjay had indicated that he had consumed a significant quantity of alcohol that day and had been injured himself.

The assault on Mr Cullen took place in the centre of Leicester in the early evening. Sanjay was walking through Leicester with his girlfriend. It appears that he believed that Mr Cullen had insulted her.

After this, on 12 October, Sanjay was arrested and charged with the murder of Mr Cullen.

Sanjay displays many similar characteristics to other young men who commit homicides. The panel has examined those key events and actions which might have changed the course of what occurred. It is impossible to say whether action taken at these times would have prevented the death of Mr Cullen. However, there were times, particularly early in Sanjay's life, when opportunities for intervention were missed.

Sanjay presented a considerable challenge to those professionals who had to deal with him. Many attempts were made to try to help Sanjay with the problems that he had. He had suffered very significant physical and emotional abuse in his early childhood, he appears never to have come to terms with being separated from his parents, he was violent and abused alcohol and drugs. There is a strong argument that, by the time some of the professionals involved in his care became involved, it was already too late to provide him with meaningful therapeutic help.

The panel has referred above to those key events and actions which might have changed the course of what occurred.

- (i) The transfer from London to Leicester.*
- (ii) The absence of action about child protection issues by the general practitioner after Sanjay's arrival in Leicester.*
- (iii) Sanjay's disturbed behaviour was treated in terms of educational rather than social and emotional needs.*

- (iv) *The late referral by Millgate to the psychiatric services.*
- (v) *The lack of handover of psychiatric care when Sanjay went to Advantage Enterprises.*
- (vi) *The letter written by Sanjay from Onley should have prompted a psychiatric assessment.*
- (vii) *The insufficiency of background information received by the Probation Service from Social Services at the time of transfer and during the currency of the case.*
- (viii) *The lack of joint case planning by Social Services and the Probation Service.*
- (ix) *The lack of referral of Sanjay by the Probation Service for psychiatric assessment.*
- (x) *The emphasis on a reaction to individual events rather than a strategic overview and management of a complicated case.*

D. OTHER MATTERS ON WHICH THE PANEL WISH TO COMMENT

In addition to the specific matters that relate to the care and treatment of Sanjay Patel, the panel was made aware of certain other issues on which comment is required.

Following the homicide, Leicestershire Health Authority made enquiries to establish whether Sanjay Patel had been seen by the relevant psychiatric services. Their initial enquiries were negative. This was because the child and adolescent services were not included in the search made of records at this stage. When it became evident that Sanjay had had contact with those services an internal review was convened. Because of the delay that had occurred, the internal review panel had to deal with its work at very short notice and over a period that encompassed the Christmas and New Year holidays.

The short notice that was given prevented others who were invited from taking part. They conducted their own independent investigations. The advantages to be derived from multidisciplinary discussion were thereby lost.

The current guidelines relating to the conduct of homicide inquiries indicated that an inquiry was necessary in this case. This led to unhappiness being expressed by a number of witnesses about the length of time which had passed since the involvement of the relevant services in relation to the matters under consideration by the inquiry.

There can be practical difficulties for inquiry panels in giving thorough and sound consideration to very dated information, particularly when key files and records are untraceable or destroyed. This can be unsatisfactory for all concerned including witnesses and relatives of victims.

When taken to absurdity, in accordance with the current guidelines, if an 85 year old man were to be convicted of a homicide, there would be a need for an inquiry if he had had contact with the psychiatric services as a child.

- D1. A significant number of homicides are committed by juvenile offenders. When enquiries are made to establish whether the**

perpetrator of a homicide has had any contact with the mental health services, these should include reference to all mental health services and include enquiries to services for children and young people and other subspecialities.

- D2. Where the circumstances of the case indicate that it is appropriate, consideration should be given to a joint Health/Social Services/Probation review.**
- D3. The Department of Health should consider whether there should be a review of the relevant circular in order to give guidance to Health Authorities as to the time limits to be followed when setting up homicide inquiries.**

The panel was concerned to hear evidence that those providing the services for children and young people are at present unable to offer any expedient assessment and/or treatment to those suffering from conduct disorders as those adjudged to be suffering from these disorders are given a level 3 priority rating when referrals are received. At present only referrals receiving a level 1 or 2 priority rating are being offered an appointment within 12 weeks.

The panel was disturbed by this, given that conduct disorders are identified as part of a health service requirement in the Health of the Nation publication, A Handbook on Child and Adolescent Mental Health (1994). Only by assessment of those with conduct disorder is it possible to identify the more treatable components of mental disorder in children and adolescents, such as mental illness, presenting as a behavioural disorder.

- D4. A joint strategy for the commissioning of services for children and young people needs to be developed to ensure that the range of health, social services and other support services specified in the above document are planned for and provided. This work should be expedited and waiting times monitored.**
- D5. The panel would ask that those commissioning these services reconsider the advice set out in Part C of the publication by the Health Advisory Service "Child and Adolescent Mental Health Services".**
- D6. This work should be undertaken collaboratively with providers who should reconsider the advice set out in Part D of the same document.**

The panel heard evidence which suggested that assumptions had been made by some of those involved in the care and treatment of Sanjay Patel that his presenting behaviour was entirely determined by his abuse of alcohol and other drugs. While attempts were made to offer him counselling and help with these specific problems, a preoccupation with these masked the underlying causes that led to this abuse in the first place.

If the underlying causes of alcohol and drug abuse are not explored and addressed, those suffering from significant mental health problems will go undetected and untreated. This is of concern given the increased risk of violence in association with mental illness in those who also misuse drugs or alcohol.

Training in risk assessment and management for all workers dealing with those exhibiting behavioural disturbance and/or aggressive and violent conduct is absolutely essential and is a matter that has been repeatedly referred to in other inquiries and in various professional and Government publications.

The panel recognises that this matter has already been addressed by some of those giving evidence to the inquiry.

- D7. Those providing services for such clients (including children and adolescents) should ensure that their staff are provided with training in risk assessment and management. Strategies for undertaking such assessments in high risk cases should be regularly audited and monitored.**

E. SUMMARY OF RECOMMENDATIONS

- C1(i). The panel considers that there is still a need for more explicit national guidance for all agencies concerned in child protection as to the need to maintain case records in cases concerning the protection of children over stipulated periods of time.
(Page 9)**
- C1(ii). The guidance should specify procedures to facilitate the speedy transfer of case information when children move between authorities and within agencies. This is of crucial importance in the case of a child already on the child protection register. This aspect of practice requires careful monitoring.
(Page 9)**
- C2(i). These procedures should be reviewed to make sure that this is the case and that training programmes to underpin these are also scrutinised regularly.
(Page 11)**
- C2(ii). Procedures need to be instituted to ensure that this liaison is undertaken promptly and, whenever there is evidence that a child may have been abused, this should be subsequently monitored by the Area Child Protection Committee, who may also wish to review local practices and procedure in this respect. This is apart from matters which the Panel has raised above for further national consideration.
(Page 12)**

- C3(i).** Programmes of training for educational staff, particularly those working with emotionally and behaviourally disturbed children and adolescents, should include information about the role of the child and adolescent mental health services in dealing with these problems and their role in the multidisciplinary management of such individuals.
(Pages 13)
- C3(ii).** All staff in education establishments dealing with children who have emotional difficulties should have training in the importance of keeping proper records about significant events that take place. The achievement of such an understanding by staff should be monitored. Staff supervision arrangements should ensure that the quality of record keeping is maintained and that timely and appropriate referrals to specialist services are made where necessary.
(Page 13)
- C3(iii).** Where many files are kept, such as in Education or Social Services Departments, a departmental master file should be maintained to enable the coordination and regular updating of all the information available.
(Page 13)
- C3(iv).** The quality of interagency referral letters should be monitored and reviewed to demonstrate that the information needs of the receiving agencies concerned are met. Where necessary appropriate training about the writing of these should be given.
(Page 13)
- C3(v).** The Leicestershire Mental Health Service NHS Trust internal review drew attention to the need for the child and family psychiatric services to review its procedures for communicating with general practitioners and other agencies, having regard to contemporary guidance, including the application of the care programme approach procedures to those over 16 years of age and the Children Act 1989.
(Page 13)
- C3(vi).** The panel would add that compliance with these recommendations should be monitored.
(Page 13)
- C7(i).** The panel recommends that procedures agreed between Probation and Social Services to deal with high risk cases should be implemented as soon as possible.
(Page 17)
- C7(ii).** The panel has seen the combined Probation and Social Services procedural arrangements for the transfer of cases between the two agencies and the protocol for risk assessment and management. These stress the need for regular review of all cases and in particular those

judged to present a high level of risk. The panel endorses this approach but would recommend that these procedures are reviewed in the light of this report at regular intervals and monitored to ensure compliance.

(Pages 18 & 19)

- C7(iii). Leicestershire Health Authority should examine and monitor the numbers of clients suffering from drug and alcohol problems referred to the dedicated Drug and Alcohol Service and the Forensic Psychiatry Service. Account should be taken of any restrictions being made by those services on the acceptance of referrals during the planning of services, particularly those from Social Services and the Probation Service.

(Page 19)

- C7(iv). Leicestershire Health Authority in conjunction with the relevant Trust, Social Services Departments and the Probation Service should ensure that workers in health, social services and probation are aware of the range of services offered for clients suffering from drug and alcohol misuse. It should be ensured that the waiting times for such clients are in line with the standards set out in the Patients' Charter. Workers in the field also need to know how to refer clients for assessment in an emergency.

(Page 19)

- C7(v). The Health Authority and the Trust should ensure that all their employees are aware of their responsibilities in relation to information about high risk cases. They should ensure that staff are given training as to when disclosure is possible in such cases and should put in position structures (including the provision of legal advice if necessary) to ensure that there can be debate when difficulties arise.

(Page 20)

- C8(i). In the event that Social Services staff witness an incident of violence by a client against a member of the public it should be reported to the Police in addition to measures being taken to ensure the security of their own staff. Discussions need to take place with the Police Authority as to how information about such incidents can be usefully communicated.

(Page 20)

- D1. A significant number of homicides are committed by juvenile offenders. When enquiries are made to establish whether the perpetrator of a homicide has had any contact with the mental health services, these should include reference to all mental health services and include enquiries to services for children and young people and other subspecialities.

(Pages 22 & 23)

- D2.** Where the circumstances of the case indicate that it is appropriate, consideration should be given to a joint Health/Social Services/Probation review.
(Pages 23)
- D3.** The Department of Health should consider whether there should be a review of the relevant circular in order to give guidance to Health Authorities as to the time limits to be followed when setting up homicide inquiries.
(Page 23)
- D4.** A joint strategy for the commissioning of services for children and young people needs to be developed to ensure that the range of health, social services and other support services specified in the above document are planned for and provided. This work should be expedited and waiting times monitored.
(Page 23)
- D5.** The panel would ask that those commissioning these services reconsider the advice set out in Part C of the publication by the Health Advisory Service "Child and Adolescent Mental Health Services".
(Page 23)
- D6.** This work should be undertaken collaboratively with providers who should reconsider the advice set out in Part D of the same document.
(Page 23)
- D7.** Those providing services for such clients (including children and adolescents) should ensure that their staff are provided with training in risk assessment and management. Strategies for undertaking such assessments in high risk cases should be regularly audited and monitored.
(Page 24)

APPENDIX ONE

CHRONOLOGY OF SIGNIFICANT EVENTS AND SUPPORTING DETAILS FROM THE LIFE OF SANJAY KUMAR PATEL

Date	Description
1976 -1980	Frequent visits to GP for chest infections
Oct 1980	Taken to GP suffering enuresis
18-Jan-83	Sanjay had a physical examination after being taken by social worker to GP: the record of this visit showed a query about child battering
24-Jan-83	Non-accidental injury case conference at Haringey: records showed that the children were not to be placed on Register until doctor's report forthcoming. No further police involvement intended. A note was made that the Health Visitor was to continue visiting. Referral to child guidance was suggested. Next conference planned for 31/01/83.
31-Jan-83	Non-accidental injury case conference reconvened. Record shows that Sanjay was put on the non-accidental injury register. To re-convene in 3 months to re-assess situation.
02-Feb-83	Discussion between GP and social worker about battering: record shows that Sanjay was to be kept under observation.
1985	Sanjay brought to Leicester by his grandparents and younger brother left with parents.
28-Aug-85	Enrolled in junior school.
05-Nov-85	Registered with Leicester GP practice.
03-Dec-85	Sanjay referred to educational psychology by Head Teacher of junior school.
21-Jan-86	Educational psychology advice given to school. Record shows that further advice was given during the summer term.
18-Jun-86	Statutory assessment.
20-Jun-86	Special educational need proposal recorded tremendous behaviour problems (stealing from local shops etc).
10-Sep-86	Sanjay removed from the child protection register.
24-Oct-86	Grandparents' report for the special educational needs assessment records that Sanjay was much better and 'getting better', that he 'can do things if he tries'. They wanted him to have discipline and some homework.
27-Nov-86	In a submission to a Principal educational psychologist as part of the special educational needs assessment, the Head Teacher of Sanjay's junior school reported a deterioration of his behaviour and attitude in recent weeks. The report recorded that they could do nothing more for him. Behaviour modification techniques advised by the educational psychologist had been tried and were 'totally unsuccessful'. In her 25 years of teaching, she had 'never come across a child presenting such unusual behaviour'.
31-Dec-86	Medical advice to educational psychology as part of the special educational needs assessment recorded no significant illnesses. Grandfather regarded him as fearless and tough. Sanjay sees himself off to school and cooks simple meals; trusted to lock the door.
13-Jan-87	Educational psychology advice to junior school.
20-Feb-87	Sanjay removed from junior school.
23-Feb-87	Enrolled in another junior school.
02-Jul-87	Sanjay removed from junior school. Referred to Millgate centre.
11-Nov-87	Placed at Millgate centre residential school.

01-Mar-88	Final statement of special educational needs issued to parents.
13-Nov-90	Sanjay suspended from Millgate for two days after a bullying incident.
11-Dec-90	13+ statutory reassessment began.
25-Jan-91	Request for relevant medical information for educational assessment of special needs.
13-Feb-91	Specialist Health Visitor reports routine child surveillance to be done.
11-Nov-91	Breakdown of relationship with grandparents. First placement ends after two weeks and foster carer was de-registered. Placed with another foster carer.
30-Apr-92	Ran away from foster carer
13-May-92	Social services internal case review records plans at that stage to: seek culturally appropriate placement; referral by Millgate to Westcotes House and to maintain family contact.
15-May-92	Found and placed at Holt
20-May-92	Returned to foster carer.
02-Jun-92	Referral to child psychiatrist. Concern by Millgate staff with his current behaviour, absconding and self risk (said he wants to be dead).
22-Jun-92	Referral to child guidance received. Allocated to child psychiatrist.
07-Jul-92	Made first appointment to see child psychiatrist for 21/07/92 at Westcotes House.
20-Aug-92	Sanjay took 20 aspirins and was admitted to the Leicester Royal Infirmary overnight. Foster carer refused to have Sanjay back.
27-Aug-92	Sanjay willing to continue therapy with support from Millgate
28-Aug-92	Letter to educational psychologist from child psychiatrist. Sanjay had decided not to see the child psychiatrist further. A postscript to this letter indicated that Sanjay had changed his mind and agreed to see her again.
03-Sep-92	Disagreement with foster carer and removed from the home.
04-Sep-92	Placed with temporary foster carer for weekend.
09-Sep-92	Admitted to the Holt unit.
19-Sep-92	Social worker extremely worried about Sanjay because of his extreme mood swings and overall deterioration. Behaviour reported to be like that of someone clinically depressed. Self-esteem considered to be low.
22-Sep-92	Full medical for social services
15-Oct-92	Full multi-agency child care planning meeting: record shows that Sanjay was to remain as boarder from Sunday to Friday evening until end of Easter Term and at Wigston Lane at weekends. Child psychiatrist advised that he needs therapeutic input. The report showed the aim was to prepare Sanjay for some form of semi-independent living.
01-Dec-92	Child psychiatrist saw Sanjay on his own and he was more forthcoming with information. Record shows 'no cutting of arms or wrists; no solvent abuse; drinks alcohol'. He assaulted the Head of the Millgate Centre while under influence of alcohol; blockaded his bedroom with two other boys at Wigston and the police were called. The record noted that Sanjay was not ready for independent living, that contact with grandparents should be re-established and that he had no contact with his parents.
17-Feb-93	Child psychiatrist meets grandparents. Medical notes record that in 1986, grandparents saw poor state of children and brought them to stay at home. At 10, Sanjay destructive, by 11 he was staying late, shop-lifting and taking money from home.
24-Feb-93	Request for a written report supporting application for residential further education.
01-Mar-93	Child care planning meeting action list records that Sanjay was appropriately placed at Wigston. Sanjay to explore alternative work experience. Black

Resources Team to meet with Wigston and Millgate staff to look at cultural issues. Social Aunt being looked for. Visit grandparents by agreement. Wishes to visit father in London. Social worker to negotiate access to brother. Leaving care team and Divisional Fostering staff to attend next meeting.

01-Mar-93 Child Psychiatrist noted that Sanjay is not ready for independent life, needs residential placement with education.

19-April-93 Sanjay placed at Advantage Enterprises.

13-May-93 Social worker suggests that Sanjay's placement at Advantage Enterprises should be stabilised before further appointments with child psychiatrist. Advantage are willing to escort Sanjay.

18-May-93 Child psychiatrist wrote to social worker that the service was only for children at school. It was suggested that Sanjay should see someone more local and would like to see him for final session on 07/07/93

08-Jun-93 New patient GP registration while at Advantage Enterprises.

01-Jul-93 Planning meeting. Child psychiatrist gave apologies.

07-Jul-93 Child psychiatrist's notes record that Sanjay did not like Advantage Enterprises. He thought it an institution like Millgate. The notes refer to Sanjay drinking 12 pints of beer and without provocation head-butting a policeman. Sanjay showed no remorse and no wish to change. Although not suicidal, clearly he was on a self-destructive path.

20-Jul-93 Leicester youth court imposed two year supervision.

23-Jul-93 Advantage Enterprises recorded Sanjay's stated intention to be arrested following destruction of his own equipment.

30-Sep-93 Medical examination for fostering

07-Jan-94 Child care examination

28-Feb-94 Assaulted foster carer's son and the placement broke down. De-accommodated by the Department at age 17 years

01-Jun-94 Evicted from hostel as a result of his being involved in criminal activities whilst resident. Damage to doors £2,000.

July 1994 Internal case review record shows that Sanjay was considered to be at risk from others in his lodgings. He was mixing with a subculture of criminal behaviour and violence. Drug abuse was also noted.

15-Nov-94 Warning from another hostel for having and using drugs on premises.

02-Feb-95 Case closed by social services and transferred to Probation. Sanjay remains in contact with the social services leaving care team.

08-Feb-95 Combination Order imposed.

10-Feb-95 Sanjay evicted from council hostel for smoking dope and banned from all other Leicester city hostels because of his past behaviour.

23-Feb-95 Community service take out warrant for Sanjay, but no hours completed.

08-Mar-95 5 month custodial sentence from Warley Magistrates Court, Birmingham.

21-Apr-95 Letter from Sanjay to Leaving care team stating that jail is the best place and that on the street he would put people's life at risk.

19-May-95 License starts.

19-May-95 Released from Onley prison.

13-June-95 Evicted from a Hostel for the **seventh** time since 1 June 1994 as a result of criminal behaviour.

21-July-95 Criminal damage to probation office in Friar Lane.

24-Jul-95 Remanded in custody at Glen Parva for criminal damage to Friar Lane.

18-Aug-95 License ends.

21-Aug-95 Sanjay accepted a tenancy and wanted to claim his leaving care grant. The social services case review record shows Sanjay had his jaw wired up and was banned

from Leicester Royal Infirmary after pulling a telephone from the wall. Sanjay said that he didn't need a flat because he was 'going inside'.

04-Oct-95 Sanjay complained to leaving care team of being refused community care grant. Abusive and threatening. Pulled man out of telephone box and asked him for money, but police not informed. The probation office was warned by leaving care team.

10-Oct-95 Commits murder, robbery and attempted robbery.

12-Oct-95 Sanjay arrested on suspicion of murder.

APPENDIX TWO

LIST OF WITNESSES IN ALPHABETICAL ORDER

Name	Position
Bos, Mrs S M	Director of Specialist Services, Leicestershire Mental Health Service NHS Trust
Castle, Mr N	Detective Constable, Leicestershire Constabulary
Clark, Mr R	Senior Administrative Officer, Leicestershire County Council Education Department
Clarke, Mrs S	Foster Parent, Leicestershire Social Services Department
Davis, Ms H	Primary Worker, Millgate Centre
Gale, Mr S E	Locality Commissioning Manager, Leicester City East and Lead Manager for Mental Health, Leicestershire Health Authority
Griffiths, Mr T A	Director - Care, Advantage Enterprises
Jones, Ms L	Chief Probation Officer, Leicestershire Probation Service
Lewis, Dr C J	Clinical Director, Specialist Services, Leicestershire Mental Health Service NHS Trust
McFadyen, Mr J	Quality Manager County South & Mental Health, Leicestershire Health Authority
Mistry, Mr D	Social Worker, Leaving Care Team, Leicestershire Social Services Department
Patel, Mr S K	Subject of the Inquiry
Raza, Ms R	Social Worker, Black Resources Team, Leicestershire Social Services Department
Rhodes, Mrs A	Team Manager, Child Care, Leicestershire Social Services Department
Scotson, Mr T	Senior Probation Officer, Leicestershire Probation Service
Shaw, Mr N H J	Head of Millgate Centre
Starling, Mr D	Service Manager, Child Care Operations, Leicestershire Social Services Department
Stripp, Mr I R	Detective Superintendent, Leicestershire Constabulary
Tanna, Ms L	Social Worker, Leicestershire Social Services Department
Turvey, Mr A	Head of Care, Community Home, Leicestershire Social Services Department
Vyas, Dr I	Consultant Child Psychiatrist, Leicestershire Mental Health Service NHS Trust
Watts, Mr T	Divisional Manager, Leicestershire Social Services Department
Wilson, Mr B	Field Social Worker, Leicestershire Social Services Department

APPENDIX THREE

Documents submitted to the Inquiry

Official Publications

Department of Health. *A Study of Child Abuse Reports 1980-1989*. London, HMSO.

Department of Health. *The Health of the Nation: Mental Illnesses Key Areas Handbook*. (Second Ed.) 1994. London, HMSO.

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