THE DIXON TEAM INQUIRY REPORT

Report of the Independent Inquiry Team to Kensington & Chelsea and Westminster Health Authority, Westminster City Council, Newham Council, and East London and The City Health Authority

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INTRODUCTION

1. On 24th October 1997, a man was known to be suffering from a severe mental illness, in default of medication, liable to make unprovoked assaults and in possession of a knife. Mental health professionals had responded to a request from his nearest relative for him to be seen with a view to compulsory admission to hospital. He was in breach of conditional bail, and the Police decided to arrest the man and to remove him from a flat in East London to a police station, where the mental health professionals intended to interview him. That evening, in the course of a forced entry to the flat, he fatally stabbed a police officer, PC Nina Mackay.

2. The man, Magdi E., pleaded guilty to manslaughter with diminished responsibility and he has been committed to a secure hospital for an indefinite period. We were commissioned to undertake an Independent Inquiry into the circumstances leading to this tragedy - our full Terms of Reference are shown in the Appendices.

3. Magdi E. is a 30 year old British subject of Sudanese parentage who had returned to England in 1989 to start a new life. He was medically diagnosed and treated for paranoid schizophrenia. By national and local definitions he was someone in priority need. For four years after his discharge from a psychiatric hospital, he lived independently in the community supported by his GP and friendships he had established for himself. During the six months leading to the homicide, a change of medication was not monitored, his social conditions deteriorated, and his offending behaviour increased. He was known throughout this time to the mental health services, to the housing services and to the criminal justice agencies.

4. We have sought to analyse the reasons why the arrangements which should have been in place to support Magdi E. and to protect others failed. In so doing, we have attempted to view events not with the benefit of hindsight, but in the knowledge that the best predictor in risk assessment is past behaviour. With this in mind, we have given a very detailed account following his first contact with the mental health services so that the reader can study the course of events and learn the lessons. The context is one of public services under pressure - no one agency is unique in this respect. To speak of missed opportunities or a catalogue of errors is too simplistic. There are many examples which we encountered of good practices and commitment. Regretfully, such efforts were let down by failures, sometimes by the same agencies.

5. Our recommendations have one aim - to turn the lessons from these tragic events into constructive outcome to reduce the likelihood of a recurrence.

6. Our report is in two parts:

   Part One provides an account of events and interventions by the public services. It is in chronological order. (For readers who may not be familiar with the framework of public services for people with mental health needs, we provide an overview in Appendix A).

   Part Two provides our analysis and evaluation of each of the main services involvement and the main issues and recommendations. (In Appendix B, we provide a summary of local policies and inter-agency working arrangements on which some of our findings are based).

PART ONE

EVENTS

THE ONSET OF MENTAL ILLNESS

7. Magdi E. was born in Durham, England in 1967. His parents are Sudanese and were working in this country at the time. He has two older brothers, a younger brother and a young sister. The family report no previous family history of mental illness. The family returned with Magdi E., when aged 2 years, to Sudan. They live in Khartoum, where Magdi E. attended local schools which he reported as liking. He left High School with no qualifications. He undertook some building work and casual labouring. It is reported that he excessively smoked a cannabis-like substance and abused alcohol. There were concerns with his appearance, behaviour and lack of work. He was involved in fights with people he believed were trouble makers.

8. During the time of Magdi E.'s residence in Khartoum, there was political, military and civil turmoil - the incorporation of Islamic punishments drawn from the Shari'a (Islamic law) into the penal code (1983), and a state of emergency declared in 1984. Following another military coup, elections were held (1986) and a civilian government established. By 1989, there was further unrest between the army and the remaining government. Despite this context, there is no indication in records that an understanding of life experiences of Magdi E. and his family was ever sought by mental health professionals in the UK.

9. The following information derives mainly from records of interviews between professionals and Magdi E. and members of his family, following his first contact with the mental health services in Croydon in 1992. Supplementary information is extracted from earlier GP records.

10. Magdi E. moved to London in February 1989, aged 21, to "start a new life". He lived with friends in Forest Gate (Newham). He started a course of study in Newham College. He did not remain long in his studies, and has had no employment since. It is stated that he fell out with his flat-mates, and he was severely beaten up by them and admitted to hospital as a result. In December 1989, he was seen by a GP about an injury to his right hand and in January 1990 he was again seen as an emergency.

11. Magdi E. recalled in interviews (in Croydon) that during 1989 and 1990, he occasionally heard voices from the television calling his name. He couldn't remember what they said, they spoke in the third/second person only. He felt depressed.

12. Two of his brothers came to England in the Autumn of 1991 and moved with him into private rented accommodation. The older brother took responsibility for him. Magdi E. continued his alcohol and cannabis abuse in the UK. His brothers insisted that he stop his intake and he did so in the interests of his health, some 6 months prior to his contact with the mental health services. At this time, the three brothers went to live in rented accommodation in Thornton Heath, Croydon.

13. During the time he lived with his brothers, they noticed a marked change in him from his time in Sudan, especially that he was tense in the presence of strangers - it was reported that he was worried by strangers and suspected they wished to harm him. For 2 to 3 years, it seemed that he had been suspicious, hearing voices calling his name and running him down, and he believed people were "hassling him". He tore up the mail, and he made several unprovoked attacks on his brothers and friends (it

is not recorded whether these were physical or verbal attacks). The Agent/landlord had been speaking to his brother one day. Magdi E. believed the Agent swore at him, so attacked him. On another occasion there was an attack on a woman delivering newspapers.

14. Magdi E. first came to the notice of the Metropolitan Police on 14 May 1992, when he was arrested by South Norwood Police for theft/tampering with a public telephone box. He was formally cautioned for this offence. The account in his custody record gives no indication of any perceived mental disorder.

15. In July 1992, he was again arrested by South Norwood Police and charged with assault on two elderly neighbours - one, an 86 year old man required five stitches. On the day in question, it is stated that he claimed he had been angry after finding his gate had been left open when he went to the shops. He therefore tried to break down a 'For Sale' sign in the neighbouring house, and when a neighbour asked him what he was doing, he attacked her. Later, an elderly neighbour came to his door to ask him why he had broken the sign. He attacked him as well.

16. During his detention in the Police Station, it seems that that he appeared aggressive and refused to see a doctor (Forensic Medical Examiner - FME) called in by the Police to examine him.

17. **He was interviewed at Croydon Magistrates Court on 7 July 1992 by a doctor approved under S12(2), Mental Health Act, and Magdi E. was remanded under S35 of that Act for a psychiatric report in Warlingham Park Hospital that afternoon.**

HOSPITAL ADMISSION LEADING TO GUARDIANSHIP

Denial of mental illness

18. Magdi E. was admitted to a secure ward in Warlingham Park Hospital. It is reported that he was violent on arrest. He told the examining doctor that he had not assaulted anybody but was arrested for no reason. He denied any symptoms of mental illness and requested the doctor to tell the Court that he was well.

19. The following day Magdi E. and his brother were interviewed by a psychiatric registrar. The doctor considered that diagnosis was uncertain and noted the possibilities of drug induced psychosis, or paranoid schizophrenia, or m-p-d - depressed type, - that more corroborative evidence was needed. His plan was to monitor without regular medication, and to ask a social worker to make contact with the family. Twelve days later, the registrar reviewed Magdi E.'s condition. There had been some isolated incidents since Magdi E. arrived on the ward, he had hit one patient on two separate occasions for no apparent reason, and had also spat in a patient's face the previous day. Magdi E. told the registrar that he felt certain patients were trying to cause him trouble by saying bad things about him. He continued to deny all symptoms on direct questioning, there was some description of facial grimacing on the ward, and poor self-care at times. The registrar found no evidence of elation or depression and suspected paranoid psychosis. Magdi E. was still adamant that he was not suffering from any form of mental illness.

20. On 27 July 1992, the S12(2) approved doctor who had interviewed Magdi E. at Croydon Magistrates Court, being a senior psychiatric registrar from the hospital, again interviewed Magdi E., but in the presence of his older brother and his mother. He admitted to his mother that he had been hearing voices. Incidents of unprovoked assault prior to hospital admission were discussed. The senior registrar explained that Magdi E. was suffering from mental illness.

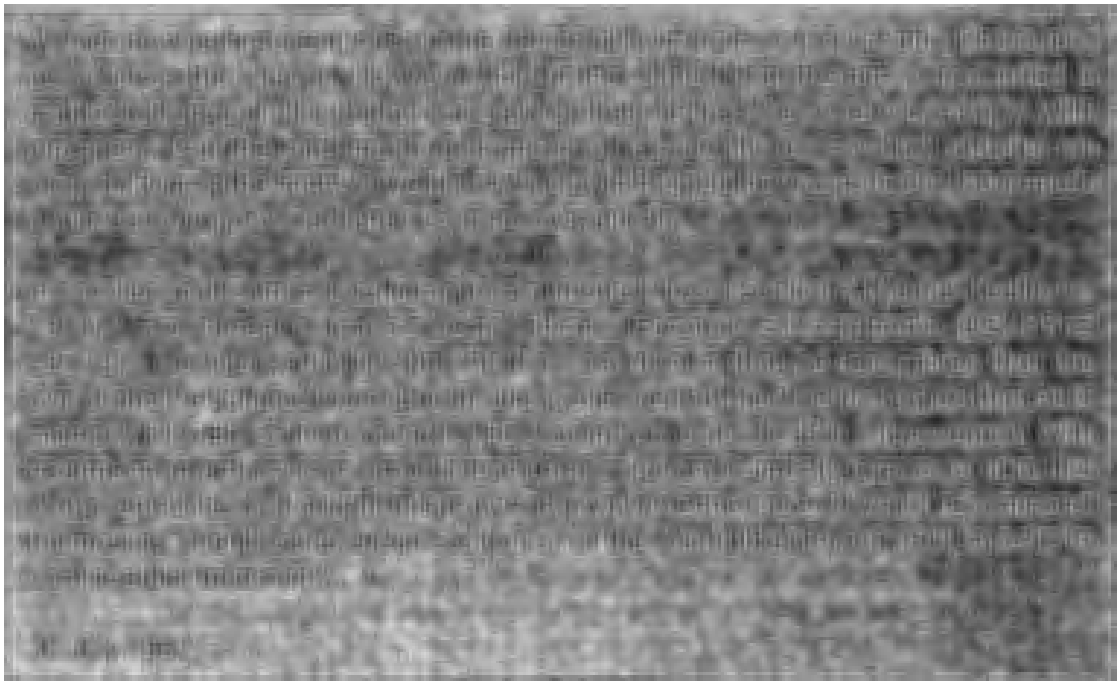
Cultural dimension

21. The same day, the allocated social worker, Ms T., interviewed his older brother. The brother realised that the doctor was probably talking about schizophrenia. He provided family background information, and described the stigma and non-acceptance of mental illness within the Sudanese culture. He was concerned that Magdi E. was talking of returning to Sudan but would receive no treatment there.

22. On admission to hospital, it was noted that Magdi E. was a Muslim. His diet was vegetarian unless Halal meat was available. *Although not recorded, his first language is Arabic.* In a later report (October 1992), the social worker noted the following "Magdi presents as understanding English well, but staff involved with him realise that this is not always true and it causes misunderstandings, which can appear like non-co-operation."

Section 37 Court order for detention in hospital for treatment

23. The senior registrar prepared a Court report in which he detailed the allegations and circumstances of assaults and provided a brief family history. In his report, he stated:



FACT FILE 1.

24. **On 4 August 1992, Croydon Magistrates Court accepted the recommendation and made a Hospital Order under S37 of the Mental Health Act 1983.**

25. Nursing records over this period note the following observations:

- appeared a little confused and apprehensive on admission, but has settled in ward.
- Remains quiet and isolated. No interaction with others.
- 13 July 92 - complaint that he hit a patient in the groin.
- 14 July 92 - hit fellow patient in face when patient touched him.

and thereafter, (July to August)

- slept well.
- pleased at relatives visits.
- settled and co-operative, no management problems.
- pleasant, friendly and approachable.
- no aggression or hostility noticed.

Entries in nursing records were brief and reflect little account other than a monitoring/observation role.

Trial leave

26. The above-mentioned doctors were members of the medical team of Dr K., consultant psychiatrist. During August 1992, Dr K. reviewed Magdi E. whose condition was much better. The biochemical theory was explained to him to

reinforce the need for medication so as to avoid relapse. Discussions between Magdi E., his older brother, medical, nursing and social work staff were recorded on a form headed "Section 117, Mental Health Act 1983 - Joint After-Care Planning Meeting". The plan was:

- that Magdi E. was to be allowed to leave hospital on trial and stay with his older brother
- that he was to attend a day hospital, on three days a week
- that depot injections would be increased, and oral medication decreased
- that Magdi E. was to comply with his medication as prescribed
- that a bus pass would be issued by Social Services (practical issues concerning income support and housing benefit already had been addressed by the social worker, - she found it difficult to get him to understand a requirement to obtain medical certificates. The social worker had not recognised at this stage his non-eligibility for sickness benefit due to lack of national insurance contributions)
- the nominated key worker was a senior nurse from the day hospital.

27. In September 1992, the initial trial leave was reviewed and allowed to continue. Dr K. certified (for purposes of Section 58(3)(a) of the Mental Health Act 1983) that Magdi E. was capable of understanding the nature, purpose and likely effects of his medication, which was:

    - antipsychotic medication oral (BNF 4.2.1.)
    - antipsychotic depot injections (BNF 4.2.3.)
    - antimuscarimic antiparkinsonian medication, oral (BNF 4.9.2.)
    - each within BNF(British National Formula) dose limits

    and that he had consented to treatment.

Accommodation difficulties

28. The same month, at a case conference in the hospital, Magdi E. outlined his plans for finding alternative accommodation, because his brothers were having to leave Croydon. He had met a shop-keeper who discussed the possibility of letting a room. Staff expressed concern because of his brothers' agreement to look after him. It was also explained to him that Croydon Council had a duty to provide accommodation as he had been mentally ill. In outcome, a social services worker made a written referral to Croydon Housing Department. On 2 October, a housing advice worker sent his response - that the application was on hold pending information which the social worker would need to send on, including a housing application form and medical recommendations.

29. In October, at a review meeting, it was noted that Magdi E. had been attending the day hospital regularly, complying with medication and that there was no evidence of psychosis. However, he had by now moved to his own accommodation, and he was reluctant to divulge details of his housing or identity of the landlord. His brother had obtained a course of study in Brixton and had moved away, but stated that he saw Magdi E. daily. The seriousness of his breach of conditions for his leave of absence from Warlingham Park Hospital (and consequential breach of Court Order) were stressed, as was the need for supervision of his medication. Magdi E. accepted the suggestion of sheltered accommodation. The plan was:

    - decrease oral medication, increase dosage of depot injection
    - maintain attendance at day hospital
    - social worker to arrange sheltered housing.

30. The social worker discussed the position with the consultant psychiatrist - in view of his past offence, neither Bed & Breakfast accommodation nor living alone seemed appropriate. Magdi E. appeared unwilling to accept that Dr K. must know and approve any changes of address before they happen whilst he was subject to compulsory detention. He had moved to a bedsit in Thornton Heath, did his own cooking and said he was happy there - he added, that the alternative "was to live on the streets". It was agreed that the social worker would look into supported lodgings. Dr K. suggested Guardianship, and he and Ms T. decided that consideration would be given to a transfer to Guardianship before the Section 37 Order expired in February 1983.

31. In November 1992, the older brother wrote to the social worker informing her that he had moved from Thornton Heath to an address (full details given) in Kensington. The brother stated that he would see Magdi E. daily or every two days, and that he would also spend weekends with his brother. The brother wished to be kept informed of any developments and the social worker replied, inviting him to attend a meeting to discuss a supportive lodgings or hostel placement.

32. During the next few months, the following actions were taken:

- the key worker at the Day Hospital discussed her concerns with the social worker that Magdi E. didn't participate in any activities offered unless he was constantly prompted. He was described as being very shy and did not initiate interaction with others. Consequentially, the key worker was concerned that it would be difficult to refer him for employment or training. The social worker discussed the matter with Magdi E. and emphasised the importance.
- an application was made for residential care accommodation. In February 1983, Magdi E. was invited to attend a residential home one evening to cook a meal and to spend some time with residents and staff. Arrangement was then made for him to attend a formal interview with a view to admission. He was placed on the Home's waiting list.
- the social worker contacted the GP with whom Magdi E. had recently registered, with a view to obtaining a second medical recommendation for a Guardianship Order. However, the GP stated that Magdi E. had never been seen by any doctor in her medical centre, and that they did not have records from any other GP in the country. The GP felt unable to provide a medical recommendation but expressed willingness to see him if the social worker had difficulties.
- Magdi E.'s compliance with medication was monitored - his brother's positive influence was noted.
- meetings were held by the social worker with Magdi E. and his older brother to discuss Guardianship - to which both were agreeable.

33. On 12 February 1993, a Guardianship application was made by his social worker, Ms T., (who was an Approved Social Worker - ASW, see Appendix A), together with the medical recommendations of Dr K., his consultant psychiatrist, and another S12(2) approved doctor. The main reasons stated in a supporting report by the social worker were:

- there was a real risk that Magdi E. will move again, and perhaps drop totally out of contact with the mental health services unless he knows someone has the authority to control this,

- he is hopefully soon likely to move from the day hospital to some job training - there is concern that when this happens he may cease to attend for his medication (which is fortnightly injections). While Guardianship does not allow compulsory medication, it provides the right to require him to attend for treatment (Section 8.1b),

- his offence was very serious - should he drop out of treatment his long history of impulsive violence indicates a risk that he will again become a danger to others and commit an offence that could result in imprisonment.

Magdi E. was received into Guardianship by the Director of Social Services on behalf of the London Borough of Croydon on 18 February 1993. There was no record of who was appointed as responsible medical officer for purposes of Guardianship, but we assume it was Dr K. the consultant psychiatrist.

DISCHARGE OF DUTY BY THE CROYDON AUTHORITIES

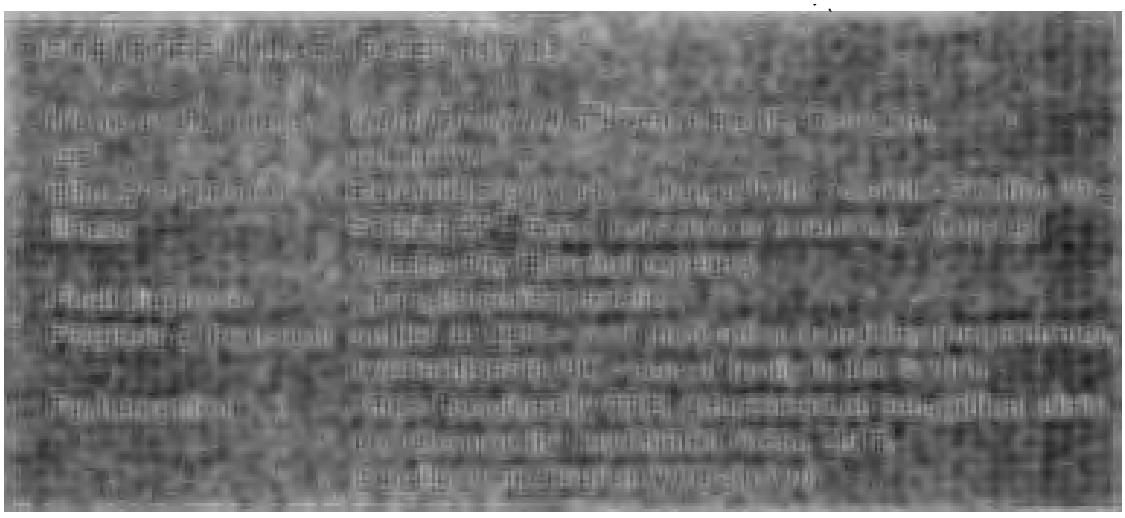
34. In February 1993, Magdi E. expressed his unwillingness to move to the residential care hostel on the grounds that he did not want to share a room. His brother agreed to try to persuade him but to no avail. A social services worker made effort to discover whether single rooms were available in Croydon's residential provision - but none were. Magdi E. remained in private rented accommodation.

35. Ms T. ceased her social work involvement in March 1993 and completed a transfer summary in which she stated "Needs allocation for Care Management". A social services care manager, Mr T., was allocated to support Magdi E. from April 1993 and the health services were informed.

36. A month later, the day hospital staff reported to the care manager that Magdi E. was having financial difficulties. Although his rent was paid regularly, the landlord required an additional contribution from his tenants towards fuel costs which Magdi E. had not paid. Mr T. recorded in his file that "It is important to alleviate stress bearing in mind difficulties Magdi had with previous landlord" The care manager contacted the Social Security office, who informed him that Magdi E. was entitled to a disability premium on top of his income support benefit. Magdi E. was assisted in making his application, and received £300 back pay. Arrangements were then made with the landlord to pay outstanding arrears and to pay £5.00 weekly towards fuel bills. In June, Magdi E. informed Mr T. that his benefit and housing difficulties had been resolved.

37. On 16 June 1993, Magdi E. discussed his arrangements to go on holiday to Sudan for one month from 14 July at the day hospital. He was given a six week supply of medication and depot to take with him, and given a covering letter to show. Shortly after, the day hospital staff reported to Social Services that Magdi E. had gone to Sudan for one month's holiday.

38. On 16 July 1993, a junior doctor completed a Discharge Summary for Queens Day Hospital and for Warlingham Park Hospital. The Summary showed the following information:

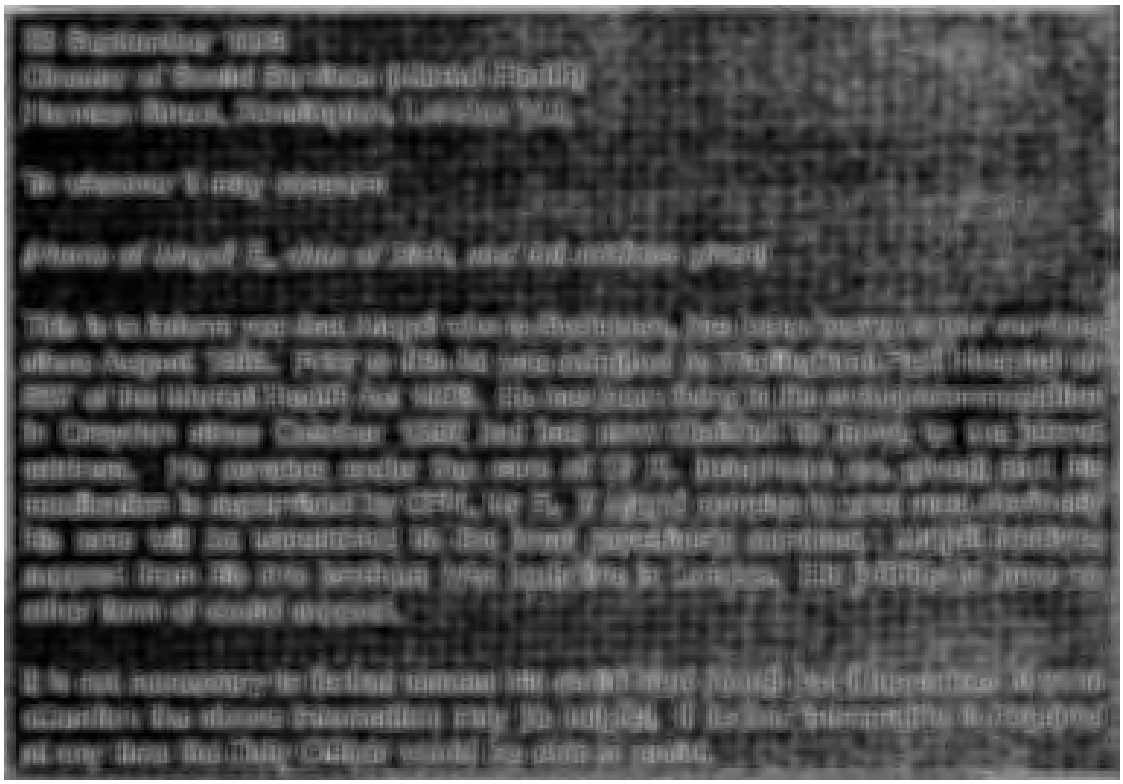


FACT FILE 2.

Mr R. was the community psychiatric nurse (CPN) manager and he received the referral. However, visits to Magdi E.'s Croydon address by both the CPN and the Day Hospital key worker failed to elicit a response. The first concrete alert that Magdi E. had not returned to that address following his visit to the Sudan was the receipt of a letter (originally sent on 13 March to inform him that the S37 Order had been discharged) marked 'not known at this address'. The CPN later received a telephone call from a statutory agency in Kensington, London, requesting information about his present treatment. It transpired that he was making a claim for welfare benefits at an address in Kensington. Visits to the new address were attempted and contact established one evening by health staff from Croydon. He declined the offer to attend the Day Hospital again for activities as he felt it was too far to travel, so arrangement was made for him to collect his medication and receive his injections from the CPN.

39. On 22 September 1993 the care manager was informed that the Guardianship Order had expired. He was also informed by Mr R., the CPN, that Magdi E. had moved to an address in Kensington *(full details given)*. The care manager was told that this was due to Magdi E.'s landlord asking for more rent to pay bills. The CPN reported that Magdi E.'s mental state remained stable, and he still attended the Day Hospital for medication. The plan was that the CPN would refer Magdi E. to Kensington and Chelsea health services if Magdi E. remained there for the "next four weeks". The care manager agreed to write to the appropriate social services office.

40. The next day the Croydon care manager wrote the following letter:-



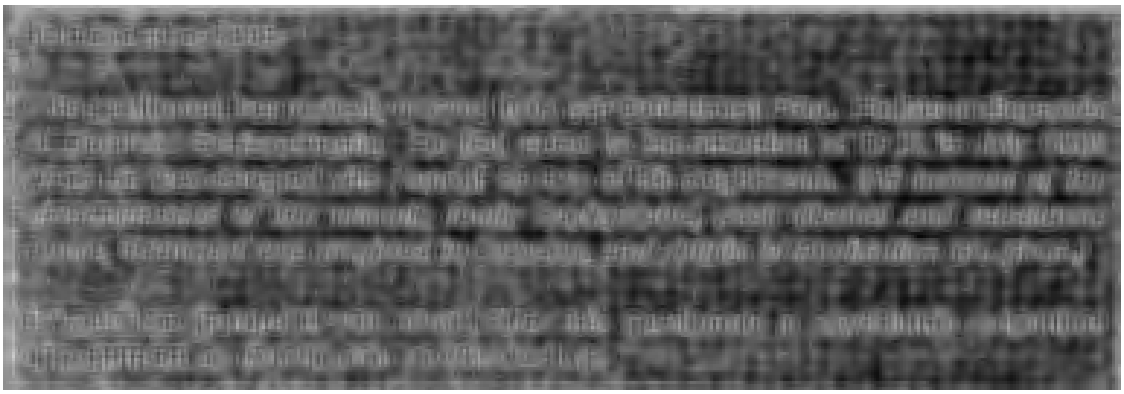
FACT FILE 3.

In the above referral letter there is no mention of a Guardianship Order having been in force. Croydon's statutory duty to provide after-care services under S117 of the Mental Health Act 1983 was not made explicit. The Social Services Department, Royal Borough of Kensington, confirmed to our Inquiry that the above letter was treated by them as "for information only" and that they received no other referral nor had any contact with Magdi E..

41. **On 24 September 1993, the care manager completed a case closure form which was counter-signed by his supervisor.**

Health service liaison

42. On 10 December 1993, the junior doctor, Dr L. from Warlingham Park Hospital made a written referral to the Kensington psychiatric services. An extract is as follows:



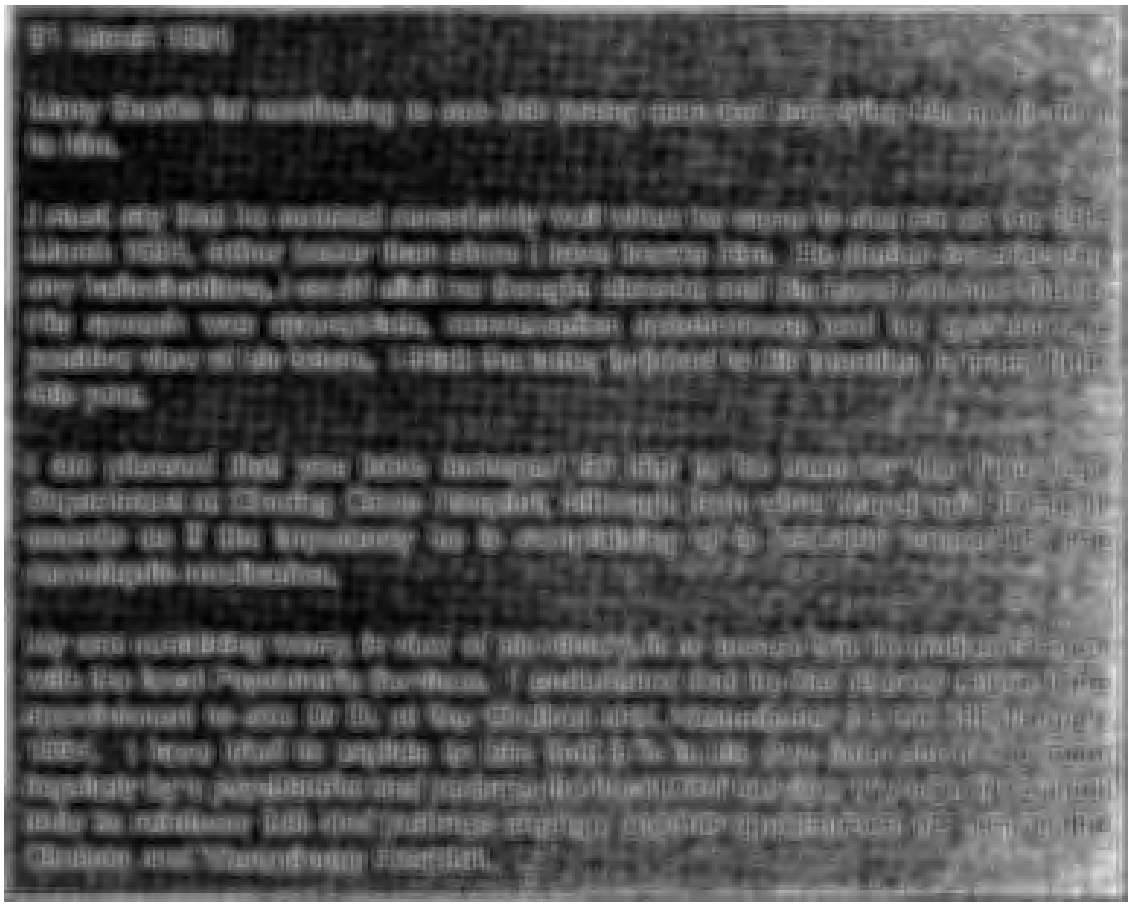
FACT FILE 4.

The above letter made no mention of any orders or sections under the Mental Health Act 1983 (including duty to provide after-care).

43. This referral was responded to with a copy letter being sent from South Kensington and Chelsea Mental Health Centre to Dr L., which had been addressed to Magdi E.. He had missed an out-patients appointment on 7 January 1994 to see a psychiatrist, and the letter left it open to him to re-refer himself. Up to this time, the CPN at Croydon had continued to administer his injections.

44. On 23 December 1993, Magdi E. registered with a new GP, Dr A., in Kensington. Dr A. took over responsibility for his medication.

45. On 31 March 1994, Magdi E.'s CPN, Mr R. (now a service manager), wrote to the GP as follows:



FACT FILE 5.

46. The records accounting for the CPN involvement have not been located. **It appears that the CPN subsequently assumed that the local psychiatric services in Kensington had become involved and that Magdi E. had been transferred to them. Consequentially, the CPN closed the case.**

47. The Chelsea and Westminster Hospital, and South Kensington Mental Health Centre confirmed to this Inquiry that the only record of their involvement related to the missed out-patient appointment in January 1994.

PERSONAL NEEDS

Social networks

48. Around this time, Magdi E. was establishing friendships. When we met Magdi E. at the beginning of our Inquiry, he told us that all his friends and social networks were among the Sudanese community living in London.

49. For a short time, Magdi E. lived in a privately rented room in Ladbroke Grove, in the London Borough of Kensington and Chelsea. His younger brother had a friend - a second cousin of the family - in the area, and with whom the brother stayed on occasion. Magdi E. tried employment in a factory where a fellow Sudanese befriended him. After a few weeks in the factory Magdi E. quit, telling the friend that the stress was too much and he didn't like the other people. The friend was shown a video of a farewell party for Magdi E. by his family when he was on holiday in Sudan. Magdi E. pointed out a young female and said that his mother said they could get married. He was said to be very happy about this, but was worried he had nowhere to live if she came to this country. The friend suggested he speak to his doctor or a social worker about it. The friend lived in Devonshire Terrace, London W2. A short time later, Magdi E. moved into a room in the same street.

50. The address provided to South Kensington Mental Health Centre (10 December 1993) by Croydon was when he was in Ladbroke Grove. The address mentioned in the Croydon letter to his GP (31 March 1994) is a room in a hotel in Devonshire Terrace, the street where his friend was a neighbour.

51. The cousin, who also knew and befriended Magdi E., later moved to an address in Arthingworth Street, Stratford, in the London Borough of Newham.

52. Magdi E. attended his new friend's wedding. In January 1997, the couple moved to Worthing, West Sussex.

Effects of medication on quality of life

53. We also asked Magdi E. about how medication, such as injections of Depixol, affected the way he was feeling. He told us it stopped the bad feeling that people were against him and believed it was a good thing he had been given the medication. We also asked whether it had any side-effects. He replied that his eyes would sometimes get stuck, that he used to get pain and his shoulder would shake, and that it made him impotent. If he dreamt about sex or something like that, he could not get an erection.

54. The side-effects of neuroleptic medication have been commented upon elsewhere in Inquiry Reports (impotency in a young man was identified as a contributing factor to him ceasing medication - The Woodley Inquiry, 1995). Although it is recognised that individuals have sexual needs, the implications are seldom considered in treatment and care arrangements, and rarely recorded.

55. The significance of these matters becomes apparent hereafter in the sequence of events.

HEALTH CARE FROM THE GP

Keys to engagement

56. Dr A. runs a small GP practice with his partner, Dr B. (i.e. 1.5 full-time equivalent doctors) in Kensington, inner London. The GP practice has just over 3,000 registered patients. The practice is community fund-holding, and receives a small amount of deprivation area payments (scale 1-3) for 63 patients. About 12 patients are treated for a severe mental illness, about half of these for chronic schizophrenia (in September 1998, when we made an informal visit, only one was known to be the subject of the Care Programme Approach and regular review by the specialist mental health services). Patients with reactive depression and stress, however, account for a large number of consultations. The practice has only a part-time nurse, so Dr A. administers injections himself, with the benefit, in his view, that he can know directly how his patient is progressing and give a little more time than can be the case with some busy out-patient clinics.

57. Although consultation is by appointment only, the practice maintains a list of vulnerable patients who are accorded priority if they visit unexpectedly. The practice manager, Ms A. is familiar with patients on the list. Magdi E. was treated as a vulnerable patient who was likely to become agitated if required to wait.

58. Dr A.'s ethnic background is Jordanian. He speaks Arabic, and most conversations with Magdi E. were conducted in Arabic.

Primary care

59. Magdi E. received his first injection of neuroleptic medicine (Clopixol 300 mg) from his new GP, Dr A., on 23 December 1993. The GP's recollections were that Magdi E. came to register without Dr A. having any information about him, apart from what Magdi E. told him - that he had been receiving injections after he was treated in hospital in Croydon. He rang the hospital and believes he spoke to a registrar in Croydon who had brief notes about Magdi E.. He enquired about his medication and dosage. Although vague in his recollections, he gained the impression that the hospital were happy with Magdi E., and he was going in to see them, although he was now living in Kensington. The GP believes he was told that Magdi E. had been admitted under a Section of the Mental Health Act but he is unfamiliar with the difference between criminal and civil provisions of the Act. Dr A. said he was not aware of the offences which had taken Magdi E. to hospital and told us that the registrar did not really elaborate on any matters, apart from his clinical situation. He told us that, despite asking them, the hospital did not send him the discharge letter. The only record on the GP file from the Croydon health services is the letter dated 31 March 1994 from the CPN (FACT FILE 5) and there is no record in the Croydon health files of Dr A.'s contact.

60. For the next 9 months, the GP saw Magdi E. every two weeks for his injections and each two months for procyclidine tablets, and he provided periodic medical certificates of sickness for social security purposes. It appears that Magdi E. had accommodation problems and in February 1994, the GP wrote to Kensington Housing Department in support of Magdi E.'s re-housing needs. There is no record of a response but shortly afterwards Magdi E. moved to a room in a hotel in Devonshire Terrace, in Westminster and near to the GP practice.

61. In March 1994, Dr A. referred Magdi E. to a urologist and an appointment was offered in July 1994. Following Magdi E.'s attendance, the urologist wrote to the GP as follows:

> "Thank you for referring this 27 year old schizophrenic who has for the last 2 years been taking Clopixol and Procyclidine. Approximately a year ago he started to complain of having no seminal fluid during ejaculation. This worries him as he is planning to get married next year. .. My impression is that he has drug induced retrograde ejaculation... I wonder whether it is worth trying alternative psychotropic drugs. I have asked him to see you again with a view to changing his medication."

The GP records show that in September 1994 the GP changed Magdi E.'s medication in the depot injections from 300 mg Clopixol to 80 mg Depixol and this was administered every three weeks.

62. As Magdi E. was now living in Westminster, in December Dr A. wrote to Westminster City Council Housing Department referring Magdi E.. His letter stated the following:

> "Mr E. has been diagnosed as a schizophrenic and had been under care of Dr R. *(this is an error and should refer to Mr R., the CPN manager who wrote the only letter from Croydon).* Since March 94 he has made remarkable improvement and has had no relapses. Due to this delicate situation and knowing his past history I feel he should be put in a high priority category. As you know these people can cause a great deal of publicity if they relapse which in turn can cause a public upheaval. I would appreciate your help in this matter."

Relapse, assault and mental health assessment

63. The GP records show that on 20 June 1995, the Depixol injection was reduced to 70 mg. On 3 July 1995, the GP treated Magdi E. for a cut wound to his right hand following a fight.

64. On 10 July 1995, Magdi E. was arrested by the Police and taken to Paddington Green Police Station. A social worker from the Paddington Outside Office Hours Duty Team attended as an 'Appropriate Adult' (see Appendix A) that evening. Magdi E. was charged with Actual Bodily Harm (ABH) for punching a man, and criminal damage for breaking the man's glasses. He claimed the man had crossed the road towards him and passed in front of him saying "shit". He showed no remorse, and believed the man deserved what he got. He had reported to the Police that he was schizophrenic and was under treatment from his GP. He was given bail and required to re-attend the Police Station on 22 August 1995.

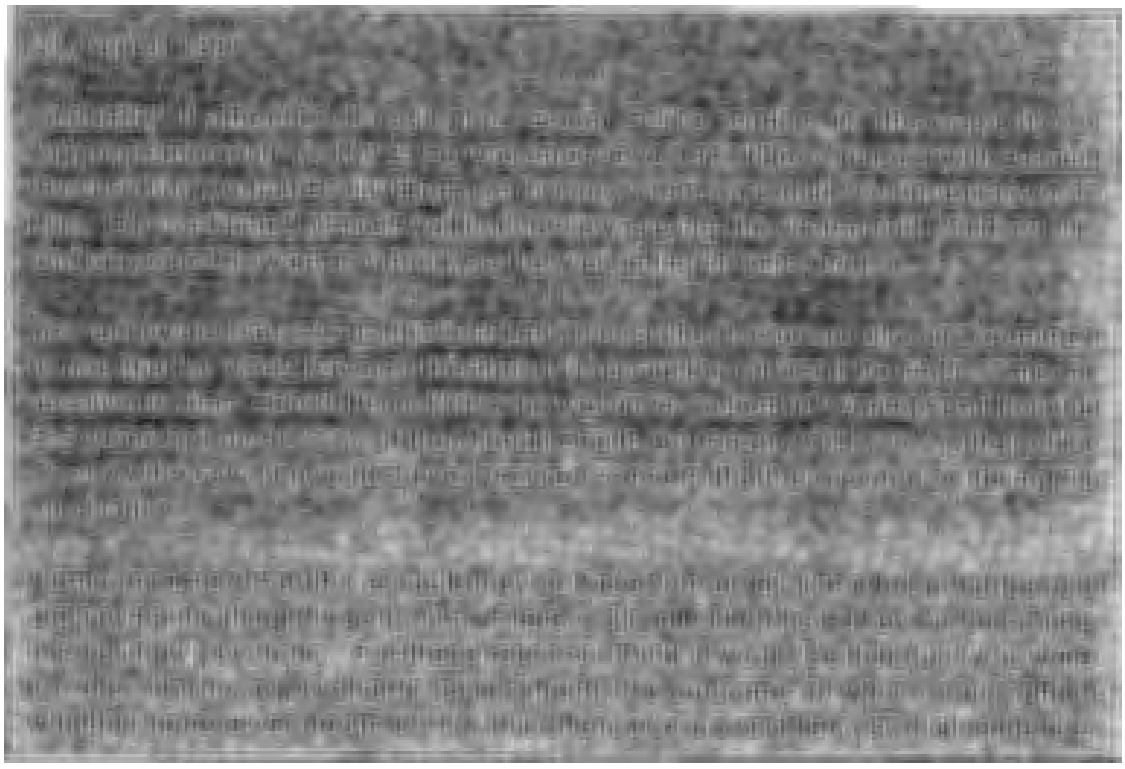
65. The next day, a duty social worker (SW) liaised with the Police, and the Family Health Services Authority to ascertain his GP. The practice manager from the GP surgery rang the SW and recorded that Magdi E. had been acting in an aggressive manner on his last two occasions at the surgery. Dr B., the GP's partner, then spoke to the SW. The file note made at this time states that :

- Dr B. confirmed that the surgery were aware of a deterioration recently
- Magdi E. had presented in a rude manner, unlike his previous polite presentation
- he had been treated for an earlier fight

- Dr A., usually treats Magdi E. and they had together discussed increasing his medication
- they had no knowledge of the family, but Dr B. believed a CPN was involved.

The duty SW then contacted the local CPN service but Magdi E. was not known to them. The GP records show that on 24 July Dr A. increased the dosage of Depixol to 100 mg.

66. In the circumstances, the Paddington Duty SW Team decided arrangements needed to be put in hand for an ASW assessment and medical examination under the Mental Health Act. The only available social worker to attend as Appropriate Adult at the police interview on 22 August was not an ASW. The defence solicitor revealed that Magdi E. had been in Warlingham Park Hospital on a S37 order following conviction for ABH. The social worker who attended as the Appropriate Adult wrote to Dr A. the following day as follows:



FACT FILE 6.

The Paddington Duty SW Team file copy of this letter was marked "Copy to South Sector". "South Sector" was the local catchment area for psychiatric services provided by North West London Mental Health Trust (NWL Trust).

67. The Duty SW Team then made the following enquiries:
- to their Housing Department in case he had been placed at his address by them or another housing authority
- to the hotel - which was under new management, who did not know who placed him but said he was on regular income support and housing benefit
- to Warlingham Park Hospital.

A secretary to Dr K. faxed the following:

a) a copy of the psychiatric report to Croydon Magistrates Court 30.7.92 (FACT FILE 1).
b) the discharge summary 16.7.93 (FACT FILE 2).
c) the referral letter for psychiatric care follow-up 10.12.93 (FACT FILE 4) to the Kensington psychiatric services.

68. Ms T., Magdi E.'s first social worker from Croydon rang back and gave background details which were entered in the Paddington Duty SW file on Magdi E. as follows:

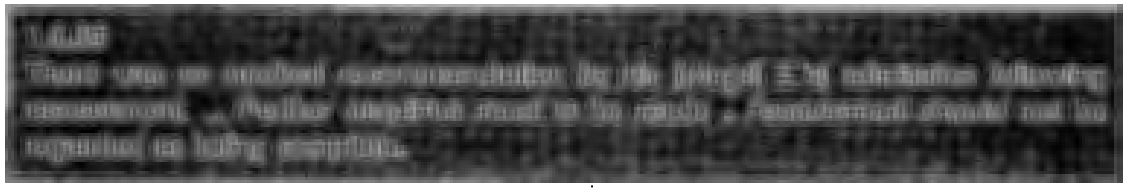
FACT FILE 7.

Following this, attempts commenced to locate the older brother.

69. Enquires by the Duty SW Team had indicated that no catchment hospital bed was available which was another factor the team had to take into consideration.

70. On 1 September 1995, five people - an ASW accompanied by an ASW trainee, two Section 12(2) doctors and a police officer - went to the hotel where Magdi E. was staying. He refused to admit them to his room, so the interview was conducted from the corridor. It was described as a difficult and limited assessment. A S12(2) doctor conducted most of the interviewing and he was careful not to provoke Magdi E. who was presenting in a hostile although generally calm manner. Magdi E. consistently maintained that he did not want to speak to anyone else as it was a matter between him and his GP alone. Attempts to reassure him served only to anger him, and it was not possible to sustain the interview. In the discussion which followed between the professionals, it was concluded that Magdi E.'s presentation showed no overt symptoms of mental illness, and that further enquiries needed to be made.

71. In his report of the assessment undertaken under the Mental Health Act, the ASW recorded:



FACT FILE 8.

72. The plan was that the S12(2) doctor would contact the GP to increase medication, and the duty SW would await a response from the older brother. Contact was made with the GP on 6 September - Dr A. was reported by the ASW as saying that he would prefer not to be involved with a Section, as Magdi E. seemed to like him.

73. A few days prior to the assessment under the Mental Health Act, Dr B. had made an urgent referral to a consultant psychiatrist at the Chelsea and Westminster Hospital to see Magdi E.. In response it seems that the GP practice was advised that Magdi E.'s address was not in their locality area.

74. The GP records show that the dosage of Depixol was increased to 200 mg from 26 September 1995. It would seem that this action followed advice over the telephone from the senior psychiatric registrar from St. Mary's Hospital, NWL Trust, who attended the mental health assessment as a S12(2) doctor. Dr A.'s recollection is that the senior registrar advised that he would monitor Magdi E.'s progress. There is no clinical record in the NWL Trust files of this liaison and advice. A computer print-out from their patient information database shows a referral from Social Services dated 29.08.95 to the South Sector team and a closure date of 29.4.98. A further enquiry by us did not uncover any further records.

75. Magdi E.'s older brother attended the Paddington Duty SW Team office for interview on 27 September 1995, and provided background information and his own views on the change in Magdi E.'s behaviour and mental health. The interviewing SW said that he would arrange for another psychiatric assessment which was welcomed by the brother. The GP was then contacted and the brother's view was conveyed. Dr A. stated that medication had been increased, that Magdi E. was always suspicious and needed coaxing to maintain trust. Dr A. is reported as saying that, in time, he thought he may persuade Magdi E. to see a psychiatrist at the surgery - in the meantime he was seeing Magdi E. twice weekly and he would contact the Duty SW Team if the need arose. Also, the GP was willing to have direct contact from the brother. Written confirmation of this was sent by the SW to the brother. **The duty team later closed their monitoring of Magdi E..**

Police records

76. As a result of the assault in July 1995, the Police at Paddington up-dated Magdi E.'s criminal file on the Police National Computer with a warning marker as follows:

FACT FILE 9.

Court outcome

77. The defence solicitor for Magdi E. wrote to Dr A. on 26 September asking the GP to prepare a report for the Court. The solicitor stated that he had discussed the matter of Magdi E.'s mental condition with the prosecution and they were willing to consider dealing with Magdi E. outside the criminal justice system. He went on "If they were satisfied that it was an isolated incident perhaps at a time when he was not taking his medication and that a course of treatment was proposed which would ensure his progress being more closely monitored and improved, they may be minded to discontinue the proceedings against him". The GP was asked to detail the diagnosis and "perhaps make suggestions that would allay any fears that there would be a repetition."

78. The same day, Dr A. replied to the solicitor - "This patient has been registered with us since January 1994 and has been a well controlled schizophrenic stable on medication. He was seen by a urologist in July and his medication changed. This seems to have led to a relapse which has now been controlled by an increase in his medication."

79. The solicitor pressed for more information e.g. history of his illness, previous treatment he may have received as an in-patient including names of any consultants, and how it is proposed to delay any future relapses. Dr A. responded "I have so little information on Magdi E. that I don't think I can add much to what has already been said. If you would like his clinical records I am willing to send them to you". (Magdi E. had given his written consent for disclosure).

80. **The outcome at the Magistrates Court hearing on 17 January 1996 was that Magdi E. was found guilty of Assault Occasioning Actual Bodily Harm and he was fined £200.**

REHOUSING IN WESTMINSTER

81. In January 1996, the GP received a letter from Westminster Housing Department Assessment and Advice Centre (AAC) stating that Magdi E. had applied for rehousing on medical grounds. Magdi E. had been served a Notice to Quit - the owners of the hotel in Devonshire Terrace were in default of their mortgage. Dr A. replied giving details of medical diagnosis, medication and describing Magdi E.'s condition as moderate. He added "Magdi E. needs support and stability in his life, and changing accommodation will ease problems. Please can you give this patient priority." The reply was counter signed by Magdi E.. Westminster Housing made enquiries. On 14 March 1996, Westminster Housing Service wrote to Magdi E. at the hotel address stating that as they had no contact from him, they were not satisfied that he was homeless or threatened with homelessness within 28 days and that his application had been closed. (He had moved to Brixton to stay with his brother).

82. Later, in August, the GP provided Magdi E. with a letter to a Housing Association, stating that Magdi E. urgently needed support from them.

83. On 8 September 1996, Magdi E. re-referred himself to Westminster Housing AAC, and on 18 September 1996, he returned with a letter from a friend he had been living with who had asked him to leave. A homelessness investigation report was completed, it was noted that he had previously made application, and he was booked into a Bed & Breakfast Hotel in Westminster. **Details were passed to the Westminster City Council Social Services Joint Homelessness Team (JHT) for assessment of his vulnerability and mental illness, under a local procedure.**

84. Magdi E. was placed in a 28 roomed hotel in Bayswater, W2 - 5 rooms are suitable as "family" rooms, and the rest are for single occupancy. Magdi E. occupied a room on the top floor. The room was very small, and contained a single bed, single wardrobe, dressing table and fridge. There was an en-suite shower, W.C. and wash hand basin.

Assessment of Vulnerability

85. The JHT made a routine check on SSID, the computer database, to see if he was previously known to Westminster Social Services - the check did not reveal the fact that the Department was holding information about him. *(The Paddington Duty SW Team had entered his details with a different spelling - they had hyphenated his surname).*

86. The JHT allocated a care manager, Ms B.. She sent an appointment letter for Magdi E. to see her on 4 October 1996. When they met, he showed her a letter from his GP stating that he had a diagnosis of schizophrenia. Ms B. ascertained from her interview with Magdi E. that:

- his GP gave injections every four weeks
- he had first been diagnosed in hospital in Surrey, attended Queens Day Hospital
- he had two brothers with whom he was in weekly contact, and friends
- and a history of his accommodation moves was obtained.

Ms B. also recorded her observations:

- blunting affect, slow, likely to need high input around getting amenities(gas, electricity supplies, etc.)
- he is flat in mood, slow, negative symptoms
- appears stable on medication since 1992
- memory, affect and drive inhibited by schizophrenia (+ medication ?).

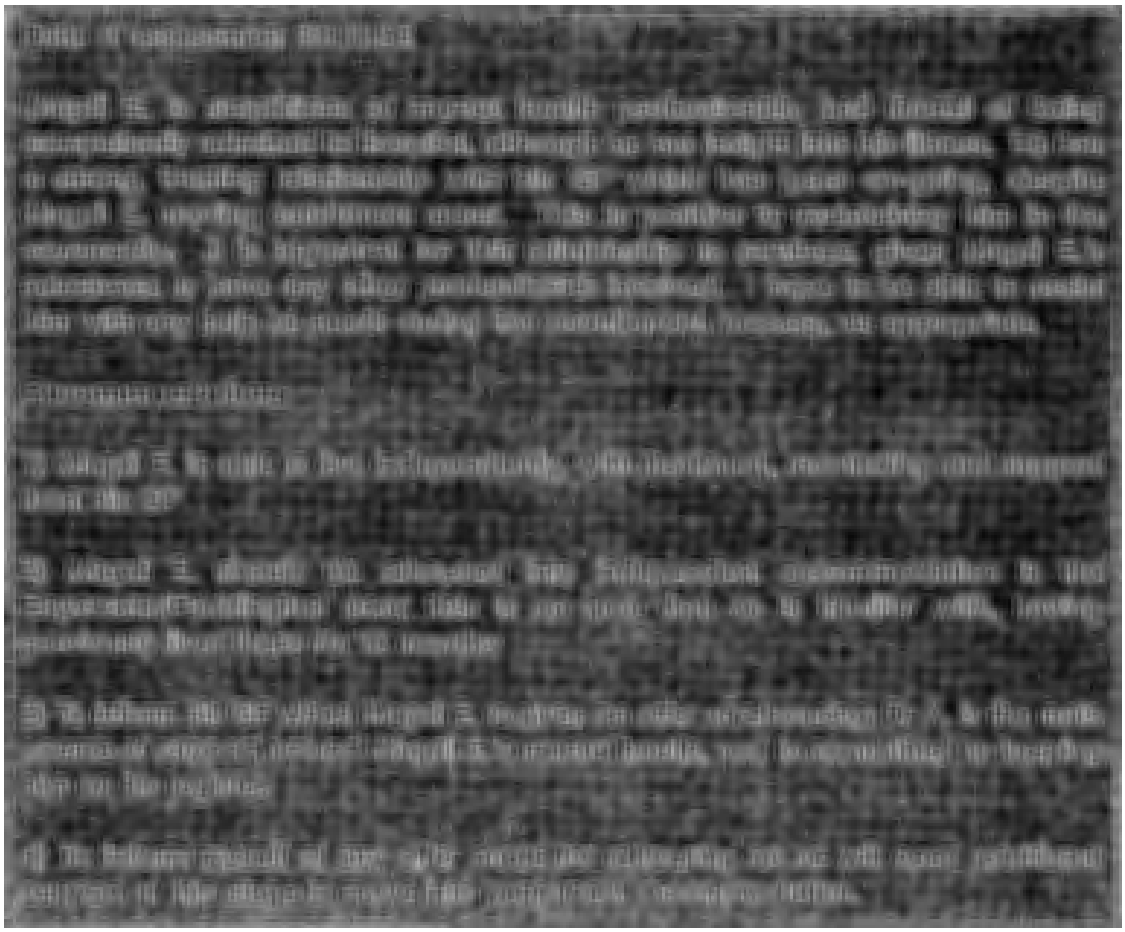
She felt he was unrealistic about the level of support that he would need, but assessed that this perhaps could be introduced at a later stage. On 14 October, she sent a standard letter (in the name of the JHT's psychiatric registrar) to his GP. The letter sought information as follows:

- length of time the patient had been known,
- diagnosis and extent of how illness may impede daily living,
- severity of the illness and prognosis in terms of possible recovery,
- level of support the patient may need from services within the community in order to maintain independent living accommodation.

The letter did not seek information on risk of harm to self or others, or any history of violence.

87. Dr A. replied that Magdi E. had a diagnosis of schizophrenia & paranoid psychosis, and he had had relapses in 1992 and 1994, that he has a chronic illness which needs continuous treatment, and that he needs help to prevent relapse. Ms B. rang the GP to clarify Magdi E.'s links with the psychiatric services. She was told he had been assessed by a senior registrar from NWL Trust last year as he had had another relapse. He had not wanted to go into hospital and the GP agreed to support him in liaison with the registrar. She was told that Magdi E. will not accept 'Community Mental Health Team' input - that he was suspicious and fearful of hospital admission.

88. Ms B. recorded the above information on an Assessment of Vulnerability (Mental Health) form, under a heading "Medical History". Her description of Magdi E.'s current situation, and her recommendations, were as follows:-



FACT FILE 10.

The format of the JHT form for 'Assessment of Vulnerability' did not require a risk assessment to be made nor did it seek a history of violence. Ms B. sent a copy of her assessment report to Dr A.

89. Between December 1996 and February 1997, the care manager received two telephone calls from Ms A. the practice manager at the GP surgery on Magdi E.'s behalf wanting to know progress on his rehousing. The care manager confirmed that he was definitely accepted and advised of the likely waiting time.

90. In January 1997, Ms B. wrote to the AAC case worker saying that close liaison will be needed with his GP who is his only source of professional support. She reiterated that Magdi E. was suspicious of mental health professionals and fearful of being compulsory admitted to hospital - "It is therefore essential to ensure that he remains in contact with his GP through liaising with them about his future support needs once he is rehoused."

91. In February 1997, the case worker from the AAC informed Ms B. that he would have to send Magdi E. a standard letter requesting him to consider options outside the borough because he didn't meet the City Council's in-borough residence criteria. Ms B. again stressed the importance of him being rehoused near to his GP and the AAC officer agreed to note this.

92. Ms B. also made a written referral to Thames Reach Resettlement Service (TRRS), (see Appendix B), for housing support to Magdi E., and she completed their application form. One of the questions on the TRRS form was:

> "Does the person referred have a history of violence or threatening behaviour? (This information forms a vital part of our risk assessment and will not prevent your referral receiving support from Thames Reach)."

Ms B. answered "None known". He was accepted by TRRS and a support worker was allocated.

Change of JHT care manager

93. On 10 March 1997, Ms B., who had been working in a temporary position, transferred to a permanent post in the main Joint Homelessness Team. Mr A., a newly qualified social worker and care manager in the JHT was allocated to Magdi E.. Mr A. had not met Magdi E. but sought to complete unfinished tasks. He informed the GP surgery of the change of worker.

94. On 3 April he wrote a supporting letter to the Social Fund. Magdi E., with the assistance of Thames Reach, was making an application for a community care grant for furniture, in anticipation of his move to housing. The intention of the letter was well founded, to make as full a case as possible for entitlement to a community care grant about someone who, in the event, had been living in the community for some considerable time. However, his letter stated, inaccurately, that Magdi E. had previously been in hospital under "Section 2 of the Mental Health Act".

95. On 1 May 1997, Mr A. recorded that Magdi E. was being supported by his GP with additional support from Thames Reach, that this should reduce the chances of any breakdown in future, **and that the case could be closed.** This decision was counter signed by the senior care manager for the JHT.

Rehousing and housing support from voluntary organisation

96. On Friday 14 March, 1997, Magdi E. was due to see a first floor bedsit offered by Westminster Housing. Mr D., the allocated Thames Reach housing support worker, went to the flat to meet Magdi E. but he had not arrived, so Mr D. went to his hotel accommodation and introduced himself. Magdi E. told him that he had only just received the letter of offer - dated Wednesday 12 March 1997. Extracts are as follows:

> "I am writing to make you ONE PRIORITY OFFER of a weekly tenancy....Please call at Westbourne Park Housing Office to collect the keys to view your accommodation on the same day.....You must view the accommodation and decide if you wish to accept the accommodation on the same day. Your tenancy will commence on 24 March 1997 and your rent will be payable from that date even if you have not moved in."

97. The unfurnished bedsit flat is part of a block on a housing estate in Westbourne Park, W11, adjacent to W2, and about mid-distance (half a mile either way) between Bayswater and North Kensington where he had previously lived. The block comprises bedsits which are allocated mostly to single people; the remainder of the block is made up of one bedroom and some family sized units of two and three bedrooms.

98. Magdi E. accompanied Mr D. to view the property. The Thames Reach worker recorded in his file afterwards:-

> "Flat still being renovated. Very hard to assess for both Magdi and myself. However, Magdi feels his Bed & Breakfast room is very small and he agreed to the bedsit on spec. because at least it is a step up from that."

99. Nevertheless, Magdi E. accepted the offer. Mr D. discussed putting him immediately on a transfer list for a one-bed flat. He also recorded that Magdi E. had received a letter shortly before stressing the lack of available flats and asking him to consider other areas. We found no evidence of an earlier letter being sent.

100. At the time of his visit, Magdi E. was introduced to Mr E., the housing officer responsible for the introductory tenancy. Mr E. explained the responsibilities of the Housing Department, but also the responsibilities of the tenant. The following Monday, the housing officer explained that Magdi E. could have the keys as soon as the workmen had finished, that he would receive a £138 redecorating allowance and that the tenancy start date would be deferred until 31 March 1997. That week, although Magdi E. had no money for furniture, the Thames Reach support worker arranged for him to select some second-hand furniture from the Kings X Project to the amount of £200, on agreement with the Project that they would invoice Thames Reach.

Assault in the Housing Office

101. The local housing estate office is a converted ground floor flat, and, in our view, it is appropriately functional for an estate-based service. The reception area is fairly small and seats six, in two banks of three against the walls. There are leaflets, and it has a friendly atmosphere. Staff are accommodated behind the glazed reception area, but come out to take visitors to interview rooms, which do not contain barriers between the staff and visitor.

102. On 27 March 1997, Magdi E. visited the local Westbourne Park Estate housing office to see his housing officer, Mr E.. Mr E. has stated that Magdi E. was concerned that London Electricity would miss their appointment to reinstate his electricity supply. Mr E. sent him back to his flat to continue waiting for them but he appeared flustered. Another tenant from the same block came into the housing office in the meantime to ask Mr E. to also contact London Electricity on his behalf. Whilst Mr E. was on the phone, Magdi E. returned to the housing office because London Electricity had been and gone whilst he had been out first time.

103. In the small reception area, the other tenant who was waiting to see Mr E. made a remark and Magdi E. kicked him in the face and challenged him to a fight. The female office manager immediately ordered Magdi E. to go outside of the offices and wait. The victim was attended to and the housing manager reprimanded Magdi E. for his behaviour. The Police were called, but the victim of the assault did not wish to press charges. The housing manager's subsequent understanding of the event was that the other tenant had told Magdi E. to wait his turn, and Magdi E. responded in a violent manner. Magdi E. told us that the other tenant made a racist remark to him which provoked him. The office manager treated the incident as a one-off, and later sent Magdi E. a warning letter to the effect that his tenancy would be in jeopardy if there was any further occurrence of his inappropriate behaviour.

104. Mr D., the Thames Reach housing support worker, was informed of the violent incident and saw Magdi E. that afternoon. Magdi E. said that he had gone to the housing office angry because his electricity was still not connected - at the time, the heating and intercom system were also not functioning. In his file, he described Magdi E. as being not penitent, but rather wanting to dismiss and forget about the whole incident. Mr E. noted that the failure over electricity reconnection was partly Magdi E.'s fault, as he did not stay in when the electrician called earlier that day. Consequentially, the support worker arranged for emergency connection of the electricity supply within 24 hours and Magdi E. agreed to stay in. After much discussion, the support worker recorded that Magdi E. accepted the issue that he had been violent.

105. Mr D. later spoke to the Housing Office who confirmed that they would send a warning letter, which would result in eviction if there was any repeat incident, and that a copy would be sent to Thames Reach. The letter was received and discussed again with Magdi E. on 9 April 1997, and the support worker recorded:

> "I am worried by Magdi's self-redeeming view that his violence occurs when he is "out of his mind" and therefore is not a decision or choice to be violent, and he is not responsible, at least on any moral level".

Financial need

106. The electricity connection incurred a charge of £37.00, which was to go onto the meter, to be repaid £2.00 on each recharging.

107. Magdi E. had made application to the Social Fund, with assistance from the Thames Reach worker, for a community care grant for essential items to furnish his bedsit accommodation. Prior to his acceptance by Westminster Housing he had lived in furnished, private rented accommodation. This was to be his first home since his discharge from hospital. His disposable income was £70.10 pw from Income Support. On 14 April 1997, Magdi E. was not awarded a community care grant but was offered an £800 loan from the Social Fund. Although the Thames Reach worker emphasised to Magdi E. that he did not need to take on such a large sum of repayment, he nevertheless accepted the full amount, with a consequential repayment rate of £10.58 pw.

Discovery by housing services of history of assault

108. In May 1997, the housing office manager mentioned the violent incident to a team manager from a Paddington SW Team and he immediately recognised the name. On 15 May, he provided brief details to her of their involvement in a mental health assessment in 1995 and the ABH offence, Magdi E.'s lack of remorse and advice given to the GP to increase medication, and the earlier S37 Order to Warlingham Park Hospital. Thames Reach were informed that there was a history of violence, and the matter was also raised in a housing forum meeting between Westminster Social Services and Housing. On 20 May 1997, the manager of the AAC E-mailed the senior care manager in the JHT responsible for the Joint Assessment Service, Mr B., informing him of the assault in the local housing office. He passed on the background details and expressed concern that no history of violence had been identified in the Vulnerability Assessment Report sent to them.

109. The senior care manager, Mr B., replied the same day stating that neither Magdi E. nor his GP had mentioned previous violence, and that the computerised social services information system (SSID) had not revealed that Magdi E. had been known to another SW Team. Mr B. told us that he then discussed the situation with another team manager from Paddington who was aware of the incident. The following day, Mr B. sent a second E-mail stating that the reason why the information held on SSID had not been found was because they had entered Magdi E.'s name on the database with a different spelling *(incorrectly hyphenated his surname).* Mr B. wrote that the following action could be taken in future to prevent this happening:

- will use 'sounds-like' facility when accessing computer
- to check if there is a way of inserting into data base any reference to a client's potential to violence that would warrant further action
- a specific question could be asked in GP letter and focused on in Assessment of Vulnerability (AoV) - this will be explored as part of redesign of AoV form.

GP REFERRAL TO SPECIALIST PSYCHIATRIC SERVICES

Side effects of medication

110. From September 1995 the GP continued to administer the injections of Depixol 200 mg every 3 weeks. At the end of May 1996, Magdi E. asked if he could stop the injection as he was concerned about side-effects. Dr A. persuaded him to continue.

111. On 6 January 1997, the GP made a written referral to the psychiatric consultant for NWL Trust, based at St. Mary's Hospital, as follows:

> "Thank you for seeing this nice patient who is a known schizophrenic and stabilised on Depixol 200 mls. He is worried about the injections and thinks he should reduce it although it is helping. I wonder if you can assist us in his future management."

The GP received a reply on 30 January, informing him that an appointment had been made for Magdi E. to attend an outpatients clinic on 2 May 1997. The appointment was 16 weeks from date of referral. A follow-on letter to Magdi E. with details of the appointment was dated 8 March, and began "Dear Mr W.." i.e. a completely different surname.

112. In April, the GP entered in his clinical notes that Magdi E. again did not want his injections, and that his out-patient appointment for the local psychiatric services needed to be chased.

113. At this time, the Thames Reach worker's file show entries of his discussions with Magdi E. - that Magdi E. said he would be getting married during the summer and asked the worker for advice on bringing his new wife to the UK and getting rehoused to larger accommodation.

In his records dated 9 April, the Thames Reach worker also wrote:-

> "Slightly concerned that in his studies of the Koran and Koranic audiotapes, Magdi stated that he sees and hears things other Muslims cannot perceive, or at least haven't. Not hallucinations or voices, but heightened perception."

The worker noted that he would monitor for future comments of this nature. However, in the absence of formal links with the health services, he did not pass this information to the GP.

Written communications and assertive outreach

114. The GP wrote again to NWL Trust on 7 April asking for an urgent psychiatric appointment, stating that Magdi E. was worried about the injections and had now "refused to take them". At a clinical review meeting at St. Mary's Hospital on 8 April, attended by representatives from social services and psychiatric services, it was noted "Known schizophrenic who has moved to our area, now refusing injections, outpatient appointment for 2.5.97. CPN (community psychiatric nurse), Mr I. to visit and obtain information." The CPN wrote to Magdi E.. His letter is dated Wednesday 9 April offering an appointment on Monday 14 April to see him at his office in Paddington. The CPN told us that he dictated the letter but did not know if the office would have sent it first class post that day.

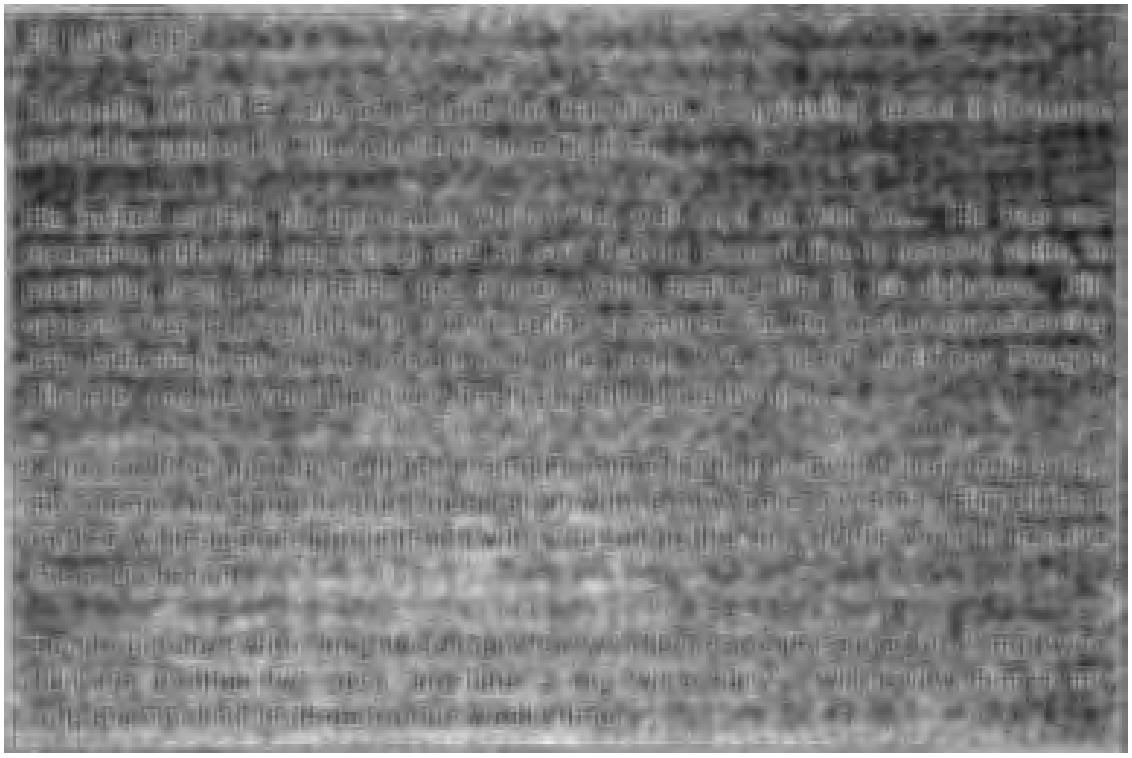
115. Magdi E. did not keep the appointment. The following day the CPN visited his home address, accompanied by a student nurse. Magdi E. was about to leave his flat when the two professionals arrived, but invited them in, showed them to seats and asked if they wanted a glass of water. Magdi E. told them that he did not receive his letter until that morning but was willing to meet the CPN another time. He told the CPN of his reason for not wanting to continue with the medication. He was agreeable to seeing a psychiatrist at his outpatient appointment on 2 May, and he agreed to meet again with the CPN next week. Magdi E. telephoned the CPN the following week, to cancel their meeting. The CPN told us he could not recall the reason.

116. Mr I., the CPN, told us that from his recollections of his home visit, Magdi E. seemed very calm, very engageable, that he said he was going out and made it quite clear that he was worried about the his injections - he was talking about problems with impotence. The CPN record of the visit is that he appeared "OK" with no psychotic features and that the flat appeared in a good state.

117. On 23 April, 1997, the GP gave Magdi E. his six monthly sickness certificate and administered an injection of 200 mg Depixol. **This is the last record of intra-muscular injection of medication for Magdi E.'s mental illness.**

118. Magdi E. did not attend the outpatient appointment on 2 May. The matter was discussed in a clinical review meeting on 6 May 1997, and it was decided that Dr C., (who was in the temporary position of acting consultant to the South Sector psychiatric team), and Mr I., the community psychiatric nurse (who only worked with the South Sector psychiatric team for 2 days a week) should visit. Neither of the two nominated professionals were present at the meeting. However, two other staff members from another sector team, who had attended the meeting, indicated that they had availability the following day and they volunteered to go instead. (Both these staff members had also attended the earlier clinical review meeting on 8 April 1997).

119. Thus, Dr D., a senior psychiatric registrar and Mr J. a locum community psychiatric nurse went to Magdi E.'s home address on 6 May. The only record of the visit is contained in a letter the senior psychiatric registrar wrote to the GP - dictated 9 May and sent 20 May. Extracts from the letter are as follows:



FACT FILE 11.

120. The senior registrar, Dr D., spoke to the GP partner, Dr B., and advised her of the change of medication and dosages, and she was informed that Magdi E. had been told to contact the surgery to collect the prescription, which she prepared. The date of Dr B.'s entry in the GP file is 7 May 1997, details of the change in medication are recorded, and it appears that a month's supply was prescribed by Dr B..

121. **Our enquiries reveal no record of the prescription having been dispensed.**

122. We spoke to Mr J. who, at the time was the locum CPN, and he gave us this account of the home visit - "I can recall discussing him with Dr D. on our way to his flat. It was an unannounced visit, we knew very little about him and his refusal to take medication - we were wondering where he was coming from and how he might receive us. He opened the door to us. He was suspicious but let us in. He was hospitable, gave us some lemonade - we were there for about 40 minutes. He was honest and we believed he had real problems with the side-effects of his depot injections. He also said he was going to get married and his future wife was coming to this country. Dr D. spoke about alternative medicine without side-effects, Risperidone, and that he would write to his GP. He declined our offer of follow-up. On the way back, I remember talking to Dr D. about how well Magdi E. had done staying on injections for so long and that it must have been awful. It seemed he had a successful relationship with his GP and we were sure he would go back to his GP. He appeared low risk compared with concern our understaffed team had at the time for other mentally ill patients in the community. "

123. The NWL Trust file on Magdi E. provided to this Inquiry shows documents bearing a fax transmission date and time of 6.5.97 - 23.33. These documents appear to be copies which originate from the GP's file, namely,

a) letter from the Croydon CPN to the GP dated 31.3.94 - FACT FILE 5
b) duty SW's letter to the GP dated 23.8.95 - FACT FILE 6
c) JHT Assessment of Vulnerability Report dated 30.10.96 - FACT FILE 10

It is unclear who received and therefore had access to this additional information.

124. **On 23 May 1997, the allocated CPN, Mr I., discharged Magdi E. from his caseload.** He told us that his reason was he had only seen the patient for 10 minutes, he did not want on-going support from a CPN, and at the time of closure he had agreed to see a psychiatrist at out-patients for monitoring purposes. The closure of the 'care episode' was entered by admin. staff on the NWL Trust computerised record. **The computerised record also showed that a 'care episode' had been closed to Dr C..**

125. Mr I. told us that his normal practice would be to have discussed his case closure with his senior manager and to inform his South Sector colleagues at a clinical review meeting. He was forthcoming in telling us that as a matter of good practice, he should have informed the GP of his case closure, and regretted that he did not inform Dr A..

126. We found no evidence that arrangements had been actioned for Magdi E. to attend Dr D.'s out-patient clinic up till 23 May 1997.

127. The brief records of the two clinical review meetings mentioned above show that on 8 April 1997, 10 new referrals were considered, including Magdi E., and that there was feedback on 21 other patients. Medical and nursing staff were present and apologies had been received from the SW team manager. They also show that at the second review meeting on 6 May 1997, 6 new referrals were considered, and feedback on a further 17 patients, including Magdi E.'s non-attendance at the out-patient appointment. Again, it does not appear that a representative from the SW Team was present. Some of the referrals and feedback on patients under discussion at the clinical review meetings indicated overt risk and urgency.

128. The clinical review meeting minutes of staff attendance show that Dr C., acting-consultant for the South Sector psychiatric team, was not present at either of the above mentioned meetings. Our understanding is that Dr C. was in the employment of NWL Trust from 7.8.96 to 31.7.97 in the post of specialist registrar for four sessions per week. Two of these sessions were with the South Sector psychiatric team (note: a session is half a day). According to the minutes of clinical review meetings (which are held on Tuesday mornings), from 1st April 1997 to 9 June 1997, Dr C. is recorded as only having attended these meetings twice - on neither of these occasions is Magdi E. recorded as being discussed.

129. On 9 June 1997, Dr N. a new consultant psychiatrist took up his post and he was allocated to the South Sector psychiatric team.

POLICE ARREST AND DIFFERENCE OF MEDICAL OPINION

130. On Friday 6 June 1997, police from Harrow Road Police Station sought to arrest Magdi E. following serious allegations of indecency in his flat with two girls aged 13 years old and 11 years, threatening them with a knife and ripping one of the girls' blouses as she got away. The police forced entry into his flat but he was absent. Friends of his in the vicinity spoke to the police, and made telephone contact with him at another friend's house. Late that afternoon, Magdi E. presented himself to Harrow Road Police Station, angry about the forced entry and accusing them of picking on him. He was arrested and detained. He was seen that evening (11.27 p.m.) by a forensic medical examiner (FME) who made the following record from what Magdi E. told him:

> "Schizophrenic - hospital in Surrey. No medication since few months. On sickness benefit. Paranoid views that Police and others are setting him up - 'the Police have told all my friends and now all of them know about this incident which is not true'."

The FME concluded that Magdi E. was fit to be detained and fit to be interviewed for which purpose he should have an Appropriate Adult present.

131. The following day, a Saturday, the Police contacted the Westminster Outside Office Hours duty social work service, and asked that his mental health be assessed before they interviewed him. Ms K. (an Approved Social Worker), and Dr E. (a senior psychiatric registrar on rota from St. Mary's Hospital - approved under S12(2) of the Mental Health Act) attended. Both consulted the available records from the Paddington SW Duty Team. Dr E. told us that he also tried to ring the GP but being a Saturday, it was not possible to speak to him.

132. Police custody records show that the psychiatric interview with Magdi E. took about 35 minutes. Dr E. discussed his assessment with the ASW and **made a medical recommendation for Magdi E. to be compulsorily admitted to hospital for assessment under S2 of the Mental Health Act.** When he returned to his base at St Mary's Hospital he wrote a full record of his assessment and reasoning, and we extract the following plan from his notes:

1. The Police want to interview him in the presence of a solicitor and an appropriate adult.
2. If he is charged and in custody, then further involvement of mental health services will be through the criminal justice system.
3. If he is not being charged or being released on police bail, I feel that he needs to be seen by another S12(2) doctor as part of the MH assessment. I have recommended Section 2 for further assessment *(in hospital)* for the following reasons:
   a) past history of schizophrenia
   b) past history of significant violence against others
   c) from the available notes, it seems that unprovoked violence is often a sign of his relapsing mental illness - It is now alleged that he has made a violent assault on two children
   d) recently stopped medication

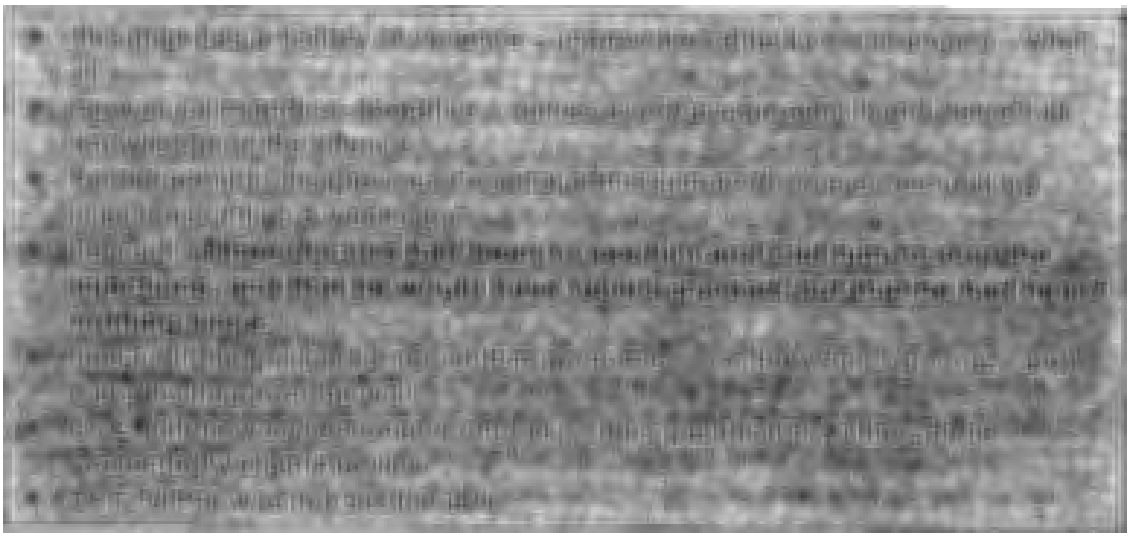
e) total absence of insight and denial of ever having had any mental health problems at all - which again seems to be typical of the clinical picture before his previous psychotic relapses
f) current M&E does not show any robust evidence of delusions/hallucinations but some of the ideas being expressed about the police seem to have a paranoid flavour. This may turn out to be reasonable beliefs but in view of points a) to e), I feel it is appropriate to admit him to hospital for a further period of assessment and treatment if needed.

133. As required by law, the ASW arranged for another doctor to attend as soon as possible. In the meantime she attended, as an Appropriate Adult, the police interview with Magdi E. and his solicitor.

134. The second doctor, Dr F., who was also a S12(2) approved medical practitioner, later arrived and interviewed Magdi E. for about the same duration, having access to the same background information. Dr F. was of the opinion, given no positive signs of psychotic symptoms and the fact that the alleged assault may be unrelated to mental illness, that Magdi E. did not meet the conditions under the Mental Health Act for compulsory admission to hospital. Dr F. tried to persuade Magdi E. to agree to a voluntary admission to hospital which he refused. Dr F. made no record of his psychiatric assessment, but the ASW's record corroborates his account.

135. Neither doctor subsequently consulted one another that evening about the difference of medical opinion. (The second psychiatric assessment was late on Saturday evening. Dr F. provided sessional cover for outside hours referrals from an office base at St Mary's Hospital. Dr E. had been available for call-out for second opinion that day from his home outside Westminster). Both doctors' opinions were valid. Dr E. made exemplary notes of his assessment.

136. The ASW made a record of her assessment. We extract relevant parts:



FACT FILE 12.

137. The ASW, therefore, could not make an application for compulsory hospital admission. She jointly interviewed Magdi E. on two occasions with a S12(2) doctor and she acted as an Appropriate Adult during the police interview. There is no

evidence that she interviewed Magdi E. alone. The Mental Health Act Code of Practice states that ordinarily the patient should be given the opportunity of speaking to the ASW alone, unless the ASW has reason to fear physical harm. The SW file previously had been marked "Potentially violent client".

138. On Sunday 8 June, an Outside Office Hours duty care manager wrote a letter to the GP providing factual information on the event, to ensure it was available to him first thing Monday morning.

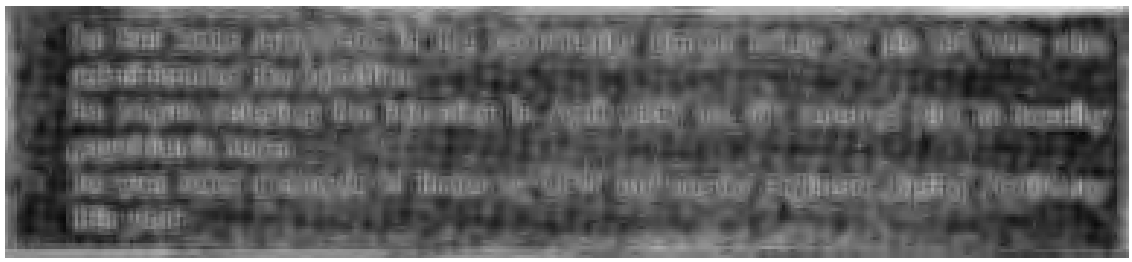
Follow-up and discovery of missing information

139. The ASW, Ms K., spoke to Magdi E.'s older brother the following Monday morning (9 June). He reported that he would attend Court and support Magdi E., but that he could not have him bailed to his home, because he was moving to Coventry with his work. The Police needed more time to obtain sufficient evidence to charge Magdi E. with the alleged indecent assault, but charged him with criminal damage (i.e. the girl's torn blouse). The outcome of a hearing at Marylebone Magistrates Court that day was that Magdi E. was to be remanded in Brixton Prison with a view to being interviewed by a psychiatrist at Horseferry Road Magistrates Court on Friday 14 June, and to enable a psychiatric report to be available to the Court for a hearing set that day.

140. Also on 9 June, the ASW spoke to the GP. She recorded the following account of the conversation:

> "Dr A. last saw Magdi E. a month ago. He has been seeing him every three weeks for the last 5 years. He was concerned about him over the last few weeks. He has been on 200 mg of Depixol but began refusing it. The last time he accepted it was **10/3/97**. Therefore Dr A. made a referral to the South Sector psychiatric team on 7/4/97. **On 7 May he was prescribed Risperidone by senior registrar but had not collected prescription from surgery.** Magdi E. was homeless for 4 years, stayed in rented accom. in Kensington High St. at one point, then with a friend. When he moved away from the area Dr A. kept seeing him because they had built up a good relationship. However, now that he is settled in the W2 area he feels Magdi E. should be linked in with local services. He was hoping that South Sector would find him a new GP. He was very concerned about the injection having been stopped, and is willing to be contacted by the Court Psychiatric Liaison Services Team ASW if she needs any information for a report."

141. Ms K. then contacted the CPN from the South Sector Psychiatric Team and was informed that they didn't have much background information on Magdi E.. She then discovered that the CPN had spelt Magdi E.'s surname differently, as all one word. - " that is why the CPN's contact did not show on the *[NWL Trust]* computer check when we looked on Saturday." She also discovered that a locum CPN and Dr D., senior registrar, had visited him. Ms K. included the additional information in her ASW assessment report:



FACT FILE 13.

142. Later the same day, the duty social work record shows that the CPN's manager rang the ASW asking her to fax information from the social services files for the clinical review meeting at St. Mary's Hospital. 14 pages of background information were faxed at 8.55 a.m. the following day (10 June) to the SW team manager who was due to attend the clinical review meeting. The note of the review meeting in relation to Magdi E. was as follows:

> " Well known to Social Services. Schizophrenic patient who has a forensic history. He has been arrested for assault on two young girls and is in custody of Police. He is awaiting to be assessed by the Court Diversion Assessment Team."

Mr I., CPN, made an entry in the NWL Trust file on Magdi E. dated 10 June as follows:-

> " Discussed at Clinical Review Meeting following Magdi's recent involvement with the Police. Currently held in custody until Friday 13 June (see assessment reports). Dr N. *(the new consultant psychiatrist who was in attendance at the review meeting)* indicated that he would see the client should he return to our area next week."

Transmission of information to Court Psychiatric Liaison Services Team

143. On 11 June, Ms K. rang her ASW colleague who was attached to the Court Psychiatric Liaison Services Team. The colleague advised that if he pleaded 'not guilty' she doubted that he would be granted bail but would probably be remanded in custody for trial. The same day, the Court Psychiatric Liaison Services Team coordinator faxed Dr C.'s secretary, St. Mary's Hospital, to send her any information held on Magdi E.. The records obtained from Social Services were faxed in response - the only NWL Trust record sent was a copy of Dr D.'s letter to the GP of May 1997.

144. A record on the Outside Office Hours (OOH) duty file on this day states that a social services officer spoke with Dr E. who was concerned about what might have happened following the ASW decision not to compulsorily admit Magdi E. to hospital at the police station. At this time their file could not be located as it had been misfiled. Ms K., ASW, was contacted and she advised that the Police had now charged him with the lesser charge (criminal damage), he was remanded in custody, and that she would liaise with her SW colleagues at St. Mary's Hospital and Court Psychiatric Liaison Services Team - the OOH service were to be alerted if he left custody. Dr E. was informed of the position later that day.

145. Dr E.'s detailed assessment record of his psychiatric assessment of Magdi E. on 7 June 1997, and his reasons for recommending admission to hospital for further assessment, were not transmitted to the Court Psychiatric Liaison Services Team.

Community care assessment

146. Thursday, 12 June, Ms K. faxed social services information from the Paddington SW Duty file to her ASW colleague in the Court Psychiatric Liaison Services Team. The same day, the senior from the Paddington Duty SW Team completed an initial community care assessment on Magdi E.:

FACTORS	**LEVEL 0 to 10 (maximum)**
Functional ability	
difficulty with daily living	(3)
Medical factors	
deteriorating severe mental illness	(9)
Risk factors	
having difficulty in coping/further deterioration likely	(4)
Support network	
existing support network insufficient	(4)

which showed his eligibility for comprehensive care management assessment.

147. An entry in the duty team log at this time was "continue to hold on duty for developments".

Action by the Housing Services

148. Immediately following the allegations, a parent of the child victims contacted the local housing office. On Monday 9 June, the local housing manager sought advice within her department to end Magdi E.'s tenancy. She also rang the investigating police officer to ascertain the position in respect of Magdi E. and she was advised that the Police had asked the Court to remand him in custody both to keep away from the girls and also for his own safety. The police officer was aware of Magdi E.'s paranoid schizophrenia. She conveyed details which the housing office had been given about him, and explained about his assault on another resident in the housing office. The police officer confirmed that Magdi E.'s response of denying liability for the incident with the resident was similar to his response to this recent incident.

149. The housing office also informed the Thames Reach allocated support worker of events. The support worker's record shows that he rang Mr A., the previous JHT care manager, to inform him of the position. He recorded that he told Mr A. that the housing office had discovered that SWs at St. Mary's considered Magdi E. likely to be violent, which had not been mentioned in the JHT Assessment of Vulnerability report. He noted that Mr A. was concerned and would raise it with his senior, saying "nothing of this is on the Social Services Information System". On 10 June, the Thames Reach worker ascertained the name of Magdi E.'s solicitor, and left a message for them to contact him. The next day, the solicitor responded and advised that there was no need for the housing support worker to attend Court.

COURT PSYCHIATRIC LIAISON SERVICE

150. At the time of Magdi E.'s referral, the Court Psychiatric Liaison Service provided at Horseferry Road Magistrates Court was managed by Riverside Mental Health Trust. Management responsibility transferred to West London Healthcare Trust on 1st October 1997. The service is commissioned by Kensington & Chelsea and Westminster Health Authority.

151. The Court Psychiatric Liaison Service is intended for mentally disordered offenders on remand, and some 8 London Courts are able to transfer cases to the Horseferry Road Court for psychiatric reports to be considered. A substantial number of offenders referred for psychiatric assessment are homeless. Mental health assessments are conducted by a multi-disciplinary team comprising a consultant psychiatrist and/or a senior psychiatric registrar, a mental health nurse, and an approved social worker. The team and the service is supported by a full-time coordinator/administrator. The average number of offenders interviewed by the multi-disciplinary team on a day is three, but can be as many as four.

152. In June 1997, the multi-disciplinary team met at Horseferry Road Magistrates Court on Tuesdays and Fridays, and they interviewed offenders on remand on these days.

153. The interviewing facility at Horseferry Road Magistrates Court consists of two cells connected by means of a perspex screen. Members of the multi-disciplinary team (i.e. three, possibly four, professionals) sit in one cell. The offender would sit alone in the other, locked, cell and face the team - the only furnishing being a seat. Our understanding is that this arrangement is a necessary security precaution because offenders can, on occasion, present in a disturbed and potentially violent state.

154. Most of the interview is conducted by the psychiatrist, and other team members are able to observe, listen and take notes. Communication is via the perspex screen and a microphone. When we visited to see this arrangement for ourselves, it was evident that acoustics were poor. For the person in the locked cell, sound is affected by the hollowness of the cell (bare walls) and buffeted by the perspex screen. We were informed that on occasions, there can be background noise from disturbances in the cell block which can make hearing difficult for both interviewer and interviewee. This facility would benefit from a review to see whether improvements could be made.

155. The Court Psychiatric Liaison Services Team has an office base adjacent to the cell area.

156. The role of the full-time coordinator/administrator was to receive referral details, identify community agencies to whom the offender might be known and to obtain written information from them. The coordinator would collate information obtained from other agencies about the offender's previous psychiatric, social and family history, together with information obtained from the Crown Prosecution Service regarding the Police charges and alleged offence. This information was then summarised by the coordinator in preparation of the Court psychiatric report, using a word-processing template. The template was in standardised report format, and contained some text which was often repeated in reports. After the offender had been interviewed and the team had debriefed in the office, the senior psychiatrist would dictate his assessment and recommendations for typing by the coordinator

into the Court report. The intention was that the completed report would be checked for accuracy and signed by the senior psychiatrist for submission to the Court.

157. Additionally, the health service employees in the team would complete an information and assessment form for each offender who had been referred. This form is a systematic check list of data to be obtained (it consists of 10 Sections, and 167 questions).

158. Duty cover, in the absence of the psychiatrist member of the multi-disciplinary team, was provided by the Riverside Trust's clinical director of forensic psychiatry. The need for this duty cover arose in June 1997, when Magdi E. was referred for assessment.

Health screening on reception at Brixton Prison

159. Magdi E. was transferred from police custody into custody of the Prison Service on 9 June 1997. A Metropolitan Police Service custody risk transfer form was completed by the police officer in charge of the case. The form drew attention to risk i.e. violent/aggressive for reason of "violent mood swings - paranoid schizophrenia."

160. He was taken to Brixton Prison. A form headed "First Reception Health Screen" was completed by a nurse based on information provided by Magdi E.. The nurse noted that he last saw his GP six weeks ago for schizophrenia, that he had first been diagnosed in 1992, and was treated with injections of Depixol, Sulpride and Procyclidine. He was later seen by a prison doctor, whose entry in the prison medical records reads " Seen by [?]. 29 yr. old single man. 1st time in prison. Tells me that he is mentally ill and has not taken medication for 2/12. Mentally alert and not distressed."

161. A copy of the "First Reception Health Screen" from Brixton Prison was sent to the Court Psychiatric Liaison Services Team at Horseferry Road Magistrates Court.

Psychiatric assessment and report for Horseferry Road Magistrates Court

162. The information in the possession of the Court Psychiatric Liaison Services Team was as follows:

a) psychiatric report to Croydon Magistrates Court 30.7.92	FACT FILE 1
b) discharge summary 16.7.93	FACT FILE 2
c) referral letter dated 10.12.93	FACT FILE 4
d) duty SW letter to GP 23.8.95	FACT FILE 6
e) details from Croydon SW in casenote 29.8.95	FACT FILE 7
f) ASW report 1.9.95	FACT FILE 8
g) registrar's letter to GP to change medication 20.5.97	FACT FILE 11
h) ASW report 7.6.97	FACT FILES 12/13

together with information from Brixton Prison and the Crown Prosecution Service.

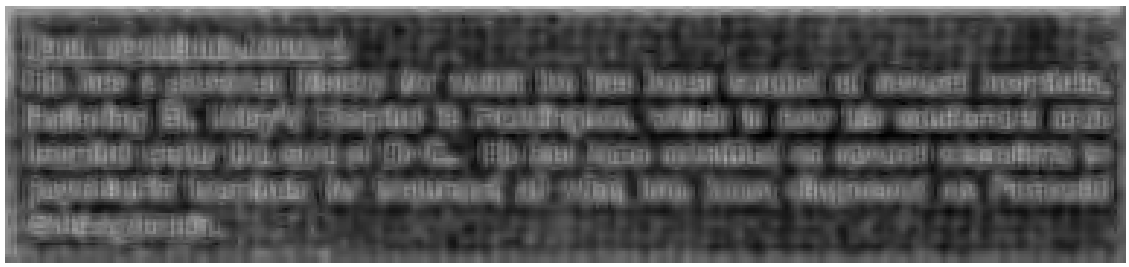
163. Magdi E. was interviewed on 13 June 1997 by the Court Psychiatric Liaison Services Team - a consultant psychiatrist, mental health nurse, and an approved social worker. The nurse took notes of the interview and also entered data from some of the faxed records onto the team's information and assessment form. The completed form indicates that Magdi E. said that he was not sick and had no problems, that he was sleeping and eating regularly, and during the day time visited friends and listened to the radio. Entries on the form noted that past aggression was due to paranoid delusions, and he had taken medicine "because doctors told him to", that the medication had been reviewed - "suffers side-effects - shakes" and his Depixol had stopped in March 1997 - that he received a home visit from the psychiatric services 6-5 weeks ago as an out-patient, he was under the care of a psychiatric unit, he had an allocated CPN and he was registered with a GP. It would seem that these entries were based on the home visit letter from Dr D. (FACT FILE 11) as the name of Dr D.'s consultant psychiatrist is noted (neither practitioner was a member of the South Sector community team). The form indicates that no other agencies were involved.

164. The notes from the interview show that Magdi E. said he had never had a sexual relationship and he had no girlfriend in England - that he was not bothered. He denied the offence and denied seeing the girls before. He admitted to watching a sex video at the time (which had been referred to by the girls) and said that he had had arguments with the neighbours in the past and they may have put the girls up to accusing him.

165. The psychiatric report for the Magistrates Court stated the following:

EXTRACT - FACT FILE 14.

None of the professional members of the Court Psychiatric Liaison Services Team could recall precisely who they had contacted and there is no contemporaneous record. The consultant psychiatrist in the team, Dr G., said that he did not speak to Dr C. The coordinator told us that she spoke briefly to Dr C.. Dr C. reported to us that he has no recollection of events and we found no evidence that he had ever been directly involved with Magdi E.. Although the recent ASW report made clear Magdi E.. had been supported in the community almost solely by his GP, who administered the injections, no attempt was made by the Court Psychiatric Liaison Service to contact Dr A.. The report goes on:



EXTRACT - FACT FILE 14.

This account is inaccurate, and does not reflect written information which was in the possession of the Court Psychiatric Liaison Services Team.

> He was being treated with a depot medication of Depixol at St. Mary's Hospital, however he last had an injection on 10.3.97 and has since defaulted from this. He was last seen on a home visit by a psychiatrist and CPN in May of this year.

EXTRACT - FACT FILE 14.

The first sentence is incorrect.

> Past Forensic History
> 17.01.1996 Assault occasioning ABH. Fined £200.00

EXTRACT - FACT FILE 14.

Information passed to the Court Psychiatric Liaison Services Team concerning the circumstances surrounding this ABH offence, i.e. Magdi E.'s relapse and behaviour, and the intervention of mental health professionals, was fragmented (FACT FILE 6) and incomplete (FACT FILE 8). The consultant psychiatrist in the team at that time, Dr G. told us that they had noted that the previous offence had been dealt with by a fine "which normally does not suggest a particularly serious assault".

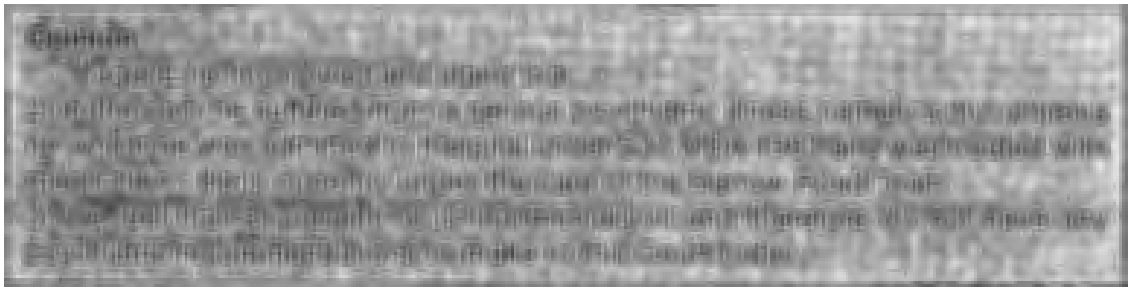
166. Dr G.'s assessment of Magdi E.'s mental state on 13 June 1997, as shown in the Court report, is as follows:

> Mental State Examination
>
> | | |
> |---|---|
> | Appearance: | Well kempt and smartly dressed. |
> | Behaviour | Pleasant and co-operative throughout the interview. Answered questions appropriately. |
> | Speech | Normal in form and content. |
> | Mood | He reported to feeling sad and ruminating over the allegations made against him and the situation he is in. He said that he was eating and sleeping well and denied any suicidal ideation. |
> | Thought | No formal thought disorder detected. |
> | Perception | He denied experiencing hallucinations or perceptual disturbances. |
> | Cognition | Normal. |
> | Insight | He has no insight into his previous illness and states that he has never been ill. When asked why he takes psychiatric medication he said "because the doctors tell me to". |

EXTRACT - FACT FILE 14.

167. Dr G. told us that the impression gained from the prosecution evidence was that of a man enticing two girls into his flat, attempting to indecently assault them and then becoming aggressive when they attempted to get away - "his behaviour did not suggest mental illness in as much as they could be attributed to other aspects of his personality and so forth - the whole picture was not of a man breaking down and showing evidence of unprovoked violent assaults, but someone behaving irresponsibly and something that was not, in any clear cut manner, related to his previous history of mental illness."

168. Dr G.'s psychiatric opinion, as stated in the Court report, was as follows:



EXTRACT - FACT FILE 14.

The Court psychiatric report was signed by the team's coordinator on behalf of Dr G., consultant psychiatrist, S12(2) Approved, Riverside Mental Health Trust; and it ended with:-

EXTRACT - FACT FILE 14.

Our Inquiry found no copies of the Court psychiatric report on the GP, NWL Trust or Brixton Prison files submitted to us. This is a matter which we address later in our Report.

Community care assessment

169. Ms O. - the ASW member of the Court Psychiatric Liaison Services Team (who also worked for a Westminster Community Mental Health Team in the Victoria area) - completed her initial community care assessment on Magdi E. on 13 June 1997, as follows:

FACTORS	LEVEL 0 to 10 (maximum)
Functional ability	
generally good self care skills	(1)
Medical factors	
chronic illness	(8)
Risk factors	
possibility of aggressive behaviour "sexual offending"	(7)
Support network	
existing support network insufficient	(4)
"Defaulting"	

The similarity in factor weighting with the initial assessment completed the day before by the Paddington SW Duty Team senior may be expected in view of a common information source. However, Ms O. gave a higher ranking to the risk factor.

Communications within Social Services

170. Ms O. faxed a copy of the completed psychiatric Court report to the Paddington Duty SW Team for her colleague, Ms K., that day. The faxed copy showed the transmission time as being 4.04 p.m. It was received and read by a duty SW who noted that Magdi E. was "fit to plead", and who rang Ms O. to see if Magdi E. had been remanded or not? As a result of the conversation, the duty SW noted in her team's log "Not yet known. Ms O. to call on Monday 19 June." *(The date of the following Monday would have been 16 June. 19 June would have been a Thursday).*

171. By Friday, 20 June 1997, the Paddington Duty SW Team had received no further communication, and their senior entered in the duty log:-

"No word - Pend to 21/7/97 for developments. Presumably awaiting trial ?"

Outcome of Court hearing, incidents in prison and subsequent bail

172. According to the defence solicitor's records, the Horseferry Road Magistrates Court hearing on Magdi E. took place around 5 p.m. that afternoon. A bail application for Magdi E. to live with his brother (with reporting conditions offered), was refused. The Magistrates Court declined jurisdiction of the case. Magdi E. was further remanded in Brixton Prison pending a hearing at Southwark Crown Court due on 11 July 1997.

173. On 15 June, prison records show that Magdi E. was taken to a segregation unit under restraint following an assault on a prison officer - he had pushed the officer in the chest. He was medically examined for a tender left wrist and deemed fit for adjudication. He pleaded not guilty. During the morning of 24 June 1997, Magdi E. complained that he had been kicked and punched about the upper body in the prison yard. The incident was not witnessed by prison staff. He was medically examined on 25 June and a minor injury to his right ankle was noted. On 29 June, he was again segregated for striking a prisoner in the mouth with his fist.

174. On 30 June 1997, following a request from his defence solicitor, Southwark Crown Court considered an application for bail. According to defence solicitor records, objections to bail were made by the prosecution on the following grounds:

- seriousness of offence
- mental condition - in the past schizophrenia
- propensity to commit this kind of offence - no bail conditions can prevent this
- risk of interference with witnesses
- other residents in area know of alleged offence, may harm him
- he needs to be protected.

Defence lawyer responses were :

- no evidence of propensity, no previous offences of a sexual nature
- **conclusions of psychiatric report were cited**
- background given about defendant.

It seems that the judge read the psychiatric report, and, after careful consideration, granted bail with the following conditions:
a) that Magdi E. reside at his brother's address in Sudbury, Middlesex
b) that he stay out of the W11 London postal area
c) that he have no contact with any of the prosecution witnesses.

On 30 June 1997, therefore, Magdi E. was released from remand in custody.

175. During his remand, Magdi E. had discussed the issue of his housing tenancy with his solicitor, and on 16 June, he had agreed to relinquish it. He had asked his solicitor for an arrangement to be made with his brother for removal of his possessions. The local housing office was advised and they informed the Thames Reach worker.

REQUESTS FOR SUPPORT

Self-referral for a social worker

176. On 1 July 1997, Magdi E. rang his solicitor to say that his brother no longer lived at the Sudbury address and he requested an application for variation of the bail order. In the interim, his solicitor advised him to sleep at the Sudbury address to avoid being in breach of his bail condition. The same day he rang the Thames Reach housing support worker and informed him that Magdi E. was staying with a friend in Newham and gave his telephone number. He said that his brother would retrieve his belongings from the Westminster bedsit and gave a telephone number for his brother.

177. The next day, the Thames Reach worker left a message with the local housing office in Westminster, and he rang Horseferry Road Magistrates Court to ascertain the position. He was advised that Magdi E. was to appear again on 11 July, and was given the name of the investigating police officer from Harrow Road Police Station. He made attempt to contact the appropriate police officer without success.

178. On Friday, 4 July 1997, Magdi E. rang his GP surgery and spoke to the practice manager, Ms A. He wanted a social worker to ring him at his new address in Newham and his telephone number was noted by her. This led to the following chain of communications that day:

- Practice manager rang the Paddington Duty SW Team and spoke to the person who had signed a letter to the GP on 8 June following the mental health assessment at Harrow Road Police Station. He looked on the computer and found no allocated social worker. He rang her back to say Magdi E. should contact the Paddington duty social worker. She informed him of the Newham address.

- Practice manager phoned Magdi E. back to say that he had not got a specific social worker and to telephone or go to the Paddington SW office. In the GP file she noted "He said he was still taking medication/tablets?"

- The GP rang Magdi E.'s housing support worker from Thames Reach. The support worker's record of this contact is that the GP was trying to get Magdi E. a social worker and that the GP practice could no longer help him as he is not in their area.

- Thames Reach worker rang St Mary's Hospital - informed that he was known to Dr N. - left message. *[Dr N. had agreed at the clinical review meeting on 10 June 1997, to see Magdi E. if he returned to the sector psychiatric team's area].*

- Senior of Paddington Duty SW Team gave instruction "(1) Ring Housing to see if he has given up tenancy? Maybe he got bail so long as he didn't go back to his housing estate? (2) Ring Stratford (Newham) Social Services to make sure there are no children at the new address. If there are, alert them of police charge against him."

- Magdi E. rang the Paddington Duty SW Team asking for help to retrieve his belongings from the bedsit flat in Westminster. The duty SW checked with the local housing office manager and was told they were only awaiting the return of the keys from the Police before terminating tenancy. The SW informed Magdi E. and noted that he was still staying with his "brother" in Newham [address and 'phone number were recorded on the file). Magdi E. was told that he would have to negotiate with the Police via his solicitor in order to gain access to flat.

- Paddington duty SW spoke to a social services officer in Newham, who checked to see if Magdi E.'s family had any children living at address, but the family surname was not known to Newham Social Services.

- Thames Reach worker rang Paddington Duty SW Team - informed Magdi E. had already been in contact with them.

- Thames Reach worker rang Newham Community Mental Health Team to make a referral to them. Duty SW from Newham CMHT recorded reasons for concern - "Client on bail - charged for molesting a 7 yr. old child - now on bail in Newham - must not be seen in Westminster. Other agencies involved: GP and Paddington duty SW." Newham duty SW was unsure why a housing support worker had made referral, may have been for information only? Duty SW consulted her senior who advised her to obtain more information.

- Newham duty SW rang GP practice manager and obtained information on medication - SW requested GP to send detailed medical information with a discharge letter detailing medication and previous involvement.

- Newham duty SW rang Paddington duty SW seeking more information and was told they believe Magdi E. is homeless, he was alleged to have sexually abused/molested a 7 year old girl, although discharged to his brother's address he persistently wanted to move to his own accommodation. Newham duty SW noted risk factors: history of violence and sexual assault on children. She requested written information about diagnosis and case outline with details of GP and Responsible Medical Officer *(i.e. psychiatrist).* Senior of Paddington Duty SW Team gave instruction "please do as soon as possible".

- Newham duty SW consulted her senior, and agreed that the referral should be passed to Newham Homelessness Outreach Support Team (HOST).

- *This day, Magdi E.'s solicitor sent an application to Horseferry Road Magistrates Court for variation of the bail order to the address in Stratford, Newham.*

Action taken by Newham Homelessness Outreach Support Team

179. On Monday morning, 7 July, the Newham HOST team manager contacted the Paddington duty SW to be informed that there was little psychiatric service record of him, and that he had not been followed up under S117 statutory after-care provisions, nor the Care Programme Approach; and that he was currently a 'duty case'. At 9.46 a.m. HOST was sent by fax a copy of the Court psychiatric report by Dr G. dated 13 June 1997 (FACT FILE 14), together with a note providing contact names, addresses and telephone numbers for Magdi E.'s GP, Mr J., community psychiatric nurse, and Dr D., senior psychiatric registrar *(who had visited him on 6*

May 1998). Newham HOST were advised that their team manager should speak to the Westminster local housing manager regarding his current housing situation.

180. A call to the Westminster housing manager confirmed the surrender of tenancy and the condition of bail that he did not return to that address, with additional information that there was a history of violence and that he had assaulted a fellow resident. The issue of whether Magdi E.'s housing need was still a responsibility of Westminster had to be determined by the Westminster Assessment and Advice Centre (AAC) manager. The Newham team manager was informed that Magdi E. would have to re-present to the AAC if he wanted his case reconsidered. The local housing manager informed the Westminster AAC manager of the likely contact, and ascertained from the investigating police officer that they had been unable to find the keys to the padlock on the bedsit flat.

181. The Newham team manager then spoke to Magdi E.'s solicitor who advised that although the condition of bail was that he should not reside in W11, he could reside elsewhere in Westminster. A call was also made to Thames Reach and their senior advised that Magdi E. had kicked a person in the face when visiting the local housing office - apparently because of his annoyance after an issue over electricity had not been resolved. It was agreed that the Thames Reach allocated support worker would ring Newham HOST when available. Magdi E. was then contacted by telephone for an appointment with HOST that afternoon.

182. At 3 p.m. Magdi E. was interviewed by the HOST team manager, who gave the following account in his records:

> "Magdi presented as very calm and coherent, although he said he felt stressed about his housing situation, in that he would not be able to remain at his brother's address for much longer. No obvious evidence of mental health problems in his presentation, and, in his own words "I am not sick at the moment, not like before". Magdi informed me that ideally he would like to return to Westminster, although he was not sure he would be able to."

183. The HOST team manager then spoke to a duty worker at the Westminster AAC, and he was advised that Magdi E. should attend at their office the next morning. He also informed the Westminster local housing manager he had earlier spoken to, who expressed the view that Magdi E. was most likely to be offered Bed & Breakfast accommodation. The team manager informed Magdi E. and recorded that he stated he was very happy with this arrangement. The team manager also made contact with the Thames Reach worker who advised that Magdi E. would probably be referred to Westminster's Joint Homelessness Team with whom the worker would liaise.

184. On 9 July, the Thames Reach worker retrieved the padlock keys from the Police, and informed Magdi E. who immediately went to the housing support worker's office. The worker discouraged him from going to the flat because of his bail conditions and his own safety. The next day, Magdi E.'s brother went with a Westminster housing officer and collected personal belongings from the bedsit, but it is reported that he could not find Magdi E.'s Income Support Order Book.

185. On Friday 11 July, Newham HOST checked with Westminster housing services to determine whether Magdi E. had referred himself to the AAC. Westminster had had no contact from him, and a call from HOST to Magdi E. was unanswered. In fact, he was attending Horseferry Road Magistrates Court that day. The outcome was:
a) that his case was adjourned until 18 July to enable the prosecution to prepare their case,
b) the next hearing was to be transferred to the Crown Court and a date set for plea and directions hearing, and
c) his application for variation of the bail address from his brother, to the address in Newham (which was occupied by a close friend and cousin of his) was granted.

Magdi E. contacted the Thames Reach worker to let him know that he had been granted bail, relinquished his tenancy on the Westminster bedsit and that his brother would clear the remaining belongings. **The Thames Reach worker completed a transfer summary and, with agreement from his senior, closed the case.**

186. On Monday 14 July, Newham HOST attempted to contact Magdi E. at his brother's address to no avail. From other contacts Newham HOST ascertained the following:
- Thames Reach had closed Magdi E.'s case and would not be involved unless re-referred to them by Westminster Housing
- the GP practice manager advised they had had no further contact with Magdi E.
- the Paddington duty SW advised they had had no further contact with him.

187. On 16 July, the HOST team manager spoke to Magdi E. by telephone who confirmed that he had not approached Westminster for housing, he recently had attended Court, wished to present as homeless in Newham and insisted it was a condition of his bail that he reside in Newham but was being asked to leave his present address. The team manager then rang Magdi E.'s solicitor who advised that if he could no longer remain at the Newham address, he could refer himself to Westminster so long as he was not placed in the W11 area. The solicitor advised that any change of address must be reported by Magdi E. to him so that he could seek the approval of the Court. The HOST team manager rang Magdi E. back and informed him that he should return to the Westminster AAC, and Magdi E. agreed to do this. The team manager recorded his action plan:
- HOST to confirm in next couple of days whether Magdi E. had reapplied to Westminster
- if accepted by Westminster, HOST to liaise with Westminster Mental Health Team
- if rejected by Westminster, HOST will need to obtain exclusion letter, refer him to Newham Homeless Persons Unit, secure temporary accommodation, and leave it to Newham Housing to negotiate with Westminster Housing over local connections
- encourage Magdi E. to register with a GP in Newham.

188. On Friday 18 July, Magdi E.'s Court case was further adjourned to enable the Police to organise a group identification parade. Magdi E. had given his agreement to attending such a parade. He was again bailed with a condition of residence at the Newham address, the post code area in Westminster he was to stay away from was varied to W2 (due to some previous confusion), and he was to have no contact with prosecution witnesses.

189. On Monday 21 July, the Westminster local housing office rang Magdi E.. He told them that he was unable to clear his bedsit flat because he had no storage facility for bulk items, but that he would like to remove a few small items. He therefore lost furniture purchased through a Social Fund loan which he was continuing to pay. The following day, the senior for the Paddington SW Duty Team confirmed that Magdi E. had terminated his tenancy and **closed the case from being held on their duty system.**

190. Over the next days, Magdi E. was involved with members of his family, and his solicitor, in preparation for his Court case.

Self-referral to GP for medication

191. On 29 July 1997, Magdi E. rang his GP, Dr A.. Dr A.'s entry in his records was as follows:

> "Requested that his medication be sent to Stratford.
> - Risperidone 3 mg tabs 60
> - Procyclidine 5 mg tabs 180
> - M.V. (multi vitamins) 100"

Hereafter Magdi E. made reference to Risperidone or to tablets he had been prescribed. Although we have been unable to verify that the prescription was dispensed, and Magdi E. was vague about the matter when we interviewed him, on the balance of probabilities, we believe he began to take some of his medication.

Further Court hearing delay

192. On 1 August, Horseferry Road Magistrates Court again adjourned the hearing, this time to 29 August, to enable the Police to organise the group identification (when the child witnesses were to be available).

193. On 5 August, the Benefits Agency wrote to Magdi E. giving advice on how to obtain an Order Book and enclosing a giro cheque covering the period 23 July to 3 August 1997. The same day, he was contacted by telephone by the Westminster local housing officer regarding his remaining belongings. The officer's entry is that:

> "He confirmed that he wanted no more stuff from the flat. I wished him good luck and closed the conversation."

194. On 6 August, he was contacted by a Newham HOST duty worker and the worker's report states that he had not contacted Westminster Housing "due to several issues."

> "He could not tell me what they were. He would have to discuss it with his brother...He said he still wants to return to Newham because he likes it in Stratford. I explained to Magdi that he stands a better chance of being rehoused by Westminster because he has more connection with that borough...He said he is due in Court on the 29 August but his solicitor has to speak to some witnesses. Magdi is still homeless and would like to leave the Westminster area because he has a lot of problems there.."

195. Magdi E. agreed to the HOST worker's advice, and agreed to contact Westminster and let HOST know the outcome. The worker recorded that Magdi E. thanked the HOST team and team manager for all the help they had given him.

196. **On 7 August 1997, Magdi E. returned to Westminster and referred himself as a homeless person.**

RETURN TO WESTMINSTER AS A HOMELESS PERSON

197. The first reception point in Westminster for all homeless people is the Assessment and Advice Centre (AAC) which is run by Westminster City Council's Housing Department. We were informed that in 1997 around 45,000 visitors called into the Centre. The reception area is large (about 40 people were waiting at the time of our visit in August 1998), and it is well decorated with a child's play area, information displays and a vending machine (which was out-of-order on our visit). There is a computerised ticket system for visitors, which allows the manager to monitor the number of people waiting, the type of enquiry, and the length of waiting time. The aim is to see visitors initially between 5-10 minutes from arrival, and if this target is not being met, the manager deploys resources. Receptionists are all behind security glass screens.

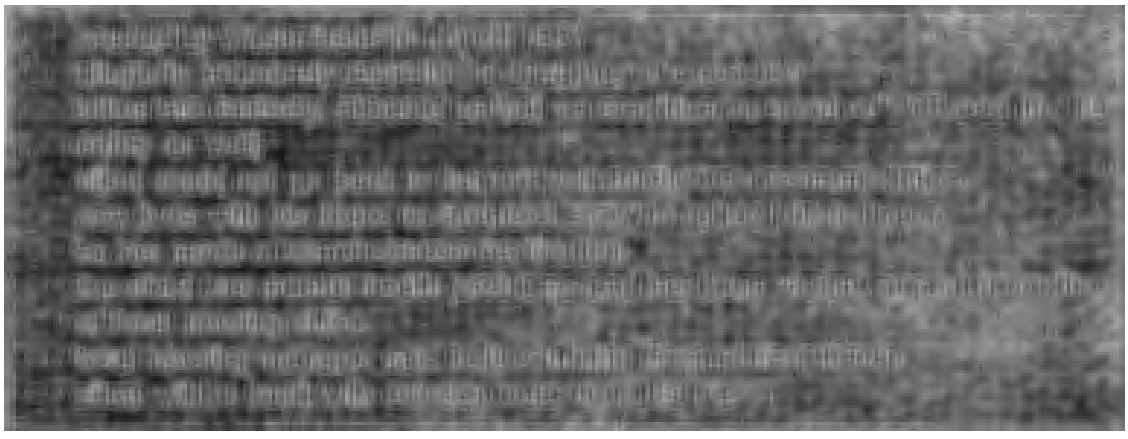
198. The staff offices do not have adequate ventilation, but the public interview rooms are light and air conditioned. They are designed to give staff the option of a partial or full security screen between them and the visitor.

199. People presenting as homeless are interviewed, as the first stage, by a 'homelessness assessment officer' who determines their status. Once sufficient information is obtained, the applicant is referred, as a second stage, to a housing case worker for determination. The case worker can then authorise placement in temporary accommodation. In Westminster, all homeless applicants who are accepted are placed in Bed & Breakfast hotels. A placements officer is responsible for locating a vacancy and arranging the booking with the hotel. All these staff are located in proximity to one another in the AAC.

200. An applicant may have had to wait up to 2 hours for a hotel booking.

Homelessness assessment duty officers' actions

201. On Thursday 7 August 1997, Magdi E. was seen by a homelessness assessment duty officer at the AAC. She made the following case notes:

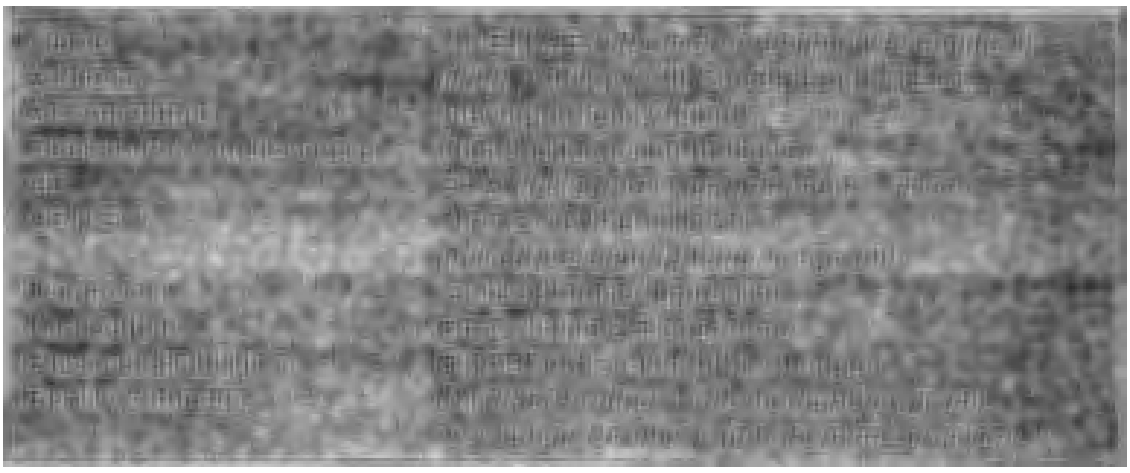


FACT FILE 15.

202. The following day (Friday), another duty assessment officer at the AAC saw him and completed an AAC referral form for Assessment of Vulnerability. She made the following case note:

FACT FILE 16.

203. The signed eviction letter was put on the AAC file. The duty assessment officer also completed a referral form for the Joint Homelessness Team (JHT), based on information provided by Magdi E. Detailed entries were as follows:



FACT FILE 17.

Magdi E. also signed an authorisation form for disclosure of confidential information from other agencies to assist his homelessness application.

204. A copy of the homelessness assessment officer's case notes, the JHT referral form, and Magdi E.'s consent to information disclosure form, were faxed to the Joint Assessment Service in the JHT at 10.12 a.m. that morning, 8 August 1997.

Homelessness case worker

205. Later on Friday 8 August, Magdi E. saw an AAC duty case worker, Ms I.. She noted in her records:

> "It is very difficult to interview client as he was very agitated whilst awaiting booking "

Ms I. contacted the local housing office where he had previously been known who provided further details including the violent incident in the housing office. The case worker also rang Magdi E.'s solicitor who advised that he could get a bail order hearing to vary the address. Magdi E. was booked into a B & B hotel in Kilburn, North London, and Magdi E.'s solicitor was informed of the address.

Disruption at B&B Hotel

206. The Bed & Breakfast hotel in Kilburn has 14 bedrooms and is situated in a quiet street near to a high street. All the residents are homeless applicants placed by Westminster AAC.

207. The hotel manageress was off work that day, but returned to the hotel at about 10.15 p.m. She was told by a staff member that there was a new resident, Magdi E., who was very pleasant. He occupied a room opposite the manageress's flat. Shortly after, she heard loud music from Magdi E.'s room - being the summer, windows were open and she believed the music to be blaring onto the street. Her written account to Westminster AAC, dated 11 August 1997, was as follows:

> "At 10.50 p.m. on the 8 August, Magdi E. was asked to lower the volume on his radio/music player - he said that it was "Friday night" ; he became abusive i.e. "I have two ways of dealing with you". When asked to leave on Saturday morning after breakfast he refused to do so and further verbal wrangle followed and resulted in the Police being called for assistance."

208. A fuller account of this incident was given in a written statement by the hotel manageress's husband to the Police as part of their criminal investigations following the homicide. This statement was disclosed to our Inquiry by Magdi E.'s solicitor.

209. It appears that the husband told Magdi E. to lower the volume on his radio/music player. Following the encounter, the husband went to the kitchen to make a drink, and Magdi E. sought him there. The husband's account of what followed was as follows:

> "He questioned me as to why I was going to throw him out. I told him to "fuck off" . He said I have two ways of dealing with you - he began to repeatedly kick in the air with his right foot. I walked towards him to show me one of the ways. He turned and walked quickly away from me."

210. Two police officers attended from Willesden Green Police Station on the Saturday (9 August) morning and remained present (to prevent a breach of the peace), whilst Magdi E. packed his belongings and had to leave the hotel.

211. The husband of the hotel manageress made a written statement which gave the following account of the eviction:

> "We explained the position to the two police officers that under Council policy residents were not allowed to play loud music and we wanted him out. One of the police officers said to him that he had to pack and he kept saying to the police "Where shall I go ?" A police officer said he may be forcibly removed and face possible arrest, after that he agreed to go and asked the Police to help him with his property. The Police asked the manageress for assistance as to where he should go and she gave them the Council emergency housing number. Outside he spoke to the Police, who left him. Shortly afterwards I saw him get into a car."

Magdi E. told us he rang a mini-cab to take him to a friend.

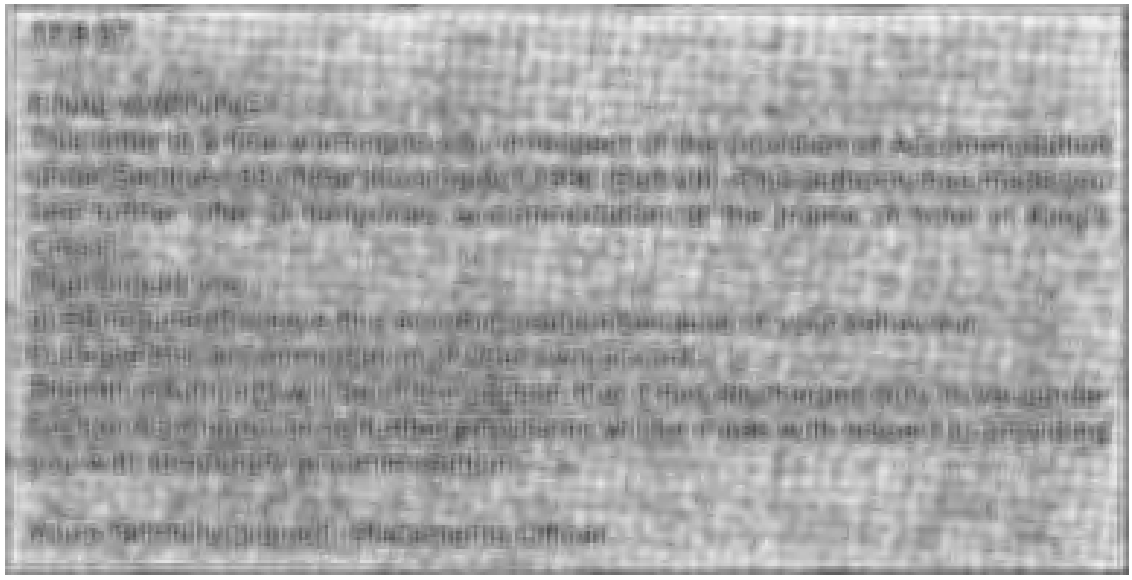
2nd Bed & Breakfast hotel placement

212. On Monday 11 August, Magdi E. again went to the AAC and saw Ms I., the case worker.

213. Ms I. told us that she could remember quite clearly how Magdi E. appeared when she interviewed him. She said:

> "I assumed he was quite heavily medicated because his speech was slurred. He was very slow and he was actually falling asleep during the interview. So, when he came in he was not very talkative, and really it was just a case of securing him accommodation - trying to explain to him "Look, this is not acceptable", and he was given a letter advising him that if it happened again that we would not be placing him. As to whether he took that in, I really cannot say because, as I said, he was falling asleep during the interview. When the placement was ready, he was dozing in the reception room and had to be woken up by one of my colleagues."

214. Magdi E. was booked into a Bed & Breakfast hotel in King's Cross and given a warning letter about his behaviour which stated:



FACT FILE 18.

His solicitor was informed of his change of address.

Follow-up by Newham HOST and liaison with Westminster duty SW team

215. The Newham HOST duty worker rang the Westminster AAC on Wednesday 13 August who confirmed that Magdi E. had returned to Westminster and had been placed in B & B accommodation. The worker advised her that **Newham HOST were closing the case.** This was followed by a call to the Paddington Duty SW Team to notify closure. The Paddington duty SW advised that he would contact the AAC case worker for follow-up of support needs - this he did, and was informed of Magdi E.'s current hotel placement pending assessment by the JHT - he had changed hotel addresses due to "aggressive and verbally abusive outbursts". The Paddington duty SW agreed

with the homelessness case worker that she should contact the Paddington duty SW if Magdi E. causes any more problems and loses his right to temporary housing.

216. The SW made an entry in the duty log:

"ACTION: hold in basket for possible contact by Housing Advice/JHT."

Community care assessment

217. On 13 August 1997, the Paddington duty SW completed an initial community care assessment on Magdi E.:

FACTORS	**LEVEL 0 to 10 (maximum)**
Functional ability	
difficulty with daily living tasks	(3)
Medical factors	
chronic illness	(8)
Risk factors	
inability to cope in daily living situation/current accomm.	(8)
Support network	
support network unable to continue	(8)

This was the third Westminster mental health social worker to indicate Magdi E.'s eligibility for comprehensive care management assessment with a progressively higher weighting given to medical, risk and support network factors.

Legal advice and events leading to discharge of Court proceedings

218. On 20 August 1997, Magdi E.'s solicitor wrote to him to confirm the solicitor's advice, and Magdi E.'s instructions following discussion that morning. The letter was addressed to Magdi E. at the Newham address. It advised Magdi E. that since he was no longer living at that address, he was reminded of being in breach of his bail conditions and that his right to bail could be further curtailed or that he could be remanded in custody. He was further advised that a Court might be reluctant to vary his bail given that he was residing in temporary accommodation, and he was advised to support any variation of bail conditions with an offer to report to a local police station. The solicitor then confirmed in the letter that Magdi E. had instructed him not to apply to the Court to vary his bail conditions.

219. On 26 August, the identification parade was cancelled by the Police, due to the non-attendance of the victim family. The solicitor gave advice, and Magdi E. gave instruction that due to delays with the ID procedures he withdrew his consent to attend an ID parade, he opposed application for further adjournment and that he wished to apply to the Court to have the matters discharged.

220. **Horseferry Road Magistrates Court, on 29 August 1997, discharged both matters against Magdi E.**. His solicitor confirmed in writing to Magdi E. on 3 September that he was no longer subject to bail conditions, and that the criminal proceedings, for the time being, would go no further. He was also advised that the Police were entitled to re-arrest him for the same matters, and if they did so, he should inform his solicitor immediately.

Unexpected visit to GP

221. On Monday 1 September, Magdi E. visited his GP. Dr A. was holding a regular surgery and seeing patients by appointment. He nevertheless made time to see Magdi E.. The GP's record of this consultation shows that Magdi E. complained of physical ailments - a stye to his upper left eye lid, and spots on the face. Dr A. prescribed medication as general treatment. No medication for Magdi E.'s chronic mental illness was prescribed on this occasion. Dr A. told us that he asked him about the tablets and he said that he had enough until the end of the month - " he did not show any clinical evidence of relapse at this time."

Social pressures

222. Magdi E.'s friend (who by now had moved to Worthing, Sussex), maintained telephone contact with him during April, May and June.

223. In July, he told his friend about his arrest who said that he would be visiting London in August for the Notting Hill Carnival, and that he would see him then. When they met, his friend has stated that Magdi E. looked quite rough. "He kept looking and reaching in his pockets all the time. He kept on about getting some cannabis". Later that day, his friend managed to calm him down and tried to talk to him about what had happened.

224. The friend has stated that Magdi E. told him he was not living in the council flat any more and he was living in King's Cross. He told his friend that it was rough and he was having a lot of problems, but he wasn't worried because he had a knife and could defend himself (the friend never saw the knife that day). He told his friend that it had been tough and he had been in Brixton Prison for 4-5 weeks and he had 'got bad'. Magdi E. had been very worried because it was a serious case but somehow the case had been dropped. His friend has stated that he noticed a big change in Magdi E. - he was not the happy man his friend had known in the few months previously.

225. According to the friend, a few days after his meeting with Magdi E. in London, Magdi E. rang him and asked that he ring him back at the hotel. His friend did so. He has stated that Magdi E. appeared very depressed and said it was a bad area, he didn't like the people and was getting into fights. "He said he tried to buy some cannabis from some people who had taken his money but wouldn't give him any drugs. He said he pulled out a knife on the dealer and got his money back." His friend told him he should try the Council again.

RE-ASSESSMENT OF VULNERABILITY

226. Assessments of Vulnerability of homeless persons are undertaken by the Joint Homelessness Team which were at the time based in King Street, Covent Garden. Public access to the premises was by a front door with an intercom, which led to a small waiting area. Staff would enter the waiting area through a secured door and escort their visitor to an interview room in the staff accommodation area. At the time of Magdi E.'s first involvement with the JHT (October 1996 - April 1997), the number of staff making up the Joint Assessment Service in the JHT was 1 senior care manager, 1 care manager and 2 part-time care managers. By August 1997, the staffing had increased to 1 senior care manager, 3 care managers and 1 part-time care manager. The average caseload of care managers was 30-35 applicants, and staff took turns in providing duty cover.

First meeting with allocated care manager

227. Magdi E. did not keep the appointment arranged by a Housing AAC worker for him to see a JHT care manager on Wednesday 13 August 1997. We found no evidence that this appointment had been confirmed in writing. The next day, at a team meeting, Mr A. was allocated to Magdi E. - the same care manager to whom Magdi E. had been transferred prior to case closure on 1 May 1997. The following Wednesday, Mr A. sent an appointment letter. This letter was addressed as follows:

FACT FILE 19.

Mr A.'s letter showed Magdi E.'s middle two names, not surname, and it was sent to the address in Newham from which he had been evicted on 8 August 1997.

228. Magdi E. did not attend for the appointment made for Wednesday 27 August. The following Monday, (1 September) Mr A. sent another appointment letter, addressed the same as before, offering an appointment for Friday 5 September 1997, at 10.00 a.m.

229. Mr A. told us that he just accepted the details which had been entered on the JHT referral form (FACT FILE 17), although the housing case notes which accompanied it made clear that Magdi E. was homeless on 8 August 1997 (FACT FILE 16) and that

he had been referred to a homelessness duty officer. Mr A. told us that when Magdi E. did not keep his first and second appointments, he did not check with the AAC. His office base had two computerised information systems - one for Social Services, and one for the AAC, the latter of which displays names of individuals placed in hotels. These were not referred to at the time.

230. On Friday 5 September 1997, Mr A. has stated that Magdi E. kept his appointment and he interviewed him. Magdi E. told us that about this time he had spoken to his friend who lived at the address in Arthingworth Street, Stratford, and his friend told him about the appointment.

231. It had taken a month from the date Magdi E. was referred for an interview with a social worker to take place, due to miscommunications. This is the first time Mr A. became aware that Magdi E. had been placed in B & B hotel accommodation by the AAC.

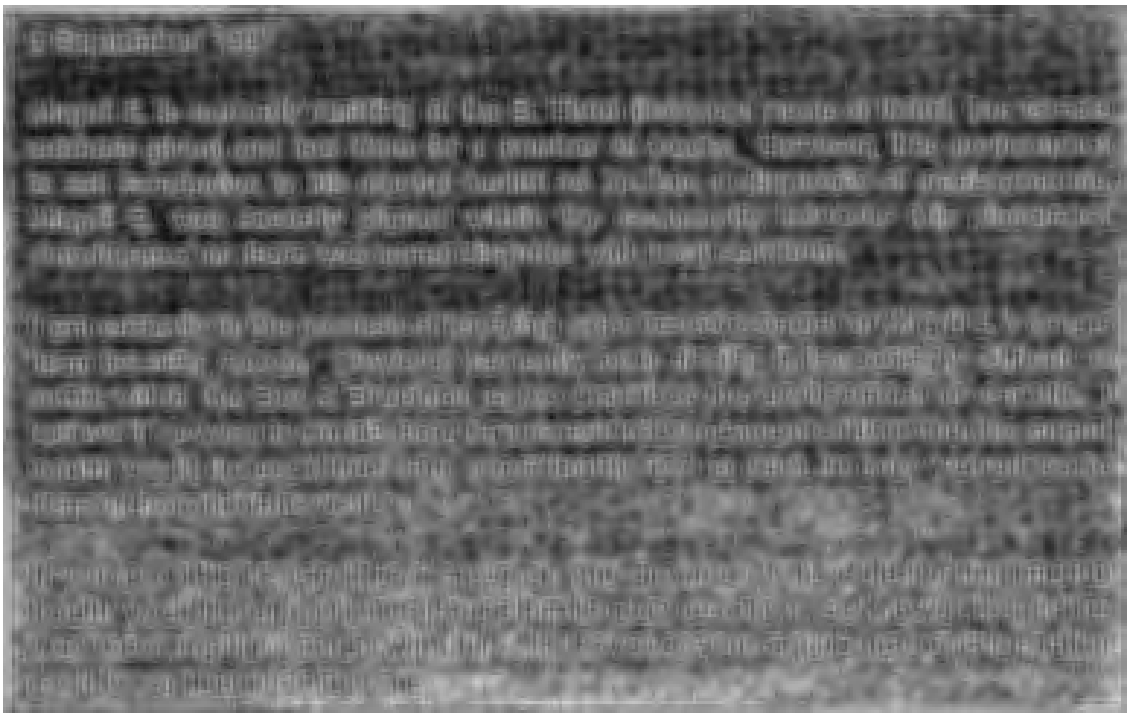
232. Mr A. noted from his initial interview with Magdi E. the following points:

- good relationship with his GP in Kensington
- taking medication (procyclidine) - depression - makes things easier
- alcohol - drug use
- need to be able to think - trying to walk away from problems - doesn't want police involvement
- tenancy broke down - front door was open on a hot day, two girls came to flat - talked to him, came inside - denied sexual assault - police arrest - hospital wing, Brixton Prison for 4 weeks
- no problems prior to this
- Sudan - cultural aspects
- currently in B & B hotel, King's Cross
- busy area - drug dealers
- wants a Studio flat - quiet ++ - assistance with furniture - all furniture lost
- supported accommodation - to discuss further.

233. Mr A. told us that he discussed with Magdi E. the incident which led to him relinquishing his bedsit flat. Magdi E.'s account to him was that the girls had just come in, and he was being victimised by other residents in the community. Mr A. told us that Magdi E. was denying what the Police had said actually happened, that Magdi E. was very guarded in what he was willing to tell Mr A. and reluctant to tell him very much. Mr A. told us that did not want to disengage with him and lose him completely from the service.

234. Mr A. told us, from what he could recall about Magdi E.'s mental state, that he was calm throughout the interview - he appeared as someone who had mental health problems but was medicated, and he was showing no signs that he was not taking his medication, "so my assessment of his mental state was that he was currently stable."

235. On Tuesday 9 September, Mr A. rang the AAC - Housing Allocations Section to express his concerns regarding Magdi E.'s current B & B placement. He was asked to put his concerns in writing. That day, Mr A. wrote a letter to the Housing Allocations Section as follows:-



FACT FILE 20.

Mr A. has stated that he did ring the GP's surgery to notify them that he was the allocated care manager. The GP told us that he recalled that somebody was looking after Magdi E. about this time and that he was going to be rehoused from his hotel in King's Cross. There is no written record of this liaison.

236. On Monday 15 September, Ms I., the housing case worker rang Mr A.. She told us that she made the call because she was being chased for target dates and she rang to find out what was happening in respect of Magdi E.'s Assessment of Vulnerability. Mr A. informed her that he was still assessing Magdi E.'s accommodation needs.

237. Her recorded decision as this time (for purposes of the Housing Department's functions under the Housing Act 1996) was that Magdi E. was eligible for full housing services, for the following reasons:
a) he was homeless following the surrender of his housing tenancy,
b) he was in priority need due to mental health,
c) he was not intentionally homeless - he was advised by his solicitor, because of the nature of the incident and the possible repercussions of remaining, to terminate his tenancy - plus, due to his severe mental health he cannot be held responsible for his actions, especially when the advice which led to homelessness was given by solicitors,
d) he had local connections with 3-5 years residence.

She noted that the JHT were to meet to discuss the type of accommodation that would best suit him, as they felt he may benefit from some sort of support. She concluded that although enquiries had been completed and Magdi E. was accepted by Westminster Housing, no action via the housing allocations register was to be taken until the JHT provided advice as to the type of accommodation needed.

238. We asked Mr A. what his re-assessment at this time entailed? he told us: "I was aware this man's accommodation had broken down in the community and that there needed to be more support...so my assessment was around engaging with Magdi E. in the hope of finding suitable supportive accommodation...The problem I had was what I perceived as his need. He was wanting accommodation in the community, but wanting studio accommodation. He did not want to be accommodated with support. So I was trying to balance my interaction with him against not disengaging him, because I was aware that he was suspicious of mental health services. I was attempting to build a working relationship with him, where he would trust me, and we could explore further the need for supported accommodation. That is what my on-going assessment was around".

A. told us that his plan of action was to "engage" with Magdi E. further, to get more information from him and to let him think about supported accommodation, and then to meet up again to discuss this further.

239. We asked Mr A. what sort of realistic options were available? He told us that he was thinking of accommodation which had support on site, maybe not 24 hour support because of Magdi E.'s resistance to support, but maybe accommodation with support from 9.00 to 5.00, but with someone contactable outside office hours. He told us that he could have made a referral to a residential care home for the rehabilitation of homeless mentally ill people, which is run by St. Mungo's voluntary organisation, but that, even if there was a vacancy there, admission could take two weeks to a month to allow for introductory visits.

240. We asked Mr A., for purposes of his assessment, who else did he consult? What other professionals or services did he get in touch with?. He replied that he was in the process of engaging with Magdi E.. He did not actually contact any accommodation within the community - "Obviously I was aware of different resources in the community and vacancies available, but I think retrospectively, the chain of events actually overtook my continued assessment of this man's need for supported accommodation."

241. We found no evidence that a further appointment was arranged by Mr A. to see Magdi E..

Self-referral

242. According to entries kept in a 'visitors book' maintained by the JHT, Magdi E. called into their office to see Mr A. on Monday 22 September 1997, but Mr A. was not available. The entry shows that Magdi E. was seen for about 20 minutes by another care manager in Mr A.'s absence. Magdi E. told us his reason for coming back to the JHT office was because of his concerns about his hotel accommodation.

243. The JHT care manager, Mr C., who interviewed Magdi E. was a member of Mr A.'s team on duty cover. He has a professional mental health nursing background. Mr C. told us that he had formed a different impression of Magdi E. prior to this meeting. He had been aware of previous discussions in the team when it was first discovered that Magdi E. had a history of violence, following the assault in the housing office. He thinks that this knowledge may have prejudiced his outlook and he was expecting someone behaving in an aggressive manner. When he met Magdi E. he told us that he was impressed that Magdi E. was calm, he was well dressed for someone who

was homeless, and he presented in a very friendly manner that day. Mr C. could not recall details of the problems discussed or action taken. He told us that it is his normal practice to make a note for the file, but on this occasion it was not done, probably because it was a busy duty day. He shared the same office with Mr A. and thought he would have spoken to him about the interview, but he could not recall that he did so.

Eviction from 2nd B&B hotel

244. On Thursday 2 October 1997, Magdi E. again called into the JHT office to see Mr A.. Mr A.'s case record of this event is as follows:

> " Magdi E. informed me that his booking is to be cut today.
> - Telephone call to Hotel. Unable to put up with his behaviour verbally abusive, non-compliance with rules and regulations.
> - Telephone call to housing caseworker...."

245. Mr A. impressed on the housing caseworker, Ms I., that if Magdi E. was not provided with accommodation his mental health would deteriorate. Ms I. consulted her team leader. She informed Mr A. that they had agreed to one more booking, but that it would be outside Westminster, and she asked Mr A. to inform Magdi E. that there would be no more bookings after this. Mr A. explained to Magdi E. the position, because "his behaviour is problematic." His file entry also states: "Gave Magdi E. letter for supported accommodation - Magdi E. to think about it." Mr A. then rang the King's Cross hotel to arrange for Magdi E. to collect his belongings.

246. Mr A. gave Magdi E. a referral letter to take with him to see the housing caseworker at the AAC. The referral letter stated:

> "As discussed this morning, I am sending Magdi E. to the AAC to access B & B accommodation. I have informed him that it is unlikely to be in Westminster, but he assured me that he will still be able to attend his GP surgery in order to obtain his regular medication. He does however have one request that he be placed within an environment that is quiet - I have informed him that this may not be possible. I would however like to reiterate this point as I fear a somewhat chaotic environment is unlikely to be conducive to his enduring mental health problems."

247. Ms I. saw Magdi E. that afternoon. Her file entry of her interview with him is:

> "Magdi E. to office for booking. He was very slow with slurred speech. I gave him booking and again advised him if he is asked to leave this hotel he will not be offered further assistance."

3rd B&B hotel placement and disruption

248. Magdi E. was booked into a Bed & Breakfast hotel in Finsbury Park (Islington, North London). The hotel has 48 rooms in total - 32 of these rooms are available to the Westminster AAC. At the time of Magdi E.'s stay, there were two main eye witnesses to incidents and events - the day receptionist, and the night receptionist (both of whom were Sudanese, and who conversed in both Arabic and English with Magdi E. during his stay). These staff were directly responsible to the hotel manageress.

249. Magdi E. was received on arrival on Thursday, 2 October, by the day receptionist. He was booked into room 15, which is on the first floor overlooking the main road. Later that day, the receptionist received a telephone call from Mr A. who wanted to speak to Magdi E. The receptionist recalls explaining to Mr A. that the hotel rooms did not have phones, but that he would pass any message on. Mr A. left a message for Magdi E. that he could collect his clothes from the King's Cross hotel, but that he should not leave it too late. When the receptionist went to Magdi E.'s room to give him the message, he noticed a large knife or machete on the top of the dressing table. The next day, Magdi E. informed the receptionist that he didn't want anyone going into his room, not even the cleaners. He insisted that he kept his room clean, and if his bed sheets needed changing he would collect them from reception and change them himself. The receptionist reminded him of the hotel rules and regulations which he had signed when he booked in.

250. About this time, there is an entry in Mr A.'s case record that he contacted the Benefits Agency regarding Magdi E.'s income support and noted that he was being deducted £10.52 for the Social Fund loan. He also noted his social security number. According to Magdi E. he had lost his giro book shortly after arrival at the hotel.

251. Over the weekend, the night receptionist (who generally covers from 10.00 p.m. to 8 a.m.) found Magdi E. roaming around the corridor of the hotel dressed in a track-suit or arabic dress all Saturday and Sunday night. He told the receptionist that he did not sleep at night. The receptionist has stated that he appeared very agitated and was always walking quickly - sometimes he would come to the reception desk and start slapping his hands on the counter and demanding attention. Due to his behaviour, the night receptionist states that he began to think Magdi E. had some sort of mental problem.

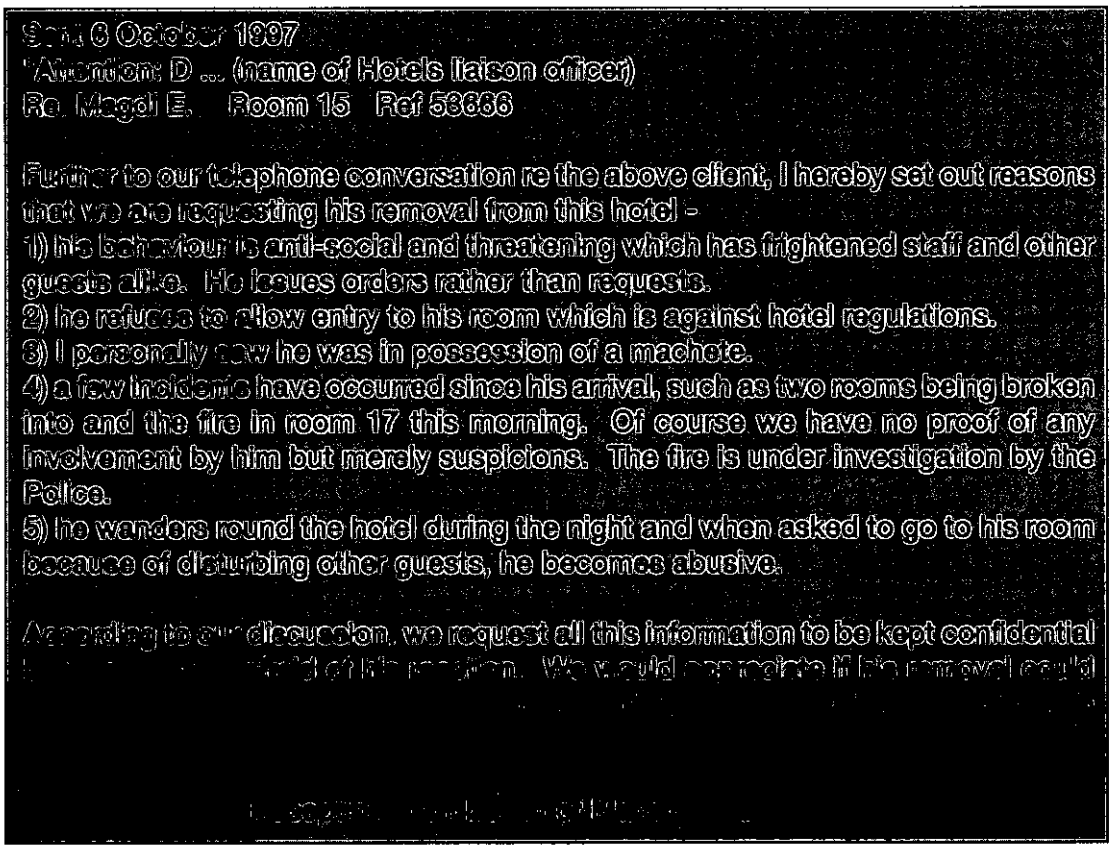
252. The day receptionist states that on Sunday (5 October) Magdi E. came to the reception and said that someone had been in his room and that his book was missing. He kept saying that he had told the receptionist not to let anyone in his room. The day receptionist states that he wasn't aggressive, but very tense about having someone in his room.

253. At about 4.00 a.m. on Monday 6 October, the hotel fire alarm went off. The night receptionist went to the first floor and saw smoke coming from beneath the door of room 17. He kicked the door in, the room was empty, he tackled the fire with an extinguisher, and evacuated the residents. Magdi E. was in his room at the time. When all the residents were assembled in the foyer, the receptionist states that Magdi E. was the only one saying anything - he was clearly agitated and was shouting that the hotel was useless, his things had been stolen, and now there was this fire. Other residents, apparently, told him to shut up.

254. The hotel staff suspected that Magdi E. may have caused the fire, because the only access to room 17 without a key was through the window. Room 15 and room 17 overlooked a bay window, the top of which could have been climbed and which provided a ledge between the two windows.

255. On Monday 6 October, the night receptionist shared his concerns with the day receptionist who contacted the Westminster AAC hotels liaison officer. It appears that this officer then asked the receptionist to confirm by faxing a report to the AAC. The receptionist did this, but has stated that there was a problem at the AAC end of

the transmission, and the hotels liaison officer was unable to read the report, despite several attempts. This faxed report does not appear on Westminster Housing files submitted to our Inquiry, and the hotels liaison officer told us that he could not recall it with any certainty. The report which the hotel faxed was as follows:



Date 6 October 1997
Attention: D ... (name of Hotels liaison officer)
Re. Magdi E. Room 15 Ref 58666

Further to our telephone conversation re the above client, I hereby set out reasons that we are requesting his removal from this hotel -
1) his behaviour is anti-social and threatening which has frightened staff and other guests alike. He issues orders rather than requests.
2) he refuses to allow entry to his room which is against hotel regulations.
3) I personally saw he was in possession of a machete.
4) a few incidents have occurred since his arrival, such as two rooms being broken into and the fire in room 17 this morning. Of course we have no proof of any involvement by him but merely suspicions. The fire is under investigation by the Police.
5) he wanders round the hotel during the night and when asked to go to his room because of disturbing other guests, he becomes abusive.

According to our discussion, we request all this information to be kept confidential [illegible] of his reception. We would appreciate if his removal could [illegible]

FACT FILE 21.

256. The hotel day receptionist has stated that by 5.00 p.m. that day, he had not received a reply so he rang Westminster AAC and spoke to another officer. He was told there was nothing they could do until they had warned Magdi E.. The receptionist emphasised how frightened the staff were of him, and that any action Westminster took must not be traced back to the hotel as they were worried that Magdi E. would blame them and do something, "particularly as I and all the reception staff are also Sudanese." The housing officer told them that if they were worried they should go into his room and remove the machete or call the Police to take it - "None of us were very happy with the attitude of Westminster Council so we decided to treat Magdi E. very gently and not upset him, and just wait until he got moved."

257. The AAC records show that the housing case worker, Ms I. was contacted by the hotels liaison officer on 6 October 1997. She was informed that Magdi E. was refusing to allow hotel staff into his room to clean, but when he was out the staff had found a machete. "They did not want to call the Police, as Magdi E. would know they had been in his room."

The housing caseworker contacted Mr A., Magdi E.'s allocated care manager, who said that he would speak to the hotel staff.

258. Mr A.'s file entry, dated 7 October, 1997, states:

> "Telephone call from Ms I.. Concerns re: Magdi E. He has apparently been verbally abusive to staff and has locked himself in his room - he also has a weapon in there. Concerns ++."

259. The reception staff had discussed their concerns with the hotel manageress (who had never met Magdi E.). The manageress received a telephone call from Mr A.. She assumed that the call was in response to the fax her staff had sent to the AAC, and understood from Mr A. that he was Magdi E.'s social worker from Westminster Council. Her account of their conversation was :

> "He asked me if things would be better if he could get Magdi E. to give up his knife, a discussion followed as to how he was going to achieve this, but the method he proposed of a straight forward request over the phone was totally unacceptable, as both I and my staff were very concerned for our own personal safety. It was decided that an alternative way forward would have to be found, in the meantime we would monitor the situation and explore how this situation might be best dealt with. As a result of Mr A. speaking to me, he left his details and phone number, in order for me to contact him. I wrote these down on a piece of paper. This was left in reception for the staff to use if it became necessary."

The manageress's note was as follows:

> Reception
>
> In case of any serious problem with Room 15, tell his social worker Mr A. (tel. no. given) during office hours.
> (signed by Manageress)

260. Mr A. told us that his recollection of the conversation was that although there were concerns about Magdi E.'s behaviour and his abusiveness, there was little talk from her about an actual weapon at that time, and there seemed to be some dispute about whether he did actually have any weapon at all in his room. He said that the hotel manageress seemed relieved that she had a contact name, which was himself - at that point it seemed that "things had improved and she said they were happy for him to remain there because he was now letting them have access to the hotel room. So I assumed from that, that maybe things had become exaggerated to some extent....that led me to believe that things had calmed down considerably."

We asked Mr A. to tell us about his general experience and to comment on the pattern which was emerging in respect of Magdi E.. He told us that this sort of behaviour, and resentment, is not uncommon - "For a lot of clients placed in B & B hotels, the accommodation is chaotic, rather noisy, and clients do feel quite resentful that they have to abide by certain rules and regulations, and I think they see the hotel room as their own room - it is theirs and they don't want people to just have access; they want to keep it as their own; they do not like the fact that people just come in and out. I guess it would be like someone coming into your own home, because that is their own space."

Mr A. told us that a number of clients did behave in such a way, and his concerns were not raised as much as they would have been if this was the only client who was behaving in this manner. Both housing and other JHT staff told us that transfers between hotels were not unusual.

261. The night receptionist has stated that when he expressed his worries to the day receptionist and the hotel manageress on Monday 6 October, they told him they had had no problems with Magdi E. during the day and to give him a chance.

Signs of deterioration

262. The night receptionist has stated that Magdi E.'s behaviour continued in the same way that week, but he now noticed that Magdi E. was carrying a large knife beneath the sleeve of his arabic dress - "the handle would be capped in palm of his hand, and the blade hidden by his sleeve." He has stated that he informed the day receptionist and manageress.

263. The day receptionist states that the last time he saw Magdi E. was on Thursday 9 October 1997, when he was approached by him at reception. Magdi E. told him that some knives he had purchased at Argos had gone missing from his room. He warned his colleague, the night receptionist, to be careful when he took over that evening.

264. The night receptionist has given account of a later incident when the fire alarm went off at 3.30 a.m.. He went to the first floor and states that Magdi E. was standing in the corridor - no one else. The carpet in the corridor was smouldering and the receptionist put it out by stamping on it. By this time, Magdi E. had returned to his room, again the residents were evacuated but, he states, Magdi E. refused to leave his room. It appears that this incident happened in the early hours of Saturday 11 October 1997.

265. In response to both fires at the hotel, the night receptionist called the fire brigade and the Police.

266. On Sunday 12 October 1997, according to the night receptionist, Magdi E. returned to the hotel at about midnight, was given his room key and went upstairs. The receptionist then heard banging coming from his room - it sounded as if Magdi E. was knocking on the walls and doors (some of the partition walls are wooden). A little later, the receptionist heard him shouting from outside the hotel, he looked out and saw Magdi E. standing on top of the bay window, outside the window of his room. "He was also climbing on the Hotel sign, and in a mixture of English and Arabic, he was shouting he was going to kill people, both black and white." The receptionist called the Police.

267. The receptionist's account is that a short while later, two uniformed policemen arrived and he spoke to them in the reception area about Magdi E., who by now had gone back into his room. One policeman was listening at the foot of the stairs which led to the first floor, whilst the receptionist spoke to the other. Magdi E. then came down the stairs shouting at the policeman about his stolen book and cassette, and was waving his arms about. "The policeman told him to calm down and to stop shouting so that they could listen to him, but Magdi E. kept moving towards him. The next thing I saw was Magdi E. punching the policeman in the head and face with both

clenched fists. They both fell to the floor, and the two policemen had to restrain him, and they held him on the floor. During the struggle, Magdi E. was shouting that he had seen God and seen him on the T.V. I saw a knife on the floor next to Magdi E., I pointed it out to the policeman who pushed it away from Magdi E.. A few minutes later, more police arrived, and took Magdi E. and the knife away."

268. According to police records, two police vehicles had responded to the call from the hotel, each with two police officers - one vehicle arrived prior to the other. The written account by each of the four police officers was that Magdi E. was "incoherent" in what he was saying to them. Their account was that during the struggle to restrain him, a police officer felt an object beneath his dress which was thought to be a concealed knife. This was removed from the waistband of his tracksuit trousers by one of the officers and thrown out of the way. During the struggle, Magdi E. was hit with a police baton, and told to stop resisting.

269. Magdi E. told us "When I moved from King's Cross to Finsbury Park, I left a carton which had my briefcase and some knives, kitchen knives, some food, and there were things stolen like my birth certificate and my order book. I put them by reception first when I came to the Finsbury Park hotel, and when I came back the next day I found them not there. By accident, some police officer came to the hotel, so I was trying to explain to them that these things were stolen from me, so I pushed him. I was locked in a cell in the police station. It was terrible."

270. **Magdi E. was arrested for a) being in possession of an offensive weapon, and b) assaulting a police officer, and he was taken to Stoke Newington Police Station.**

271. On 13 October, the hotel manageress telephoned Westminster Social Services and left a message for Mr A. informing him of the arrest - this was entered in the JHT message book.

CUSTODY, LIAISON AND DECISIONS LEADING TO BAIL

Medical examination by a doctor (FME)

272. Police custody records show that Magdi E. arrived and was detained at Stoke Newington Police Station at 1.00 a.m. on 13 October 1997. During a search of him in the custody area, the police state that a scabbard made of newspaper was found in the waistband of his track suit trousers. The custody officer was informed that he had been violent on arrest, that he had a history of mental illness, and that, in order to restrain him, he had been struck with a police baton. He was taken directly to his cell, and a forensic medical examiner (FME) was called.

273. He was seen by Dr H., FME, at 1.17 a.m. who was aware that he had been arrested with a dangerous weapon. Dr H. was informed by Magdi E. that he was not on medication, he denied using alcohol or illegal drugs, and that he had been admitted to hospital in 1992 for depression. The doctor examined him and noted that his injuries were minor. Dr H. told us that when he saw Magdi E., he showed good insight, he was relaxed, orientated and his speech and behaviour appeared normal. Dr H. recorded that he was fit to be detained and fit to be interviewed by the Police. The doctor told us that in view of the psychiatric history which was relayed to him, he also recommended that Magdi E. should have an Appropriate Adult present.

274. Shortly afterwards, two police officers attended his cell and further arrested him on suspicion of arson with intent to endanger life at the Finsbury Park hotel on 6th and 11th October. They were authorised to search his hotel room for evidence of fire lighting equipment. His detention was reviewed and further authorised at 7.00 a.m. at which time he was seen to be asleep. At 8.45, Magdi E. was spoken to and he requested a duty solicitor, but he did not wish anyone else to be informed. From their investigations, the Police obtained a copy of the hotel manageress's note with detail of Mr A. - social worker, and rang the telephone number requesting that a social worker attend as the Appropriate Adult.

Appropriate Adult

275. The request from the Police was received by a duty officer in the JHT who consulted his senior care manager, and the JHT team manager. Mr A. was not in the office when the call was received. The ASW member of the team was not available and both seniors had other duty commitments. Mr A. then arrived at the office and was available to attend. After discussion with his managers, it was agreed that he should attend, and the role of an Appropriate Adult (AA) was discussed with him.

276. Mr A. told us that had never attended a training course on the role of an AA - he had acted as an AA on one or two previous occasions but said they were quite different "as I had much more contact with the client. I was much more familiar with their presentation and their circumstances. Magdi E. was someone I had had very little contact with". Mr A. and his managers all agreed that he should strongly recommend that Magdi E. be remanded for a full forensic-psychiatric assessment. Mr A. contacted Magdi E.'s GP surgery and spoke to the practice manager. He noted that the last prescription for medication was "29 July - 29 September, Risperidone and Procyclidine".

277. Both the senior care manager and the JHT team manager told us that they were aware that Magdi E.'s mental condition had been assessed in the past four months on two occasions - neither of which had led to hospital admission. The senior care manager based this on previous discussion he had had with a Paddington team manager. Both he and Mr A. were also aware of the previous violent incident at the housing office. All these staff had been informed that Magdi E. had been arrested on suspicion of setting two fires with intent to endanger life, assaulting a police officer and for carrying a dangerous weapon. Mr A. told us he was further concerned when it seemed to him that Magdi E. may not have been taking his medicine, or that the prescription had run out. Their opinion was that a single psychiatric interview might be insufficient to determine his mental state. They therefore advised Mr A. to strongly suggest that Magdi E. be remanded for a forensic assessment, which they understood would involve a psychiatric interview whilst in custody with a view to transfer to hospital under S37 of the Mental Health Act for further psychiatric assessment.

278. Mr A. arrived at the Police Station about midday, and stayed that afternoon. Mr A.'s record of this event in his case file was:

> "... Magdi E.'s mental state appeared OK throughout - however, denied charges - not bailed. To appear in Court a.m. tomorrow."

279. Mr A. has subsequently stated that he found Magdi E. lucid during his interview, and there were no obvious signs that he was hearing voices or thought insertion, and he seemed completely capable of understanding and taking part in the Police interview. Mr A. knew that he had been seen by an FME, who also thought he was fit for interview. Mr A. has stated that he informed the two investigating CID officers, and duty solicitor that he thought Magdi E. should be remanded in custody for safety and for a full forensic psychiatric assessment - that Magdi E. was now 'no fixed abode', unable to return to his B & B hotel and that the likelihood of finding a hostel would be low because of the alleged offences of setting fires. Mr A.'s understanding was that the Police and solicitor both thought it unlikely that Magdi E. would be bailed, but that there was talk briefly of a relative who might be able to accommodate him.

280. Prior to leaving, Mr A. was made aware that an FME was to see Magdi E. again - as he had received an injury during his arrest and was threatening to make a complaint, so he needed to be examined. Mr A. asked that the FME be informed about Magdi E.'s medication - he was receiving oral medication, which Mr A. believed had probably run out. During his interview with the solicitor, Magdi E. had said that he had some medication left in his hotel room. Mr A. told us that this led him to suggest to the Police that Magdi E. had not been taking all his medication, and when Mr A. finally left the police station, his understanding was that the Police were to go to the hotel to collect Magdi E.'s medication and belongings.

281. One of the investigating CID officers recalls speaking to Mr A. in the custody suite and outlining the two offences Magdi E. had been arrested for, but he has stated that he has no recall of any other conversation with Mr A. Neither of the investigating officers can recall discussions concerning medication.

Duty solicitor

282. A firm of solicitors came to represent Magdi E. through the duty solicitor scheme. They arranged for the duty solicitor to be represented by Mr O., whose practice is police station attendance. Mr O. arrived at the police station shortly after Mr A.. Mr O. maintained a very detailed, full and contemporaneous written account of his involvement with Magdi E. on this day. The legal representative was advised by Mr A. that he was from the Westminster JHT and that he felt Magdi E. was fit for interview, that Magdi E. was on prescribed medication which "expired on 29 September", but that Magdi E. said he had taken medication the day before (i.e. 12 October). Mr O. noted that there was a diagnosis of schizophrenia and depression, and that Mr A. told him that Magdi E. had claimed that the Police and "Allah" were listening during the night.

283. The duty solicitor representative wished to be satisfied that his client was fit to plead and he also considered whether his client might come within the scope of Section 136 of the Mental Health Act. He looked at the custody records, in particular the FME's report. Mr O. then questioned Magdi E. about his history. From Mr O.'s notes, it is apparent that Magdi E. gave accurate details of addresses he had been staying at, his oral neuroleptic medication, his GP, name of the hospital in Croydon and year, no in-patient treatment since. Magdi E. told Mr O. "I cannot recall if I have missed my prescription recently. I receive it daily." Mr O. specifically asked him whether he had been hearing voices and Magdi E. denied that he had. He told his legal representative that he had been hearing sounds during the night "as if people were making sex in the cells nearby", by which Mr O. deduced that he meant cells were noisy places at night. Mr O. noted "client presents as coherent to questions and compos mentis" and he told us that Magdi E. appeared controlled but defensive - "he was perfectly able to understand the allegations that were being made against him, and perfectly able to formulate and advance his response to those allegations".

284. The duty solicitor representative told us that the Appropriate Adult, Mr A. was present during his consultations with Magdi E. (2.55 p.m. to 3.15 p.m.). During the consultations the issue of bail application was discussed with Magdi E., who gave the name and address of his cousin in Arthingworth Street, Stratford.

285. We have read the transcript of the Police interview with Magdi E. which then followed. Magdi E. explained his reason for holding a kitchen knife when the Police arrived at the hotel (having been preparing a meal), and gave explanations for carrying a rolled-up newspaper, and other actions. He denied involvement in the fires.

286. Following the Police interview, the duty solicitor representative explained the bail situation to his client and Magdi E. gave instruction that bail should be applied for. He noted down the address in Arthingworth Street, Stratford, which Magdi E. told him he could stay at with his cousin, and that he had always turned up at Court. Magdi E. gave Mr O. details of the previous assault for which he had been fined in 1996. Mr O. telephoned Magdi E.'s cousin later that afternoon (about 4.30 p.m.) but received no reply.

287. Magdi E. had been offered no breakfast by the custody officer, and he had refused lunch. Mr O. further noted that Magdi E. wanted vegetarian food, and that he was due his medication at 10.00 p.m. that evening. Mr O. made a note that he wanted

the FME to see Magdi E. again, principally in relation to the administering of medication. Mr O. told us that by this time he had formed the view that it was very likely that Magdi E. had probably not been taking medication.

2nd examination by a doctor (FME) and medication

288. The police custody records show that an FME, Dr I. was called, and examined Magdi E. between 4.07 p.m. and 4.15 p.m.. Dr I. emphasised to us the limited function that the Police had asked of him in relation to Magdi E. - he had been asked to re-examine Magdi E.'s injuries because he was complaining of some pain, and to reassess his mental state in order to confirm that he was fit to be detained. Dr I. told us that the Police did not provide him with any details about the circumstances of Magdi E.'s arrest and he did not feel it necessary to enquire. Dr I. says that Magdi E. told him he had been hit with a stick by "someone" (the FME did not ask who the "someone" was), that he was taking Procyclidine tablets twice a day, and that he had taken one previously. Dr I. told us that he was aware that Procyclidine was an antidote for antipsychotic drugs, but he did not explore in any detail the possibility the Magdi E. might at that time be actively ill as he seemed perfectly stable and coherent. The FME confirmed that Magdi E.'s knee was tender and prescribed him a single (pain-killer) tablet, and also recommended that any medication Magdi E. had in his hotel room ought to be brought to him at the police station. His report of the examination shows that Magdi E. was fit to be detained, and under a heading "medical findings/advice to police", Dr I. wrote:-

> "Injury right knee. Also on tablets for psychotic illness. Tenderness right knee. One tablet Kapake administered. Medication to be brought from home."

289. The duty solicitor representative and the Appropriate Adult left the police station for a break and they had an informal discussion. Mr A. informed Mr O. that no hostel or Bed & Breakfast accommodation could be found because of the arson allegation, and Mr A. mentioned an incident in the hotel with a machete. They discussed the probability that Magdi E. had not taken medication, and that these problems were occurring because of problems with the administration of his medication. Mr O. told us that Mr A. gave his view that it would be best if Magdi E was to be remanded for psychiatric assessment. The duty solicitor representative commented to Mr A. that the Court could remand for a medical report (but he was instructed to apply for bail and was bound by his client's instructions). Mr O. told us that he recalled, either during the informal discussion with Mr A. or when they left the police station for the last time that day, asking Mr A. whether he would be in attendance at Court the next day, and wanting Magdi E.'s GP to be informed about what had happened. Mr O.'s recollection is that Mr A. told him that he, or at least someone from Social Services, would be in Court the next day.

Police decision not to grant bail

290. At about 5.00 p.m. Mr O. And Mr A. returned to the police station. Two charges were put to Magdi E. relating to the assault on a police officer and carrying an offensive weapon, to which he replied "Not guilty". The custody officer then considered the question of bail with or without conditions, and refused it. His custody record of his reasons was explicit and read as follows:

"I have considered the question of bail, both with and without conditions. Bail is refused on the following grounds:
(1) he is now of no fixed abode as a result of the matter. He has no community ties and is under investigation for 2 arsons. I believe, if released, he would not surrender to the Court.
(2) to prevent harm to himself or another. He is charged with an unprovoked attack on a police officer and had previously threatened suicide. He is clearly a danger to the public.
(3) to prevent further offences. There are grounds for believing he will return to the hotel where he was arrested, and cause further damage. I have listened to representation from his solicitor to the effect that he is not a danger to anyone, and that a cousin is prepared to give him an address. However, I am not satisfied that he is suitable for bail, so he will remain in custody until he can be put before the first available Court."

3rd examination by a doctor (FME) and collection of medication

291. The duty solicitor representative recalled to us that he spoke to the custody officer and told him that Magdi E.'s medicine was on the refrigerator in the hotel room. His contemporaneous note reads "Advised custody officer of whereabouts of client's medication and wallet which was under his pillow." He told us "The custody officer said to me that the doctor wanted to see medication before giving any authorisation for Magdi E. to take it, and the custody officer said the Police would try to visit and collect his property at the hotel."

292. An FME was called and saw Magdi E. at 00.37 on Tuesday 14 October to administer medication. An antibiotic had been brought from his hotel accommodation and the FME was informed that he was complaining of a knee pain. The FME asked Magdi E. whether he had any other problems and whether he was on any medication. He told the FME that he had been taking procyclidine and some other kind of tablet twice a day on a regular basis, and that he had one packet of antibiotic tablets which he did not need any more. The FME examined his knee, could find nothing wrong but considered the possibility of a muscular pain or some kind of strain. The FME offered a painkiller, and Magdi E. responded that he needed some help to sleep. The FME did not consider Magdi E.'s behaviour as unusual - but quite common for people detained in a cell, with disturbances and next day having to appear in Court. Magdi E. was prescribed a painkiller and a mild sedative. The FME told us that Magdi E. did not present as someone showing signs of mental illness.

Highbury Corner Magistrates Court

293. No person from Westminster Social Services attended the Magistrates Court hearing on Tuesday 14 October 1997.

294. Mr A. told us that when he left Stoke Newington Police Station, his understanding from his discussion with the two investigating CID officers was that they wanted Magdi E. detained, that he had made clear to them that Magdi E. needed a forensic psychiatric assessment, and that his view would be made known to the Court the next day. On Tuesday 14 October, Mr A. was on duty at the AAC "assessing" new clients. He did not liaise with the GP, Dr A., regarding Magdi E..

295. The team manager, JHT, told us that she was absent, on leave, for two days. Thereafter she assumed that matters at the Court had gone as she had recommended, and that Magdi E. had been remanded. She was not to become involved again until the 24 October.

296. Mr A.'s supervisor, the senior care manager, told us that he had conversation with Mr A. when he came back from Stoke Newington Police Station, who told him how Magdi E. had presented to both himself and the FME, behaviour which did not reveal that Magdi E. was in need of urgent treatment for his mental illness. The senior care manager, Mr B., was under the impression that the Police had no intention of agreeing to bail, and that the duty solicitor would not be asking for bail. The senior care manager told us "I went home that night feeling that Mr A. had done his job properly and that Magdi E. would not be bailed ..for certain." He told us that on Tuesday 14 October, he had several appointments and he could not recall whether he would have been available that day.

297. A solicitor advocate due to attend Highbury Corner Magistrates Court was contacted by the duty solicitor's receptionist and asked to make representation on Magdi E.'s behalf. The freelance advocate, Ms Q., told us that she received the call about 8.30 - 8.45 a.m. on that day asking if she could undertake the case at Highbury, in addition to two cases she already had booked. The receptionist gave Ms Q. the name of the defendant, Magdi E., and told her that he was charged with assaulting a police officer and possessing an offensive weapon, and that he had been held in Stoke Newington Police Station overnight. No other details were conveyed. Ms Q. was asked to apply for legal aid and to represent him. She told us that because Magdi E. had been held in custody, she wanted to know the reasons. The receptionist gave her a mobile telephone number for Mr O.. Ms Q. told us she tried to contact him and received no response before she left home. For the rest of the day, there was no contact between them.

298. Stoke Newington Police passed their evidence and documentation to a principal prosecutor from the Crown Prosecution Service (CPS).

Decisions taken at the Magistrates Court and liaison with Westminster Social Services (JHT)

299. Highbury Corner Magistrates Court has four Courts which take remand prisoners, and two other Courts. There are four consultation rooms in the cell area - two are reserved for duty solicitors. Highbury has a mental health liaison worker attachment from the local health services, and is able to transfer remanded defendants to Clerkenwell Magistrates Court for psychiatric report (similar in arrangement to Horseferry Road Magistrates Court).

300. Ms Q. told us that she arrived at Highbury about 10.00 a.m., introduced herself to Magdi E. who was in his cell, and went to see the crown prosecutor before taking instruction, in order to find out what they were saying about him and his situation. She was informed that the allegation in relation to the knife was not connected to the assault, in that it was an item found on him during arrest, in the waistband of his trousers - the two charges were going to be dealt with separately. She was also advised of the previous conviction in 1996 for ABH and for which he was fined £200. Ms Q. then took instructions from Magdi E.. She told us that this was a case (i.e. offensive weapon) where she could have asked for advance information, but she

recalled that Magdi E. was quite anxious to move it along and gave her clear instructions for the not guilty pleas. She discussed with him mode of trial - the charge of assaulting a police officer could not go to Crown Court, whereas he did want to take the offensive weapon charge to the Crown Court to contest it fully. Ms Q. told us that Magdi E. appeared to understand the different concepts and choices. He then provided her with some details of his social history.

301. Magdi E. appeared in Court about 11.00 a.m.. He pleaded not guilty to two charges: a) assault on a police officer and b) possession of an offensive weapon, namely a large kitchen knife. The crown prosecutor has stated that he had insufficient statements from the Police concerning the assault and possession of an offensive weapon to appropriately seek a remand in custody, but he attempted to give the Court as much information as possible from the police file in order to oppose bail:

- Police thought that Magdi E. had mental difficulties and they had contacted his mental health key worker,
- the Police had been called to the same premises three times,
- he had been threatening people at the hotel,
- he had been arrested with a large knife,
- he was resident at the place where the offence took place, and he could not return there,
- there were outstanding charges in respect of arson.

302. Ms Q. told us that the crown prosecutor had to amend the assault charge as it was charged under the wrong Act, and that this was the first occasion when she learnt there were mental health problems. Her impression of objections to bail related to accommodation difficulties. She made the following representations:

- as defence solicitor (based on her interview with Magdi E.) she had no reasons for concern about his mental health,
- a hospital order had never been made and it did not appear appropriate to send him to Clerkenwell Magistrates Court (to see a duty psychiatrist),
- he was on police bail in respect of the arson charges,
- he had two brothers in London - but did not live with them, and they could not be contacted during the day because they were both at work.

303. Ms Q. told us that Magdi E. denied the suggestions made by the crown prosecutor. The magistrate put the case back for further enquiries to be made from Magdi E.'s mental health key worker, Mr A. and to explore the possibility of a bail hostel.

304. The defence solicitor approached the duty probation officer at Court that morning seeking a bail hostel place. The duty probation officer learned that Magdi E. had mental health problems and that there was an arson charge outstanding. The duty probation officer consulted her service's central referral scheme to ascertain availability and suitability of a bail hostel placement, and was informed that such a referral for Magdi E. would be inappropriate in these circumstances. The defence solicitor attempted to contact Mr A., and spoke to someone at the JHT.

305. When the case came back to Court, the defence solicitor advised the magistrate that Mr A. was from a joint homelessness project, and that they had nothing to do with any mental health projects. The probation service had not completed their enquiries. The case was again put back to the afternoon.

306. A JHT duty worker, Ms D., had taken the message from the defence solicitor. She has stated that she was informed by Ms Q. that Magdi E. had been charged with assaulting a police officer and having an offensive weapon, and was asked if Magdi E. had somewhere to go, because the magistrate had granted bail. The duty worker was informed that a bail hostel would not accept Magdi E. because a probation officer would not accept him due to allegations made by the hotel of possible arson. The duty worker has stated that she replied that she was not able to comment on the situation and needed to speak to Mr A..

307. The duty worker paged Mr A., who returned her call, and they talked about the issues raised by the defence solicitor. The duty worker has stated that Mr A. expressed his concern to his colleague that he was not happy for Magdi E. to be given bail and he wanted him to be kept in custody for forensic psychiatric reports. The duty worker told Mr A. that the solicitor needed an address to bail Magdi E. and Mr A. told her he had relatives in East London. The duty worker has stated that she rang the defence solicitor back with this information, and said it needed to be checked out. The duty worker has also stated that she conveyed Mr A.'s concern about Magdi E.'s release and that he needed a forensic psychiatric assessment. Ms Q. has no record nor recollection of the concern and she told us that she would have acted differently had she been told about it - namely that she would have been obliged to inform the Court, and take instructions from her client. Her brief contemporaneous note of the conversation recorded three points from her initial conversation with the duty worker:
a) JHT were not dealing with him for mental health problems,
b) they were not going to offer any further accommodation, and
c) the person she had spoken to was in agreement that he should preferably return to the community.

308. Ms Q. consulted Magdi E. about the address in East London and he informed her that his cousin/friend was at work and was not due home until after 7.00 p.m..

309. In the afternoon, about 3.20 p.m., the magistrate was advised that the Probation Service could not accommodate Magdi E.. The afternoon duty probation officer's account of this event was that the defence solicitor appeared upset by the Probation Service's reasons for not proposing a bail hostel place. The Probation Service have stated to us that the situation was further confused by lack of real information - e.g. at one point, the morning duty probation officer had been told that there was a mental health worker involved, but "this subsequently transpired to be a housing advice worker". By the afternoon, however, the defence solicitor produced another option.

310. It appears that the defence solicitor informed the magistrate that she had spoken to Westminster JHT and that they were only dealing with Magdi E. in relation to finding him accommodation, that he could stay with a friend who he had stayed with before, that the JHT were aware of this address, he had stayed there before and the homelessness team were satisfied with it.

311. The CPS prosecutor was able to confirm to the magistrate that police enquiries were being made into arson at the hotel, that he had been placed on police bail, but there was uncertainty as to when Magdi E. was due to report back to the police station - Magdi E. told his solicitor that he thought it was the 10th and had missed it. We have seen a copy of the police bail notice which was dated 14 October (00.45 a.m.). It has an entry for reporting "10 October" which has been amended to read "17 October" -

we do not know when the alteration was made. According to a CPS statement, however, it appears that the magistrate was unable to attach much weight to the suspected arson. The magistrate sought clarification of the assault and was told it was a punch.

312. In a public statement issued by the stipendiary magistrate (30 October 1997), he gave account of the factors presented to him at Court:

- the prosecution did not object to bail
- prosecution stated that Magdi E. had been held in custody overnight for his own protection because the Police thought he had mental problems, and had a mental health worker assigned to him
- defendant's solicitor stated that she had discussed the case with him and she had no concerns about his mental health
- magistrate was informed that no hospital order had ever been made in respect of Magdi E.
- concern that Magdi E. had nowhere to live as he could not return to the hotel where he had been staying
- following enquiries instigated by the magistrate, informed that the worker did not belong to a mental health unit, but to a homeless unit, and Magdi E. was being assisted only in relation to his accommodation problems
- informed that a bail hostel was not available
- informed Magdi E. was able to live with a friend outside area whose address was known to the homeless unit and they considered it to be satisfactory
- no further representations were made by the prosecution.

313. The magistrate granted bail with the following conditions:

1. to reside at (No.) Arthingworth Street, Stratford, E.15.
2. to report daily between 6 p.m. and 8 p.m. to Stratford Police Station

314. Following the Court decision, the defence solicitor rang the JHT duty worker back. The duty worker then wrote and left the following information for Mr A. in the JHT message book:


14.10.97
Mr A.
Magdi E. was granted bail (number) Arthingworth Street, Stratford, East London - telephone (full number given). - Due back at Highbury Court on 30/10/97 a.m.

FACT FILE 22.

Return to the hotel and liaison with Westminster Social Services (JHT)

315. Magdi E. returned to the Finsbury Park hotel to collect his belongings and to change his clothing. The receptionist was aware that his booking had been cancelled. This hotel staff member had stated that he believed the hotel manageress had arranged for his social worker to collect his belongings. Magdi E. was asked whether he had been or spoken to Westminster Council, and he is said to have replied yes, but that they could not find him a place. He was given the keys to his room.

316. Ms D., duty worker, JHT, has stated that around 4.15 p.m., the hotel rang complaining that Magdi E. had returned, they were not happy about the situation, and that he should have been accompanied by his social worker. The duty worker explained that his care manager was not in the office and was unaware that Magdi E. had returned to the hotel, and that the duty worker would get back to them. The duty worker rang Magdi E.'s defence solicitor who advised that he had not broken his bail condition, he could collect his belongings, he had a blood stained shirt and therefore needed a change of clothing. The duty worker has stated that she spoke to the senior care manager, Mr B., who told her there was nothing the JHT could do, but the hotel could call the Police. The duty worker rang the hotel to convey the solicitor's view, and also to advise that they could call the Police. She has stated that the person at the hotel she spoke to began to get angry and told her that they were a bloody waste of time and put the phone down on her.

317. The hotel receptionist has stated that during the call he fetched Magdi E. to speak on the telephone to the Westminster duty worker. The receptionist's impression from overhearing the telephone call was that Magdi E. had been asked by the duty worker why he had returned to the hotel, and he said because his solicitor had told him that he had a right to stay there. The conversation finished, and Magdi E. returned to his room. About five minutes later, it appears the hotel received a telephone call from a man who said he was Magdi E.'s solicitor, and Magdi E. was fetched to answer it. Ms Q. believes this person may have been from the duty solicitor's office.

318. After further, unsuccessful, attempts to contact Westminster Council and Stoke Newington Police, the hotel staff decided that the matter was not going to be resolved. A receptionist went to Magdi E.'s room, and has stated that Magdi E. was quite relaxed about everything and did not appear bothered. The staff member explained that he could not remain at the hotel, and was told by him that he was planning to stay with a friend in Newham - that he was due to see him later, when his friend had finished work, and would ask him to collect him and take his luggage from the hotel or otherwise ask him for some money for a cab fare. The staff member then realised Magdi E. had a financial problem, and offered him the fare money. Magdi E. was agreeable to this and, after about 15 minutes, when a cab arrived, Magdi E. left the hotel with his belongings.

319. Just prior to leaving the hotel, it is reported that Magdi E. returned to his room to check if he had left anything behind. When the receptionist later checked the room, he found a small knife with a blade about three inches long in a corner of the wardrobe.

Action by the Metropolitan Police following the Court decision to bail

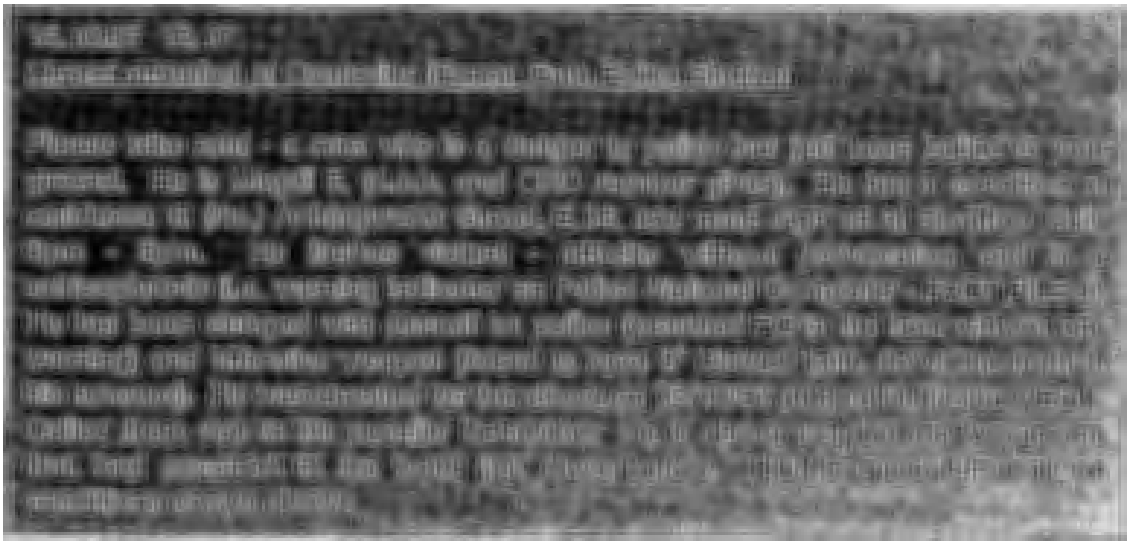
320. The prosecution liaison officer at Highbury Corner Magistrates Court has stated that he faxed a message on a standard 'Persons Reporting on Bail' form to Stratford Police Station, informing them of the bail conditions pertaining to Magdi E.. In their submissions to this Inquiry, the Metropolitan Police Service has stated that, in normal circumstances, details of Magdi E.'s change in status, i.e. from custody to conditional bail, should have been faxed by their Court liaison officer at Highbury Corner Magistrates Court to the Police National Computer (PNC) terminal that same day for insertion against his name. On this occasion, however, this was not done. Details of his arrest and only one of the charges were inserted on 13 October 1997 - the PNC record showed the following:

Address:	(details shown of the Westminster Council bedsit flat in London W11)
Convictions:	17/1/96 Marylebone Magistrates Court - Assault occasioning ABH on 10/7/95 - Compensation £200
Remand/bail:	7/6/97 Metropolitan Police - remanded in custody, next appearing on 9/6/97 at Marylebone Magistrates 11/7/97 Horseferry Road Magistrates Court - remanded on bail - bail conditions apply until 18/7/97- 1. not to contact any prosecution witness 2. not to come within W11 area of London 3. to reside at (no.) Arthingworth Street, Stratford, E.15 1/8/97 Horseferry Road Magistrates Court - remanded on bail - bail conditions apply until 29/8/97- 1. not to contact any prosecution witness 2. not to come within W11 area of London 3. to reside at (No.) Arthingworth Street, Stratford, E.15
Impending prosecutions:	Next appearing on 29/8/97 at Horseferry Road Magistrates 1 offence against property (1997) 1 offence relating to police/Court/prisons (1997)
Arrests:	Charged on 7/6/97 with 1 criminal damage on 7/6/97 Charged on 13/10/97 with 1 assault on a police constable on 13/10/97

FACT FILE 23.

321. The night duty station officer at Stratford Police Station for 16 October has stated that he checked the station record of persons reporting on bail, and noticed that there was a new entry for Magdi E. indicating that he was supposed to be reporting to them between 6 p.m. and 10 p.m.. The station officer noticed that Magdi E. had not attended on either the 15th or 16th October, and he sent a message to this effect to Stoke Newington Police Station for the attention of the officer in the case.

322. At Stoke Newington Police Station, earlier, on 8 October, Detective Constable F. had been allocated the first allegation of arson at the Finsbury Park hotel to investigate. On 13 October, the Det. Constable was made aware that two CID colleagues were dealing with Magdi E. in relation to another suspected arson on 11 October. Det. Constable F. discovered that Magdi E. had been released from Court on bail, and the following day (15 October) established the conditions. The Detective Constable wanted to make the Forest Gate Police aware of his presence in their area and to alert them for purposes of their own safety in dealing with him. Accordingly, the Det. Constable sent the following message:



FACT FILE 24.

323. The message was received at Forest Gate Police Station and at about 2.00 p.m. it was read out in the police parade room. A criminal intelligence entry was made and read out the following day (Thursday 16 October), and details were entered on a police VHS video register as an item for officer safety.

324. Det. Constable F. became aware (during subsequent involvement on 24 October) that a 'Failrep' message had been sent on 16 October to Stoke Newington Police by Stratford Police notifying them of Magdi E.'s failure to report to the Police.

INFORMAL SUPPORT NETWORK AND EVENTS

325. When Magdi E. left the Finsbury Park hotel on Tuesday 14 October, he went to a friend's address in Ladbroke Grove where his younger brother was staying. He stayed the night there. His brother has stated that Magdi E. told him about the incident at the hotel - that some of his property had been stolen, and a day or so later Police arrived because a fire had been reported. His account to his brother was that he approached the policeman with a view to reporting the theft, the policeman did not speak to him properly, swore at him, and so he fought him. This resulted in him spending a night in custody and being evicted from the hotel. The brother described him at the flat as behaving very strangely and obviously paranoid, claiming repeatedly that other people in the flat didn't like him. Magdi E.'s friend described Magdi E.'s behaviour as pacing around the flat, muttering to himself - he would sit down and then a second or two later, he would stand up and begin pacing around again - he kept staring at his friend and brother "as if we were not welcome there." On the second day he told his younger brother that he wanted to move out.

326. The next day, Magdi E. visited his older brother. His account of their meeting was that Magdi E. told him that he had been beaten and kicked by the Police - he was very aggressive and talking about "those people" again, and talking about seeing God on T.V.. He was verbally aggressive towards his brother and would not tell him where he was living. His brother was certain that Magdi E. was not taking his medication.

327. From here, Magdi E. went to another friend, someone he had known for about three years and arrived at his flat about 9.00 p.m. on Wednesday 15 October, 1997. The friend noticed a graze on the side of his face, and Magdi E. told him he had been kicked out of a hotel in Finsbury Park and the Police had caused the injury. He told his friend that he was very angry with his younger brother who had kicked him out of his home, and said that he was moving out of London and going to live with his friend in Worthing. He asked if he could stay overnight, which he did, and his friend gave him £20 for his journey the next day.

328. On 15 October, Magdi E.'s older brother acted on his concerns about Magdi E.. The only contact person he knew about was the ASW he had met and discussed Magdi E.'s situation with, following his arrest at Harrow Road Police Station in June 1997. He told us that he had lost her name, but knew of her office whereabouts and rang the number to speak to her. He was told she had moved somewhere and he left his telephone number.

Action by Westminster Social Services (Paddington duty SW service)

329. Although the message was received at the ASW's normal office base, it had been passed to the Paddington duty SW service office and left in the duty basket (records would have shown that Magdi E. was unallocated but previously known to the duty service). The ASW, Ms K. did not discover the message until Friday 17 October when she went to the duty office to prepare for her turn on duty for the following week. The message only contained a surname and telephone number, which she rang - she obtained an answer machine with a male voice. She referred the matter back to the duty SW for action that day, given the possibility it was from Magdi E.'s older brother expressing concern. The duty SW also rang back, obtained an answer machine, but

left a message saying it was Westminster Social Services returning a call made on 15 October - giving her name and telephone number but saying that any duty SW would take a call.

330. The duty SW then made effort to gather up-to-date information about Magdi E. Her contemporaneous record gave the following and detailed account:

17 October 1997

- **telephone call to the GP, Dr A.** History : Seems generally dispirited about how Magdi E.'s case had been going. "We had maintained this man very well over many years." He thinks that this was disturbed by introducing the idea of tablets (as opposed to depot) to the client who suddenly refused the depot. GP is fairly sure that the client does not take the tablets. Since, client has got into trouble "Never managed to build trusting relationship with community psychiatric nurse and senior registrar" both not involved anymore (Mr I. and Dr D.). Client then felt forced to leave the area following incident where he was arrested for assaulting two young girls (June 1997). Went to Stratford but now back in town, isolated.
- Recent: Client was last seen at surgery on 1.9.97. Complained about eye problems and pain in his finger. Was prescribed antihistamines and antibiotics. Refused new prescription of Risperidone. Said he still got some although GP would see from notes that he should have run out unless he has since consulted someone else. Dr A. could not tell me who left the message with Ms K.. He himself had not heard from any agency. He did however feel that when ill client was "not normal". Could not easily say what he meant with that other than he did not talk fluently "and that he was not how he usually is."
- Action: Dr A. is not keen on home visit. Fears that this might disturb his relationship with client and of the opinion that nobody else could probably build a similarly therapeutic one in the near future. He suggested to ring the client himself and ask him to come to the surgery suggesting that someone else could be present (ASW/CPN). He agreed that I would first try and find out more. Dr A. will ring me if client presents in the meantime. Is generally keen to "re-open channels" for the client."
- **another telephone call to the initial referrer** - an answer machine.
- **telephone call to the housing caseworker, Ms I., at the AAC**, (who informed the duty SW that there had been problems with a machete, that Magdi E. was living at a hotel in Finsbury Park which was his last chance. The duty SW expressed her concerns that he should be nearer to the Paddington Team area and recorded that these were acknowledged by Ms I. but regarded by Ms I. as unreal.) The duty SW also recorded that: "Ms I. had spoken to Mr A., JHT who assessed client as unable to maintain independent living and agreed to rehouse him to sheltered accommodation? (The assessment must have happened very recently as we have no papers of it yet)."
- **telephone call to Mr A., JHT** "Mr A. was contacted by the Finsbury Park Hotel because client had barricaded himself in room and had a knife and a machete. Mr A. advised the Police to be called. Hotel staff however managed to calm him down and eventually decided that client was to be evicted. Client then assaulted a police officer on Monday 13 Oct. Mr A. attended as AA at Stoke Newington Police Station. A Mental Health Act assessment was not arranged. Mr A. "I did not feel he was sectionable." Client was then kept in custody and sent to Court the following day. Mr A. has since tried to find out where client is - to no avail. Mr A. will continue his search and ring the duty officer here on Monday with an update. He thinks there is a likelihood that client has been discharged on bail to his brother's address. Mr A. wants to pursue a forensic assessment knowing that client does "walk around with a knife at night"."

The duty SW then entered in the Paddington duty log: "If this man is at large I think he should be assessed under the Mental Health Act. I suggest we wait for Mr A. to find whereabouts of client by Monday. Then ring Mr A. and take things from there."

At the end of the duty day, on this Friday, the Duty Team manager read the notes and instructed the next duty service (commencing Monday) to "check out with Mr A. if he will follow this up".

Move to friend near Worthing, Sussex

331. Magdi E. arrived at his friend's home near Worthing, Sussex at about 11.30 p.m. on Thursday 16 October, and he was accommodated by the friend's wife. His friend arrived home the following morning, and Magdi E. told him about recent events. He said that he had lost his benefits book and when he went to tell the police at the hotel in London they hit him. He showed his friend the marks on his arms and legs. He said that he had the flu, but the pills the police gave him made it worse. His friend went to a local chemist and bought him some medicine for his cold.

332. Magdi E. then went with his friend to his workplace and they conversed in Arabic. On the journey by train, it appears that he would not sit on any of the seats - he didn't want anyone sitting opposite who would look at him. According to his friend, when he had finished his business, he took Magdi E. to the police station to report his missing benefit book, and then he took him to the local Social Security office. It seems that the Social Security office told Magdi E. that he could have no money as he was homeless, but they could get his records from London and he should come back on Monday (20th). They gave him the address of a hostel where he could stay. The account given by his friend is that Magdi E. was very angry and upset, and told him he was going to burn the Social Security office down.

333. As they walked along, Magdi E. was saying to his friend that people were looking at him, and he was staring at them, refusing to get out of the way and becoming aggressive. His friend was worried by his behaviour and has stated that he had not seen him as bad as this before. They then went to a flat owned by the friend, and started to do some painting. Magdi E. is said to have smoked some hashish whilst there. At about 3.00 p.m. Magdi E. said he wanted to return to his friend's home, and his friend gave him directions by train.

Assault, arrest and police bail

334. Magdi E. interrupted his train journey, and entered a chemist shop in Worthing. According to statements by persons who worked in the shop, Magdi E. was seen to put a children's toothbrush into his carrier bag without attempting to pay for it. He was approached by a female shop worker. Her account is that she said "Excuse me, I think you've made a mistake. You have a toothbrush..." , at which point he suddenly punched with his fist and hit her on the mouth. The punch knocked her to the floor, and her top lip bled straight away. Magdi E. lifted his foot and was about to kick her, when her husband grabbed at him. Magdi E. broke free and ran off with the husband chasing him. He dropped an envelope (which the husband picked up) and out-ran his pursuer.

335. The pursuit was seen by an off-duty policeman in his private vehicle - who followed Magdi E. until he was able to stop and approach him, saying "Police officer -stand still". Magdi E. ran off, the policeman stopped him again. Magdi E. took out a bottle, threatened the policeman but threw the bottle down. As he tried to run again, the policeman grabbed and detained him. Shortly after, he was joined by a uniformed police officer together with the husband from the chemist shop. Magdi E. was arrested at 3.35 p.m. and taken to Worthing Police Station.

336. He arrived at the police station at 3.45 p.m. In view of an injury (he was bleeding from his right hand) he was taken to the Accident and Emergency Department at the local hospital. He returned to the police station at 4.21 p.m., he was made aware of his rights as a detained person, placed in a cell and given a dry shirt from their store. His possessions were £3.34 cash, personal papers and an address book, National Insurance card, rail ticket, a lighter, and tobacco and cigarette papers which he was allowed to retain. He opted to be represented by a solicitor from the Duty Solicitor Scheme, and, at 5.30 p.m. Magdi E. was able to speak by telephone to a duty solicitor.

337. A check by the Worthing Police on the Police National Computer disclosed some previous entries by the Metropolitan Police Service (as shown in FACT FILE 23, and the warning flash as shown in FACT FILE 9.) Worthing Police were therefore aware of the warning that Magdi E. was liable to attack without provocation, and had a mental illness - schizophrenia. They were also aware that four days earlier he had assaulted a police officer.

338. It is stated that Magdi E. was agitated at the time of his arrest and remained so when he first arrived at Worthing Police Station. However, following his return from hospital, he was calm, and at certain stages during his time in custody, when he might otherwise have been returned to his cell, he was allowed to sit on a bench in the charge room. The duty solicitor arrived at about 8.20 p.m. and spoke to the custody officer and interviewing officer. Reference by the Police was made to schizophrenia, and the solicitor asked whether or not the attendance of a doctor had been considered. The Police state that they told him that this had been considered, but in view of the fact that Magdi E. seemed to be both calm and confident, and because his command of the English language was particularly good, a doctor had not been called. The Police state that it was left that if the solicitor had particular concerns he could raise the issue again after he had his initial consultation with his client, and, thereafter, nothing more was said about it.

339. The solicitor told us he recalled that Magdi E. was in a calm state. During his initial consultation, Magdi E. disclosed nothing to him about his mental condition or psychiatric history. The solicitor recorded that Magdi E. described himself as being in good health, that no social worker or probation officer was involvement with him, but that he had a GP in London.

340. The notes of the solicitor's confidential consultation show that Magdi E., in giving his version of events, said that he hit the woman to defend himself - "I had no choice" - "I thought she might have a gun and kill me" - "This is a dangerous country" - he ran out of the shop - "I thought the person chasing me - thought he wanted to rob me - thought he had a gun or something like that" - "The man who told me to stop. I was frightened of him - he didn't show any ID. When he came to the custody office they said he was a prisoner. He said he was a police officer at the scene". The solicitor

told us Magdi E.'s mention of guns was the only indication that he may have a problem, but, that if he did have a mental illness, he didn't want the solicitor to know about it.

341. The Sussex Police have stated that at no time during his detention at Worthing Police Station did his demeanour or behaviour suggest that the presence of an Appropriate Adult was warranted.

342. The transcript of the police interview with Magdi E. shows that he maintained that the woman in the shop had pushed and punched him - "I wanted to walk out, I couldn't walk out of the way, so I said 'Please, please leave me, leave me, please leave me'. I tried to walk, she still tried to push me from my face...I hit her without knowing what I was doing you know, I lost my, my mind."

The duty solicitor's separate record of the police interview at this point gave the following account of Magdi E.'s reply to the victim's version of events:

> "...she pushed me from the face and punched me and that's why I defended myself. I thought she might have a gun and kill me for no reason. I still feel scared of her because of the pictures I see of guns and so on."

343. The police interview was concluded at 9.30 p.m.. At 9.54 p.m. a bail enquiry was instituted by the custody officer. At 10.16 p.m. Magdi E. was charged with two offences a) actual bodily harm and b) theft of a toothbrush. Just before 10.30 p.m. two police officers called at Magdi E.'s friend's address and ascertained that he did not live there permanently, he had been staying for the weekend, but that it was believed he had a permanent address in London. The outcome of this enquiry was transmitted back to the custody officer who released Magdi E. on bail, to appear at Worthing Magistrates Court on 20 November 1997.

Events leading to return to London

344. Later, Magdi E. arrived back at his friend's home. He was described as being in a bad state, his hand was bandaged and he looked worried and upset. He told the friend that he had gone to a chemist and a woman had accused him of stealing something, she started arguing with him, he didn't know how it happened but he had hit her. His friend asked him when he had last seen a doctor in London, and he replied "two months", and said he didn't want to see him again. His friend told him he should go back to the Sudan, Magdi E. agreed, and his friend said he would speak to the brothers.

345. On Saturday morning, the friend noticed that Magdi E. was hiding a knife in his hand, behind his arm. Magdi E. told him that he had carried a knife before when he had been in trouble in King's Cross. They returned to the flat in Worthing to do some decorating where Magdi E. was seen to smoke hashish. His friend has described Magdi E.'s behaviour towards him as deliberately annoying, and by about 6.00 p.m., as "talking tough" to him, demanding that the friend get him money and hashish straight away. This was the first occasion Magdi E. had talked to his friend in this manner, and the first time the friend felt worried for himself. He told his friend that he was depressed but not crazy, that he hated England and the people, and he kept quoting from the Koran. The friend states that he was also worried because Magdi E. had talked of burning things and people, including the Social Security office, and that

he had burnt the DSS and police papers he had been given. His friend advised Magdi E. that he should go back to his doctor or that he could find him one in Worthing.

346. That evening, Magdi E. told his friend that he wanted to stay in Worthing, so they went to the hostel the DSS had told them about, but he could not get in. The friend told him that there were B & B hotels in Brighton, and Magdi E. agreed to go the Worthing Station. His friend gave him £60.00 for a visa (for Sudan) and a ticket and put him on a train to Brighton, (from where there are more trains to London), at about 10.00 - 10.30 p.m..

347. The next day (Sunday), Magdi E. rang his friend to say he was all right, he was at his other friend's home in Arthingworth Street, Stratford, and that the money had gone - he had spent it on hashish.

FOLLOW-UP ACTION IN THE DAYS PRECEDING THE HOMICIDE

348. At about 1.00 a.m. on Sunday (19 October) morning, Magdi E. arrived at his cousin's flat in Arthingworth Street, Newham. He told his cousin that he had nowhere else to go and he stayed at the flat.

Monday 20 October

349. There is no record of follow-up action taken by any agency on this day.

Tuesday 21 October

350. Ms K. (ASW) was on duty in the Paddington SW Team on this day. Her actions were as follows:
- **telephone call to Mr A., JHT** - out of office, not back today. Try tomorrow.
- **telephone call to initial referrer** - answer machine only.
- **telephone call to Mr S., CPN** - client not known to him.
- **telephone call to housing caseworker, Ms I. at AAC** - absent. However, her colleague looked him up on computer which showed that on 13 Oct. he was arrested and then on 17 Oct. the case was closed as client no longer at hotel, with note to let re-housing section know if he represents. 3 housing contact numbers were given to the duty SW and the housing officer stated they would consider rehousing him if he represents.
- **telephone call to previous solicitor** (involved at Marylebone Court) - absent.
- **telephone call to Stoke Newington Police** - Ms K. informed that Magdi E. **was bailed on 14 Oct. to his "brother's" address - name unknown, . Arlingworth Road E15** (*sic*), and that he is to appear in Court on 30 October. Det. Constable F. identified as the investigating officer.
- **telephone call to Det. Constable F.** - who informed Ms K. of the circumstances of the investigation, including the suspicions of two arson incidents but insufficient evidence, assault on a police officer and possession of a knife - that Magdi E. was kept in custody overnight **then bailed on condition that he reside at his "brother's" address with a requirement to report to Stratford Police Station between 6 and 8 p.m..**
- **telephone call to "brother's" number**, Arthingworth Street, Stratford - "I asked the person who answered whether he was Mr E.. He replied "No" and said he was not the brother either. He said that Magdi E. did not live there anymore. Then said he did not know him, then said he would be back later."

Wednesday 22 October

351. Ms K. (ASW) duty officer, Paddington SW Team, follow-up actions :
- **telephone call to Mr A., JHT** - constantly engaged - tried later but not in office. Eventually left message for him to contact me urgently to discuss how this client is to be followed-up.
- **telephone call to Newham Mental Health Homelessness Outreach Support Team (HOST)** - spoke to duty officer who suggested I phone back tomorrow.

⇨ **telephone call from Mr A., JHT** - "He had still not managed to get information from police and find clients whereabouts. I told him what I had managed to find out. He shared my concerns about this client's potential dangerousness and said he would get back to me tomorrow to discuss what should be done."

- **telephone call to initial referrer** - answer machine - left message
- **telephone call to GP** - engaged

⇨ **return telephone call from contact solicitor** - he had not heard of recent events but was willing to represent Magdi E. again if he contacts him.

352. The internal records of the solicitors who had recently represented Magdi E. at Highbury Corner Court (14 October) shows that an enquiry had been received for details of the outcome of the Court hearing, and to find out where the client was.

Thursday 23 October

353. The file entry for this day by Mr A., care manager, states that he contacted Stoke Newington Police Station and spoke to one of the investigating officers who was unable to confirm the bail address, and said he would get back to Mr A..

354. Mr A. then rang Ms K., Paddington SW. Her account was as follows:

> "Mr A. was still trying to clarify information. Gave him all the addresses and phone numbers I had gathered and agreed to Fax him previous reports. It became clear to me that Mr A. is actually the allocated worker. He assessed Magdi E. for housing before recent incident and was allocated the case at this point. (This was able to happen in spite of the case possibly being open to Duty here, because the name is spelt differently on SSID). We agreed that he would contact Newham and discuss what should be done."

Relapsing mental health

355. Magdi E.'s cousin has stated that he was becoming increasingly worried by an obvious deterioration in Magdi E.'s mental health - "One moment he would be fine and helpful around the flat, and the next he would become very aggressive towards me." His cousin never saw Magdi E. take any medication whilst he was living with him. Magdi E. was described as expressing anger and despair at having nowhere to live, no future, and feeling unsupported by the authorities. His cousin and his friend in Worthing had talked to him about returning for respite to Sudan for a short while to see his parents.

356. Magdi E. told us that he stayed most of the time inside the flat at Arthingworth Street. A few days before the fatal events on Friday 24 October, he recalled he did some shopping but came back quickly to the flat as he was very frightened. From subsequent statements, it is reported that he was seen on Wednesday 22 October shopping, and described by some local people to be acting very strangely, and staring at people in a disturbed manner. Magdi E. told us he did not feel well enough to go out again.

FRIDAY 24 OCTOBER 1997

Westminster Social Services communications with brother and cousin

357. On Friday, 24 October, Magdi E.'s older brother rang back to the Paddington duty ASW, Ms K. (he had received messages on his answering machine). He confirmed that it was he who had phoned her on Wednesday (15 October) because the situation was deteriorating and he felt his brother needed to be in hospital. He stated that Magdi E. would be unlikely to agree to this, and would need to be compulsory admitted. He reported to her another incident which happened recently - where Magdi E. attacked a woman in south London. The older brother was concerned that Magdi E. may seriously harm someone if he is not admitted to hospital soon. He reported that Magdi E. had not been taking his medication for several months and had not seen a doctor.

358. Ms K. advised the older brother to ring Magdi E.'s allocated care manager, Mr A., and said that she would also speak to Mr A. later.

359. Magdi E.'s older brother rang the cousin at the Arthingworth Street flat to inform him of his conversation with the social worker. The cousin has stated that he was told Magdi E.'s case had been passed to another social worker called 'D***', and that the brother would speak to D***, i.e. Mr A., on Monday (27 October). The cousin told the brother that this was too long to wait and that something needed to be done as soon as possible.

360. Ms K. faxed records from the Paddington duty file to Mr A. (i.e. copies of those records previously faxed to the South Sector Psychiatric Team and Court Psychiatric Liaison Services Team report (FACT FILES 1,2,4,6,8,12&13, 14 and part only of FACT FILE 7). Her covering note drew Mr A.'s attention to the fact that the older brother was Magdi E.'s nearest relative and he was requesting a mental health assessment.

361. The brother telephoned Mr A., care manager. Mr A. recorded that the brother was "very concerned about him - saw him last week and believes he is deteriorating - becoming aggressive and shaking - described him as talking out of his mind - keen to have him assessed under MH Act". Mr A. rang the GP, Dr A., who confirmed that he had had no contact from Magdi E. since earlier September and was concerned.

362. Ms K. rang Mr A. again who confirmed receipt of her fax transmission, and said he had received a telephone call from the older brother. Mr A. informed Ms K. that he was not an ASW, but that he would liaise with Newham Social Services to arrange the mental health assessment. Ms K. told him about the cousin's concerns which had been relayed to her by Magdi E.'s brother.

363. Mr A. rang the telephone number of the Arthingworth flat and was informed by the cousin that he could not speak to Mr A. (because Magdi E. was with him). He left the flat to ring Mr A. back but realised he had not obtained the care manager's telephone number. He returned to his flat but could not get it by dialling 1471. He then asked Magdi E. for Mr A.'s telephone number who gave him a number to write down. When the cousin rang this number he got through to the solicitor who had previously represented Magdi E. at Marylebone Magistrates Court.

364. The solicitor was sufficiently concerned by what the cousin had told him about Magdi E.'s erratic behaviour that he immediately contacted Ms K.. The solicitor suggested that Ms K. telephone the cousin, recorded as "Moses" (incorrect name) to say, in case Magdi E. answered, that she was a friend of the cousin wanting to speak to him. Ms K. told the solicitor that she would ask Mr A. to do this.

365. The message was passed and Mr A. rang the cousin again. The cousin wrote down Mr A.'s number, made a pretence to Magdi E. that the calls were about his housing benefit, and left the flat to speak to Mr A. from a telephone kiosk. Mr A. then learnt that Magdi E. had been staying with his cousin, that he had been to Worthing where there may have been a fight, that the cousin was very worried regarding Magdi E.'s mental health - "he is currently carrying 2 knives for his own safety/acting strangely and washing 10 times today". Mr A. informed the cousin of his intention to ensure matters were dealt with quickly, and that it was likely, because of the cousin's expressed concern, that Magdi E. would become violent if attempt was made to forcefully admit him to hospital, that police support would be sought. The cousin has stated that he was reassured by Mr A.. The cousin did not return to his flat following this call.

Inter-agency communications

366. Mr A. rang the Community Mental Health Team (CMHT) office in Newham, but their duty ASW was not available - she was attending to another assessment. He asked them to ring back before 5 p.m.

367. Newham CMHT ascertained that Magdi E. had been known to their Homelessness Outreach Support Team (HOST). The HOST team manager was contacted and advised that Westminster Social Services had on-going responsibility. Shortly after, the duty ASW returned. She clarified to her team colleague that she had a statutory duty under the Mental Health Act to respond to the referral. She immediately rang Mr A. back, who gave her his account of events on 13 October and circumstances leading to bail with conditions to Arthingworth Street, and subsequent events leading to his and the GP's concerns about Magdi E.'s mental condition and risk.

368. Mr A. faxed the records he had obtained from his colleague, Ms K., to the Newham ASW at 3.50 p.m. together with a covering note confirming the up-dated details given in his conversation.

369. The Newham ASW told us that from the referral information, Magdi E. appeared very volatile and dangerous and urgent action was needed. She discounted her option to arrange a home visit with a psychiatrist and with the Police in attendance because of risk factors and her awareness that previous short interviews with Magdi E. had not shown mental illness. She decided to check whether he was in breach of bail in order for him to be arrested, with a view to the mental health assessment taking place in a police station. She was aware that he was in possession of knives at the flat, and considered that interviewing for a mental health assessment would be more appropriately undertaken at a police station where there were less time pressures.

370. The ASW rang the Probation Services office at Highbury Corner Magistrates Court to clarify his bail conditions, but was advised that there was no record of him (they rang back shortly afterwards to say that the initial search had failed due to a mis-spelled entry, and provided her with detail of the bail condition).

371. The psychiatrist in her Community Mental Health Team rang in, and the ASW was able to alert him to the possibility that he would be required to undertake a mental health assessment and she advised him of the circumstances. He gave her his contact number and she later faxed copies of the Westminster documents to him to read.

372. The ASW telephoned Stoke Newington Police and spoke to Det. Constable F. and they exchanged knowledge of Magdi E.. The ASW was made aware of the earlier concern by the Detective Constable which had led to the sending of the alert message to Forest Gate Police. The ASW has stated that they discussed a possibility for breach of bail condition i.e. if the cousin no longer wished Magdi E. to reside at the bail address. It appeared that there was insufficient direct evidence of him carrying knives around to be an issue to withdraw bail.

373. Following this telephone conversation, the Detective Constable sent a message to Forest Gate Police:

> Re. Message 15 October 1997 - Magdi E.
>
> Further to above, have just received tel. call from a social worker stating that she had just received a call from a public tel. box from a man purporting to be the cousin of the above saying that the above is wandering around in possession of two knives. No other details known.
>
> 24 OCT 97 16:19

FACT FILE 25.

374. The Newham ASW then rang Stratford Police Station and spoke to the station officer. The ASW's account is that she was told that Magdi E. last reported there three days ago - that the Police would not automatically go out to arrest him - and that the Station had sent a message to the D.C. in charge of his case on 16 October regarding his non-compliance with bail. The station officer's account is that the ASW asked him to confirm whether Magdi E. was in breach of his bail conditions and whether or not he could be arrested for this to enable Social Services to conduct an assessment. The ASW was advised to ring Forest Gate Police Station to confirm whether or not they would be able to conduct enquiries to arrest him.

375. The ASW has stated that she tried to ring Magdi E.'s older brother, but there was no reply. She then rang the telephone number for the cousin and obtained a reply from a man who told her that "Mr Moses" was no longer there. She asked who she was speaking to and whether it was Mr E. - the man got annoyed, said "Mr Moses" was not there and he hung up.

376. Ms K. from the Paddington Duty Team has stated that she again contacted Det. Constable F. and was advised that the Police were checking to see if Magdi E. was breaching his bail, and that the Det. Constable would try to get him arrested that night. Ms K. talked about the need to ensure the Court would not bail Magdi E. again without a mental health assessment. The Detective Constable explained that it would depend on whether the FME requested this, and would make sure the FME knew all the background information, but could not influence his decision.

377. The duty Inspector for Forest Gate, Stratford and Manor Park Police, has stated that in the afternoon, he received a message that Det. Constable F. wished to speak to him. He responded by telephone about 5.30 p.m. and at the end of the conversation asked the Detective Constable to confirm the request to arrest Magdi E..

378. The ASW again rang Forest Gate Police and spoke to the communications officer in their Control Room to check whether Magdi E. could be arrested for breach of bail. The communications officer checked with her line manager and told the ASW to contact Stoke Newington Police as the request should come from there. The ASW rang Stoke Newington again and spoke to Det. Constable F. who informed her that they had already decided to move on the breach of bail issue, and the Detective Constable had been in contact with the Inspector at Forest Gate Police Station. The ASW has stated that she was informed that the Detective Constable would come over to Newham once the rush hour had died down to effect this.

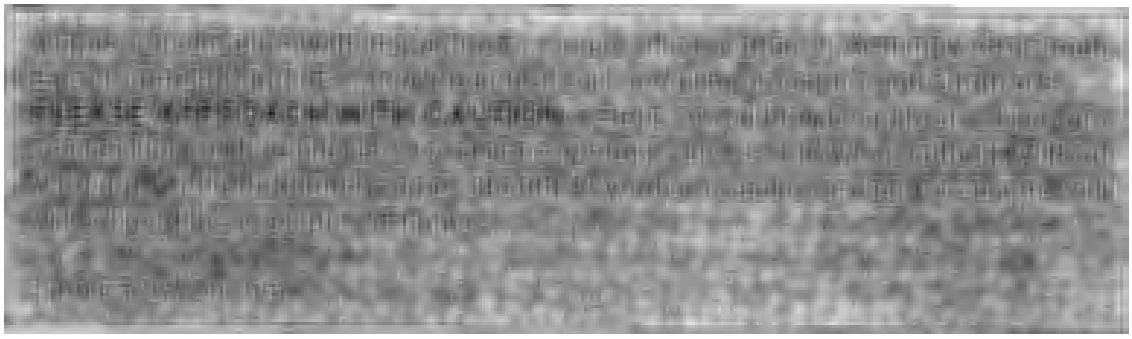
379. The ASW alerted the Newham Out of Hours Emergency Duty Social Work Team that they may later be asked by the Police to undertake a mental health assessment or act as an Appropriate Adult in respect of Magdi E.

380. The ASW told us that her risk assessment was that Magdi E. was dangerous to other people - "there was never a sense of danger to himself - not from the reports, my conversation with Mr A., or the Police".

Police action and assignment to Territorial Support Group

381. The duty Inspector at Forest Gate was made aware that a social worker had contacted both Det. Constable F. and the control room at Forest Gate Police Station concerned about Magdi E. carrying knives. He has stated that he concluded that the social worker had passed this information believing it to be a matter for Police action alone, (rather than a request for joint action).

382. Just before 6 p.m., Forest Gate Police Station received a second message from Det. Constable F., Stoke Newington Police Station - an extract is as follows:



FACT FILE 26.

383. The duty Inspector at Forest Gate has stated that he familiarised himself with the content of the two above messages from Det. Constable F. and the message dated 15 October (FACT FILE 24). At about 6.30 p.m. he confirmed to the staff in the control room at Forest Gate Police Station the need to assign two units, as soon as sufficient resources became available.

384. At about 7.24 p.m. a police vehicle with two officers responded to the call. They obtained a copy of the Stoke Newington Police message, contacted another police patrol unit and arranged to meet in Arthingworth Street. They walked to a two storey block of flats - the flat occupied by Magdi E. was on the second floor. By this time, about 8 p.m., they had been joined by two other police officers. They (five policemen, and two policewomen; two with body amour and two with short shields) sought entry to the block of flats. A communal entrance for internal access to the flat where Magdi E was had a security intercom system to a locked door. There were four intercom buttons for each of four flats, including his. They ascertained from a resident nearby that there was no other way in. The lead policemen tried each of the other three buttons but received no reply. He then decided to press the button for Magdi E.'s flat and, after a short while, a male voice came over the intercom asking what they wanted. The lead policeman responded by stating that it was the Police, and made the pretext that they wished to gain access to one of the other flats, and asked to be let in to the block. The intercom went off and the entrance door remained locked.

385. The Police then found another means of opening the entrance door, and went upstairs to the second floor, outside Magdi E.'s flat. The lead policeman knocked several times on the door to the flat, but it was not opened. The Police could hear movement and noises which seemed to them to be items of furniture being moved around. They decided they had insufficient equipment to force an entry, and sent out a call for a Territorial Support Unit. In the interim, their presence secured the landing and stairway by the flat, and two of their number left the building to stand below the external window to the flat.

386. At about 8.30 p.m. the section sergeant from Forest Gate (assigned by the duty Inspector to liaise with the Territorial Support Group (TSG)) arrived at Arthingworth Street. In addition to the three local units on the scene, a TSG carrier had, by then, arrived. At this stage, the TSG sergeant from the first carrier had already decided to call up an additional TSG unit, which arrived about fifteen minutes later. The first TSG unit comprised a sergeant and five police officers (four male, one female), and the second TSG unit comprised a sergeant and four police officers (three male, one female).

387. The first TSG sergeant had conferred with the local Police and obtained a rough sketch plan of the layout of the flat (a local policeman had met a resident leaving the premises who assisted with the layout based on a similar flat in the block). On information received by the Police, it appeared that there was only one occupant in the flat - the suspect. The first TSG sergeant sought advice on strategy from the second, and more experienced, TSG sergeant. The agreed strategy was that the first TSG unit would force entry to the flat with two officers with long shields in front, one with long shield behind as backup, and the remainder with short shields close behind. The second TSG unit was to follow in similar formation. A TSG officer was able to enter a flat on the lower floor, positioned beneath the flat Magdi E. was occupying, and drew a plan of the similar layout, which was then used by the TSG.

388. In order to force open the door, the Police sought to use a purpose-designed ram, known as an "enforcer" - a cylindrical metal ramming device with two hinged handles - one on the shaft and the other at one end. The local Police had earlier attempted to locate one at Forest Gate Police Station to no avail. By this time, an "enforcer" was located and brought to the scene. The only member of the first TSG Unit who had received training in the use

of an "enforcer" was their woman police colleague. She accepted the task and was designated the enforcement officer. Her training in the proper handling of an "enforcer" had taken place on a day in the week before. We understand that training in the use of the "enforcer" is for purposes of familiarity and learning correct handling posture in confined and different spaces so as to avoid back injury. We note that the "enforcer" used by the Metropolitan Police is of a common design and weight, although individual users vary in their height and body-weight.

389. The PC took practice swings with the metal "enforcer". The door to the flat was at a corner of the landing, at a right angle to store cupboards, and in a slight recess - it was known to open from left to right and inwards. Two locks were on the left of the door adjacent to a wall. It was a small area to aim for with the metal "enforcer". There was belief that there might be barricades behind the door. From witness accounts, the PC made known to some of her colleagues that her protective vest was restricting her movements, she was concerned that she would not get a proper swing and aim, and not be able to open the door. The vest in use was not tailored to an individual's body shape and size. She asked her colleagues whether she should remove it, and they responded that it was her choice. She decided to remove the vest in order to give full effect to the "enforcer", and she remarked that she wouldn't be going in anyway. She went to her vehicle, removed her helmet and took off her vest, over her head, and returned to the landing outside the flat.

390. All officers from the two TSG units wore protective clothing - first aid face shield, NATO helmet with visor, one piece flameproof overalls, shin and arm pads, leather boots, gauntlet gloves, a clipped utility belt for small items (e.g. handcuffs, torch, etc.), and bullet proof vest worn over the overalls. They entered and assembled inside the block on the landing and stairway outside the flat in tactical sequence. The local police officers had withdrawn.

391. The nine TSG officers briefed once more on their tactical sequence - the first stage being action by the enforcement officer, and if the door opened, that officer would stand aside for the shielded formation to enter. This was a standard operational sequence. Neither of the two police sergeants noticed the absence of the enforcement officer's protective vest. Some police witness accounts state that officers banged on the door shouting "Police, open-up". The PC struck and the door opened with the first swing and with less resistance than might have reasonably been expected. The momentum could have been a significant contributory factor to subsequent events.

The fatal seconds

392. The door opened into a narrow corridor about 5 metres in length (too narrow for two shields to interlock). As it opened the PC rushed forward with her colleagues following shouting "Police". Police eye witnesses describe a small lobby area and a second door about three feet in from the front door. An eyewitness account describes the door as being slightly ajar, and the PC pushed it and went through it. At this point, they could see through to the end of the hallway and saw a person silhouetted in the far doorway. In that instant, from the end of the corridor Magdi E. rushed towards them. He had known for some time that evening of the Police presence. It is likely that his persecutory delusions were becoming more intense, and seeing the Police coming towards him was likely to have terrified him. He stabbed out with a knife and inflicted the fatal wound to the PC. The police officer just behind

her had already raised his shield in an effort to get it and himself between her and the assailant. Magdi E. was pushed back and restrained by the first shielded officers. The police officers following behind them immediately attended to their fallen colleague, a sergeant compressed her severe wound, and colleagues shouted for an ambulance to be called. Because of need for urgency, they decided to carry her to their TSG vehicle and rush her to hospital themselves.

393. A call was received at approximately 9.20 p.m. by an ambulance (from West Ham Ambulance Station) whilst it was on the grounds of Newham General Hospital. As the ambulance started to drive off in response to the call, the driver saw the flashing blue lights of two police vehicles arriving and ascertained it was the injured PC. The vehicles stopped on the hospital grounds and an ambulance crew member climbed into the TSG vehicle. She assessed the PC's condition as critical and she and the PC's colleagues moved her to a trolley and rushed her to the resuscitation unit where she was attended to by hospital staff. She was still conscious. Shortly afterwards, about 9.40 p.m. the PC was taken from the resuscitation unit to the operating theatre where, at 10.25 p.m., she sadly died.

394. Magdi E. killed the PC by stabbing her once to the hilt of her chest using a seven and a half inch bladed kitchen knife, damaging a number of vital organs.

PART TWO

EVALUATION AND RECOMMENDATIONS

MENTAL HEALTH SERVICES PROVIDED IN CROYDON

395. The psychiatric assessment and medical care that Magdi E. received during his period in Croydon was, in our opinion, of a high professional standard. Magdi E. was assessed promptly, admitted to hospital for a period of further assessment and subsequently treated under the aegis of a Section 37 Order, which properly reflected his diagnosis of paranoid schizophrenia, his predilection for violence and his lack of insight. This latter propensity was presumably the reason for the addition of a depot neuroleptic injection.

396. The Warlingham Park Hospital clinical records show a structured approach to his needs through use of Section 117 after-care planning meetings and the appointment of a key worker at the Day Hospital. Croydon Social Services staff contributed to the care programme through multi-disciplinary team work. However, in common with practice at that time, no account is given in the records as to how the various activities related to the assessment of his individual health, personal and social care needs, and there is no contemporaneous evaluation of their therapeutic benefit and outcome. Nearly twenty years of his formative life had been spent in a different country. There is very partial reference in both clinical and social services records that demonstrates sensitivity to his cultural, racial and religious background. It may be, therefore, that there was an unreasonable expectation of group conformity from him in respect of service provision.

397. Submission to us from Croydon Social Services is that the staff involved only felt able to engage with him at a fairly superficial level, and he was described as being reluctantly co-operative. When we met Magdi E. he was able to immediately recall the name of Ms T., (ASW), in addition to Dr K. (consultant psychiatrist) and Mr R. (CPN), as persons who had helped him at this time.

398. The decision to recommend Magdi E. for Guardianship was unusual. In our view it was entirely appropriate that Guardianship was considered and enacted, given that the duration of the S37 Hospital Order was coming to an end, and Magdi E. was by then living in the community on Trial Leave. In retrospect, the action was remarkably prescient in the sense that it was undertaken on the basis that Magdi E. required a clear structure of supervision and boundaries which ensured his co-operation and allowed a monitoring of his mental health and social circumstances until he proved to be stable. The ASW's application for Guardianship was taken following consultations with Magdi E., his brother and clinicians, and it was supported by a good risk assessment report.

399. The influence of Magdi E.'s older brother was recognised by the professionals in Croydon, and he was fully involved with them in care plans. When we interviewed him, he regarded himself as Magdi E.'s guardian. In terms of the family's own cultural and religious beliefs, there is evidence that Magdi E. respected his brother's position as the elder. He was the nearest relative as defined under the Mental Health Act 1983.

400. It is difficult to discover when the Section 37 Order was allowed to expire, though it appears from a written submission to us that Magdi E. was informed by a letter dated 13 March 1993 that he was discharged from the Order. This is clearly an unsatisfactory way of dealing with such a matter. The health services referral letter

from Croydon to Kensington (FACT FILE 4) made no mention of previous Orders nor S117 statutory after-care duties. The Croydon CPN's letter to Dr A. (FACT FILE 5) appropriately sought the GP's support in again referring Magdi E. to the specialist psychiatric services in Kensington, but it was based on the assumption that the GP knew his history. These communication deficits had implications four years later, when Magdi E.'s treatment regime was changed without sufficient safeguards.

401. The inability of the specialist psychiatric services during his period in Croydon to clarify the relationship with a local GP is most unfortunate. Every individual in the community is entitled to be on a list of a family practitioner and it is unclear whether Magdi E. was on a list and did not attend that doctor, or whether he felt his needs were taken care of by the Croydon mental health services. If there was doubt, good practice would have seen the psychiatric services at Warlingham Park and the Day Hospital communicating with the local Family Health Services Authority to ascertain his GP. The knowledge of the identity of the GP would have allowed a discharge letter with the history of his violence and compulsory measures being conveyed and inserted into Magdi E.'s GP medical records, which in turn would have formed the basis of any future referral to other specialist services.

402. There were faults in communication with other health service providers. However, these events took place before the introduction of Supervision Registers and the Supervised Discharge Order. Since 1994, greater prominence has been given throughout the mental health services to risk management issues. Of course, it is not just the formality of these procedures that was missing, but the common sense responsibility for ensuring that the various structures that had been put in place to safeguard against Magdi E. stopping his medication were not forgotten.

403. In social care terms, Magdi E. clearly believed he had adequate living skills to maintain himself independently and he initially secured his own accommodation in Croydon when his brother moved out of the area. Although this appears to have given professionals reason for concern, they did not exercise the option to include a requirement 'to reside at a specified place' as part of the Guardianship Order.

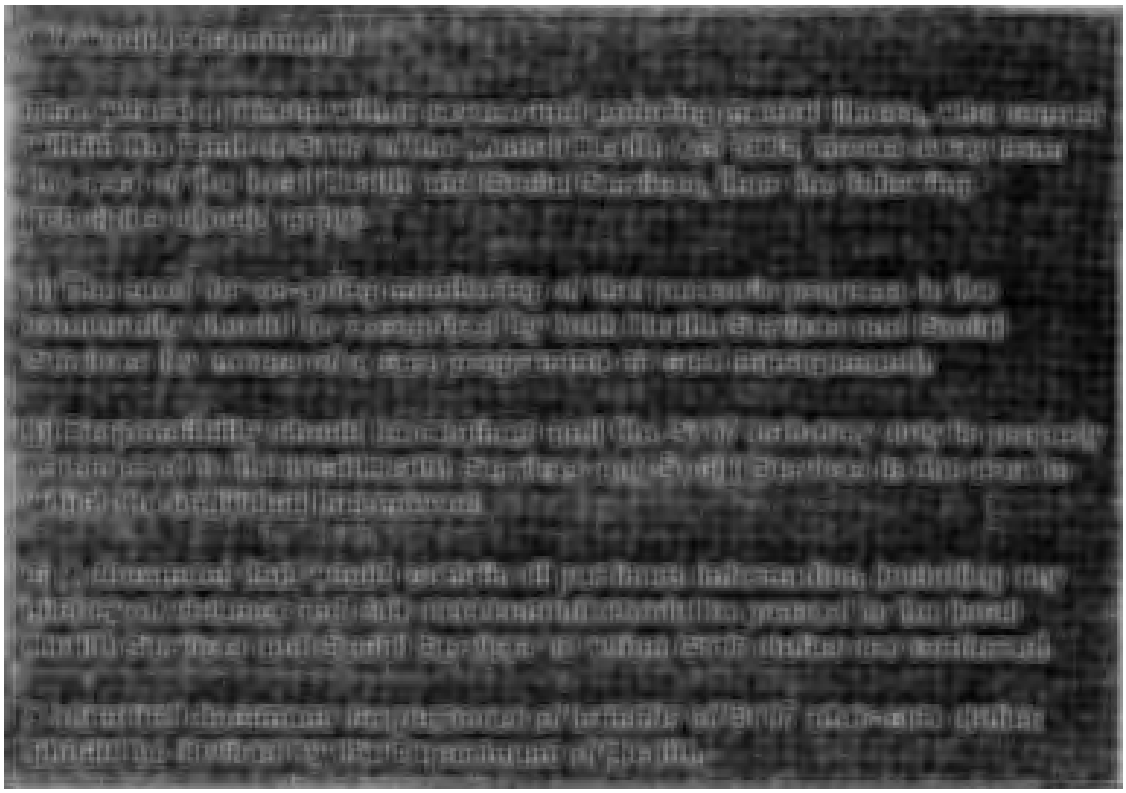
404. Croydon Social Services have acknowledged that, at the time, there was insufficient clarity about their role and responsibility in monitoring arrangements, reviews and management of the Guardianship Order, in particular forward planning. The lack of management around the Order in this particular instance is regrettable since the Mental Health Act Code of Practice would have been available as a guide.

405. At the time Croydon Social Services took their case-closure decision, it can be seen that the care manager discussed his course of action with Magdi E.'s key worker, the CPN, and promptly notified Kensington Social Services that Magdi E. had moved to their area. However, the notification (FACT FILE 3) failed to mention the Guardianship Order, which was a significant social intervention. Secondly, social work support in Croydon had been directed towards alleviating social stresses around Magdi E.'s financial and accommodation problems, and which may have contributed to relapse. It is therefore disappointing that we found no evidence of communication which advised him of the address and telephone number of Kensington Social Services should he have wanted future assistance.

406. The liaison which took place two years later (1995) between Westminster Social Services and Croydon Social Services is particularly noteworthy. The Croydon ASW was able to impart significant information from her personal knowledge of Magdi E.. She conveyed important material about the dynamics around Magdi E.'s mental illness, risk management issues and the key support role played by Magdi E.'s older brother (FACT FILE 7) – facets which were omitted in clinical reports sent at the time. Such liaison is common practice among different professional disciplines. However, informal networking should not be regarded as a substitute for formal systems for the transfer of information.

407. We are concerned that there should be no repetition of fragmentation in communications and responsibilities when an individual with a severe mental illness and a history of violence moves from one area to another. In our view, there needs to be a standard procedure based on common principles.

RECOMMENDATION 1.



THE ROLE OF THE GENERAL PRACTITIONER

408. From 23 December 1993 until 7 May 1997, Dr A. was the primary therapist for Magdi E. in the sense that he acted as key worker, psychiatrist and counsellor. For the first few months he performed this role largely in ignorance of Magdi E.'s earlier history, though in August 1995 he was provided with significant information of an earlier Hospital Order and a history of other violence, which coincided with similar behaviour by Magdi E. at that time (FACT FILE 6).

409. There was clearly a breakdown of communication which had started earlier by Warlingham Park Hospital not sending Dr A. a proper discharged summary. Dr A. told us that he had not received training in psychiatry and he lacked understanding of the significance of a Section 37 Order. It seems reasonable to believe that he felt comfortable with the fact that Magdi E. trusted him and despite Magdi E.'s reluctance to take his medication, and the occasional episode of violence, he felt Magdi E. was basically a "nice man" who required a degree of monitoring and social support. It is most unfortunate that Dr A. did not mention details of Magdi E.'s history that had been communicated to him in August 1995, nor the Court proceedings for Actual Bodily Harm for which his clinical opinion was sought, in his letters to St. Mary's Hospital in January and April 1997.

410. Dr A. has maintained that after his contact with a CPN and a senior psychiatric registrar from St. Mary's Hospital in May 1997, he believed that responsibility for Magdi E.'s mental health care would rest with the Psychiatric Team. It has been difficult to clarify the basis on which such a view was formed as there is no letter to confirm that, and neither is there evidence that any member of the Psychiatric Team communicated with him thereafter. However, we do believe it was reasonable for the GP to believe that the Psychiatric Team who had provided clinical advice to him would not end its responsibility at that point. He was entitled to believe that they would have informed him if Magdi E. had not kept any appointment or if the case had simply been "closed".

411. There is a lack of clarity from both Dr A. and Magdi E. about the prescription of Risperidone and whether he collected and took the drugs, even on an intermittent basis. According to a record of conversation with Dr A. by a social worker on 9 June it was said that Magdi E. had not collected the prescription from the surgery. Magdi E.'s account when he was interviewed by mental health professionals at this time was that the staff from St. Mary's Hospital had told him to stop the injections and that he could have some tablets but had heard nothing since. The detail of medication he provided to a medical officer at Brixton Prison made no mention of Risperidone. The practice manager's note in the GP file on 4 July is ambivalent - "he said he was still taking medication/tablets ?". The first mention of Risperidone by him was recorded on 7 August by a homelessness assessment duty officer, a week after he had telephoned his GP requesting that his medication be sent to Stratford.

412. Magdi E. continued to be registered with Dr A. as his GP, although it was obviously more difficult for Magdi E. to maintain his relationship with Dr A. once he left his council flat in June 1997 and was in a state of transit. The last occasion that Dr A. saw Magdi E. was on 1 September. Dr A. dealt with the presenting problem of a minor physical complaint, but made no further enquires.

413. Dr A. undoubtedly went out of his way to provide help and support for a man he saw as chronically mentally ill and vulnerable. He was probably the only professional that Magdi E. felt he could trust and depend upon. It is nonetheless clear that Dr A. was largely unaware of Magdi E.'s earlier history and the potential danger he presented to the community when he was relapsing. It is precisely on account of the difficulties that general practitioners have in dealing with regular monitoring of seriously mentally ill people that the Government insisted that such individuals should have a Care Programme organised on their behalf by the specialist services.

414. The logistical difficulties of supporting GPs in inner London should be acknowledged. We note that Kensington & Chelsea and Westminster Health Authority mental health service strategies accord priority for better specialist support for GPs. Most community psychiatric teams have liaison arrangements with their local GPs in order to foster joint protocols and practices, but in inner London two main difficulties are apparent. Firstly, the large number of GP practices can diminish the feasibility of attachment arrangements. Secondly, GP and mental health service catchment areas may not be coterminous. In our Inquiry, the GP was based in the area of a Mental Health Community Trust and local Social Services Authority that was different from that of the patient.

415. It is recognised that the GP may be the only professional a patient with schizophrenia is seeing. Treatment in this setting may be preferred, but referral is necessary when management advice or help is needed. The 1997 Handbook for GPs from the General Medical Services Committee of the British Medical Association provides no overall guidance on mental health matters. A group of health specialists met in 1989 to agree a consensus on the duration of neuroleptic treatments to prevent relapse in schizophrenia (Kissling W. et al 1991), and in 1993 a multi-disciplinary group met to achieve a consensus on the management of schizophrenia. In July 1995, a disease management pack was published intended as a useful resource for all those involved in the care of patients with schizophrenia in the community. It was developed by Dr Andre Tylee, senior mental health fellow at the Royal College of General Practitioners, with help from the mental health training officer of the National Primary Care Facilitation Programme.

416. The resource pack is a training tool and contains useful information on all aspects of patient care. Unfortunately, its limited supply was dependent on pharmaceutical company sponsorship and it is currently out of print.

417. Studies showed that the best management of schizophrenia is a combination of drug therapy and social intervention. It sets out concise guidelines for GPs on standards of communication between primary, secondary and tertiary health care, the Care Programme Approach and clinical audit.

Factors contributing to poor compliance with drug treatment are identified as:

- denial of illness
- extrapyramidical side-effects
- complexity of drug regime
- poor social support and unstable housing
- poor social relationships between patient and service providers
- patient satisfaction
- meeting patient expectations

- level of supervision by professionals
- influence of family and friends

Ways of improving drug compliance are identified as:-

- simple drug routines - tablets organised in blister packs/use of depot medication
- improved social support
- improved professional supervision of care
- patient/carer information and education

Such clinical guidance is important, and as can be seen, many of these known indicators were factors in the care and treatment of Magdi E..

PSYCHIATRIC SERVICES COMMISSIONED BY KENSINGTON & CHELSEA AND WESTMINSTER HEALTH AUTHORITY

North West London Mental Health Trust – Community Psychiatric Team

418. The South Sector Team from St. Mary's Hospital should have been more aware of Magdi E.'s history, as a senior psychiatric registrar had been involved in 1995 in a mental health assessment for which a great deal of information had been obtained from the social worker at Warlingham Park Hospital (FACT FILE 7). The senior registrar merely asked Dr A. to increase the depot injection. It has been suggested that the responsibilities of Section 12(2) approved doctors undertaking a mental health assessment are circumscribed and not intended to produce or recommend on-going monitoring for patients in the community. We do not accept this, particularly as this approved doctor was in the employ of NWL Trust, and good practice should have triggered a Care Programme Approach. There is no evidence that that this clinician either provided a record or confirmed his professional advice in writing to Dr A..

419. The prompt actions of the senior psychiatric registrar and the two CPNs who visited Magdi E. in his council flat in May 1997 is commendable. They appeared to have no knowledge of the 1995 mental health assessment and actions taken by their medical colleague from the Trust, and they were in possession of very limited information from the GP. In the event, Dr D.'s advice to the GP to change the medication from depot injections to oral medication was based solely on his interview with Magdi E. and in expectation that Magdi E. would attend an outpatient clinic. It is most unlikely that the CPN, Mr I., would have closed the case had he been aware of the seriousness of Magdi E.'s earlier history. Despite this lack of knowledge, it is regrettable that the CPN did not inform the GP of his case closure, leaving the GP to believe that Magdi E. was being monitored by the South Sector Team. An earlier independent Inquiry (Higenbotham 1994) had recommended to the NWL Trust that there be written guidelines for CPNs on case closure. The Chief Executive of this Trust stated to us that these were embodied in the Trust's CPA procedures. Magdi E. was never the subject of a CPA.

420. It was not until the clinical review meeting in June 1997 that all available information was made available to the South Sector Team, by which time Magdi E. was in custody. The information clearly indicated that, according to the Trust's criteria (see Appendix B), Magdi E. should be someone at level one or two of a Care Programme, and there were risk factors indicating that consideration should be given to placing him on a Supervision Register. However, there was no review of decisions taken and no additional advice was given to Dr A.. It was left that should Magdi E. return to the locality, he would be seen by the consultant psychiatrist but this decision was not communicated to agencies outside the team. At the time, the Psychiatric Team had staffing difficulties and high workload pressures. It is reasonable to assume they believed that, since Magdi E. had been referred to a Court Psychiatric Liaison Services Team, the outcome would be communicated back to them.

Riverside Mental Health Trust - Court Psychiatric Liaison Service

421. We have drawn attention to a number of factual errors contained in the psychiatric report made available to Horseferry Road Magistrates Court (FACT FILE 14). The author of the report did not appear to have been aware of the mental health assessment which had taken place five days previously by the Outside Office Hours Service. There was no awareness of some of the significant information, including Magdi E.'s propensity to violence as a prelude to relapse, that the ASW had described in her faxed communication to the Court Psychiatric Liaison Services Team. The reason why Magdi E. stopped his injections i.e. impotency, which was referred to in Dr D.'s letter (FACT FILE 11) was not apparently considered as a relevant factor in respect of the alleged sexual offence. We have good reason to believe that the whole process relating to the production of the report, the collection and use of the available information, and the distribution of the report was inadequate and unsatisfactory. Since the change of management responsibility in October 1997 from Riverside MH Trust to West London Health Care Trust, we are led to believe that the process has been revised and improved.

422. The consultant psychiatrist responsible for the report told us that he had assumed that Magdi E. was under a Care Programme organised by St. Mary's Hospital and he expressed his astonishment that this was not the case. We accept that the opinion put before the Court was a matter for Dr G.'s clinical judgement, but we believe that this unconfirmed assumption led to a false sense of reassurance. The available information is that Magdi E.'s GP was his main worker, but no member of the team attempted to liaise with him. Following our interview, Dr G. wrote to us (with a copy to the responsible Trust) accepting that the team's protocol could usefully be changed to incorporate a specific enquiry about an individual's key worker, and as far as possible, for the team to make contact with this person in order to obtain a reliable view of the current status and knowledge about the individual being assessed.

423. The final psychiatric opinion contained in the Court report, namely "We feel that at present he is not mentally ill and therefore do not have any psychiatric recommendations to make to this Court today ", raises complex issues. Dr G. maintained the view that as Magdi E. did not show signs of active mental illness he was unable to make a recommendation to the Court. It is evident that from the earlier mental health assessment undertaken by Dr E. at the police station, which was based on a reading of the same background material and his interview with Magdi E., and which also took into account a risk assessment, that a different threshold for compulsory intervention could have been considered. Dr E.'s excellent summary and reasoning would accord with the recent consultative document from the Mental Health Act Commission (June 1998) "The Threshold for Admission and the Relapsing Patient", which argues that a patient may be admitted under Section 2 of the 1983 Act despite the absence of signs of active mental disorder if certain conditions are met, which include the manner in which the disorder might begin to manifest itself in a previously familiar way.

424. The psychiatric report about Magdi E. stated that copies had been sent to a number of agencies (FACT FILE 14). In evidence to our Inquiry, and under affirmation, the coordinator/administrator of the Court Psychiatric Liaison Services Team told us that she sent a written message saying that Magdi E. had been remanded in custody until 11 July 1997, and later a second message saying that Magdi E. had had all charges dropped against him and was released on 29 August 1997, to Dr C., (South Sector Community Psychiatric Team), Ms K. (Paddington Duty SW Team) and his GP Dr A. She also told us that she had sent copies of the psychiatric report to these agencies. We found no

evidence that any of these communications had been received, and our scrutiny of the entries this officer made in the Court Psychiatric Liaison Services Team file revealed flaws in documents pertaining to be contemporaneous records. We did not accept this officer's explanations, and on the balance of probabilities, concluded that she had not sent these communications. Consequently, we made recommendation to her employing authority, West London Health Care Trust, that they undertake a management investigation with a view to disciplinary action.

OTHER HEALTH SERVICE INVOLVEMENTS

Brixton Prison Health Care Service

425. The Prison Reception Note, both at the time Magdi E. underwent a "health screen" and also when he was seen by the first prison medical officer, notes that he had a history of mental illness diagnosed Schizophrenia, and was currently on treatment with Depixol, Sulphride and Procyclidine (it is interesting that this is the schedule that Magdi E. had been prescribed at the time of his discharge from Warlingham Park Hospital - rather than the sole injection of Depixol that his GP had been prescribing since 1993.) There were apparently no attempts made to confirm this drug schedule or determine when he might have been given his last depot injection, or any other antipsychotic medication, as the medical officer decided that he did not require any medication at this time. Magdi E. was involved in at least two aggressive incidents in Brixton Prison, and the discharge summary at the time of his release noted that he was of "an extremely violent nature".

426. For offenders who have a history of mental illness but who are remanded or sentenced to prison, there is the availability of visiting specialist psychiatrists, but this man, who had a severe and enduring mental illness and who had been involved in two aggressive incidents, was not provided with this resource.

Forensic medical examiners during police custody

427. The last time Magdi E. was seen by medical practitioners was 11 days prior to the manslaughter when he was arrested and charged for being in possession of a knife and assaulting a police officer. He was seen by three forensic medical examiners of duration of less than 10 minutes each. The first FME was led to believe from Magdi E. that he was not on any medication and that he had had an earlier hospital admission for "depression". The doctor was not made aware of the circumstances of Magdi E.'s arrest, and consequently he did not seek to explore the reasons why Magdi E. felt it necessary to possess and carry a knife.

428. The second FME told us that, similarly, the Police did not provide him with any details of the circumstances of the arrest and he had no reason to discuss or examine the custody sergeant's records. He, however, recommended that Magdi E.'s medication be collected. The third FME saw Magdi E. 24 hours after his detention and told us that the sole reason he had been called was to examine him for his knee pain. In between this time, the custody sergeant had noted worrying information about his violent behaviour on the day of his arrest and concerns about arson which he included in his reasons for refusing bail. The last FME believed that his only responsibility consisted in examining Magdi E. for the physical complaint, and he did not receive the information the custody sergeant had noted.

429. The role of FMEs in such circumstances in clearly circumscribed and we accept that the police officers were not sufficiently experienced in dealing with mentally ill people to have brought more specific information to the FME's attention.

ISSUES ARISING FROM SIGNIFICANT CHANGE IN DRUG TREATMENT AND MONITORING

430. "Non-compliance" with treatment plans and the serious consequences of default in taking medication by some patients who have a severe mental illness and otherwise may harm themselves or others is a major issue. The findings from this Inquiry Report are that the downward spiral of events commenced with a change from depot injections to self-administered tablets. Therefore the management of this change and subsequent professional responses to default merits particular scrutiny.

431. Injections of neuroleptic medicine were able to control the worst experiences of paranoid schizophrenia, but the side-effects from this medication were debilitating and had a serious effect on Magdi E.'s quality of life and his family's aspirations for him. His resistance to his drug treatment was understandable. The situation in which a GP was giving injections of neuroleptic medication was unusual but clearly helpful. Treatment was personalised and administered in a non-stigmatising setting, and a therapeutic relationship was sustained. The change to oral medication by prescription radically altered the premise for the relationship.

432. It is undesirable for continuity in the important link between talking therapy and chemical intervention to be broken. If greater weighting had been given to the therapeutic relationship, different arrangements could have been made. The supply of oral medication could have been prescribed to last for the same period as the former injections, and arrangement could have been made for the GP to dispense the prescriptions himself. Such measures would have safeguarded the need for personal contact and monitoring, as opposed to a prescription being left for collection with no system to check whether it had been dispensed.

433. The review of drug treatment followed a standard referral from a GP to a specialist. The assertive outreach on two occasions was taken in pairs following non take-up of appointments. We recognise the difficulties for both a patient and workers in situations where neither party is known to one another, where a patient makes known his apprehension about psychiatrists and nurses and his fears of being compulsorily admitted to hospital. The monitoring arrangements which were offered around his change from injections to oral medication followed standard clinical practice, i.e. follow up by a community psychiatric nurse and an appointment at a psychiatric clinic. Given the context, we believe that his "non-compliance" with such an arrangement was highly probable. Indicatively, he declined the offer of seeing the community psychiatric nurse again.

434. For patients who are apprehensive of the psychiatric services, it would be a matter of good practice to offer a choice of community venue in preference to a psychiatric setting, with opportunity for a patient to be in the company of someone they trust in order to allay fears. A similar observation was made in the Woodley Team Inquiry (1995). We note that on two occasions, the GP was reported as suggesting meetings between Magdi E. and psychiatric specialists in his surgery.

435. The presumption under the Care Programme Approach is that the responsibility for co-ordinating care, keeping in touch with the patient, ensuring a care plan is delivered and calling for reviews, rests with a professional from the specialist mental health services - the "key worker". However, the CPA is also intended to

accommodate situations where a patient disagrees with an aspect of the care plan, in which case it is envisaged that arrangements should be flexible enough to allow for as many of their needs as possible to be met in another way. This does not negate the requirement for the patient to have a designated specialist practitioner from the community team allocated to them and have their name entered on a CPA register for purposes of service co-ordination, monitoring and systematic review.

436. His brother, and his regular contacts with a housing support worker (who had been allocated in recognition of mental health problems) could have assisted in his health care programme, together with his GP, and benefited from formal liaison with a named specialist.

437. During a mental health assessment, when Magdi E.'s default of medication was known and there was reason to suspect that his mental condition might be relapsing, the only resource offered, albeit on a voluntary basis, was a psychiatric hospital. Unsurprisingly, given his past experiences, the offer was rejected. The lack of alternative community resources which can be mobilised to provide a suitable facility for short term observation and assessment together with an acceptable level of security is a barrier to intervention which may alleviate later crisis and compulsion. Mental health service user groups have been instrumental in advocating such alternatives and schemes are being developed in some parts of the country to overcome the known hazards of psychiatric hospital admission e.g. stigma, disempowerment, exclusion of primary support networks, loss of cultural affinity, risks from other patients and group dominance.

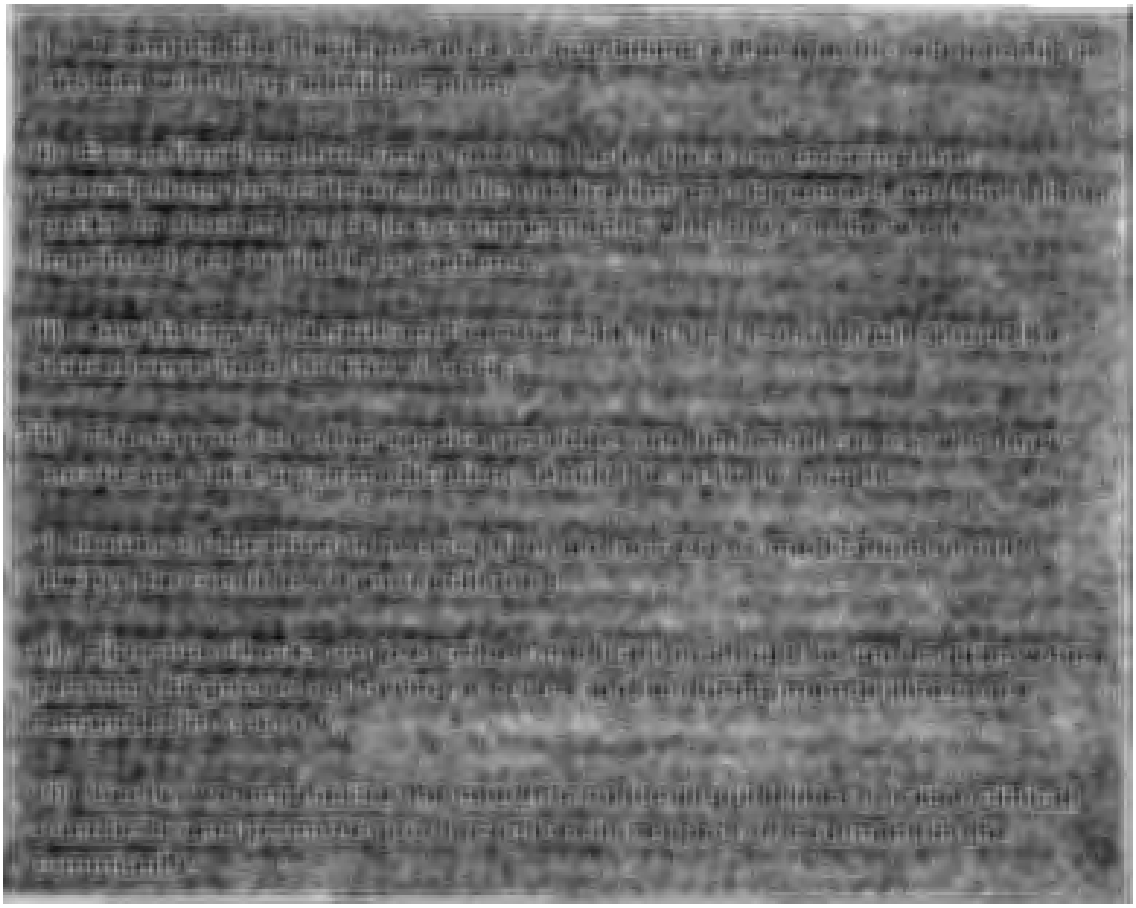
438. Throughout June 1997, when the default in medication was known and Magdi E. was remanded in custody, it does not appear that the Prison health care service verified his prescription, facilitated his access to his oral medication, encouraged take-up, nor was specialist advice sought. His underlying chronic illness was untreated.

439. Magdi E. requested a second prescription from his GP and it was sent by post - for a 30 day supply of tablets. There was no care co-ordination - no other person was informed. A month later, a brief consultation with the GP did not lead to a renewal of the prescription. Three other doctors (FMEs) were not properly made aware of a suspected default, and no one facilitated access to or take-up of the medication. The medical practitioners were aware of the significance of neuroleptic medication for someone with schizophrenia, but responsibilities for facilitating access became diffused.

440. It is common knowledge that many patients default on self-administered drugs whatever illness they may be treated for, and that the chances of success are greatly enhanced where people in close proximity to a patient offer supportive and reinforcing encouragement. It is regrettable, therefore, that preventative action was not taken by clinicians having contact with someone believed to be in default, and that neither lay service providers (from a medical perspective) nor members of the family were enlisted to encourage take-up.

441. Our findings raise a number of issues relating to medical treatment for people at risk. Issues about 'non-compliance' with treatment in the community are currently within the ambit of the Government's review of the mental health services. With this in mind, we put forward the following points as matters of good practice :-

RECOMMENDATION 2.



SOCIAL SERVICES PROVIDED BY WESTMINSTER CITY COUNCIL

Mental Health Duty Service (first intervention)

442. Westminster Social Services intervention in 1995 arose in response to the local police requesting the attendance of an Appropriate Adult. The advantage in this instance of this role being undertaken by a mental health professional is apparent. The professional (although not an ASW) was able to act on the concern expressed by an FME, information disclosed from Magdi E. through a duty solicitor, and the professional's own observations. The duty service demonstrated effective liaison and information gathering skills in order to inform their risk assessment and course of action. The prompt referral to his GP recommending referral to the specialist psychiatric services, and copied to the South Sector Psychiatric Team (FACT FILE 6), was an appropriate response to initial concerns. The liaison, which took place with the Croydon ASW, was influential – enabling contact with Magdi E.'s older brother, and providing background for a mental health assessment with a view to compulsory hospital admission. Out of concerns for safety, the arrangement for the interview at the hotel where he was staying comprised a group. Although understandable, we view this precautionary measure as unfortunate because this was his second encounter with the mental health services, and the experience would not have endeared him to future engagement. In the event, his relapse was managed by his GP with advice from a senior psychiatric registrar, and he retained his community tenure.

443. Magdi E.'s surname was entered on Westminster Social Services client index at this time but his surname was mistakenly hyphenated. This error had subsequent implications. The existence of Paddington Duty Team records was not revealed in September 1996, when the Joint Homelessness Team checked the Social Services index using his correct surname. Similarly, in April 1997, the fact that Magdi E. had been known to the Paddington Duty Team was not revealed to a community psychiatric nurse from the South Sector Psychiatric Team who checked the index. We were pleased that there was access by local health and social services practitioners to each other's data base – it is an example of a good joint working arrangement, but, on this occasion, it was let down by an inaccurate input.

Joint Homelessness Team (first assessment)

444. Magdi E. next came to the notice of Westminster Social Services in September 1996 when he was referred, by the Housing Department, for an assessment of his vulnerability as a homeless person with mental health problems. This joint arrangement had come into operation in January 1996 and it was still in stages of development. It is regrettable that Westminster standard letters and forms in use at that time did not specifically seek information on violence nor other risk factors (Thames Reach Resettlement Service documentation provides an example of good practice).

445. We are satisfied that assessment of Magdi E.'s vulnerability and housing support need was of a good professional standard - evidenced by the care manager's full record of relevant factors identified from interview, her explicit analysis and recommendations, and detailed case recording. The referral to Thames Reach

Resettlement Service was made in appropriate recognition of the fact that Magdi E. was unrealistic about his support needs, and in ignorance of details of his history. Commendably, the care manager took follow-up action with the Housing Department, to emphasise the importance of him being rehoused near to his GP. We are satisfied that the support arrangements put in place around Magdi E. were adequate, given deficits in knowledge about his background, and that the decision taken by the JHT to close the case in May 1997 was reasonable.

Second intervention and monitoring role of duty service

446. Arrangements for the mental health assessment at Harrow Road Police Station in June 1997 were made by an ASW, who also undertook the role of Appropriate Adult. Although the ASW could not proceed with an application for compulsory admission to hospital, given the difference of medical opinion, she took very appropriate follow-up action. She ensured that the older brother was consulted about the situation (an event which subsequently gave him a point of contact with Westminster Social Services). All relevant information in the Paddington Team's possession was passed to the NWL Trust and to her Westminster Social Services colleague at Horseferry Road Magistrates Court. It is noticeable that all the psychiatric history and risk factors obtained about Magdi E, including up-dates to events, emanated from initiatives undertaken by the Paddington duty service, and were passed to the health services who became involved.

447. Commensurate with community care policy and development of local procedures, the ASW in the Paddington duty service and the ASW attached to the psychiatric service at Horseferry Road Magistrates Court each completed a screening proforma for purposes of an initial community care assessment. The completed proforma on Magdi E. show that progressively higher weightings were given to medical, risk and social network factors in respect of his community care needs at this time. However, he remained in custody and there was no further role for Social Services.

448. It can be seen that a pivotal role in communications and on-going monitoring was played thereafter by the duty service, although Magdi E. was no longer in their catchment area. Firstly, at the time it was realised he was in Newham, we find it commendable that a manager from the Paddington Team ensured that a check was made on the bail address to ascertain whether children were residing there, given the nature of allegations against Magdi E.. Background information was promptly passed to the community mental health and homelessness teams in Newham. Secondly (five weeks later), when Magdi E. had been placed by Westminster Housing Department in King's Cross, the Paddington duty service made appropriate enquiries out of concern for his support needs. At this juncture, the Housing Department advised them that their mental health colleagues in the Joint Homelessness Team (JHT) had become involved. Reasonably, their monitoring ceased. We concur with the screening proforma completed at this time indicating that Magdi E. was eligible for a comprehensive community care assessment.

Joint Homelessness Team (second assessment and allocated care manager)

449. We are concerned that the second time Magdi E. was referred to the JHT, the response lacked the standard of robustness demonstrated hitherto by other staff and social agencies. There was, in our opinion, a lack of care in reading full referral information and this led to appointment letters being sent to Magdi E. at the wrong

address and with his surname omitted. He was not seen until a month after the date of referral. At this juncture, the JHT knew of his previous S37 hospital order, the assault in 1995, and the assault at the housing office – information that had come to light in May 1997. They were aware that the Paddington Duty Team held records, but, surprisingly, in our view, these records were not sought, and no liaison took place with Newham Homelessness Team to enquiry about their recent contact. The allocated care manager was therefore not as well informed as he should, and could, have been.

450. The initial action taken to instigate improvement in Magdi E.'s circumstances, i.e. communication to the Housing Allocations Section requesting that Magdi E. be relocated near to St. Mary's Hospital, was prompt but insufficient. It appropriately focused on social stresses affecting Magdi E.'s mental health, and it assumed that Magdi E. was receiving treatment. Neither information was sought from, nor contact made with St. Mary's Hospital, and the senior care manager has accepted that he was at fault in not ensuring that liaison took place. The Housing Department did not act on the care manager's request. In the case of both hotel placements and housing allocations, the processing is undertaken by the individual's homelessness caseworker in the Housing Assessment and Advice Centre. It is evident from discussion that later followed between the homelessness caseworker and the care manager in September 1997, that Magdi E.'s eligibility for rehousing was accepted, but action by the Housing Department was dependent on them receiving Mr A.'s full assessment of Magdi E.'s support needs and his recommendations.

451. We were concerned about the lack of development of assessment over the period. We did not find Mr A.'s case recording to reflect a methodical approach. A criteria and proforma aide was available for use by JHT staff operating the Joint Assessment Service. Most of the factors the staff took into consideration were primarily in order to satisfy criteria set down for a definition of "vulnerability" to accord with Housing legislation. However, the different elements were compatible with proforma used for initial community care assessment screening elsewhere in the Social Services Department. Quality assessment of a person's range of personal and social needs is seen as a cornerstone to the success of a care plan. There were sufficient known factors about Magdi E. to point to his eligibility for a comprehensive community care assessment, and to show that a broader perspective was called for. Whilst it is understandable why the main focus was on Magdi E.'s accommodation need, given the primary functions of the JHT, the care manager carried a secondary responsibility, namely to assess Magdi E.'s health and social care needs for care management purposes. A shift towards a comprehensive assessment may have triggered a review of Magdi E.'s health and social care needs with others, which would have undoubtedly been of benefit to the care manager and Magdi E..

452. The care manager clearly needed to establish a working relationship with Magdi E. in order to pursue his plan of encouragement for supported accommodation facilities, and the care manager was also fully aware of problems from living in Bed & Breakfast hotels out-of-borough. The care manager's approach to fostering a relationship did not appear to us to be particularly proficient. We are of the opinion that the frequency of his contact was insufficient, for either the purpose of the formation of a relationship or to afford support to Magdi E.. We do recognise that there were heavy workload pressures on the Joint Assessment Service, and competing demands on the care manager's time. However, we found no plan or appointment for further contact following the first interview (it was Magdi E. who twice sought contact thereafter) and

no outreach was undertaken. A practical support measure in view of the geographical distances, Magdi E.'s financial circumstances, and his need to visit his GP, might have been the issue of a concessionary travel pass (under the provisions of the Chronically Sick and Disabled Persons Act).

453. One consequence of such minimal contact was that an understanding of the race and cultural dimensions to Magdi E.'s care needs was not developed e.g. the significant support role that his family (brothers and cousin) played in sustaining him, the importance of linguistic affinity between him and his GP, and friendships and support from the Sudanese community in London. Indicatively, when he was relapsing, the observations and concerns of two Sudanese hotel staff about his behaviour quickly led them to believe he may have "mental problems".

454. We would acknowledge, given the relatively short time the Joint Assessment Service had been operating, that the experiences of staff was limited in respect of assessment and direct support work with persons with a severe and enduring mental illness. Monitoring reports submitted to our Inquiry showed that referrals around this time average about 10 a week, of which, following short term assessment, 28% were found not to be vulnerable, and a further 39% were found to be adequately supported by family, local community or other agencies. Of the remainder, 18% were found to be in need of some support during the resettlement period although their circumstances did not warrant arrangements for care management. Thus, 15% were assessed as requiring care management that was either undertaken by the JHT staff or referred on to a mainstream community mental health team. Even so, the JHT, as a whole, had many years' experience of working with mentally ill people who dropped out of mainstream mental health provision. It was apparent to us that practitioners had an appreciation of the many reasons for this, including negative experiences by some service users of the psychiatric system. Staff had different professional and ethnic backgrounds, and a senior psychiatric registrar was a team member. These resources were available to staff implementing the Joint Assessment Service.

455. We have considered the response given to events following Magdi E.'s third hotel placement, given what was known about his past. We are satisfied that the care manager did contact the hotel promptly when he was informed of initial concerns, and that the grounds seem to have been diffused. He had recently seen Magdi E. whose presentation gave no reason for significant concerns about his mental illness, and environmental stresses were attributed to reasons for his second placement disruption. We can see that Magdi E.'s behaviour at this time was not regarded as exceptional in the context of homeless persons with mental health problems coping with hotel regimes. In the circumstances, we accept that the care manager's actions to ensure that the hotel had his contact name and number appeared adequate. Of course, the seriousness of Magdi E.'s deteriorating behaviour then came to the fore in the JHT a week later, when they were notified of his arrest. His need to receive a psychiatric assessment was clearly recognised by the JHT managers.

456. We have reviewed the JHT course of action. The JHT staff had the option to liaise with local catchment area mental health services for the police station and to request that an ASW make arrangements, under the provisions of Part II of the Mental Health Act 1983, for his mental health to be assessed. The senior care manager told us that, based on his earlier conversation with a Paddington team manager (June 1997), he was aware that previous "snap-shot" psychiatric assessments appeared insufficient. He and the JHT service manager therefore were of the opinion, since Magdi E. was in custody, that a better option

was to seek a "forensic psychiatric assessment" which, they believed, would have the benefit of observations of his behaviour from a remand in custody or care. We accept that this course was appropriate. Action taken by the care manager to verify Magdi E.'s medication led to him suspecting default, and gave him further supporting grounds for believing that Magdi E.'s mental health may be relapsing.

457. The decision to assign the JHT care manager to act as an Appropriate Adult was understandable, given operational constraints. An ASW member of the JHT was not available, and the manager was on duty cover. Mr A. had received no training for the role, but he had some knowledge of Magdi E., and experience of work with people with mental health problems and, in our view, was suited to perform the functions of an Appropriate Adult for purposes of the Police interview. It is evident the care manager made known his concern about Magdi E.'s mental health at the police station. The information subsequently supplied by the Police on the remand file prepared for the CPS crown prosecutor was that Magdi E. had a mental history "confirmed by his key mental welfare officer", a diagnosis of schizophrenia and, because of his unstable mental condition, the Police believed he would commit further offences.

458. We are concerned that no priority was given to ensuring that someone from Westminster Social Services was in attendance at Highbury Corner Magistrates Court, both to support a vulnerable client and to ensure that professional opinion was available. Where staff cannot be in attendance there are other avenues that can be considered. It may have been helpful to the situation if the local psychiatric service provider to the Court had been directly contacted and consulted by the JHT. Although the Westminster staff were not familiar with specific arrangements in another part of London, contacts could have been obtained through (a) the local mental health service for that area, (b) the probation service in attendance at Court, c) the Court itself. On the day of the Court hearing, misunderstandings also could have been avoided if a written statement had been faxed to the defence solicitor to make available to the Court.

459. The JHT response to being contacted when Magdi E. returned to the hotel on 14 October seems to give a poor impression of commitment to ensuring the welfare of a vulnerable client. It is most unsatisfactory that Magdi E. was left believing that Westminster could no longer offer him support – his social vulnerability at this time should have been uppermost. However, both the senior care manager and the care manager tell us that neither of them noticed at any time the entry that had been left in the office message book on 14 October, and which showed his correct bail address and telephone number. This was a most unfortunate oversight as the care manager told us he made subsequent attempts to verify the correct bail address and experienced some difficulty. The Magistrates Court could have been an alternative and direct source for verification of details.

460. The actions of the ASW in the Paddington duty service, in response to the telephone message she believed may have come from Magdi E.'s older brother, show persistent attempts to establish contact and verify the caller. In the event, Magdi E. did not return to the bail address until 19 October, and it can be seen that on 22 October, her telephone contact still left uncertainties as to whether he was living there. Information was on record that might have assisted the enquiry process - the Housing AAC referral form to the JHT contained a section for service users to provide details of contacts for family members. Magdi E. had provided the names and telephone numbers of both his brothers (FACT FILE 17) in August 1997. Although both were at work during the day, the numbers were a means of checking. The record also showed that he had lived previously at the address in Newham.

461. We are satisfied that on 24 October both the JHT care manager and the ASW from the Paddington duty service responded positively and sensitively to calls from Magdi E.'s older brother and cousin, and their actions on the day were prompt and appropriate.

Liaison with the criminal justice system

462. In the course of our Inquiry we noted that, although there were guidance notes on the role of Appropriate Adults, there was a lack of written operational guidelines for Social Services staff on the practicalities of working with the Metropolitan Police Service and criminal justice agencies in respect of mentally disordered service users. Particular attention needs to be paid to criminal proceedings under Part III of the Mental Health Act 1983, the responsibilities of Police custody officers for the welfare of persons in custody and police bail, and the role of forensic medical examiners.

RECOMMENDATION 3.

We therefore recommend:

That Westminster Social Services reviews its operational guidelines for mental health professionals to include arrangements for liaison with the Metropolitan Police Service and the Courts, and provide appropriate training for staff.

HOUSING SERVICES PROVIDED BY WESTMINSTER CITY COUNCIL

463. Up to the time of Magdi E.'s involvement with Westminster City Council, little advice and information seems to have been provided to Magdi E. about housing services. His experiences with private landlords or hoteliers show that the reasons for his displacement and mobility were often related to the demands and circumstances of the private providers rather than attributable to his behaviour. As someone new to the country, his understanding and knowledge of his entitlements would have been limited.

464. Magdi E. came into contact with the housing services in Westminster on several occasions between January 1995 and October 1997. His first application was not available to us in housing records, and following a search it could not be traced. A note dated 2 January 1996 on the housing history sheet stated that he was already on the housing waiting list and made reference to "medicals on file". Because the first application could not be found we were not able to discover whether the previous medical information included any reference to his history of violence. The second application was dealt with in the latter part of 1995 and a standard letter was sent to the GP on 4 January 1996. The enquiry did not specifically seek information about risk factors e.g. potential violence, but it provided space for "Any additional information (including relevant previous history)". The assault which had taken place in July 1995 was not a factor disclosed to Housing.

465. It would have been helpful if reasons for the arrangement at the GP practice to reduce waiting-time for Magdi E. had been shared with the housing service. Waiting in busy housing offices is common.

Accommodation placements

466. In the absence of other types of temporary accommodation, we consider that the hotel in Bayswater in which Magdi E. was first placed (September 1996 - March 1997) was suitable. Its location was two stops on the Underground away from his GP, it was able to cater for his cultural requirement for special washing facilities, and had cooking facilities. When we visited the hotel was well decorated and carpeted.

467. We are satisfied that the offer of the unfurnished studio (bedsitter) flat fully complied with the recommendations from the JHT, and it was in accordance with Westminster City Council policy for single persons. However, Magdi E. received notification of the viewing date on the day he was due to see the flat. This is clearly not satisfactory; applicants should have <u>at least</u> 24 hours notice. He was concerned about the size of the accommodation. We were informed that at this stage there was no appeal against an offer. This meant that Westminster City Council would have discharged its homelessness duty and Magdi E. could have been declared intentionally homeless if he had not accepted the flat. We note that it was the intervention of the Thames Reach support worker who visited him at his hotel which ensured the appointment to view was kept. There is now a limited statutory right of appeal under the Housing Act 1996 that became effective after Magdi E. had received his offer.

468. Given the change in circumstances which led to his homelessness later in 1997, it is evident that Bed & Breakfast hotel placements were inappropriate. However, given the lack of any other type of temporary accommodation available to housing staff at the time, we make the following comments on the actions taken.

469. It appears that the housing staff had regard to the bail conditions which required Magdi E. to stay away from the W11 area. Magdi E.'s placement in the out-of-borough hotel in Kilburn (8 - 9 August) was, however, inappropriate. Housing staff also knew that he was awaiting a Court hearing for charges of alleged indecency towards children. This hotel had 14 rooms, 11 of which were rooms for families with children. Regard should have been had to an alternative placement which reduced risk. There was also previous knowledge in the Housing Department about his needs from the earlier JHT Assessment of Vulnerability. This hotel was at least five miles away from his GP (11 stations and 2 changes on the Underground).

470. The placement in an out-of-borough hotel in King's Cross (11 August - 2 October) was better located for access to the JHT offices in Covent Garden, but four miles away from his GP (11 stations and 2 changes on the Underground). This hotel had 30 rooms all used by Westminster City Council, 3 of which were suitable for families, the remainder being for single persons. He occupied a very small room with a wash hand-basin, on the top floor. There was a shared use of a kitchen, shower and separate W.C. on the same landing. We assume that this hotel met minimum environmental health standards. It is evident that he became very distressed living in this socially deprived area with which he was unfamiliar and detached from the informal support network he had started to develop in Paddington.

471. Housing staff were at this stage awaiting the assessment from the JHT care manager for purposes of rehousing. On 3 September Magdi E. was written to by his solicitor advising him that he was no longer subject to the bail conditions and that the charges against him had been discharged. It appears that this information was not passed to the housing staff. It may have been possible to transfer him to a hotel within Westminster during the six weeks he was living in King's Cross (i.e. as and when a vacancy arose). There were at the time 7 Bed & Breakfast hotels used by Westminster in the W11 area - the locality being that for the Paddington Duty SW Service and South Sector Psychiatric Team.

472. His final Bed & Breakfast placement in the Finsbury Park hotel (2 - 12 October) placed even greater constraints on his access to both his GP who was 7 miles away (14 stations with 2 changes on the London Underground), and his care manager. Within a very short time the housing services were notified by the hotel staff of concerns, and their prompt action to refer the matter to the JHT worker was appropriate.

Homelessness duty caseworker and AAC staff

473. The records kept by the homelessness caseworker from 8 August 1997 to 6 October 1997 are very comprehensive. They demonstrate that throughout the period, she kept Magdi E.'s care manager informed about him. She has recorded every meeting and telephone conversation and she noted his outward responses when attending the Assessment and Advice Centre e.g. agitated on one occasion, slurred speech on another.

474. The actions taken by the staff at the Housing Assessment and Advice Centre were within appropriate timescales. For example, a referral was faxed to the JHT on the day Magdi E. was accepted as homeless, 8 August 1997, his solicitor was informed when he was moved on 10 August, a telephone call was made to the care manager on 15 September to pursue target dates and his letter to the Housing Allocations Section dated 9 September was discussed. The information collected at his point of referral was concise and relevant. With the benefit of hindsight, it is unfortunate that a copy of the eviction letter from his friend was not faxed also.

475. We do have concern about the process around his hotel evictions. It does not seem that any housing staff interviewed him about his eviction from the hotel in Kilburn, nor is it clear whether his move from the King's Cross hotel was a transfer or an eviction as the matter was handled by the JHT care manager and there is no record of notice of eviction from that hotel (contrary to Westminster policies). It seems that the housing staff sent Magdi E. a final warning letter without hearing his account of events and treatment at that hotel. We understand that under Westminster City Council contracts with hotels, a hotel may terminate the right of occupancy of a homeless applicant placed by the Council where the individual's behaviour is so unreasonable as to affect the quiet enjoyment of the premises by other residents.

Housing estate management staff

476. The assault in the Housing Estate Office was managed promptly by the housing manager and led to disclosure that Magdi E. had a history of violence, and the follow-up warning letter was appropriate in the circumstances. Effective liaison took place with the Thames Reach worker who discussed the course of action with Magdi E..

SUPPORT ROLE OF OTHER AGENCIES

Thames Reach Resettlement Service - housing support worker

477. The assertiveness and high level of commitment towards Magdi E. by the Thames Reach worker is commendable - notably his actions on the day Magdi E. did not appear to view his new flat, and his initiative to refer him to the Newham Community Mental Health Team following his release from Brixton Prison. His records show a structured approach to the action needed to be achieved around practical tasks. His notes of conversations with Magdi E. are descriptive, and follow-up actions required of him were noted. It is unfortunate that Thames Reach contractual obligations meant that once Magdi E. gave up his tenancy, he was no longer entitled to a service from the support worker. The support worker, together with the local housing estate officer, had developed a working relationship which Magdi E. accepted.

Newham Community Mental Health Services

478. The response to the referral from Thames Reach Resettlement Service in July 1997 to a Community Mental Health Team in Newham was promptly responded to and quickly passed on to the Newham Homelessness Outreach Support Team (HOST). In outcome, Magdi E. was connected once more with the community mental health services. HOST information gathering and enquiries with agencies having recent knowledge of Magdi E. were appropriate, and the support and advice provided to Magdi E. was in his best interests. Their follow-up actions to ensure that he did re-establish himself in Westminster, and their recorded care plan (including contingency arrangement to assist him find a local GP), was indicative of professional commitment to ensuring that his support needs would be met. We comment on the actions of the Newham ASW who became involved on 24 October in a later section of our Report.

WESTMINSTER HOUSING AND SOCIAL SERVICES - JOINT ISSUES

479. The arrangement between Housing and Social Services in Westminster for assessing the re-housing needs of people with mental health problems is commended as good practice. It reflects two statutory obligations on Westminster City Council to assess individual circumstances:-

a) the housing services responsibilities to homeless persons who have a mentall illness (Housing Act 1996); and
b) the social services responsibilities to persons who have a mental illness who may be in need of community care provision (NHS and Community Care Act 1990).

480. We have concerns about the length of time specified in Agreements between Housing and Social Services for the initial assessment and the full review. These were revised from 15 to 25 days and 25 to 60 days respectively. The latter time means that the Housing Department could not make an appropriate offer in less than 60 days. For Magdi E. the time taken for his first application was in excess of 90 working days when the target was 25 working days. The contracted time for these assessments has a cost to the person who is waiting for permanent housing, and to the authority in terms of the provision of emergency and temporary accommodation.

481. A report to Westminster Housing and Social Services Committees at the end of December 1997 showed that around 30% of all applicants vulnerable through a mental illness were not reaching the rehousing stage. Some of these applicants might re-present as homeless to Westminster after a period out of the system, increasing the workloads for all services. The report stated:

> "Studies in other local authorities show that of this client group 20-25% of the intake might be expected to leave temporary accommodation before the allocation of a tenancy. The figure in Westminster is therefore slightly higher, a fact which might be due in part to an apparent slow-down of bedsit units to single vulnerable applicants. Evidence is currently being collated on waiting times for single vulnerable applicants, as it is believed they have increased in the last six months. The workload of the Joint Homelessness Team has been so high that support to clients has been minimal, for many in Bed & Breakfast accommodation there has been no contact with the services until the time of allocation."

There is clear recognition in this report that people with mental health problems were being "lost" by the system when they do not have a settled home.

482. It would appear that the supply and demand of accommodation has influenced the time scales in the Agreement between Housing and Social Services for assessing the housing need of vulnerable individuals. It does not seem that a cost benefit analysis was carried out of meeting the first target times with the resources needed, against savings on the cost of emergency accommodation. Instead, the times were extended with financial and human disbenefit.

483. In considering whether housing arrangements were appropriate for Magdi E. we have briefly examined the impact that Westminster City Council housing policies had on the overall supply. The reason for so doing is because of Westminster's very high use of Bed & Breakfast accommodation. For instance, extracts from the London Research Centre (LRC) statistics on the use of emergency and temporary accommodation by the London Boroughs at 30 September 1996 and at 31 March 1998, showed that Westminster had consistently higher numbers than any other borough (456 in 1996 against a total of 2869, and 835 in 1998 against a total of 3,504). The use of Bed & Breakfast by Westminster City Council was between a quarter and a fifth of the total of all 33 London Boroughs.

484. It took six months on the first occasion to rehouse Magdi E. when he was offered a "studio" flat. Currently Westminster has 7,063 "studio" flats out of a total housing stock of 14,584 homes. Between 1980 and 1997, the Council had sold 35% of its housing stock against a London average of 30% (LRC statistics). Despite the high levels of homelessness (apart from asylum seekers) and the resulting cost of accommodation, it is our understanding that the Council continues to promote the letting and selling of Council homes to applicants who appear to have much lower priority. For example, 100 homes per year are allocated for second generation applicants of Council tenants, and 50 homes per year are being sold at below market value as part of the "Voluntary Homes Sale Scheme" over and above any Right to Buy sales. We appreciate the popularity of these schemes and the difficulty of competing priorities. However, given the exceptionally high demand from homeless applicants in Westminster and the cost in human and financial terms of emergency accommodation, it seems timely to review the current allocation policy.

Placements of homeless persons outside of borough

485. The following table, which derives from LRC statistics, gives an indication of the extent of the displacement of homeless households who apply to Westminster in comparison with all London Boroughs. Many authorities regard the use of Bed & Breakfast hotels as emergency accommodation only or accommodation of last resort. However, during the time of our Inquiry, Westminster City Council relied solely on private hotels for provision of first stage temporary accommodation for homeless applicants.

London Boroughs Hotel Placements March 1997 - March 1998

	Mar 1997	%	Sept 1997	Mar 1998	%
SOCIAL SERVICES					
ALL BOROUGHS					
Total	1,652		2,897	3,118	
- in borough	835	51	n/a	1,388	45
- out borough	817	49	n/a	1,730	55
WESTMINSTER					
Total	336		703	487	
- in borough	74	22	n/a	82	17
- out borough	262	78	n/a	405	83

	Mar 1997	%	Sept 1997	Mar 1998	%
HOUSING					
ALL BOROUGHS					
Total	2,587		2,997	3,504	
- in borough	1,387	54	n/a	1,731	49
- out borough	1,200	46	n/a	1,773	51
WESTMINSTER					
Total	512		491	835	
- in borough	114	22	n/a	195	23
- out borough	398	78	n/a	640	77

Source: Homelessness in London Bulletins, London Research Centre

488. We have already noted that placements of people in hotels by Westminster Housing Department accounted for between a quarter and a fifth of the total of all London Boroughs. The gross expenditure by housing departments on Bed & Breakfast hotels in London in 1996/97 was over £32 million gross. A proportion of this was met by Housing Benefits, but £7 million of this sum is met by Council Taxes. Westminster expenditure for the same period was £3.255 million gross, with £0.703 million funded by the Council.

489. We have no analysis of the proportion of homeless persons placed in hotels by Westminster and assessed as vulnerable due to mental illness, but it is reasonable to assume that it is substantial. **Over three quarters of Westminster Housing Department placements in hotels are outside the borough, compared with an all London Borough's average of around a half.** The demand for temporary accommodation in Westminster was compounded by their Social Services Department's need to place asylum seekers to whom they had a duty of care.

490. The implications for a vulnerable homeless applicant like Magdi E. were that he was placed not only further away from his local support network, but outside of the framework of Westminster's Community Care Plan to which Housing, Social Services and the Health Services were partners. He was doubly disadvantaged, because neither he nor those who knew of him in Westminster were familiar with services in a different part of London.

491. Our findings give clear account of some of the personal and social stresses which can be experienced through living in Bed & Breakfast hotels, of the inappropriateness and unsuitability of this type of accommodation for a person with mental health problems, and of how disempowering the system can be. Decisions which are not needs-led but supply determined are arbitrary. Displacement from localities can seriously disrupt informal and formal support networks.

492. Existing Council housing contracts place obligations on hotels to maintain environmental standards. Such arrangements, which govern premises of multiple occupation, institutionalise accommodation and militate against ordinary life principles. The grouping of high numbers of vulnerable people under the same roof with untrained staff to administer rules and regulations is fraught with difficulties. There is a high correlation between homelessness and the prevalence of mental illness. Our findings suggest that the homelessness system itself can be a main contributor to mobility, dislocation and stress.

493. We reiterate the view that Bed & Breakfast hotels should not be used for vulnerable persons who have a severe and enduring mental illness. Most people aspire to live an ordinary life and seek self-contained temporary or permanent accommodation. The probabilities of young adults who have independent living and self-care skills rejecting residential care home type arrangements should be acknowledged.

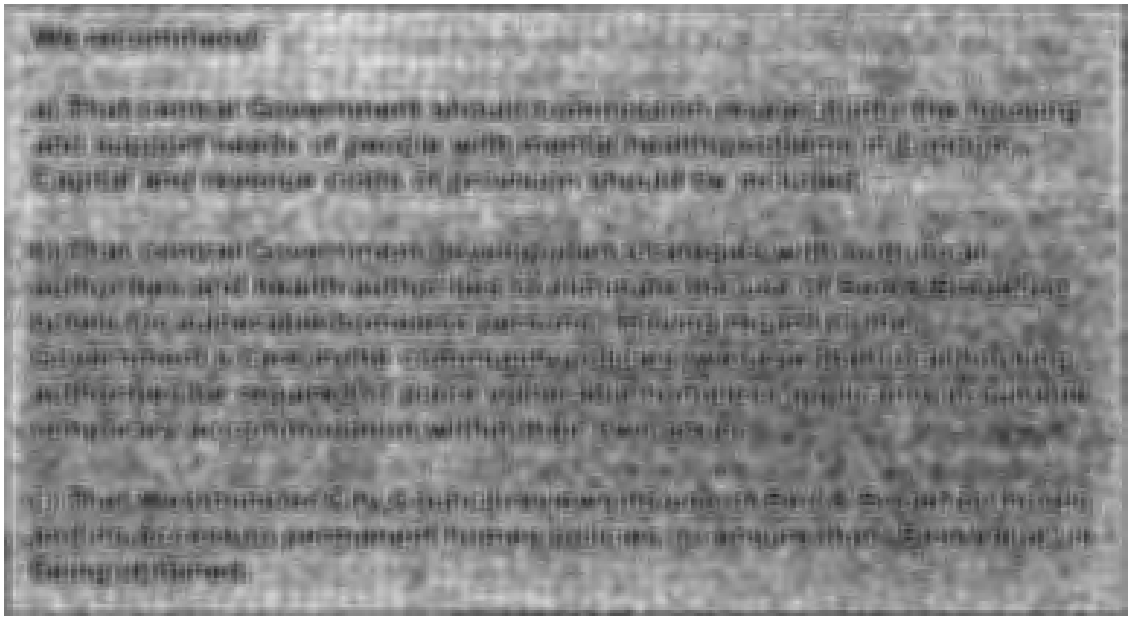
494. Westminster City Council policies do show that the development of supported housing for people with mental health problems has been an agreed priority between Housing and Social Services since 1993/4. It is our understanding that since then, 43 places (supported one-bed flats in the main) have been made available for access by Social Services for people supported under care management arrangements. The Homelessness Mentally Ill Initiative (Government specific grant) was used to develop housing schemes for homeless people with mental health problems, and supported flats have become available for 45 persons, and further units for 10 persons are in development. These resources, as vacancies occur, are available to the Joint Homelessness Team. Additionally, units for 44 persons in shared accommodation with less intensive support were developed between 1978 and 1994. Westminster Housing and Social Services have also developed mobile ("floating") support schemes which provide support to people with mental health problems in their existing tenancy.

495. Despite these initiatives, a Needs Assessment/Points Prevalence Study undertaken by Kensington & Chelsea and Westminster Health Authority in 1995 showed that of all people known to the mental health services in Westminster, 20% were homeless or living in insecure accommodation.

Inner London housing provision for people with mental health needs

496. If care in the community is to succeed there must be a sufficient supply of the right type of accommodation with the appropriate support. We are aware of the DETR (Department of the Environment, Transport and the Regions) project "Housing Options for People with Learning Disabilities and Mental Health Problems" which will report in late 1999. However, we are not aware of any recent research that has taken place into the housing needs of people in London with mental health problems. To our knowledge, the last research was by the London Research Centre in 1995 - "Supported Housing in London - Estimates of Need and Supply". This study did not quantify the need by the various options available nor did it contain the resource implications.

RECOMMENDATION 4.



BAIL DECISIONS - THE POLICE AND COURTS

Background

497. Section 37(3) of the Mental Health Act 1983 empowers a Magistrates Court to make a Hospital Order without proceeding to a conviction where the defendant is suffering from mental illness only where the Court is satisfied that the defendant did the act they have been charged with or they have admitted the offence. These conditions were met in respect of proceedings at Croydon Magistrates Court in 1992 and Magdi E. was appropriately diverted from the criminal justice system for care and treatment in a psychiatric hospital. Because there was no conviction, the Hospital Order did not appear on Magdi E.'s criminal record.

498. We have not enquired into the proceedings which took place at Marylebone Magistrates Court on 17 January 1996 which related to the violent assault on 10 July 1995. The Metropolitan Police Service, at the time, having regard to their knowledge of the circumstances and background, entered a warning indicator (FACT FILE 9) on their confidential computerised record as a precautionary safety measure for police officers in their future dealings with Magdi E.. This was appropriate action. Westminster Social Services (Paddington Team duty service) had taken similar action.

499. The Metropolitan Police Service next became involved on 27 March 1997, when officers promptly attended the housing office in Westminster. The victim of assault did not want to press charges and, given the circumstances, no further action was required from the Police. They had no reason to access the Police computer at this time.

Horseferry Road Magistrates Court

500. Magdi E. was arrested on 6 June 1997 with serious charges against him. The Magistrates Court appropriately sought a report from a medical practitioner who was approved under S12(2) of the Mental Health Act 1983 for such purposes, and no medical recommendation was put before the Court. The exercise of discretion on the various police custody sergeants, the Magistrates Court in their bail decision and the Crown Court bail decision to release Magdi E. at the end of June (and the Crown Prosecution Service decision not to proceed with the prosecution) all fall, in our view, within a reasonable exercise of discretion that may well have occurred in any similar situation on the basis of the facts presented. Given the decision not to proceed, our understanding is that any records of the allegations would have been erased from the Police computer system as of that date.

Stoke Newington Police Station and Highbury Corner Magistrates Court

501. On 13 October 1997 Magdi E. was arrested and detained at Stoke Newington Police Station. The decision of a custody sergeant not to grant police bail in respect of the charges relating to Magdi E.'s assault on a police officer and being in possession of an offensive weapon was correct. The decision as recorded in the custody records shows his explicit reasoning. Later during the night, it became necessary to review Magdi E.'s continued detention for suspicion of arson with intent to endanger life. It appears there was insufficient forensic evidence for them to bring criminal

proceedings at this juncture. It was for that reason the Police decided to grant bail, until further evidence was obtained. This was, however, a technical reason.

502. A decision to grant bail or withhold it is one for the exercise of discretion, and the reasons that one could withhold bail, given the basic presumption to bail under the Bail Act 1976, would be:
(i) the fear of commission of further offences
(ii) the fear for somebody's own safety
(iii) the lack of community ties in the location to which they would be bailed.

503. It is our view that on 14 October there was a combination of failures. On any view of the offences, they were sufficiently serious, together with the presence of a knife and his past history, to warrant a remand in custody. Contributory factors were:-

- The defence advocate received inadequate briefing from the duty solicitor firm.
- The defence advocate acted in ignorance of information disclosed the previous day to the duty solicitor representative.
- The defence advocate was not made aware of police concerns about Magdi E.'s mental health by the crown prosecutor before representations were made in front of the magistrate.
- It is reported that the crown prosecutor believed he had insufficient evidence available to support a case for a remand in custody. Even so, in our opinion, objections to bail could have been far more vigorous than appears to have been the case.
- The defence advocate did not speak directly to the care manager. Communications were fragmented. It appears that conclusions were drawn from generalities about the primary function of the homelessness service and relayed to the Court.
- The Court was deprived of information concerning Magdi E.'s psychiatric history and a statement from his care manager.
- It appears that a Court duty probation officer would not automatically liaise with another agency regarding a bail hostel referral. Consequently there was no communication with Westminster Social Services to clarify Magdi E.'s circumstances.
- No one contacted the occupier of the bail address during Magdi E.'s period in police custody or prior to the decision of the Magistrates Court.
- The allegation of arson, while serious, did not come under the magistrate's jurisdiction, as no charges had yet been brought.

504. It is common practice, with a background series of circumstances such as Magdi E. was presenting, for there to be a remand in custody for one week for a full psychiatric assessment to be completed. The fact that the magistrate put the matter back to try to obtain further information is a clear indication that he felt unable to make a bail decision because of the absence of information. The information that was subsequently conveyed did not, in our view, fulfil the need for a fully informed decision to be made. On this occasion the inter-agency working arrangements, which should have been in place for a mentally disordered offender, failed with serious consequences.

Worthing Police Station - Sussex Police Service

505. The information available to the Sussex Police Service from the Police National Computer (PNC) was limited (see FACT FILE 23). There had been a failure to input details of the Highbury Corner Magistrates Court hearing 3 days earlier from the Metropolitan Police area. Magdi E.'s demeanour and behaviour during his time in custody at Worthing gave the Police no reason for concern about his mental stability. Magdi E. had not disclosed much information to the solicitor about himself other than that he had a GP in London. It is apparent that during otherwise coherent interviews, the only possible indication of Magdi E.'s state of mind was his unusual explanation for his behaviour based on his fears when confronted in the chemist shop, and on arrest. No significance was attached to this at the time by the duty solicitor or the Police.

506. The defence solicitor was aware from his confidential consultation with Magdi E. that he was on bail at the time of the allegation of assault in Worthing, and that he was due to appear at "Holloway Court" on 30 October 1997 for assaulting a police constable. This was privileged information about which Sussex Police was unaware.

507. The Sussex Police Service submission to this Inquiry is that they did not have reasonable grounds to believe that Magdi E. would fail to answer to bail.

508. In our view, the proximity of the offence on 13 October to the one in Worthing on 17 October had a serious effect on the discretion whether to grant bail or not. The only exercise of discretion that failed to address Magdi E.'s risk, in our opinion, was a failure to check with the Metropolitan Police Service once the Sussex Police had seen on the Police National Computer that he had already been arrested and charged for the alleged offence committed four days earlier. In our view this information made it highly likely that he would have been on bail and should have given the Sussex Police reason to verify his status and to enquire as to whether or not the Metropolitan Police wanted him rearrested. However, the Sussex Police make the point that it is possible for offences such as assault on a police officer, if admitted and a guilty plea submitted, to be disposed of at the first magistrate's hearing following detention in custody overnight. On this occasion, the PNC provided Sussex Police with no information concerning the Highbury Corner Magistrate's hearing on 14 October.

509. Our Inquiry has noted that an Appropriate Adult had been requested to be in attendance at police stations in London on three different occasions following Magdi E.'s arrest. On this occasion, no Appropriate Adult was requested. The Police in Worthing were aware that the PNC flagged "Schizophrenia" and "attacks without provocation" - an entry made in 1995. Apart from this they had no other information. On arrest, an injury was attended to at an Accident and Emergency Department and there was no reason for him to be seen by an FME. Magdi E. had told the Sussex Police that he did not want any other person informed of his arrest, he disclosed nothing about his history of mental illness and we have accepted, on the basis of his presentation, that he did not display obvious signs of mental disorder during his detention. Given these circumstances we accept that neither the need for an Appropriate Adult, nor an assessment by a mental health professional, was warranted.

THE ROLE OF MENTAL HEALTH SERVICES AND POLICE ACTIONS ON THE FATAL DAY

510. There are four aspects of events and actions taken on 24 October 1997 which we feel it is incumbent on us to comment:
i) the degree of inter-agency working between the mental health services and the Police - in particular the risk assessment conducted by the Approved Social Worker and the duty Police Inspector in Newham, as to the manner, circumstances and possibly the best way to extricate Magdi E. from the flat to facilitate a mental health assessment;
ii) the extent to which attention was paid to guidelines - in particular, the Metropolitan Police's own guidelines on how to deal with, sensitively but safely, mentally disordered offenders (as set out in the manual Policing Mental Disorder);
iii) the extent to which any real consideration was given to involving a negotiator, mediator and/or family member to attempt to persuade Magdi E. to leave the flat without harming himself or anybody else;
iv) the apparent desire for speed to resolve the situation balanced against the apparent delay in the information being obtained from Social Services and the decision to actually deploy police officers once the arrest message had been sent out.

511. The Metropolitan Police Service do have policy guidelines regarding the treatment and handling of people with mental disorders which, in our view, is of a good standard. The guidance (Policing Mental Disorder - Guide/Manual for Police Officers) accompanied the Metropolitan Police Service submissions to this Inquiry. The relevant guideline we believe it useful to cite is set out under Paragraph 2, together with guiding principles under a general heading "In consultation, co-operation with carers and other relevant agencies." The guidance states:

> "Seeking the advice of people who have some knowledge of the person concerned should always be considered. In many cases carers, families and others directly involved with looking after someone will have a useful opinion about the needs of that person. Some police stations may also be able to get help from an on call community psychiatric nurse or other specialist."

Also under the heading "We will use only such force as is necessary to accomplish a lawful duty" it states:

> "The potential use of legitimate force is present in all police dealings with the mentally ill. It is this potential that differentiates the role of police from other concerned agencies. Very often police officers are not actually required to use that force and order is restored or maintained through skilful negotiation, mediation and persuasion. But it is often because of this unique potential for the use of legitimate force that we are called by other agencies and members of the public to intervene."

512. Within the Advice and Procedures Section 2, there is a summary of the appropriate definition of schizophrenia and under the main heading (paragraph 4) "A positive response to dealing with mentally disordered people", there are several important guidelines about how to deal with a mentally disordered offender. In particular, it is said at paragraph 4.2:

"To help you assess the situation, test whether the person knows what's going on around them, for example, the potential dangers of their situation, where they are and who you are."

There is also a list of things that should not be tried if at all possible (under paragraph 4.3) including:

"Corner or surround them; look aggressive; feel aggressive; use police lights and sirens unnecessarily; use your radio or increase the volume unless absolutely necessary; or keep the person wondering what you might do to them."

513. On this day, the Newham ASW made unsuccessful attempts to speak to Magdi E.'s older brother, cousin and himself. The decision of the Newham ASW not to arrange for Magdi E. to be interviewed at his flat by herself and medical colleagues was, in our view, a correct decision in the circumstances. The ASW had the option to seek a warrant from a magistrate under S135 of the Mental Health Act 1983 to authorise the Police to remove Magdi E. to a place of safety. Instead, the ASW made several calls trying to ascertain whether he was in breach of bail conditions and whether he could be arrested for this. In our view, the overriding concern of the ASW appears to have been the dangerousness of the situation and to transfer primary responsibility to the Police.

514. It is regrettable that there no was real discussion between the ASW and the Police as to the management of risks over the course of action that had been agreed upon, both in the interests of the mentally disordered individual and others. Once the ASW was informed that the Police would attempt an arrest that evening, the Out of Hours Duty SW Team was merely advised by her to expect a later call from the Police Station. No further attempt was made to contact the nearest relative, Magdi E.'s older brother.

515. Stoke Newington Police had sent a warning message 9 days earlier to Forest Gate Police Station drawing attention to Magdi E.'s potential danger to the Police (FACT FILE 24). Notification that he had failed to report to Stratford Police Station had been communicated 7 days earlier to Stoke Newington Police Station. In their submissions to this Inquiry, the Metropolitan Police have said that reporting failure under bail conditions is not, of itself, a sufficient priority for action unless there are serious risk factors. It appears that their decision to arrest Magdi E. was taken on 24 October in this context, and it was assumed that the mental health services had no role.

516. From the time of the Police decision to effect an arrest to the arrival of the Territorial Support Group (TSG), it does not appear that the Police made effort to ascertain whether someone was available who was familiar with Magdi E., or to obtain further information. The options for the TSG appear to have been limited. During the tactical operation, it seems that no one addressed him personally by his first name, or made telephone contact, and it appears that attempt to commence negotiation with him was confined to knocks on the door to his flat to which there was no reply. The use of a negotiator or further liaison with the mental health services did not seem to form part of the strategic approach. It is evident that the flat was contained by the local Police prior to arrival of the TSG and the situation may have afforded more time for attempts to negotiate with him.

517. The Police decision to proceed with the forced entry rather than to use the services of a professional negotiator, was based, according to those responsible, on the balance of risks from delay - (a) he may otherwise have endangered the life of any other person in the flat with him, and (b) that he was at risk of harming himself. In our view, the degree of urgency is questionable, given that four hours had elapsed between the time when the ASW's concerns were first relayed from Stoke Newington Police Station to Forest Gate Police Station and the time when a sergeant, assigned by the duty Inspector from Forest Gate, liaised with the TSG at the scene.

518. It is not apparent to us that during the available time leading to the decision to force an entry to the flat, the preparatory action taken by the Police Service addressed points (i) to (iii) made in paragraph 510 above. We do not for a moment disregard the pressures and emotions on front line staff who are faced with a dangerous situation, nor their courage. In our opinion, the decisions and actions of the mental health services and the Police were taken in good faith and we have no reason to believe that others may have acted differently in a similar situation and with the same resource constraints. The events do, however, highlight shortfalls between good practice guidelines and operational pragmatism.

519. We have made our comments known to the Metropolitan Police Service. In response, they are firmly of the view that, on this occasion, their policy and practice was implemented properly. First by the officers initially attending the scene, then by their most experienced and highly trained officers, namely members of the TSG who routinely exercise and engage in such incidents. It is the view of the Metropolitan Police Service that the tactical option selected to make an arrest in these circumstances was and continues to be their most successful approach to safely resolving these difficult situations. In their view they were dealing with an offender who had to be arrested, and his mental condition was but part of the circumstances which informed their risk assessment process.

Potentially violent situations in the community and inter-agency working

520. The decision which led to the call-out of the Territorial Support Group on 24 October 1997 was not an isolated referral. In evidence to our Inquiry, the Chief Inspector with responsibility for the Territorial Support Group in Area 3 Division of the Metropolitan Police Service stated that his records showed 47 rapid entries, 16 of which his police officers described as relating specifically to people with mental illness, over an eleven month period up to September 1998. On occasions, the initial referral to the Police was made by the mental health services, including call-out into hospitals. Although there are locally agreed guidelines between the Police and mental health services in respect of the provisions of the Mental Health Act 1983, there is no joint policy on the management of potentially violent situations involving a person with a mental illness.

521. Regretfully, in 1994, another police officer was stabbed to death when attempting to arrest a young man with a schizophrenic illness from his home. This homicide occurred in Edinburgh. In outcome, an inter-agency working group was established to set out good practice for dealing with potentially violent incidents involving mentally disordered persons in the community. The Inquiry Report at the time stated "General principles need to be given concrete reality which is understood by everyone involved in local situations." We have been advised by the Department of Health at the Scottish Office that the Report of the working group is due for publication shortly.

RECOMMENDATION 5.

We recommend:

That the Health Services, Social Services and other relevant statutory authorities in London, together with service user representatives, undertake a joint review with the Metropolitan Police Service into arrangements for responding to potentially violent mentally ill persons (having regard, where applicable, to the Report of the working group in Scotland).

CONCLUSION

522. We have concluded that actions could have been taken which could have changed the course of events. The risk of harm to others was predictable.

523. The management approach to Magdi E.'s chronic mental illness and to the risk of violence was identified at the outset - namely regular treatment with neuroleptic medication and social intervention to alleviate stresses which might contribute to relapse.

524. The support structure around his health and social care needs should have been the continuation of the Care Programme instigated from the start. There were serious deficits in the transmission of essential information between geographic areas and between secondary and primary health care services. There was a failure to ensure that he had an allocated professional from the specialist psychiatric services to take responsibility for the on-going co-ordination and monitoring of his progress in the community. Opportunities for preventative action were not taken following a significant change in his treatment regime and subsequent default.

525. By national and local definitions, someone who has a severe and enduring mental illness, with known risk factors and who is homeless, is in priority need under Community Care Policy. However, although Magdi E. was eligible for a comprehensive community care assessment of his health and social care needs, measures never progressed beyond initial assessments. The approach taken to address his needs and risks, between August and October 1997, was insular. He was moved within, rather than out of, Bed & Breakfast hotels in different parts of London with minimal contact and insufficient support. His offending behaviour increased.

526. Inter-agency arrangements for a mentally disordered offender also failed at Highbury Corner Magistrates Court on 14 October 1997. A combination of shortcomings on the part of all the agencies conspired against his best interests and the protection of others. This included information not made available from one Police Service to another on 17 October 1997. He had effectively reached a state of social exclusion - dependent on support from his family and friends. On the fatal day, he was familiar to none of the people who sought to remove him from his last refuge.

527. It is evident that Magdi E. became significantly more violent when he was off his medication. The possibility is that he continued to suffer from a degree of paranoid delusional feeling that was largely controlled, but continued to exist at a less severe level when he was medicated, so that he was able to manage this in most situations except when he was under particular stress. Although someone with a clear diagnosis of paranoid schizophrenia and a history of violence, he seems to have been able to mask signs of his increasing psychosis when seen intermittently by a series of professionals including psychiatrists, his GP and his care manager, until after his homicidal violence.

528. In contrast, those with whom he stayed, and who shared a cultural affinity, witnessed clear signs of his disturbance. The role and contribution of family and friends was, however, marginalised in professional approaches to understanding his needs, and contact was only sought at times of crisis.

529. Our evaluation of events that led to such a tragic outcome gives us cause to make recommendations which focus on five key areas where action is needed to reduce the likelihood of a recurrence:

- **Action to ensure that there is a clear procedure for the transfer of the statutory after-care duty on mental health services when an individual moves away from an area, together with a standard format for passing on pertinent information on risk management.**

  (Recommendation 1 - page 93)

- **Action to improve clinical guidance and professional practices in respect of self-administered medication.**

  (Recommendation 2 - page 103)

- **Action to improve housing and support services for homeless vulnerable mentally ill persons in inner London.**

  (Recommendation 4 - page 118)

- **Action by local social services to ensure effective liaison with the criminal justice system.**

  (Recommendation 3 - page 109)

- **Action by mental health service providers and users and the Metropolitan Police Service to review arrangements for responding to potentially violent mentally ill persons.**

  (Recommendation 5 - page 125)

It is now incumbent on each of the agencies involved to respond to our comments in respect of the shortcomings we found in standards and service delivery, and to take appropriate action. We would also urge the agencies to carry our recommendations forward with other statutory agencies in London and with central Government.