

## SAFER GLOUCESTERSHIRE COMMUNITY SAFETY PARTNERSHIP

### DOMESTIC HOMICIDE REVIEW

## Lessons Learnt summary into the Death of 'Scott'

### Introduction

Safer Gloucestershire, in conjunction with Stronger Safer Gloucester Partnership, commissioned a Domestic Homicide Review (DHR) in order to determine what lessons could be learnt following the death of 'Scott', a 25-year-old man killed by his ex-partner in 2018.

The Review followed the statutory guidance for Domestic Homicide Reviews (2016) issued following the implementation of Section 9 of the Domestic Violence Crime and Victims Act 2004 and looked to explore the way in which local professionals and organisations work individually and together to safeguard victims and how Gloucestershire can improve its overall response to victims of domestic abuse.

The full Review will not be published in order to safeguard wider family members. This approach has been agreed by the Home Office DHR Quality Assurance Panel.

### Background

The following pseudonyms have been used in this review for the victim and perpetrator to protect their identities and those of their family members:

- (a) The victim: Scott
- (b) The perpetrator: Jenny

In April 2018, emergency services received a phone call from Jenny stating that an unknown male had come into the flat and stabbed Scott in the stomach. Police and ambulance attended. Scott was seriously injured and taken to Southmead Hospital where his death was pronounced early the following morning. The post-mortem concluded that the cause of death was a single puncture wound to the abdominal aorta. Jenny was charged with murder.

The original trial started in October 2018, but the trial collapsed when the jury could not reach a conclusion. The second trial started at the end of March 2019. Jenny was found guilty of manslaughter and sentenced to 9 years.

*Background Information relating to the victim:* Scott was a 25-year-old white heterosexual British man. He suffered from mental ill health, substance abuse and alcohol use. Scott was not married. The other protected characteristics of pregnancy, and gender reassignment do not apply in this case. Scott had no strong religious affiliation.

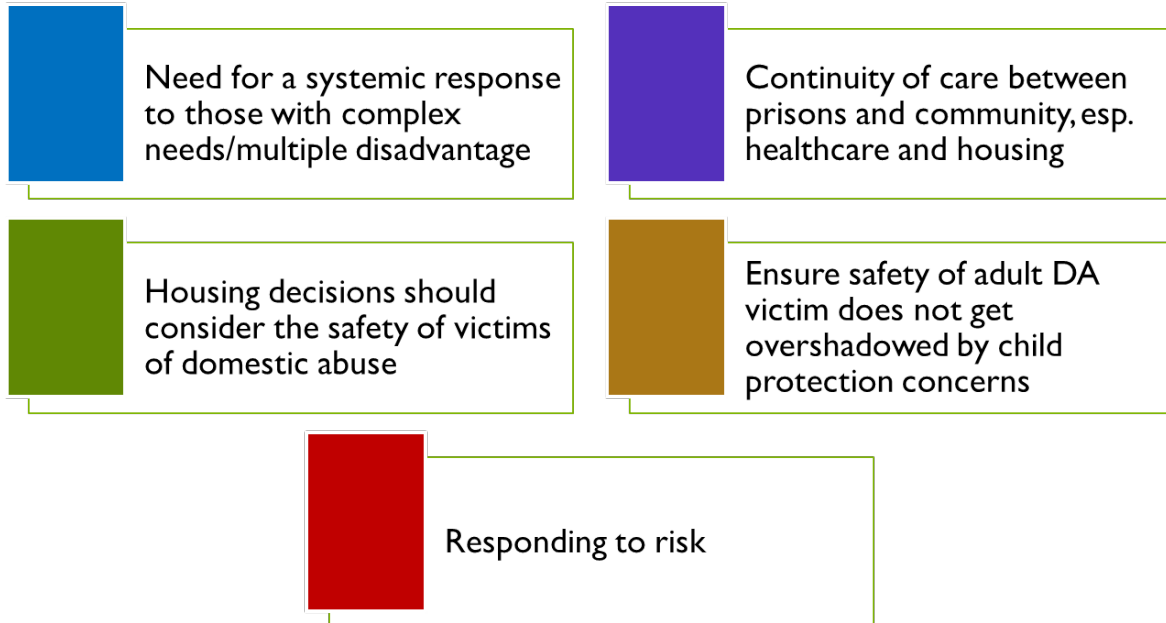
*Background Information relating to the perpetrator:* The perpetrator, Jenny, is a white British woman. She was 31 years old when she killed Scott. She was pregnant in the timeframe of this review and was not married. Jenny had no strong religious affiliation. Jenny suffered from mental ill health and with issues around her use of substances, particularly alcohol.

Scott and Jenny had known each other since October 2016 and Scott identified himself to agencies as Jenny's boyfriend from November 2016. Scott was the father of Jenny's child that was born in November 2017. Scott and Jenny were intermittently homeless throughout this review and in supported accommodation for some of it.

## Conclusions of review

- This was a complex case and the dynamic between Scott and Jenny was complicated by their mental health problems and substance and alcohol misuse. They were both grieving the loss of their children and shared a desire to keep the child they had together.
- The most urgent need seen throughout this review, was the need for Scott to have his depot injections. His family struggled to make this happen for him and flagged when he was becoming unwell. Scott did not go regularly to the same place for his depot injections and the information systems did not share information well, so agencies thought he was getting his depots when he was not. The report acknowledges that people must be able to make decisions about their own care, even when they are against professional advice, but a more workable system is needed: both in terms of systems that provide clinicians with up-to-date health information, including what injections a patient needs and has had, and closer oversight of patients with multiple disadvantages to understand better what their barriers are and to address them.
- As domestic abuse is gendered, with most victims being women and most perpetrators being men, the training reflects this. Stereotypes about gender roles make it difficult for men who are being abused to look for help. When staff are threatened by a service user, questions should be asked about the safety of those around that service user. There were occasions when, if Scott had been a woman, it is likely that more questions would have been asked about whether he was safe and what was happening to him. Agency workers need training to be able to see those opportunities, ask questions effectively and know what to do with the answers. Workers need to know the referral routes for male victims of domestic abuse.
- There were examples of poor understanding of the dynamics of domestic abuse. Partner agencies need to ensure that staff are trained, and that training is regularly refreshed.
- There was some evidence of confusion over the roles of different agencies. When Jenny said she was getting support from somewhere else, it was accepted and not checked. It was not always clear that she was getting support elsewhere. Similarly, Scott's assurances that he was about to get his depot were accepted without being followed up.
- In a coordinated community response, everyone is responsible not only for doing their piece of the work to keep victims safe, but also for ensuring that the whole system works.
- From the agencies' perspective, Scott and Jenny were challenging to help. They moved from service to service, did not attend appointments, were often homeless and therefore difficult to contact, and often came to appointments inebriated. An impact of their mental ill health and substance misuse appeared to be that they found it difficult to carry out the plans they had agreed with professionals.
- Both Scott and Jenny responded to the support from FDAC, but that support was for them as parents, rather than as individuals. As it was, of necessity, focused on the child's needs, the support was only offered for a limited amount of time until decisions could be made about the parents' suitability. Each agency had its own responsibilities, but both Scott and Jenny needed a more holistic response.
- Scott's mother explained some of the trauma that Scott had suffered as a younger person. It seems that Jenny too had suffered trauma. The problems that each had were bigger than any one agency could address. Both would have benefited from a common approach from agencies that was trauma-informed. Some of the organisations in Gloucestershire are trained or being trained in this way of work.
- Panel members understood the need for a holistic response for people like Scott and Jenny, who face multiple disadvantages and whom agencies can find challenging to engage.
- Scott and Jenny had suffered when they lost their children. The Panel saw that there may have been a pattern developing for Jenny of having a child and then losing it. Jenny said she did not have any support after her children were taken into care. An intervention for women who lose their children would help to stop this pattern and the consequent hardship. We were unable to find a programme that worked with men in this situation. An offer of counselling should be made to men in this situation.

## LESSONS LEARNT AND RECOMMENDATIONS



## Need for a systemic response to those with complex needs/multiple disadvantage

### National

#### NHS England to ensure that

- Patients with severe mental health issues . . . have clear and specific care plans that identify their regular medication needs.
- This information must be visible across all healthcare systems, including prison

As part of this, NHS England to consider . . . a lead professional for this patient group who could follow up as a patient moves between institutions (e.g. mental health in-patient care) and the community.

### Local

#### Safer Gloucestershire to

- Create MA working group to
- Develop a care pathway for those with complex needs, and
- Advise partner agencies on training, including trauma-informed practice.

#### DASV Commissioning Partnership with Gloucestershire's Joint Commissioning Partnership consider the

- Evaluation of the pilot for supporting vulnerable women and
- Use that to inform support for women who have had multiple children taken into care.

## Local

## Single Agency

**GDASS and Nelson Trust** to work more closely together.

- Ex: GDASS providing a drop-in service at the NT's Centre.
- GDASS to advise NT staff supporting victims of DA

**DASV Commissioning Partnership and GDASS** to explore specialist IDVAs for repeat victims of DA and those with complex

**GCSC:** All SW, their managers and leaders to have workshop, team discussions on ACEs, wellbeing of parents and what resources are available for work with parents.

A programme of activity to be started immediately and continue for the next calendar year in support of parents who have multiple ACEs.

## Continuity of care between prisons and community, esp. healthcare and housing

## National

## Local

**The National Criminal Justice Board** use this case to review with MA partners how people in Scott's situation are identified and supported by the system, including getting consistent proactive support for their mental health and ensuring they are housed appropriately.

**NHS England** to ensure community GPs promptly provide comprehensive details of a patient's health records when asked by a prison healthcare team for this information. This should include details of the prisoner's history of both physical and mental health problems.

**NHS England** to develop capability for prison healthcare to access Summary Care Records for prisoners so that prisoners' healthcare needs are addressed immediately.

**Gloucestershire Criminal Justice Board** to use this case to review with MA partners how people in Scott's situation

- in and out of prison,
- with mental ill health,
- using substances,
- a history of homelessness and
- domestic abuse

are identified and supported by the system, including getting consistent proactive support for their mental health and ensuring they are housed appropriately.

## Single Agency

**BGSW CRC:** Probation services to ensure that OM are aware of the importance of exploring disclosures of mental health issues and that they are proactive in making contact with mental health services to provide further information and support, if required.

## Housing decisions should consider the safety of victims of domestic abuse

### Local

#### **Safer Gloucestershire** to create

a housing lead to oversee housing providers' updating of their policies and practices, in particular

- For safety: time for making letting decisions so can get more info on matters of safety. Properties should not be let until safety concerns are addressed.
- Allow tenancy offers to be withdrawn when info or assurances around safety of a proposed tenant and/or member of their household are not obtained.

**Gloucestershire County Council supported housing commissioners to work with Gloucestershire LA strategic housing officers** to run a workshop using this case:

- The role of housing in responding to DA, including MARACs
- How to safely provide housing to victims of domestic abuse
- How DA risk informs responses to victims and perpetrators, including timely processes when a victim goes missing
- Key partner agencies in the CCR to DA
- Consideration of DAHA accreditation for housing providers.

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### Single Agency

**BGSW CRC:** Probation services to work with housing providers to agree service level standards on response times following enquiries about offers of housing accommodation where there are concerns involving a particular individual or individuals. A process for escalating concerns to also be agreed.

**Gloucester City Housing:** GCH to put a 'flag' on . . . systems to identify vulnerabilities/cautions concerning tenants & ASB officer should monitor safety.

**GCH:** Where a tenant has made statements that suggest vulnerabilities from visitors, GCH to undertake . . . regular informal contacts to help identify if there are further issues.

## Safety of adult DA victim should not get overshadowed by child protection concerns

### Local

**GCSC to work with GDASS** to develop guidance for CP conference chairs to ensure that the dynamics of domestic abuse inform the deliberations.

**Gloucestershire MARAC** to ensure decisions around whether to hold a formal or virtual MARAC follow the MARAC Protocol and that virtual MARACs achieve the same outcomes re:

- the sharing of information and
- bespoke MA action plans for victims of abuse.

Annual dip sampling and auditing to be undertaken to monitor this.

### Single Agency

**GCSC:** All SW to have updated training:

- patterns of DA with focus on C
- parenting capacity and how to support parents who are victims and/or perpetrators of DA &
- training refreshed on a regular basis.

## Responding to risk

### Local

**Male victims: All Panel agencies** to regularly provide details of their DA training to Safer Gloucestershire so they have oversight . . . All Panel agencies to ensure that their DA training includes recognising and responding to male victims of domestic abuse.

**DASV Strategic Coordinator** to organise a MA task group to

- review the risk factors here and how temporary situational factors affected risk assessment.
- dip sample SR and MR DASH RICs [to see that] . . . identify all the risks? resist reducing risk based on temporary factors or short-term interventions?
- learning to be disseminated to MARAC partners.

**Gloucestershire MARAC agencies** to review their policies and practices regarding risks to staff from clients and to consider how they share such information with other agencies. MARAC Steering Group to consider how the MARAC system can assist in the distribution of such risk information to partner agencies.

## Local

### Gloucestershire MARAC

- review current capacity/expected volume of cases for the population
- look to increase capacity, particularly around decision-making.

An additional MARAC decision-maker would increase capacity and resilience in the model.

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## Single Agency

**GCSC:** SW with challenging and non-engaging parents and who consider themselves at personal risk,

- complete a risk assessment.
- Be immediately and effectively supported by their Team Managers.
- Heads of Service to oversee the management of this risk

**BGSW CRC:** Probation services to

- continue roll-out DASH RIC & SARA training and
- ensure, (by case audits & supervision) that this is being applied.
- monitor the identification of both male and female victims through these processes.

## DHR FOLLOW UP

An action plan has been created for this DHR and agencies will be held to account by Safer Gloucestershire; ensuring that the learning is implemented countywide.

For more information about the DHR process or the action plan for this DHR, please contact the County Domestic Abuse and Sexual Violence Strategic Coordinator: [Sophie.Jarrett@gloucestershire.pnn.police.uk](mailto:Sophie.Jarrett@gloucestershire.pnn.police.uk)