



WEST SUSSEX, BRIGHTON & HOVE CORONER'S COURT
INQUEST INTO THE DEATH OF KIRSTEN HOCKING
FINDINGS AND CONCLUSIONS 8 NOVEMBER 2024
NICK ARMSTRONG KC (ASSISTANT CORONER)

Findings of fact

1. Kirsten Hocking was born on 12 November 1991 and so was 31 at the time of her death on 24 May 2023.
2. She had a history of significant and multiple traumas throughout her life including sexual abuse and the trauma of losing her son to adoption. The various diagnoses to which her mental health team were working included one of complex post-traumatic stress disorder.
3. Kirsten had always managed her trauma with substance abuse, and she had a history of mostly acquisitive offending which supported that. She had never worked. Kirsten also had a long history of self-harm, usually in the form of cutting though she occasionally also tied ligatures.
4. In 2021 she was sentenced to 20 months for offences including shoplifting, abusive words and behaviour and breach of an earlier order.
5. In 2022 she was released but recalled to prison in less than a week. She was held in HMP Bronzefield. She was transferred to HMP Downview on 30 June 2022.
6. At this stage, Kirsten was very unwell, and at significant risk to herself. She was almost always on the prison's suicide and self-harming assessment system (ACCT), and she was often the subject of constant supervision. By the autumn, however, Kirsten had established good relationships with staff, and was beginning to show a new determination to turn her life around.
7. A further and important development was that Kirsten's efforts to get in touch with her adopted son, now aged eight, began to bear fruit. She had written to him for the first time. Later, she would receive a reply. All this gave her a new hope. Those around Kirsten also began to feel a new optimism for her prospects.
8. All agreed that Kirsten required a specialist rehabilitation placement. Her assessed risk to others was medium, which meant that she would almost certainly not be able to access Approved Premises ("AP") provided by the probation service. That was the understanding of her probation officer, and it was an understanding shared by others including, I note, the Prisons and Probation

Ombudsman. In fact, it appears that unlike men, medium risk women can sometimes access an AP. However, the scarcity of that kind of accommodation, the waiting time, issues such as the likely distance to the nearest one, as well as Kirsten's particular risk profile, means that an AP was almost certainly never a realistic option.

9. The problem, however, is that specialist rehabilitation accommodation is also very scarce, and it is almost non-existent for women like Kirsten, who self-harm. This was variously described in the evidence as a "hole" in the cover, or a "hiatus" in it. For this particular cohort, whose primary risk is to themselves rather than to others, the picture is bleak. There is almost no such accommodation available to this group, and what there is can only be accessed if someone is prepared to take a risk and offer a chance.
10. That is what happened here. On 24 March 2023 a small charity offered Kirsten a place on condition that she was fully abstinent from drugs and that she did not self-harm. Kirsten began to work on the first condition, entering a methadone detoxification programme. She worked hard, and she was successful. She completed the programme on 20 April 2023.
11. Unfortunately, the second condition, concerning self-harm, was not properly communicated and was not properly understood by Kirsten and the staff who worked with her. This was a small charity operating with a degree of informality in its arrangements. There was no written articulation of the self-harm condition. Staff at the prison understood, and told Kirsten, that all self-harm had to be communicated to the charity but they also believed that there was some flexibility and not all self-harm would result in the offer of the placement being withdrawn. That seems to have been correct, but there was little or no understanding that certain things had to be avoided, and what they were. The position appears to be that for some at the charity any self-harm after the date of the offer would have triggered withdrawal of the placement. Others took the view that it depended on the number of incidents, or the severity of individual incidents.
12. The problem for the charity, and for others who provide this rehabilitation accommodation, is that self-harm may require medical attention at a time when there are no staff on the premises. Further, incidents can be distressing, and so destabilise other vulnerable residents. The other side of this, of course, is that self-harm is particularly common in complex, vulnerable, women prisoners. There does therefore appear to be a clear gap in provision. The evidence is that in the community it may be possible to spend time working with someone to bring down their self-harming to a manageable level. However, that may be harder in a prison case, where there is the hard stop of a release date. The result is that despite the time and investment and optimism spent in prison, it can all unravel very quickly on release for want of (it may be noted, much cheaper than prison) accommodation.
13. In this case, more clarity and better communication might have produced a different outcome. It might have meant that Kirsten worked on her self-harming with the same energy she brought to her detoxification with the result that she kept the placement. Alternatively, it might have led to people realising that Kirsten would not realistically be able to keep this placement, with the result that another placement was found. Even if that was not a specialist rehabilitation placement, there would have been more time to build a network of support around whatever was made available.
14. Instead, Kirsten continued to self-harm and at least one incident, on 11 April 2023, was serious. That appears to have been a spike caused by her detoxification. Tragically, Kirsten's self-harming was reported on 20 April which was the same day as she came off the detoxification programme. After that she started to re-stabilise. By then, however, it was too late. Despite being asked to reconsider by staff at the prison, the charity now regarded her as too risky for them.
15. There began a scramble for an alternative placement. I had some concerns about the system for finding a replacement specialist placement at speed, and its reliance on the energy and personal

knowledge of individuals. There was reference at one stage to frantic Googling. That is no real system. However, the reality is that it had to go via the local authority commissioned system, and that was always going to take a little time. In any event, I can see no causative consequences from any of this. The wider market scarcity meant that there was almost certainly not going to be another rehabilitation placement found in the time available. In the event, all the efforts could produce was an interview about three or four weeks post release.

16. For a time it looked like Kirsten might be released with no accommodation at all. Fortunately, Community Accommodation Service Tier 3 (“CAS3”) accommodation was found, but only the day before Kirsten’s release, and in Chertsey, well away from her usual home areas. There were advantages to that distance, but it also meant that support networks were not in place. The fact that Kirsten was released on a Friday did not help. She was going from a very high level of support, to almost nothing for a period of at least several days. Her consultant psychiatrist assessed Kirsten’s risk to herself at the point of release as high.
17. The evidence is that it might have been possible to investigate an alternative specialist placement earlier and in parallel to the one that had been granted. Given the state of the market, and the fact that at that stage Kirsten already had a placement, it must be doubted whether that was ever going to produce anything. That shows, however, that there was a missed opportunity to seek the CAS3 accommodation earlier, build a better network of support around that, and prepare Kirsten for it. Once the specialist placement collapsed it should have been obvious that realistically CAS3 was the only option. There should therefore have been an earlier focus on that route. In the event the application for CAS3 accommodation was not made until 17 May 2023, two days prior to release.
18. Exceptionally, and reflecting once again the quality of those working with her as well as the level of their concern, Kirsten was taken personally to the CAS3 flat by the prison officer who was her key worker. The flat was found to be well presented, but by then the uncertainty had destabilised Kirsten and the type of accommodation meant that she was exposed to unhelpful influences, again without the support to help her navigate that. Kirsten had a drink with another resident shortly after arriving there that night, and she took recreational drugs. She then engaged in a series of desperate and regretful calls and text-messages with her sister, an officer at the prison with whom she had become close, and her probation officer. She used a telephone that she had promised not to use because it had drugs line numbers on it. The officer at the prison called the police, but the police – and no-one criticised this decision; the officers who attended in the early hours of Saturday morning showed proper care and thoroughness – could not find a basis for intervening. Kirsten, still with the other resident, reassured them that she was fine.
19. There is no evidence about how Kirsten spent the remainder of that night, nor most of Saturday. However, at some point on that Saturday, 20 April 2023, she obtained heroin. She injected it in a public toilet in Worthing in the late afternoon. The amounts used suggest Kirsten did not intend to die. Instead, it is more likely that she misjudged her tolerances having been in prison for more than a year and having detoxed from methadone a month earlier. She was a highly distressed woman seeking to soften her pain in the way she habitually had.
20. An ambulance was called at 17:11 and the police were called at 17:20. She was taken to Worthing Hospital where she died at 16:45 pm on 24 May 2023.
21. There is no dispute about the medical cause of death. It will be recorded as follows:
 - 1a Hypoxic brain injury
 - 1b Out of hospital cardiac arrest
 - 1c Drug overdose

Kirsten Hocking was 31 years old when she died as a result of a heroin overdose. She had been released from prison on 19 May 2023, and found in a public toilet in Worthing on 20 May 2023. She was taken to Worthing Hospital where she died at 16:45 on 24 May 2023.

Box 4

Kirsten Hocking was a complex and vulnerable young woman with a history of trauma, substance misuse and self-harm. She was to be released from prison on Friday 19 May 2023. All agreed that she needed a specialist rehabilitation placement and with that, there were grounds for optimism. Kirsten had worked hard on getting clean, and she had recently re-established contact with her son. For women like Kirsten, who self-harm, rehabilitation accommodation is very scarce. She was a part of a cohort for whom there is a real gap in provision. In this case, Kirsten was lucky. She able to secure a specialist placement. However, the offer was fragile and the extent of that fragility was not properly communicated and understood. There was therefore insufficient focus on Kirsten's need to reduce her self-harming. The placement was withdrawn, just a month prior to release. There was then insufficient focus on the reality that another specialist placement was unlikely to be found and so non-specialist accommodation would need to be identified with a network of support built around that. In the end, alternative non-specialist accommodation was sought and found, but only a day prior to release, and with little support in place, and none over that first weekend. Kirsten had by then been seriously destabilised. She drank and took cocaine on the Friday night. She immediately regretted that, contacting her sister and others into the early hours. On Saturday 20 May 2023 she travelled to Worthing and obtained heroin. At approximately 5 pm she overdosed on it in a public toilet. That was probably an accident, caused by her reduced tolerances. Kirsten was taken to Worthing Hospital where she died on 24 May 2023.