

**This is the London Borough of Waltham Forest’s (the “Local Authority”) response to the Regulation 28 Report Reference 22449640 in respect of Sydney Piper.**

The Concerns raised were:

1. The support worker who accompanied Mr Piper on the day of his disappearance claimed that she did not constantly supervise Mr Piper as alternatively; she did not wish to crowd him, she was allergic to cigarette smoke, and finally that she needed to rest her legs. The witness accepted that she had neither read Mr Piper’s support plan, nor the relevant policies and procedures relevant to her duties that day.

I am concerned that there is no clear evidence before me that the risk of a similar incident of inadequate supervision of a vulnerable person has been effectively mitigated.

2. Mr Piper’s death was the latest in a series of deaths investigated by this court in which homeless persons have died in tents and encampments in wooded areas along the A406 and the periphery of Epping Forest due to high risk behaviours including, but not limited to, crush injuries, fire, third party assaults and drug misuse. The monitoring and policing of such encampments is, in the view of the court, lacking which increases the risk of fatal harm.

The Local Authority did not employ the support worker or commission the service that employed them in this case. We set out below the processes by which such services are monitored when commissioned by the Local Authority.

The Local Authority does not own or manage the relevant part of Epping Forest or the surrounding land in this case. It is understood that the relevant land is owned and managed by the Corporation of London. However, we set out below how parks and open spaces within Local Authority remit are managed, as well as the safeguards in place for land owned and managed by third parties.

**1. SPECIALIST RESIDENTIAL/SUPPORTED LIVING**

1.1. In this case the Supported Living for Mr Piper was commissioned by the NHS Trust. The Local Authority had no involvement in commissioning that service in this case and Mr Piper was not cared for by the Local Authority under the Care Act 2014.

- 1.2. Where an individual's care needs are assessed as needing to be met by provision of residential care by a Local Authority, then the Local Authority would have duties to that individual under the Care Act 2014. The nature and extent of those duties would depend on the particular circumstances, but would be governed by the applicable law, statutory guidance and Local Authority policy.
- 1.3. Where a placement was to be commissioned by the Local Authority, its Brokerage team would source a placement that could effectively meet the individual's needs. That team has a number of safeguards in place to ensure that placements are suitable and appropriate:
  - a) Where a provider is registered with the Care Quality Commission, the Local Authority will only be brokered if the latest rating with the CQC is "Good" or "Outstanding"
  - b) There will be consultation with the Quality Assurance team, who monitor providers within the Borough, for their feedback.
  - c) For providers outside of the Borough, contact will be made with the host local authority for their feedback.
  - d) Once a provider is deemed provisionally suitable, the Quality Assurance team undertake a further review that assesses the financial standing, a review of the provider's key policies and procedures including but not limited to, Safeguarding, Support Planning, and Incident reporting, Health and Safety, insurance, and the provider's Quality Assurance framework.
- 1.4. In terms of ongoing monitoring, the Quality Assurance monitoring team undertake at least one visit annually to all provisions in the Borough. Where concerns are identified and a service improvement plan has been implemented, the team will visit with greater frequency to support the improvement process. The provisions are monitored on a number of key areas: Staffing, Support/Care, Health and Safety, Policy and Procedure, Governance, Quality Assurance, Resident feedback, staff feedback, Medication Safeguarding and MCA/DoLs. A report is sent to the provider detailing actions required within a given timeframe.
- 1.5. An individual in such a placement would also have the benefit of a review of their Care and Support plan on at least an annual basis that would include considering the appropriateness of the particular placement.

## **2. SAFEGUARDING**

### **2.1. Duties**

2.1.1. The Local Authority has a duty to make a Safeguarding Enquiry under section 42 of the Care Act 2014 where it:

has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

### **2.2. Making a referral**

2.2.1. The majority of Safeguarding concerns are raised via the Multi Agency Safeguarding Hub (“MASH”) or the Adult Front Door service and generally come from direct concerns of professionals from various disciplines.

2.2.2. Contact details for MASH are widely available and, for example, come up as the first result in a Google search for “safeguarding Waltham Forest”.

2.2.3. The first result in that search is a page from the Local Authority’s website about MASH, explaining what it is and providing an email address, telephone numbers for the working day and out of hours and a MASH referral form for professionals’ use.

That page also indicates that urgent concerns should be raised by contacting the safeguarding team directly by telephone, and provides the telephone number.

2.2.4. The second result is another Local Authority webpage headed, “How to report adult safeguarding concerns”. It contains the telephone number for the Safeguarding Adults Team and a link to a Safeguarding Alert form that can be completed online.

### **2.3. Process**

- 2.3.1. Where a concern relates to an individual that is open to a Local Authority team, the concern will be recorded and progressed to that team for them to establish whether the section 42 criteria are met. That is on the basis that they are likely to have some direct knowledge of the person concerned.
- 2.3.2. Where the individual is not known to the Local Authority, or not open to a team (and in this case, Mr Piper was not known to the Local Authority other than as a DOLS supervisory body), the adult MASH team will be responsible for establishing if the section 42 criteria are met.
- 2.3.3. In either case, if the criteria are met, the individual will be allocated to the most relevant team that most closely matches their presenting care and support team. For example, if the primary support needs relate to mental health, then this would be the Community Recovery Team in Northeast London NHS Foundation Trust (“NEFLT”), which is part of a prescribed arrangement between the Local Authority and NHS under section 75 of the National Health Service Act 2006.

### **2.4. Policy**

- 2.4.1. The Local Authority is bound by the London Multi-Agency Safeguarding Policy & Procedures as agreed by the London Safeguarding Adults Board.
- 2.4.2. The policy provides Indicative Timescales:

INDICATIVE TIMESCALES	
<b>Stage one: Concerns</b>	Immediate action in cases of emergency  Within one working day in other cases
<b>Stage two: Enquiries</b>	
• Initial conversation	Same day concern received if not already taken place
• Planning meetings	Within 5 working days

<ul style="list-style-type: none"> <li>• Enquiry actions</li>   <li>• Agreeing outcomes</li> </ul>	<p>Target time within 20 working days</p> <p>Within 5 working days of enquiry report</p>
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2.4.3. All enquiries are triaged the same day.

**2.5. In this case**

2.5.1. It is very likely that a vulnerable person such as Mr Piper going missing would meet the section 42 criteria. In this case, the Local Authority did not receive the referral because it was sent to a wrong email address.

2.5.2. All emails correctly sent to the Adult Front Door and MASH receive an immediate automated response to acknowledge receipt.

2.5.3. Had the referral been received, it is likely that the first step would have been to make contact with the police to share information.

2.5.4. The enquiry would also have been allocated to NELFT because of the mental health needs here.

**3. ROUGH SLEEPING**

3.1. All parks and open spaces within the Local Authority’s remit are monitored as follows:

- a) Through a weekly regime of litter picking by an appointed contractor. The contractor will report any rough-sleepers, tents or evidence of rough-sleeping that is identified to the Local Authority rough-sleeper team.
- b) Through Park Officers and officers in the Sports and Leisure team carrying out regular inspections and making referrals.

3.2. The Council’s Rough Sleeper team makes three attempts to engage with individuals identified during the inspections. They offer support and assistance to connect them with appropriate services. They also make a referral to

StreetLink, a platform that connects people sleeping rough to other agencies and charities, including St Mungo's.

- 3.3. Where appropriate, Neighbourhood Officers can issue Community Protection Notices instructing individuals to move on. If necessary, they collaborate with local police to enforce these notices.
- 3.4. The Local Authority has a contract in place to cut back overgrown vegetation, particularly that which may attract rough sleepers.
- 3.5. Where land is owned by other parties, Neighbourhood Officers liaise with those landowners to ensure that appropriate action is taken.

### **London Borough Waltham Forest**