

For: Mr Joseph Kyle John  
Re: Phase II Witness Statement  
Exhibit: 'JKJ2'  
Date: 27 February 2020

**IN THE GRENFELL TOWER INQUIRY**

---

**EXHIBIT JKJ2**

---

This is Exhibit JKJ2 as referred to in the Second Witness Statement of Mr Joseph Kyle John dated 27 February 2020.

## INDEX to Exhibit JKJ2

Document description	Date	Page no.
Initial Needs Assessment Report	9 February 2018	1 – 9
Initial Assessment Report	1 March 2018	10 – 13
The Grove Practice Summary Formulation and Treatment Recommendation	16 March 2018	14 – 18
Corpore Progress Report 1	25 April 2018	19 – 22
Corpore Progress Report 2	11 July 2018	23 – 27
Psychological Progress Report	12 July 2018	28 – 31
Psychological Progress Report	12 September 2018	32 – 35
Psychological Progress Report	6 November 2018	36 – 39
Imperial College Healthcare NHS (lung screening)	12 November 2018	40
Golborne Medical Centre – Report	27 March 2019	41 – 42
Psychological Progress Report	6 June 2019	43 – 46
Psychiatric Assessment Follow Up Report	19 June 2019	47 – 50
Corpore Progress Report	24 July 2019	51 – 55
Referral Form – Innovate Treatment Services	Undated	56 – 57
Golborne Medical Centre – Report	31 July 2018	58

## INITIAL NEEDS ASSESSMENT REPORT

INJURED PARTY DETAILS			
Injured Party:	Mr Joseph John	Date of Birth:	[REDACTED]
Injury:	<ul style="list-style-type: none"><li>• Psychological Trauma</li><li>• Soft Tissue injury to lower back</li></ul>		
Date of Injury:	14/06/2017	Date of Referral:	30/01/2018
Insurer Reference:	393061	Solicitor Reference:	Not known
Date of INA:	07/02/2018	INA Location:	Holiday Inn London
Employer:	Unemployed	Employment Status:	Unemployed
Corpore Contact:	Sue Balnaves	Corpore Case Ref:	120786.001
Contact Email:	sue.balnaves@corpore.co.uk	Contact Number:	[REDACTED]

### Purpose of Assessment

- To assess Mr John's current medical treatment status.
- To review current symptoms, physical capabilities and recommendations for treatment.
- To identify barriers to the recovery / return to work process and to provide recommendations overcome these.

### Summary of Activities

Thank you for referring Mr John to Corpore for an Initial Needs Assessment. The following activities have been performed:

1. An explanation of the role and processes involved in injury management has been provided to Mr John
2. Mr John has been provided with a release of information authority, which was explained by Corpore and signed by Mr John at the time of the assessment. Mr John is aware that authority for this may be revoked at any time and will be utilised to ensure a co-ordinated approach to injury management.
3. Mr John undertook an Initial Needs Assessment with Corpore at 1pm on 07/02/2018 in the presence of Sue Balnaves.

## **Background Information**

Mr John, aged 26 years was referred to Corpore on 30/01/2018 to assist with his recovery from injuries sustained on 14/06/2017. Approval to proceed with an initial needs assessment was received from Mr John's Solicitor, on 30/01/2018 Mr. John reported he sustained both physical and psychological injuries on 14/06/2017 as a result of being involved in the Grenfell Tower tragedy. Mr John was unemployed at the time of the incident and remained unemployed at time of assessment.

## **History of Injury and Treatment**

### **Injuries Sustained:**

- Psychological Trauma
- Soft Tissue injury to lower back

### **Investigations Undertaken:**

- We did not have access to medical records at time of assessment.

### **Treatment Provided:**

- Mr John reported the following:
- On the night of the fire Mr John was resident on the second floor, Flat 6 Grenfell Tower. He was at home with his partner and his 14 month old son.
- Mr John's partner had a fall when she was pregnant. She sustained a soft tissue injury to her lower limb. This had restricted her and she was reliant on elbow crutches and a wheelchair to mobilise.
- Mr John had to make a decision quickly to evacuate his family. He carried his son to the exit on to the second floor handing his young son to a stranger as had no choice. He then went back to his flat to assist his partner to get out of the building. She was unable to do this unaided. Mr John lifted her in his arms and dashed to the exit lifting her out of the window and then carrying her to safety before looking for his son. His family was re united. He noted that at this time he had pain to his lower back. He did not focus on this as his priority was his son and partner and assisting the many victims of the fire where he could.



- Mr John was still experiencing pain to his lower back which prompted a visit to the local accident and emergency department. As he was not a UK resident he was informed he was not entitled to treatment and was sent home.
- Mr John purchased over the counter pain medication and self managed his lower back pain. This had improved over time but he had not regained pre injury function and had residual pain.
- Mr John was experiencing psychological symptoms of flash backs and nightmares and low mood which prompted him to take advantage of the walk in clinic every Thursday at St Charles hospital. They provide psychological support and he reported he continued to attend these clinics when he could.
- Sadly due to significant pressures on Mr John and his partner the relationship had broken down and Mr John's partner moved in with her sister in October 2017.
- Mr John arrived in the UK from Trinidad on 9<sup>th</sup> March 2016 and had applied for citizenship in August 2016. At the time of the fire he reported this had not been granted but that after the fire he was awarded leave to remain for 5 years under the Grenfell policy. He would then be considered for definite leave to remain.
- Mr John was now the main carer for his son who would be 2 years old in April. He was living with his son in 1 room at the holiday Inn, his partner would visit her son every other week to share the care but would also have to stay in the 1 room allocated to Mr John. This was very difficult and added strain to the family dynamics.
- Mr John was struggling to manage his life; previously he had successfully concluded his NVQ level 2 Food hygiene and was hoping to complete his NVQ level 3 to open opportunities in the job market. Due to his circumstances after the fire he was unable to focus on a career and manage the care of his son effectively.
- Mr John asked his mother in Trinidad to come to the UK to assist him. His mother was caring for Mr John's other son who would be 3 years old in July. Mr John's mother and eldest son arrived in the UK in January 2018
- Mr John, his mother and 2 sons were now living in the room at the Holiday Inn. The young children had a placement at nursery during the day.
- Mr John continued to experience significant symptoms of psychological trauma and was presenting with low mood and high anxiety. He was angry and de motivated due to feeling hopelessness to improve on his situation.

- Mr John was able to register with a GP last year.
- He had been allocated a Key Worker from RBKC to assist him, the key worker had recently changed

Mr John did not report any previous or similar injuries during the assessment.

### **Current Medical Status**

#### **Current and Planned Medical treatment:**

Mr John reported the following:

- He attended walk in clinic for psychological support on Thursday
- No other medical or therapeutic support in place to address residual lower back pain at time of assessment

#### **Current Symptoms**

Physical Symptoms : Mr John was asked to score pain where 0 indicated no pain and 10 indicated the worst pain imaginable

- Lower back: Mr John reported he had back pain since the incident and attributed it to lifting his partner over a gate. He had significant improvement over the last 8 months but still was unable to run as he did before and would wake in the morning with pain and stiffness in the lower back. The pain score 7/10 when at worst but would be reduced once he had been out of bed for a while and would score 2/10 and was described as more of an ache. He had no therapeutic intervention to reduce symptoms at time of reporting
- Fatigue: Mr John reported an increased level of fatigue as his was unable to sleep well. This impacted on his mood and motivation.

#### **Psychological Symptoms**

- Mr John reported that he was struggling with nightmares and flash backs of the distressing sights he witnessed on the night of the fire. These were reported to be frequent occurrences.

He experienced:

- Low mood
- Hyperarousal ( upset and emotional more easily)
- Heightened anxiety
- Poor appetite
- Takes no pleasure in activities
- No motivation
- Poor concentration
- Becomes agitated more easily and feelings of anger increased due to circumstances

• [REDACTED]

- Mr John was asked to complete a self assessment questionnaire, the General Anxiety Disorder -7 (GAD-7) this was a rapid screening tool to identify the presence of a clinically significant anxiety disorder. For scores above 10 further assessment (including diagnostic interview and mental status examination) and/or referral to a mental health professional was recommended. [REDACTED]
- Mr John was asked to complete a self assessment questionnaire Patient Health Questionnaire-9 (PHQ-9) This screening tool was used to quantify depression symptoms and monitor severity. Mr John's score indicated severe depression which recommended active treatment with psychotherapy, medications, or combination.
- These self assessments are a guide and not diagnostic but would strongly indicate the need for further evaluation with clinical psychologist

#### Medications

- [REDACTED]

#### Medical Information Available

- None



## **Current Functional Status**

### **Current Self-reported Functional Capacity**

Mr John indicated that he struggled in the morning with back pain but this would reduce over the day. He had had significant improvement in his pain levels since the incident but was unable to run as he did before as this jarred his back. This was the only physical restriction reported by Mr John

### **Observed Functional Capacity**

At the time of the assessment the following observations were made of Mr John functional capacity: Mr John was able to sit comfortably throughout the assessment.

## **Current Environmental and Social Factors**

### **Home Environment:**

- Mr John lived in the Holiday Inn as explained in the body of the report; he predominately lived on take away food. Mr John ambition was to become a chef as he loved to cook. He was unable to cook in the Hotel and did not enjoy take away food this had impacted on his appetite and mood.
- Mr John reported he had been offered a two bedroom accommodation in Sheppard's Bush by RBKC. Mr John's main concern was that his mother would not be awarded leave to remain for 2 years to help him look after his 2 young sons and support him through this difficult time. His mother has 5 months to stay and at the end of that time if unable to remain she would have to return to Trinidad with Mr John's eldest son and possibly his younger son. Mr John would not be able to support his family without a job and could not look for work and look after his sons. [REDACTED] mother and sons
- Mr John reported he felt pressured into taking the 2 bedroom property in Sheppard's Bush but this would not accommodate his mother if she was allowed to stay.

### **Financial Status:**



- Mr John received assistance with food allowance of £300 per week and had some income from charitable funds.
- He received food allowance for his youngest son of £150 per week which was shared between him and his partner as they shared the care of their son on alternate weeks
- The children have a place in nursery
- The hotel fee was paid by RBKC .
- Mr John reported he had not received the interim payment which was awarded to the victims of the fire at time of reporting. He reported he should be eligible for the Fresh Start grant but had not received notification of the award.

#### **Leisure / Social Activities:**

- Mr John was a physically active 26 year old pre incident. He would play football and enjoyed swimming, he was looking forward to a life in the UK and eager to gain employment and find friends, Mr John and his partner had only resided in the tower for 2 month before the fire.
- He reported to have signed up to a gym in Kensington but had not attended to date.

### **Return to Work Status**

#### **Employment Details**

<b>Pre-Injury Occupation:</b>	Construction worker in Trinidad	<b>Employer:</b>	Unemployed
<b>Employment Status:</b>	Unemployed	<b>Suitable Duties Available:</b>	N/A

#### **History of Employment**

Mr John reported he was a construction worker in Trinidad before arriving in the UK March 2016. He had attained his NVQ level 2 and 3 in Food Hygiene via an on line course and was trying to complete level 3. His ambition was to become a chef and open a restaurant, he had researched and found a Chef course that would commence in December 2018 in a London College but was expensive.

He enjoyed construction work and would happily work in this area to finance his ambition for the future. If he was not employed by Construction Company he would need the Construction Industry Scheme (CIS) card to work in the city.

### **Return to Work Options**

Mr John would need to explore if he was eligible for CIS card and could secure work in construction

He could continue to study for NVQ level 3 food hygiene and progress to Chef Course in time

He could register at Job Centre Plus to ascertain if any support with training would be available to him to open opportunities in the labour market.

### **Injured Party Expectations**

Mr John wants to be able to support his family and sons effectively. He wants to secure work and obtain quality of life and regain emotional wellbeing and his self confidence and esteem.

### **Issues Impacting on the Recovery and Return to Work Process**

- Low Mood
- High Anxiety
- [REDACTED]
- Residual lower back pain
- No return to work plan
- Need permanent address to secure employment
- Breakdown of family dynamic and shared care for youngest son.

### **Expected Recovery and Return to Work Timeframes**

This would be reviewed and estimated once Mr John has had a clinical psychological assessment

### **Rehabilitation Goal**

As a result of the Initial Needs Assessment it has been identified that case management intervention will assist Mr John in recovering from his current injury and achieving the following vocational rehabilitation goal:

- For Mr John to receive all appropriate therapeutic intervention promptly and return to pre injury fitness by August 2018
- For Mr John to engage in vocational activities once in permanent address and physically able to do so (July 2018) should his mother be allowed to remain to support him

<b>Estimated Return to Work/Function Date:</b>	July 2018
<b>Estimated Rehabilitation Closure Date:</b>	August 2018
<b>Predicted total case management costs:</b>	£4000
<b>Predicted total treatment costs:</b>	£12400
<b>Total predicted costs:</b>	£.16400

A Rehabilitation Plan has now been developed outlining recommendations for Mr John's rehabilitation and is attached for consideration by the Referrer.

**DECLARATION:** This report has been prepared for the instructing parties outside the legal process.

The contents of this report are true to the best of our knowledge and belief.

Should you wish to discuss this report in further detail, please do not hesitate to contact me on

**Sue Balnaves**  
**Rehabilitation Case Manager**

Direct Dial: [REDACTED]  
 Email: sue.balnaves@corpore.co.uk  
 Web: www.corpore.co.uk

Date of Report: 9th February 2018

*Distribution List:*



## Initial Assessment Report

Case Reference	CP2168937		
Client's Name	Joseph John		
Client's Address	Holiday Inn Wrights Lane LONDON W8 5SP		
Date Of Birth		Date Of Accident	14/06/2017

Assessment Date:

01-03-2018

Assessment Time:

00:00

Number of sessions recommended:

10

Has a TTN Data Consent Form been signed by the patient?

No

Please outline below areas injured, side (if applicable), injury type, aggravating factors and muscle strength :

Area	Side	Injury	Aggravating Factors	Muscle Strength
Lower Back (Lumbar Spine)	Left	Radiculopathy	Bending	Limited
Thigh	Left	Strain	Bending	Limited

Please identify below the current range of movement of the joint(s) :

Area	Side	Movement	Actual Range of Movement (degrees)	Actual Range of Movement (percentage)
Lower Back (Lumbar Spine)	Left	Flexion	45	50
Lower Back (Lumbar Spine)	Left	Extension	15	50
Lower Back (Lumbar Spine)	Left	Left Lateral Flexion	20	75
Lower Back (Lumbar Spine)	Left	Right Lateral Flexion	20	75



Client's Name	Joseph John	Case Reference	CP2168937
---------------	-------------	----------------	-----------

## Report Pain Chart

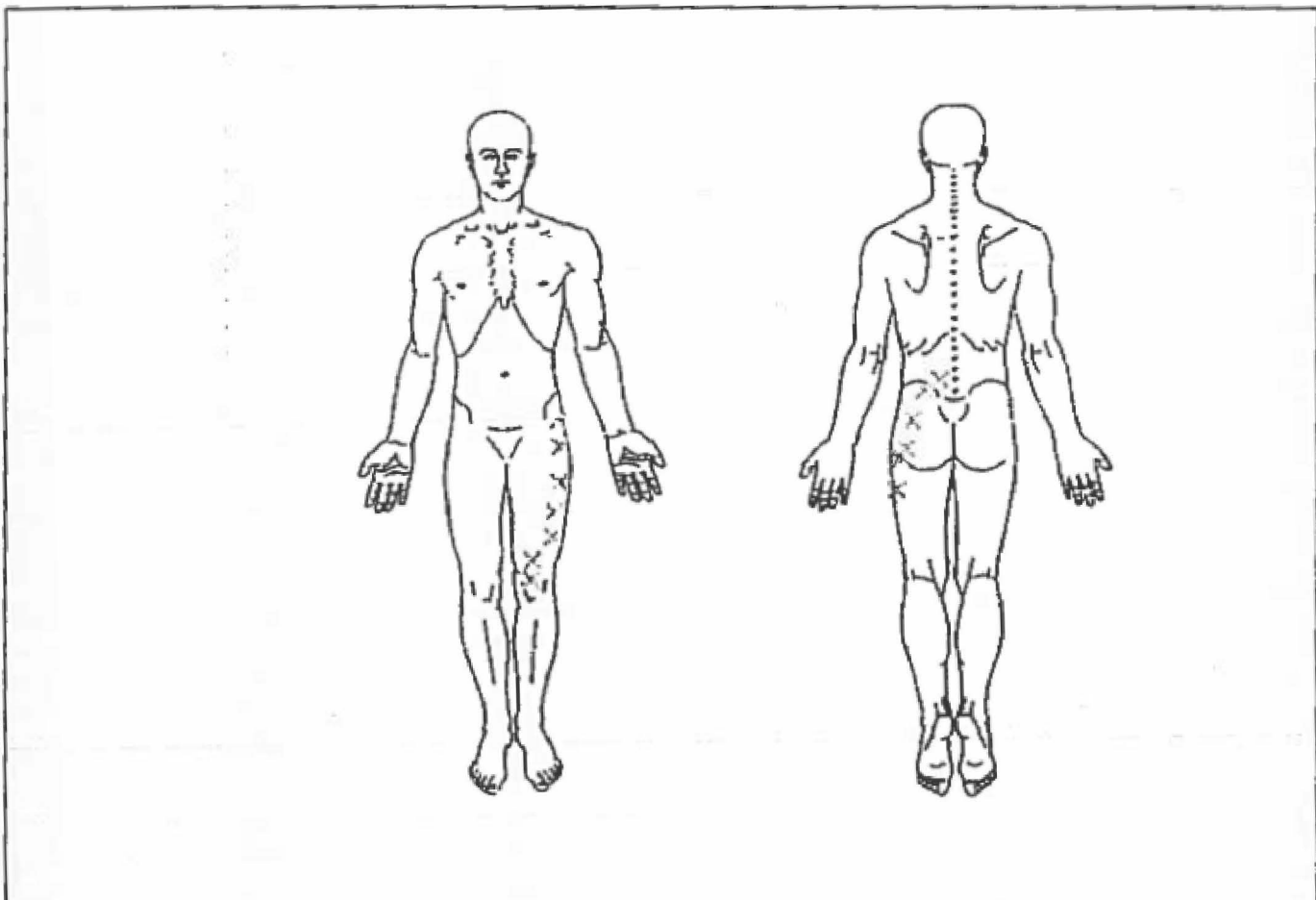
Please indicate the pain areas at its Best and Worst on the following chart:

Score Best and Worst as Indicated below	
B	Best
W	Worst

Score pain frequency as indicated below:	
A	Constant
B	Intermittent
C	Occasional

Score pain frequency as indicated below:	
0 - 10	0 being no pain and 10 being the worst pain

Score pain frequency as indicated below:	
BA	9/10 at its best a constant high pain level
WA	9/10 at its worst a constant high pain level
BB	2/10 at its best a intermittent slight pain
WB	2/10 at its worst a intermittent slight pain
BC	4/10 at its best a occasional pain
WC	4/10 at its worst a occasional pain



Please provide details of any other symptoms which are not shown on the accompanying pain chart:

intermittent numbness/tingling/pins and needles referring to left knee  
on/off left knee pain  
weakness of L2/L3 myotome

the treatment  
**network**

Please complete if appropriate, based on your clinical opinion, the maximum time it is advisable that the client performs any of the below tasks before the symptoms are aggravated:

Physical Abilities	Timed Minutes
Carrying	5
Reaching above 90°	5
Sitting	15
Standing	5
Walking	30
Stairs	5

Please specify below the impact on the client's lifestyle following the accident:

Lifestyle Impacted	Extent of Impact
Housework	Reduced ability
Driving	Reduced ability
Hair Washing	No impact
Hobbies	No longer able to undertake
Sleeping	Reduced ability
Work / Education	No longer able to undertake

Please give an assessment of the client's squatting and lifting capability:

Requirement	Capability at Initial Assessment
Please specify the client's squatting capability:	Half Squat
Please specify the client's lifting capability in Kgs:	5
Please specify the client's lifting height capacity:	Knee to waist

Are any investigations required prior to commencing treatment:

No

Did the client have any pre-existing conditions prior to the incident?

No

What is the clients current employment status?

not working at present

Please specify any Barriers to recovery:

potential yellow flags related to mechanism of injury and associated psychological distress, difficulty sleeping, stress at home being a full time carer to child

If treatment is recommended, the treatment frequency proposed is:

## Weekly

© 2006 Blackwell Publishing Ltd *Journal of Internal Medicine* 260: 395–403

Registered in England No. 03678231  
Registered Office: Stratford Road, Stratford, Warwick  
CV37 7YU, England

# the treatment network

Was self-management information and advice provided during the assessment?

Yes

Please provide details:

Self care advice re pacing of activities

Heat/ice/massage - precautions given

Benefits of avoiding aggravating activities explained

Please specify the treatment plan and predicted outcomes. Please ensure the plan is measurable and timed

Pain education

Exercise prescription - mobility, stretching and progressing towards functional exercises as pain allows

Manual therapy

If no changes in 6-8 weeks consider orthopaedics referral

Please specify the treatment modalities:

Modality	Specified at Initial Assessment?
Mobilisation / Manipulation	Yes
Exercise	Yes
Advice and Education	Yes
Interferential / Ultrasound / TENS	N/A
PSWT / PEME	N/A
Massage	Yes
Postural Advice	Yes
Laser	N/A
Acupuncture	N/A

What is the expected discharge date?

03-05-2018

Please advise of your Clinical reasoning for the requested sessions and any clinical flags identified:

Multimodal approach to treatment due to nature of lower back pain - manual therapy to assist with pain, education to assist with guidance towards self management and exercise prescription to facilitate neuroplasticity

Based on your opinion please advise of the probable diagnosis based on findings from initial assessment

?L2/L3 radiculopathy

I certify that the information contained in this report for the above named patient is true to the best of my knowledge and belief. I have obtained the written data consent from the patient which C-TTN can request a copy of at any point during or after the treatment of the patient, and I will keep a copy of this consent on file for as long as is required by law.

Physiotherapist Name:

Katie O' Neill

info@thetreatmentnetwork.co.uk

Registered in England No. 10512751

Registered Office: Suite 11, 4th Floor

100 The Quadrant, London, EC4A 3DF



The Grove Practice Limited  
4 Wimpole Street, London, W1G 9SH  
www.thegrovepractice.com  
[REDACTED]  
info@thegrovepractice.com

# the grove

## Summary Formulation and Treatment Recommendation

Instructing party:	Corporé
RBKC claim reference number:	KC17PL000033 (Note: not 393061 as reported on Corporé's Referral Form. This may be the insurer's reference number.)
The Grove Practice Ltd case reference number:	G18013
Corporé Reference number:	120786.001
<b>Name: Joseph Kyle John</b>	
Address:	Holiday Inn, High Street Kensington W8 5SP
Telephone number:	[REDACTED]
Email:	[REDACTED]
Date of birth:	[REDACTED]
Age:	26
Date of incident:	14 June 2017
Rehabilitation provider details:	Corporé
Clinician:	Steven Hall
Clinical Director:	Lucia Hall
Treatment tier:	Package C
Comments:	The severity of Mr John's reported symptoms indicate that a psychiatric evaluation is recommended.
Report date:	16 March 2018



## Summary Formulation and Treatment Recommendation

Age: 26

Gender: Male

Race: Black Trinidadian

Marital status: Separated from partner for about 6 months

### Biopsychosocial Information

Mr John helped his disabled partner and his 14-month-old son to escape from the Grenfell fire tragedy. In doing this, Mr John suffered soft tissue damage to his back and also reports having difficulty with his knees.

Mr John has been separated from his partner for about 6 months, but Mr John cares for both the son rescued from Grenfell (now 23 months old) as well as his other 2-year-old son (with a different mother) who came with Mr John's mother from Trinidad. At one point all 4 family members were living in one room in the hotel, but now Mr John's mother has her own room.

Mr John was born and raised in Trinidad and English is his first language.

Prior to the tragedy, Mr John's was in the UK as a visitor and was applying to stay. Because of Grenfell, he has now been granted five years to remain.

Mr John appears to be close to his sons and being responsible for them [REDACTED]

Mr John has legal representation: Jhangir Mahmood, Bishop, Lloyd & Jackson Solicitors, 79 College Road, Harrow, HA1 1BD.

While Mr John reports being active, outgoing, friendly and intelligent as a child, he also reports being unhappy, fearful, and moody.

Mr John completed secondary school in Trinidad.

He is currently unemployed but hopes to find work in the catering industry as he has plans to have his own restaurant in the future. In Trinidad he worked in the building industry. He is concerned that he may not be able to work unless his mother is allowed to remain in the UK to care for his 2 sons. Otherwise his time would be taken up in caring for them.

Mr John reports experiencing a number of bereavements in the past year or so, including 2 cousins and 6 friends who all died in Trinidad.

Mr John reports getting little pleasure from things he used to enjoy and displays symptoms consistent with severe depression. In addition, his anxiety is also severe and his sense of hopelessness is moderate [REDACTED]. He also thinks that he is being discriminated against due to race, being considered as an illegal immigrant at the time of the tragedy, and because he did not suffer any family bereavements.

Mr John is not using any prescription medication, only [REDACTED] for his pain. Concern over his severe level of depression led me to ask him to see his GP immediately and to

recommend a psychiatric evaluation. As of the time of writing this has not happened as Mr John was ill with a virus and had a wisdom tooth removed.

Mr John reports attending therapy at Time to Talk, St Charles Centre for Health and Wellbeing, Exmoor Street, London, W10 6DZ.

#### Summary of presenting problem

Severe depression and anxiety with Moderate hopelessness compounded with symptoms of PTSD. The large number of recent bereavements that Mr John reports experiencing may have significantly increased the possibility of him developing PTSD and separating from his partner adds a further loss.

Symptoms: symptoms of anxiety including inability to relax, fear of losing control and nervousness. Symptoms of depression include hopelessness, indecisiveness, fatigue, sleep problems, loss of interest, irritability, feeling like crying but can't and severe sadness. PTSD symptoms include Repeated disturbing memories, disturbing dreams, flashbacks, loss of trust, hypervigilance, difficulty concentrating and feeling distant from others.

#### History of presenting problem

The symptomatology addressed in this formulation began after the index event. Symptoms, as one would expect, have fluctuated during this time,

#### Summary assessment

Severe depression is indicated, and this is coupled with Severe anxiety and Moderate hopelessness symptoms. Mr John meets DSM-5 criteria for PTSD and this is reinforced by the high scores on PCL-5.

### Results of Assessment Measures

#### BECK Inventories

Beck Depression Inventory (BDI-II)	Score	Rating: 29 - 63 = Severe
Beck Anxiety Inventory (BAI)	Score	Rating: 26 - 63 = Severe
Beck Hopelessness Scale (BHS)	Score	Rating: 9 - 14 = Moderate
Beck Suicide Ideation Scale (BSS)	Score n/a	Rating: n/a

PCL-5 Score: Interpretation:

Other: Global Severity =

This level of response must be taken very seriously. While it is likely that the high level of depression is leading Mr John to view things in an overly negative manner, nonetheless the high level of reported symptoms is of high concern.



## Diagnostic Considerations (based on DSM-5)

1. Post-Traumatic Stress Disorder (PTSD) [REDACTED]

2. Major Depressive Disorder – [REDACTED]

3. Generalised Anxiety Disorder [REDACTED]

Comments: [REDACTED]

## Treatment Plan

A. Is the client suitable for treatment?

☒ Yes

☐ No

B. Treatment Modality(ies)

C. Length of Treatment and Treatment Tiers

Treatment tier and approximate number of sessions: [REDACTED]

Approximate number of sessions by Phase ALPHA-STIM use strongly recommended

1. Phase I: [REDACTED]

2. Phase II: [REDACTED]

3. Phase III: [REDACTED]

D. Therapeutic Goals and Strategies

Goals Phase I: Relaxation and symptom reduction

Treatment Outline/Strategies Phase I: [REDACTED]

Goals Phase II: Reduces depressive and anxious symptoms

Treatment Outline/Strategies Phase II: [REDACTED]

Goals Phase III: Reintegrate and enhance post-traumatic growth

Treatment Outline/Strategies Phase III: [REDACTED]

**E. Any Special Requirements?**

[Redacted]

**F. Degree of Recovery Anticipated**

☐ Slight improvement   ☐ Moderate improvement   ☒ Good improvement   ☐ Full recovery

[Redacted]

**G. Adjunctive Services Needed**

[Redacted]

Comments:

**H. Estimated Interim Report Due**

After 24 treatment sessions.

**I. Clinician writing this report**

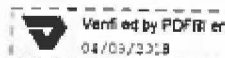
Steven Hall

**J. Approved by the Clinical Director?**

☒ Yes   ☐ No

Clinical Director's signature:

  
Mrs. Lucia Hall, MSc



Date: 09/04/2018

the grove



## PROGRESS REPORT |

Injured Party:			
Injured Party:	Mr Joseph John	Date of Birth:	[REDACTED]
Injury:	<ul style="list-style-type: none"> <li>Psychological Trauma</li> <li>Soft Tissue injury to lower back</li> </ul>		
Date of Injury:	14/06/2017	Date of Referral:	30/01/2018
Employer:	Unemployed	Employment Status:	Unemployed
Corpore Contact:	Sue Balnaves	Contact Number:	[REDACTED]
Contact Email:	sue.balnaves@corpore.co.uk		
Reporting Period	05/03/2018 - 26/04/2018		

### Rehabilitation Goal Summary

- For Mr John to receive all appropriate therapeutic intervention promptly and return to pre injury fitness by August 2018
- For Mr John to engage in vocational activities once in permanent address and physically able to do so (July 2018) should his mother be allowed to remain to support him





Together we're better

T: [REDACTED]  
E: info@corporé.co.uk

Corporé Ltd,  
6th Floor, Tithebarn House,  
1 Tithebarn Street  
Liverpool, L2 2NZ

**Rehabilitation Goal 1: To engage in appropriate therapeutic intervention to maximise recovery**

Does Rehabilitation Goal 1 need to be amended? ☐ Yes ☒ No

If yes, please indicate new rehabilitation goal and reason for change:

Interim Goals to achieve Goal 1	Date to be Achieved	Goal Status	Progress as planned
Interim Goal: to engage in psychological therapy with the Grove	12/04/2018	Ongoing	See report below
Interim Goal: to engage in physiotherapy to address lower back pain	27/02/2018	Referred to physiotherapy	No please see report below

**Rehabilitation Goal 2: To work towards extending UK stay for Mr John's mother and son to maximise productive outcome of therapy**

Does Rehabilitation Goal 2 need to be amended? ☐ Yes ☒ No

Interim Goals to achieve Goal 2	Date Achieved	Goal Status	Goal Progress
Interim Goal: To provide supporting letter to Mr John to evidence need for mother to stay	April	Achieved	See report below



**Actions Completed in Reporting Period to Achieve Goal:**

- A referral to the Grove was conducted on 27/02/2018. Mr John commenced the assessment process. It was highlighted to the case manager that Mr John was finding it difficult to motivate himself and attend appointments due to his low mood. Mr John's first assessment appointment was on 06/03/2018
- A physiotherapy referral was processed on 27/02/2018 and he attended his assessment on 08/03/2018. 10 sessions of physiotherapy were recommended and approved and Mr John commenced therapy. Due to low mood and difficulty in motivation Mr John missed 2 sessions at the clinic. This therapy would be placed on hold until Mr John can commit to engaging regularly as sporadic attendance would not provide a successful outcome. When Mr John was feeling better we would recommence therapy in a couple of weeks.
- In February Mr John reported that he was having financial problems and his bank account was placed on hold. He was unable to access any funds to feed the family.
- This was highlighted to his keyworker at RBKC and provision was made to support Mr John. The issue with the bank was now resolved
- On 28/03/2018 the Grove highlighted their concerns and recommended a psychiatric consultation The concern was aimed at Mr John's apparent level of depression which was affecting social functioning and detrimental to Mr John seeking employment.
- The Grove recommended a psychiatric referral, this was actioned and Mr John was seen by psychiatrist for review. The Grove report was forwarded to BLJ and would be forwarded to RBKC on the approval from BLJ
- A supporting letter was drafted to assist with Mr John's request for the extension of his mother stay in the UK. This was posted to Mr John directly and addressed to whom it may concern with details of the case manager contact number should the authority require any further medical documentation.







Together we're better

T: [REDACTED]  
E: info@corpore.co.uk

Corpore Ltd,  
6th Floor, Tithebarn House,  
1 Tithebarn Street  
Liverpool, L2 2NZ

**Issues Impacting on Goal:**

- Severe symptoms of low mood and anxiety
- Isolation
- Lack of motivation and feelings of hopelessness
- Physiotherapy on hold
- No return to work plans at time of reporting
- [REDACTED]
- No permanent address

**Planned Activity for Next Reporting Period**

- We will follow up with Mr John regarding progress with mother's extension of stay in the UK
- We will re commence physiotherapy when Mr John's mood improves
- We will monitor progress with therapy at the Grove with psychiatric and psychological intervention

**Costs:**

Are Costs on Plan?	Yes
Cost to Date	£2258
Plan Expiry	05/07/2018

Sue Balnaves, RGN  
Team Manager

Direct Dial: [REDACTED]  
Email: sue.balnaves@corpore.co.uk  
Web: www.corpore.co.uk

Date of Report: 25th April 2018

**Distribution List:**



Together we're better

T: [REDACTED]  
E: info@corpore.co.uk

Corpore Ltd,  
6th Floor, Tithebarn House,  
1 Tithebarn Street  
Liverpool, L2 2NZ

## PROGRESS REPORT 2

Injured Party:			
Injured Party:	Mr Joseph John	Date of Birth:	[REDACTED]
Injury:	<ul style="list-style-type: none"><li>• Psychological Trauma</li><li>• Soft Tissue injury to lower back</li></ul>		
Date of Injury:	14/06/2017	Date of Referral:	30/01/2018
Employer:	Unemployed	Employment Status:	Unemployed
Corpore Contact:	Sue Balnaves	Contact Number:	[REDACTED]
Contact Email:	sue.balnaves@corpore.co.uk		
Reporting Period	25/04/2018 – 11/07/2018		

Corpore takes data protection seriously and looks after personal data in accordance with our policies and procedures. For further information and to view our Privacy Notice please go to <https://www.corpore.co.uk/privacy-notice>.



Registered in England No. 08637374  
Registered Charitable Medical Organisation  
Marine Park, Chester, Cheshire, CH2 3NU

## Rehabilitation Goal Summary

**Rehabilitation Goal 1:** To engage in appropriate therapeutic intervention to maximise recovery

Does Rehabilitation Goal 1 need to be amended? ☐ Yes ☒ No

Interim Goals to achieve Goal 1	Date to be Achieved	Goal Status	Progress as planned
Interim Goal: To engage in psychological therapy	Therapy was on hold, to recommence July	Ongoing	See report below
Interim Goal: To engage in physiotherapy to address lower back pain	Achieved	Ongoing	See report below





Together we're better

T: [REDACTED]  
E: info@corpore.co.uk

Corpore Ltd,  
6th Floor, Tithebarn House,  
1 Tithebarn Street  
Liverpool, L2 2NZ

**Rehabilitation Goal 2: To work towards extending UK stay for Mr John's mother and son to maximise productive outcome of therapy**

Does Rehabilitation Goal 2 need to be amended? x Yes No

Mr John was unsuccessful in his appeal to extend his Mother and Son's appeal to stay in the UK, they returned on 10/07/2018 to Trinidad

Mr Johns new goal is to research vocation or training options for the future

Interim Goals to achieve Goal 2	Date Achieved	Goal Status	Goal Progress
Interim Goal: To visit job centre and pursue training options available	September	Ongoing	See report below

#### Actions Completed In Reporting Period to Achieve Goal:

- On the 02/05/2018 Mr John was offered a permanent accommodation but after viewing Mr John declined the property on the 8/05/2018 as he found property to be too small for his needs
- Mr John was offered a temporary accommodation with more space which he has accepted and moved into this 2-bedroom flat.
- On 18/05/2018 home visit conducted as he was not attending is clinical psychology sessions and had missed 6 appointments, or physiotherapy sessions, the focus on the visit was to reengage Mr John in treatment
- The physiotherapy clinic discharged him on the 03/05/2018 due to two late cancelations of appointments.
- Corpore referred Mr John to an alternative physiotherapy clinic to continue his therapy. Mr Johns confirmed he would engage regularly and attend all appointments.
- It was decided at the home visit he would place his clinic psychology on hold as he was focusing all his attention on his appeal for his mother and son to stay in the UK

Corpore takes data protection seriously and looks after personal data in accordance with our policies and procedures. For further information and to view our Privacy Notice please go to <https://www.corpore.co.uk/privacy-notice>



Registered in England No. 09457424  
Registered Office: Tithebarn House,  
Marine Park, Ormeau, Liverpool L2 2NZ

- On the 29/05/2018 we received a report from the Clinical psychologist which was forwarded to BLJ solicitors for review and disclosure to RBKC
- On the 20/06/2018 the treating physiotherapist contacted Corporé to inform us Mr John had attended two sessions and assessment and an interim report would be forwarded after 4 sessions.
- On the 02/07/2018 the physiotherapist emailed Corporé to inform us Mr John had not attended any sessions since their last correspondence they had placed his case on hold until further instruction.
- Attempts were made to speak to Mr John. We contacted him successfully on the 10/07/2018, Mr John reported his appeal for his mother and son had been declined and they had returned to Trinidad that day.
- The anniversary of the fire had triggered further episodes of low mood and he was now living alone and now wanted to engage in all recommended treatment and therapy.
- Mr John indicated he wanted to continue with the physiotherapy but felt he would like to start a fresh with clinical psychology as had not been able to engage with his previous therapist
- Contact was made with the physiotherapist to re start physiotherapy and keep Corporé informed of any missed appointments
- A referral was made to clinical partners to provide a therapy plan moving forward. They had contacted Mr John and offered the following psychological appointment with Dr Jennifer Opoku Thursday 12 July 2018 at 12.30pm. This would be for an hour and a half. We were waiting for Mr John to confirm at time of reporting.

**Issues Impacting on Goal:**

- Severe symptoms of low mood and anxiety
- Isolation
- Lack of motivation and feelings of hopelessness
- No return to work plans at time of reporting
- [REDACTED]



Together we're better

T: [REDACTED]  
E: [info@corpore.co.uk](mailto:info@corpore.co.uk)

Corpore Ltd,  
6th Floor, Tithebarn House,  
1 Tithebarn Street  
Liverpool, L2 2NZ

#### **Planned Activity for Next Reporting Period**

See rehab plan below

#### **Costs:**

Are Costs on Plan?

**Case management funds exhausted**

Cost to Date

**£3578**

Next Plan Expiry

**12/11/2018**

Sue Balnaves, RGN  
**Rehabilitation Case Manager**

Direct Dial: [REDACTED]  
Email: [sue.balnaves@corpore.co.uk](mailto:sue.balnaves@corpore.co.uk)  
Web: [www.corpore.co.uk](http://www.corpore.co.uk)

Date of Report: 11th July 2018

*Distribution List:*

Corpore takes data protection seriously and looks after personal data in accordance with our policies and procedures. For further information and to view our Privacy Notice please go to <https://www.corpore.co.uk/privacy-notice>.



Registered in England No. 09037974  
Registered Office: Speed Medical House  
Motto Park, Ormsley, Lancashire, PR2 7N4



## PSYCHOLOGICAL PROGRESS REPORT

Patient Name: Joseph Kyle John

DOB: [REDACTED]

Corpore Ref. No: 120786.001

Provider Ref. No: 393061-Clinical Partners for Corpore

Presenting Injury / Diagnosis: Psychological Trauma

Confirmed Diagnosis: Psychological Trauma-

Date of Assessment: 12/07/2018

Cost of Assessment:

Cost of Subsequent Sessions:

Translation or other costs: N/A

Date of Report: 24/07/2018

Therapist Name: Dr Jennifer Opoku

Qualification: Doctor of Psychology, Chartered Psychologist/ CPsychol.

Provider Name: Clinical Partners for Corpore.

### **Initial Clinical Findings:**

(Include details of presentation, current psychological symptoms, medication, psychometric testing results and diagnosis)

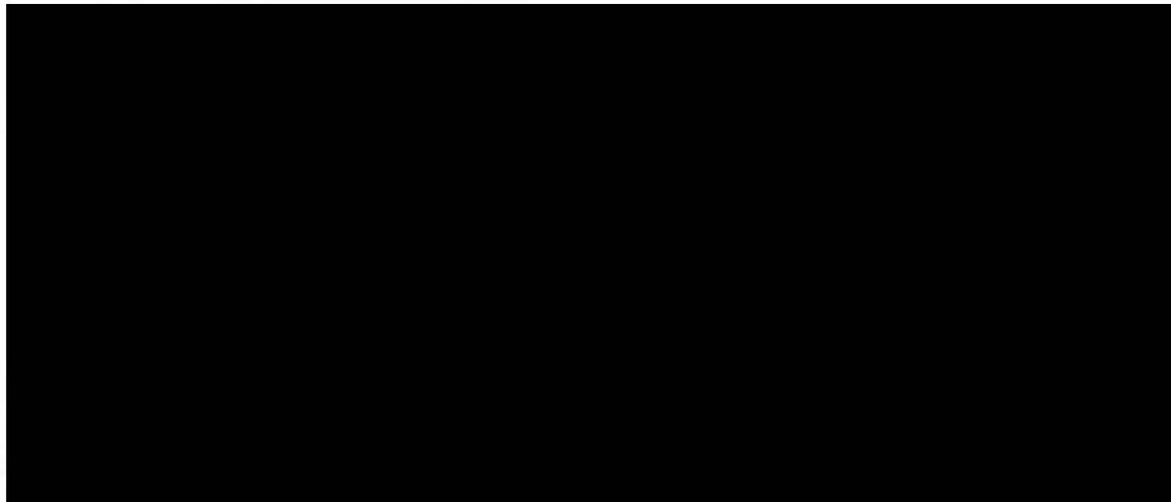
- Joseph reported feeling nervous and anxious in mood during the initial session. This was evident in his speech which was at times difficult to understand and also evident by his lack of eye-contact however, this improved over the course of the therapy session.
- Joseph reported feeling low and anxious in mood. He spoke about events which have contributed to his current presentation including the night of the Grenfell fire in which he reported having to escape via a window with his son and now ex-partner. Joseph spoke about the subsequent negative impact losing his home has had on his relationship, psychological well-being and overall day-day functioning.
- Joseph reported three main symptoms consistent with PTSD. He reported re-experiencing the trauma through intrusive distressing recollections of the fire in the form of flashbacks.
- Joseph reported avoiding places and people, and avoidance of activities.
- Joseph reported increased arousal, including difficulty sleeping and concentrating, and being easily irritated.
- Joseph reported that he was prescribed medication; he was however, unable to recall the name of the medication. Joseph reported that he is no longer taking the medication and stated that he did not go back for a repeat prescription.
- Joseph completed a number of outcome measures in the first session, these included: [REDACTED]

**Goals of Proposed Treatment**  
(Please be specific)

- Enable Joseph to understand the development and maintenance of his current difficulties.
- Enable Joseph to process the trauma of escaping from the fire.
- Increase motivation and be able to engage in activities.

**Recommendations for Treatment:**

(Including treatment modalities and proposed strategies)



**Expected treatment duration: 4/5months**

**Sessions over the next 24 weeks**

**Expected treatment conclusion date: 27/12/2018**



**Are there any barriers or yellow flags to recovery (psychosocial issues) that the referrer needs to be aware of, or address?**

- Joseph reported that he is currently in temporary accommodation, this plays on his mind as he does not feel settled where he is.

**If applicable: Do you have a clear understanding of the demands of the client's pre-injury duties (or return to education requirements)?**

☐ Yes

☒ No

**Please comment on any limitations that may impact on the client's current capacity to return to and undertake these duties? (e.g. travel anxiety)**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*NB: Please do not proceed with further sessions until written notice of funding agreement is received.*

## PSYCHOLOGICAL PROGRESS REPORT

**Patient Name:** Joseph Kyle John

**Corpore Ref. No:** 120786.001

**Provider Ref. No:** 393061-Clinical Partners for Corpore

**Presenting Injury / Diagnosis:** Psychological Trauma

**Confirmed Diagnosis:** Psychological Trauma

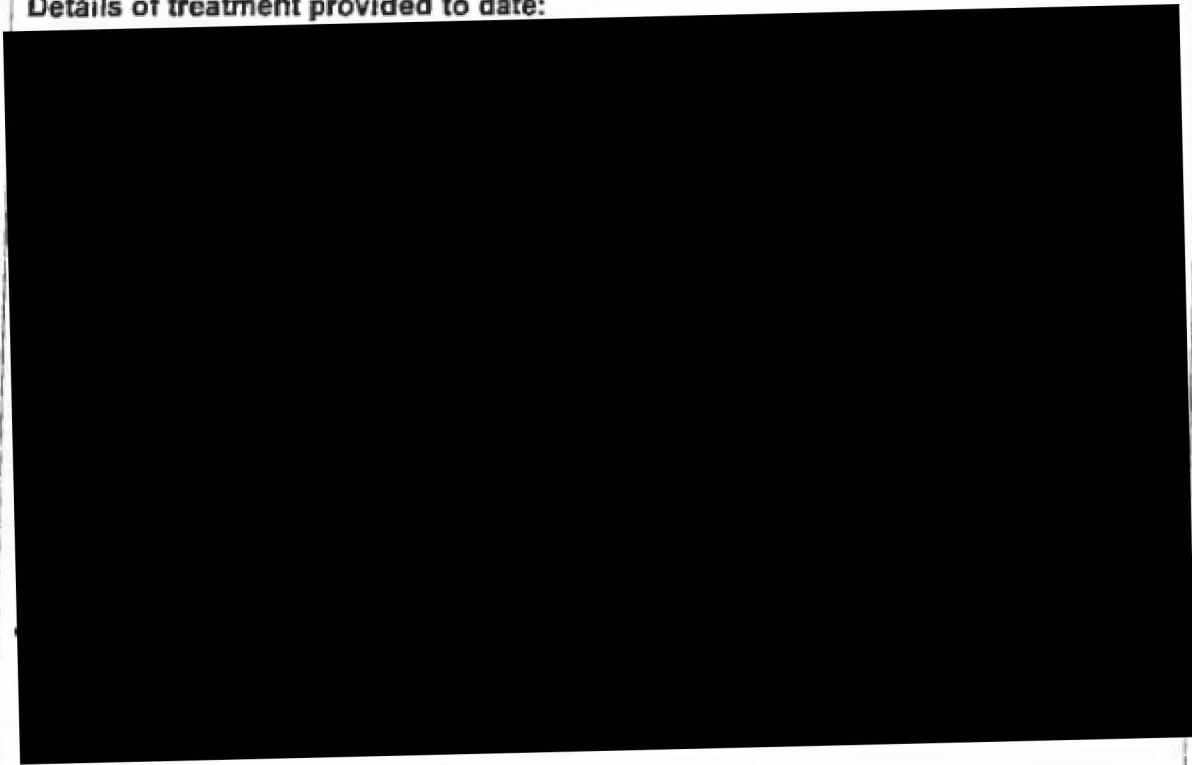
**Date of review assessment:** 12/09/2018

**Number of sessions provided to date:** 9

**Number of sessions approved:** 24

**Cost to date:** \_\_\_\_\_

**Details of treatment provided to date:**



**Please outline progress of treatment:**

(Objective and subjective evidence of achievement of initial treatment goals, including clinical findings, psychometric test results and current symptoms, detail initial testing scores and any subsequent markers for improvement)



PHQ-9: 

GAD-7: 

IES R: 





**Is progress of recovery as expected?**

☒ Yes

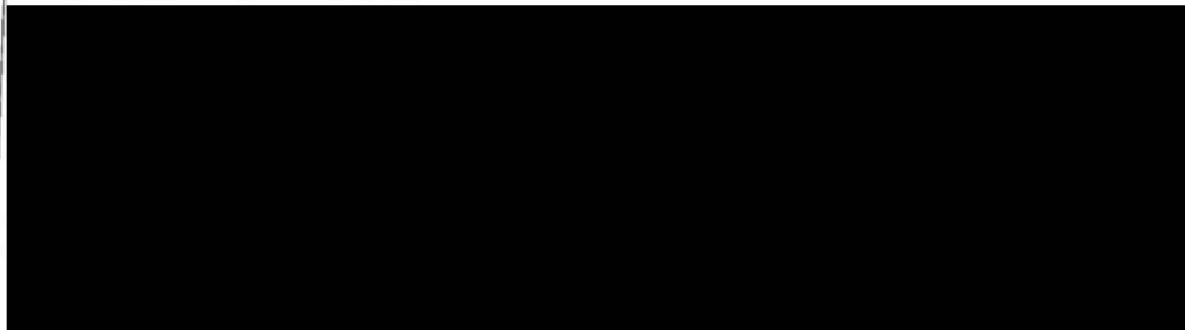
☐ No

**If No, please provide details?**

- 
- 

**Recommendations for further treatment:**

(Including treatment modalities and proposed strategies)



**Please detail any changes to initial treatment goals:**

- Currently there are no changes to the initial treatment goals.
- Joseph is trying to address his symptoms of depression/anxiety and trauma and we are working well collaboratively towards a better quality of life.

**Further treatment duration:** 20 sessions over the next 20 weeks/ months

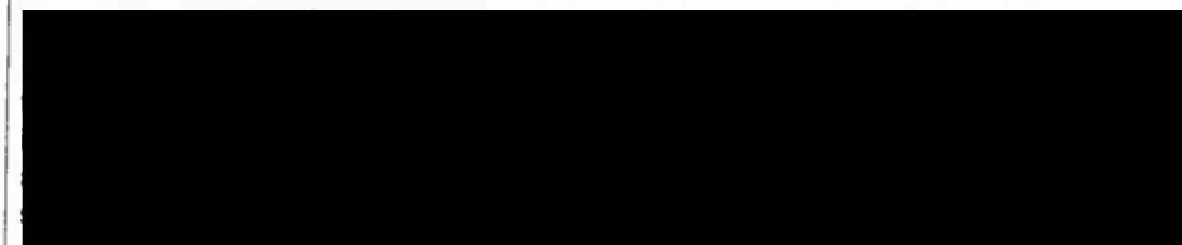
**Further treatment conclusion date:** December/January 2018/19

**Are there any barriers or yellow flags (psychosocial issues) that the referrer needs to be aware of, or address?**

- Joseph reported that he is currently in temporary accommodation, he reports feeling unsettled and worries about when he will be moved and placed in a permanent accommodation.
- Joseph reports that the breakdown of his relationship with his ex-partner after the Grenfell Tower fire continues to have a severe negative impact on his mood and behaviour. He reports that his ex-partner has stopped him from having access to his son. Joseph reports that this has had a huge negative impact on his mood and behaviour and currently, he reports he is trying to gain access to his son through the courts, however he has limited finances.

**Please comment on any limitations that may impact on the client's current capacity to return to work/ school or pre injury way of life?**

- Continuing to be mindful of the impact the Grenfell Tower fire has had on Joseph and the breakdown of his family.



**Therapist Name:** Dr Jennifer Opoku

**Date of Report:** 14/09/2018

**Qualification:** Doctor of Psychology, Chartered Psychologist/ CPsychol.

**Provider Name:** Clinical Partners for Corporate.

***NB: Please do not proceed with further sessions until written notice of funding agreement is received.***

## PSYCHOLOGICAL PROGRESS REPORT

**Patient Name:** Joseph Kyle John

**Corpore Ref. No:** 120786.001

**Provider Ref. No:** 393061-Clinical Partners for Corpore

**Presenting Injury / Diagnosis:** Psychological Trauma

**Confirmed Diagnosis:** Psychological Trauma

**Date of review assessment:** 06/11/2018

**Number of sessions provided to date:**

**Number of sessions approved:** 24

**Cost to date:** \_\_\_\_\_

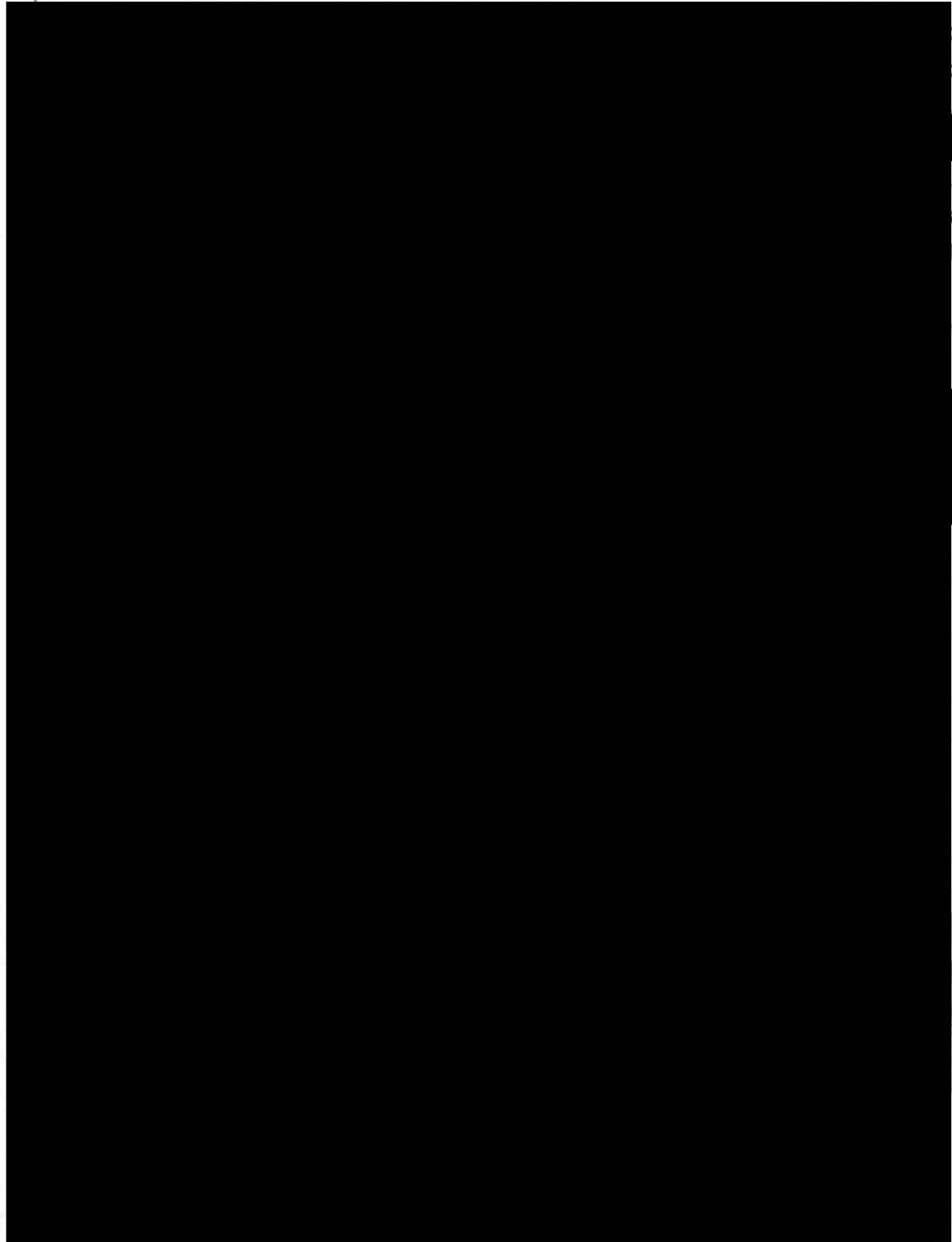
**Details of treatment provided to date:**





**Please outline progress of treatment:**

(Objective and subjective evidence of achievement of initial treatment goals, including clinical findings, psychometric test results and current symptoms, detail initial testing scores and any subsequent markers for improvement)



**Is progress of recovery as expected?**

☐

Yes

☒

No

**If No, please provide details?**

[REDACTED]

**Recommendations for further treatment:**

(Including treatment modalities and proposed strategies)

[REDACTED]

**Please detail any changes to initial treatment goals:**

- Currently there are no changes to the initial treatment goals.
- Joseph is trying to address his symptoms of depression/anxiety and trauma and we are working well collaboratively towards a better quality of life.

**Further treatment duration:** 20 sessions over the next 20 weeks/ months

**Further treatment conclusion date:** March 2018

**Outcome measures during his last appointment on 31/10/18 were as follows:**

PHQ-9:

[REDACTED]

GAD-7:

[REDACTED]

IES R:

[REDACTED]

[REDACTED]

**Are there any barriers or yellow flags (psychosocial issues) that the referrer needs to be aware of, or address?**

- Joseph reported that he is currently in temporary accommodation; he reports feeling unsettled and worries about when he will be moved and placed in a permanent accommodation.
- Joseph reports that the breakdown of his relationship with his ex-partner after the Grenfell Tower fire continues to have a severe negative impact on his mood and behaviour. He reports that his ex-partner has stopped him from having access to his son. Joseph reports that this has had a huge negative impact on his mood and behaviour and currently, he reports he is trying to gain access to his son through the courts, however he has limited finances.
- Immigration status continues to play on his mind.
- Ongoing investigation about the fire and having to go through photos of his flat to compile a list of valuables.

**Please comment on any limitations that may impact on the client's current capacity to return to work/ school or pre injury way of life?**

- Continuing to be mindful of the impact the Grenfell Tower fire has had on Joseph and the breakdown of his family



**Therapist Name:** Dr Jennifer Opoku

**Date of Report:** 06/11/2018

**Qualification:** Doctor of Psychology, Chartered Psychologist/ CPsychol.

**Provider Name:** Clinical Partners for Corporate.

***NB: Please do not proceed with further sessions until written notice of funding agreement is received.***



Site/Event details  
Grenfell Respiratory Event

Date: 12-11-2018

Dr Roshak

Community Respiratory Office  
Acrow East  
South Wharf Road  
London  
W2 1NY

P: [redacted]  
Fax: [redacted]

Email address@ [lcrc-tr.admin@community-respiratory@nhs.net](mailto:lcrc-tr.admin@community-respiratory@nhs.net)  
[www.imperial.nhs.uk](http://www.imperial.nhs.uk)

Gulburne

Thank you for taking part in the Grenfell Respiratory Event. This lung screening test is offered to local residents over the age of 18 to screen for basic lung defects (in the wake of recent events).

The aim of this initiative is not to diagnose lung conditions per se, but to screen the individuals' respiratory/lung health.

First Name: Joseph Surname: John

had spirometry screening performed today, the results are:

FEV<sub>1</sub>: [redacted] Percent of predicted FEV<sub>1</sub>: [redacted]

FVC: [redacted] Percent of predicted FVC: [redacted]

Age: 27

FEV<sub>1</sub>/FVC Ratio: [redacted]

\* BTS criteria met \*

☐ This spirometry screening indicates that your readings are lower than average and we would advise you to see your GP for a full consultation (including full spirometry if indicated)

OR

☒ This indicates that your spirometry screening today is within normal limits, and shows no restriction or obstruction. This does not replace any investigations or advice given to you by your GP or specialist doctors.

Please note these results will be shared with your GP unless you advise us otherwise. If you have opted for us not to share the results with your GP please provide them with a copy of these results.

Yours sincerely,  
Imperial Community Respiratory Team

Plen CXR  
Refer to Community  
↓  
All functions

**Correspondence Letter**

Please note, this is not a referral

FAO Jodie Green, Russell-Cooke LLP  
Jodie.green@russell-cooke.co.uk

27 March 2019

Dear Ms Green

Re: **Mr Joseph John.** [REDACTED]

**Medical Report for above named patient**

I write as the GP for Mr Joseph John who has been registered at the Surgery since 08 Oct 2018.

Mr John suffers from the following Mental Health conditions:

**PTSD – severe**  
**Depression – Moderate**  
**Anxiety with Panic Attacks**  
**Lower Back Pain**

PTSD and Depression were formally diagnosed on 17/04/2018 however the symptoms started from 11/2017. The Anxiety and panic attacks have developed over the last year. In my opinion from reviewing the assessment by the Mental health specialist, the above diagnoses were as a direct result from being in the Grenfell tower fire.

His symptoms include flashbacks, panic attacks and difficulty with most day to day activities

[REDACTED]

His vitamin was tested and supplementation has been issued to improve physical symptoms of fatigue. He suffered unfortunately with a lower back injury after rescuing his ex-partner from the Tower. He still suffers from lower back pain, for which he has attended physiotherapy. This has affected his mobility and he is on occasion unable to walk long distances due to pain and certainly not able to exercise as much as he used to, now only engaging in light sport.

He has had a recent spirometry of his lungs and has been asked to attend for Specialist Respiratory follow up which will be needed going forwards on an annual basis.

He does not take any other medication at present. We are reassessing his physical and mental health here on a regular basis

It is clear that his mental state has been impacted by the ongoing stress from being unsettled with no definite housing. He remains in temporary accommodation.

As well as clearly needing his own accommodation to be able to move forwards with his life and improve his Mental health, his specific needs are for a ground floor accommodation as he is scared of the prospect of being in a tower block with the climbing of stairs being a trigger for his severe PTSD symptoms. He requires a property with 2 bedrooms so his family (son) can stay and he has a normal family life which he has a right to. He needs a garden so his children can play safely as he does not feel safe with them playing in the streets and also to support his self employment as a chef.

Mr John's Mental health condition is an impairment which is substantial with a long term effect on his normal day to day activities. It is clear today that the Severe PTSD diagnosis made a year ago, despite adhering to medical and psychological treatment, is having a very great impact on his functioning. [REDACTED]

[REDACTED]

[REDACTED]

Yours faithfully,

*Dr Y Razak*

Dr Y Razak, GP  
MBBS BSc MRCGP  
Golborne Medical

Mr Joseph John, [REDACTED]



## PSYCHOLOGICAL PROGRESS REPORT

**Patient Name:** Joseph Kyle John

**Corpore Ref. No:** 120786.001

**Provider Ref. No:** 393061-Clinical Partners for Corpore

**Presenting Injury / Diagnosis:** Psychological Trauma

**Confirmed Diagnosis:** Psychological Trauma

**Date of review assessment:** 06/06/2019

**Number of sessions provided to date:** 36

**Number of sessions approved:** 32

**Details of treatment provided to date:**



**Please outline progress of treatment:**

(Objective and subjective evidence of achievement of initial treatment goals, including clinical findings, psychometric test results and current symptoms, detail initial testing scores and any subsequent markers for improvement)

[REDACTED]

Outcome measures during his last appointment on 13/03/2019 were as follows:

PHQ-9:

GAD-7:

IES R:

[REDACTED]

**Is progress of recovery as expected?**

☐ Yes

☒ No

**If No, please provide details?**

[Redacted]

**Recommendations for further treatment:**

(Including treatment modalities and proposed strategies)

[Redacted]

**Please detail any changes to initial treatment goals:**

- Currently there are no changes to the initial treatment goals.
- Joseph is trying to address his symptoms of depression/anxiety and trauma and we are working well collaboratively towards a better quality of life.

**Further treatment duration:** 20 sessions over the next 5 months

**Further treatment conclusion date:** November 2019

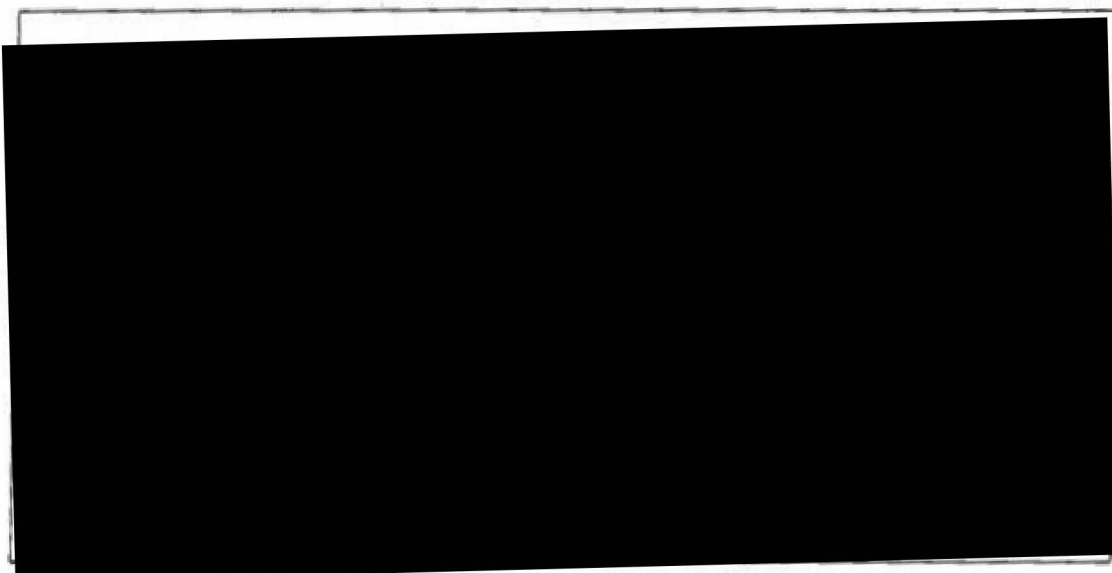


**Are there any barriers or yellow flags (psychosocial issues) that the referrer needs to be aware of, or address?**

- Joseph continues to report that he is in temporary accommodation; he reported feeling unsettled and worries about when he will be placed in a permanent accommodation.
- Joseph reported that the breakdown of his relationship with his ex-partner after the Grenfell Tower fire continues to have a severe negative impact on his mood and behaviour. He reported that his ex-partner has stopped him from having access to his son. Joseph reported that this has had a negative impact on his mood and behaviour and currently he is trying to gain access to see his son through the courts, however he has limited finances.
- Ongoing investigation about the fire and having to go through photos of his flat to compile a list of valuables.

**Please comment on any limitations that may impact on the client's current capacity to return to work/ school or pre injury way of life?**

- Continuing to be mindful of the impact the Grenfell Tower fire has had on Joseph and the breakdown of his family.



**Therapist Name:** Dr Jennifer Opoku      **Date of Report:** 06/06/2019  
**Qualification:** Doctor of Psychology, Chartered Psychologist/ CPsychol.  
**Provider Name:** Clinical Partners for Corpore.

***NB: Please do not proceed with further sessions until written notice of funding agreement is received.***

## PSYCHIATRIC ASSESSMENT FOLLOW UP REPORT (Trauma specific)

**Name of patient:** Mr Joseph John

**DOB:** [REDACTED]

**Address:** Not Specified

**Name of GP:** Not Specified

**Address of GP:** Not Specified

**Date of assessment:** 19.06.2019

**Place of assessment:** 4 Lister House  
11-12 Wimpole Street  
London  
W1G 9ST

**Assessed by:** Dr Muffazal Rawala  
MBBS, MRCPsych, MSc, Cert-Psychopharmacology.  
Consultant Psychiatrist

## 1. INTRODUCTION

Mr Joseph John is a 28 year old Caribbean gentleman who I last assessed in December 2018 and met him for a review of his mental health today. He stated to me that he had stopped his [REDACTED] in January 2019 as he felt it had kept him awake and was causing sleep problems. He remains unsure of his [REDACTED] and I do not have his medical records but thinks it may have been [REDACTED]

He stated he continues to live alone and in temporary accommodation. He has been in a relationship with a new partner for the last one year and is expecting a baby girl with her this summer. He feels dejected that he is still living in temporary accommodation which according to him is not suitable as it does not have adequate room for his two sons, mother and his new partner and soon to be born daughter. He feels he was placed without any furniture and thinks as compared to other survivors of the Grenfell Tower he has been treated unfairly and his mental health is being directly affected because of his unsuitable accommodation.

He misses his 4 year old son who is growing up without him in Trinidad and sees his 3 year old son fortnightly after the relationship with his ex-partner ended. [REDACTED]

He feels that his mother and 4 year old son cannot come over from Trinidad until he has stable accommodation and is able to show he is able to support them financially. He stated he has attempted to keep his motivation positive and completed a hospitality course via the Princes' Trust and now works as a chef full time. He stated he used to run a business stall in Portobello market but stopped it.

[REDACTED]

He stated he feels low in mood all the time and has had problems with sleeping and eating. He does complain of poor motivation and concentration [REDACTED]

## 2. MENTAL STATE EXAMINATION

### a. Appearance and Behaviour

Mr John is a young gentleman who remained cooperative during the interview. He built a good rapport and maintained good eye contact.

### b. Speech

His speech was of a low rate, tone and volume. He was coherent and articulate.

**c. Thoughts**

There was no evidence of any thought abnormalities and he did not describe any persecutory or paranoid ideation of a delusional intensity.

**d. Mood**

He described his mood as low most days and I found him to be low in mood with a blunted affect.

**e. Perceptions**

He was not distractible and did not report any hallucinations during the interview.

**f. Cognition**

He was oriented.

**g. Insight**

He has insight into his condition, his thoughts and need for treatment.

**3. CONCLUSIONS & DIAGNOSIS**

Mr John is a young gentleman who has continued to struggle [REDACTED] [REDACTED] has progressed into an [REDACTED] Without any active treatment, this in context of the numerous social stressors that this gentleman continues to face on a regular basis and feels entrapped by his problems. He misses his children and feels that the lack of a stable accommodation, social support system and lack of safeguards of a stable future continue to cause distress [REDACTED]

**4. BRIEF ASSESSMENT OF RISKS**

- i. [REDACTED]
- ii. [REDACTED]
- iii. [REDACTED]
- iv. [REDACTED]



## 5. TREATMENT PLAN

a. Current treatment:

None.

b. Proposed treatment:

Pharmacological: [REDACTED]

Psychological: I would recommend that he continues with his psychological therapy to enable to effectively deal with his ongoing difficulties.

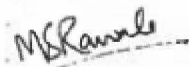
i. Summary of suggested treatment approach

[REDACTED]

Follow-up:

[REDACTED]

Yours sincerely



Dr Muffazal Rawala  
Consultant Psychiatrist  
GMC [REDACTED]

## PROGRESS REPORT

<b>INJURED PARTY</b>			
Injured Party:	Mr Joseph John	Date of Birth:	[REDACTED]
Injury:	<ul style="list-style-type: none"> <li>Psychological trauma</li> <li>Soft tissue injury to lower back</li> </ul>		
Insurer Reference	Kcpl 00504	Solicitor Reference:	10/jyg/ebs/172809.1
Date of Injury:	14/06/2017	Date of Referral:	30/01/2018
Employer:	Green King Group	Employment Status:	Employed
Corporé Contact:	Sue Balnaves	Contact Number:	[REDACTED]
Contact Email:	<a href="mailto:sue.balnaves@corpore.co.uk">sue.balnaves@corpore.co.uk</a>	Corporé Reference:	120786.001
Reporting Period	24/06/2019 – 24/07/2019		
Date of Report:	24/07/2019		

### Rehabilitation Goal Summary

**Rehabilitation Goal 1:** To receive ongoing psychological support to maximise his recovery over the next reporting period

Does Rehabilitation Goal 1 need to be amended? ☐ Yes ☒ No

Interim Goals to achieve Goal 1	Date to be Achieved	Goal Status	Progress as planned
Interim Goal: To undertake a re assessment with a psychiatrist to identify diagnosis and provide a medication review	June 2019	Achieved	Assessment conducted 19/06/2019
Interim Goal: To undertake a clinical psychology assessment to identify therapy needs	June 2019	Achieved	Assessment conducted 06/06/2019
Interim Goal: To participate in regular therapy to manage low mood and psychological symptoms identified in assessment report	November 2019	Ongoing	See report below

**Rehabilitation Goal 2:** To be able to sustain his full time role in the restaurant industry

Does Rehabilitation Goal 2 need to be amended? ☐ Yes ☒ No

Interim Goals to achieve Goal 2	Date Achieved	Goal Status	Goal Progress
Interim Goal: To work closely with clinical psychologist to ensure Mr John avoids a deterioration in emotional well being	November 2019	Ongoing	See report below
Interim Goal: To monitor Mr John physical wellbeing and facilitate any recommendations for exercise programs should this be clinically appropriate	November 2018	Ongoing	See report below



### Actions Completed in Reporting Period to Achieve Goal:

- Mr John changed his legal representation and his file was placed on hold until all rehabilitation reports and updates had been forwarded to Russel Cooke solicitors and agreement to continue rehabilitation with Corpore was received
- A psychology assessment was conducted on 06/06/2019 by Dr Jennifer Opoku, it was determined that Mr John required further intervention to manage his symptoms
- Mr John had started to process one of the target memories using EMDR with effect however, due to inconsistency in attendance and punctuality there had been no long term progress. Mr John would need to commit to consistently attending the sessions to make significant progress.
- Recommendations for further treatment included :
  - Continue to use EMDR to process the Trauma memories associated with the night of the Grenfell Tower fire and its subsequent events
  - Use psycho-education and CBT to build on Mr John's gains in relation to daily activities, thoughts, feelings and behaviours.
  - Mr John to commit to regular attendance and punctuality.
  - A further 20 sessions of therapy was recommended
  - Mr John participated in a psychiatrist assessment with Dr Muffazal Rawala on 19/06/2019
  - Dr Muffazal Rawala concluded Mr John had continued to struggle with his affective symptoms [REDACTED]  
[REDACTED] Without any active treatment, this has progressed into [REDACTED]  
[REDACTED] in context of the numerous social stressors that this gentleman continues to face on a regular basis and feels entrapped by his problems. He misses his children and feels that the lack of a stable accommodation, social support system and lack of safeguards of a stable future continue to cause distress [REDACTED]  
[REDACTED]
  - Dr Rawala prescribed medication to help with low mood and requested a follow up in 5 weeks.
  - Mr John collected [REDACTED] and commenced [REDACTED] as of 03/07/2019. The case manager had contacted the psychiatrist to schedule the follow up appointment after the five weeks.
  - All rehabilitation reports were forwarded to RBKC and Russel Cooke to secure funding approval for ongoing therapy.



- We received approval for funding continued psychological support and case management from RBKC on 20/06/2019
- Contact was made with Mr John to ascertain if he wished to continue with his psychology therapy and could commit to regular attendance. He was reporting [REDACTED] which had been greatly impacted by the uncertainty of gaining the 3 bedroom permanent housing he would need to have his son and mother come to live with him.
- Mr John's partner was very worried about him and she was expecting a baby on 10/08/2019 as housing the family of 5 would require 3 bedrooms.
- Mr John agreed he would commit to therapy and contact was made with his therapist to commence the treatment plan.
- Mr John was very busy with family commitments at this time and would not commit to any exercise or physical therapy program. This would be discussed at a later date.
- Mr John remained in his role at the restaurant but reported he was struggling with stress and his emotional well-being, he reported he had to "carry on for the sake of his family"

#### Issues Impacting on Goal:

- Low Mood due to uncertainty in regards to permanent housing
- Vocational strain due to low mood

#### Planned Activity for Next Reporting Period

- Please see rehabilitation plan 3 below

**Costs:**

Are Costs on Plan?	Yes
Costs Approved	£6930
Cost to Date	£6717.80
Remaining Spend	£212.20
Plan Expiry	24/11/2019
Next Report Due	24/09/2019

Sue Balnaves, RGN

Rehabilitation Case Manager

Direct Dial: [REDACTED]

Email: [sue.balnaves@corpore.co.uk](mailto:sue.balnaves@corpore.co.uk)

Web: [www.corpore.co.uk](http://www.corpore.co.uk)

Date of Report: 24th July 2019

*Distribution List:*

E: [treatment@innovatehmg.co.uk](mailto:treatment@innovatehmg.co.uk)

**INNOVATE** Healthcare  
Management Group  
EXCELLENCE | TECHNOLOGY | RESULTS

Innovate Treatment Services  
City Point, Temple Gate,  
Bristol, BS1 6PL

## Referral Form – Innovate Treatment Services

Please complete form and email to [treatment@innovatehmg.co.uk](mailto:treatment@innovatehmg.co.uk)

If you wish to discuss which service is most appropriate, please call / email Ross Wilson on

[rwilson@innovatehmg.co.uk](mailto:rwilson@innovatehmg.co.uk) or [REDACTED]

Personal Details	
Name: Joseph John	Treatment service required: Physiotherapy assessment and 8 sessions
Address: [REDACTED]	Type of injury / illness: Lower back pain Depression and PTSD
Post code: [REDACTED]	
Home telephone: [REDACTED]	Mobile telephone: [REDACTED]
Email: [REDACTED]	Date of injury/accident: 14/06/2017
DOB: [REDACTED]	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Medical report enclosed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Your reference number: 120786.001

Referrer Details	
Company Name: Corpore LTD	Referrer Name: Sue Balnaves
Office location: 1st Floor, Tithebarn House 1 Tithebarn St, Liverpool L2 2NZ	Claim type : Grenfell rehabilitation scheme
Tel: [REDACTED]	Fax:
Reference number: 120786.001	Email: <a href="mailto:sue.balnaves@corpore.co.uk">sue.balnaves@corpore.co.uk</a>

This gentleman has experienced lower back pain since the Grenfell Tower tragedy ( he was resident on the night of the fire and had to escape). He will be moving to new home from a hotel on 04/05/2018 in Sheppard's Bush (see above address). Mr John is from Trinidad and speaks good English. He lives with his 2 young children (both under 5) and his mother. He wishes to become a chef but is struggling with his lower back pain and motivation. He was receiving physiotherapy at a clinic in London but as a consequence of his low mood he DNA x 2 and they discharged him from the clinic. He is receiving clinical psychology and is under a Consultant psychiatrist. Should you have any concerns with his

engagement please could you liaise directly with me as this sadly may occur again given his psychological ill health and the goal for therapy is to motivate to ensure a good outcome. We need to try again to improve his chances of achieving his goal of a return to work.

Please could we arrange for him to be seen at a clinic local to his new address for assessment and then continue with 8 sessions. Could the allocated physiotherapist provided a letter for Mr John to take to his GP regarding pain medication as he was unable to participant fully due to pain during his last attempt at therapy and has no prescribed meds, could they recommend a possible x-ray to lower back for his GP after assessment ( if clinically appropriate) as Mr John finds it difficult to discuss his needs with his GP and would like this to be suggested by the physiotherapist to gain a positive outcome from his GP appointment.

Company Representative (if applicable)

Company Name:	Contact name:
Address:	
Post code:	
Tel:	Fax:
Reference number:	Email:



**Correspondence Letter**

Please note, this is not a referral

31 July 2019

Dear Housing Dept

Re: **Mr Joseph John,** [REDACTED]  
[REDACTED]

My patient has requested accommodation since being a survivor in the Grenfell Tower Fire. I understand that you are familiar with his case and he has since been granted a 2 bed property for himself and his son [REDACTED]

He has a partner who is imminently expecting their first child who lives in Willesden and his current property does not accommodate for 2 extra persons. Additionally as you are aware, he is suffering immensely with PTSD due to the impact of the Grenfell tragedy and we would anticipate that his mental health would improve if his mother and other son [REDACTED] would also be able to visit. If his extended family, partner and children were to be able to stay, I understand this would need allocation of a 3 bedroom property which he has requested.

The stress of not being settled and having a return to normal family life is having a high toll on Mr John's mental health and he remains low in mood and distressed at this present time.

I hope you can take the above information into consideration for our patient

**Medical Problems .**

Moderate depression.

Post-traumatic stress disorder

**Repeat Medication**  
[REDACTED]

Yours sincerely

*Y Razak*

Dr Razak, GP  
Golborne Medical