

Domestic Homicide Review

Summary of Events

In December 2012 Police and Ambulance Service staff attended the home address of N in response to a call from a neighbour. She was found to have sustained stab wounds from which she died in hospital a short time later.

H, with whom N had commenced a relationship in 2006 and had two children, was arrested at the scene. In June 2013 H was convicted of N's murder and sentenced to life imprisonment with a recommendation that he serve at least sixteen and a half years.

Prior to the death of N there was involvement with the family by the Police, primary health care services, Children's Social Care and specialist domestic abuse services directly in connection with domestic abuse; as well as with the UK Border Agency, Action for Children, nurseries, a school, housing providers and midwifery / hospital services all of whom were to varying degrees aware of abuse within the relationship.

On four occasions specific incidents of domestic abuse were reported to the Police by N and consequently other agencies were engaged. An allegation was also made by H that N had assaulted one of their children leading to further professional contact. N's situation was considered at a Multi-Agency Risk Assessment Conference (MARAC) on two occasions.

In general both adults tended to be fairly open about the presence of violence in their relationship but did not meaningfully engage with services. None of the reported incidents of violence led to the prosecution of H.

Process

The Board of Daventry District and South Northamptonshire Community Safety Partnership met in January 2013 and decided that the criteria for a Domestic Homicide Review were met; a number of agencies were instructed to secure their records and conduct Internal Management Reviews prior to a Review Panel being convened.

The Review considered in detail the period between 1 January 2009, when the family moved to Northamptonshire, and the date of N's death.

The Review Panel, comprising senior representatives of the key agencies involved with the family, met on three occasions during 2013 to consider contributions to and emerging findings of the Review.

The Overview Report was endorsed by the Review Panel in October 2013; it was endorsed by the Community Safety Partnership in November 2013 and presented to the Home Office in January 2014; the delay was due to the Report first being presented to members of N's family for comment. The Home Office responded in June 2014, making a number of requests for amendments and further investigation; these were carried out and a revised Report was presented to the Home Office in April 2015; the Home Office approved the Report in June 2015.

Later that month the Board of the Community Safety Partnership considered whether to publish the full Report but decided that, even with anonymisation, the parties could still be identified and that to publish the full report would have an adverse effect on the children. It was therefore agreed to publish this summary and the recommendations.

Recommendations

Implementation of action plans arising from recommendations of the Review Panel and the contributing agencies are being monitored under arrangements agreed by the Daventry District and South Northamptonshire Community Safety Partnership: the majority of the recommendations have been fully enacted or, where these are longer-term activities, are in progress.

The recommendations were as follows.

- All agencies should ensure that they have in place clear and unequivocal guidance on the approach to be taken by staff when they identify or suspect that an individual is illegally in the UK.
- The Community Safety Partnership Chair should write to the Crown Prosecution Service and seek assurance that wherever the evidence available in a domestic abuse case meets the statutory evidential test the presumption will be that prosecution is in the public interest, regardless of whether the victim is prepared to support that prosecution. Such assurance should be disseminated to all agencies and professionals involved in responding to domestic abuse.
- The Northamptonshire Community Safety Coordination Group should receive the report of the commissioned independent review of domestic abuse services, satisfy themselves regarding the effectiveness of MARAC arrangements taking into account national standards, and ensure that any deficits are addressed.
- The Multi-Agency Safeguarding Hub (MASH) steering group build arrangements into relevant procedural pathways for the routine sharing of domestic abuse referrals to Children's Social Care with Health Visitors and/or School Nurse providing services to the children of the family.
- The Northamptonshire Community Safety Coordination Group should coordinate the development and implementation of an initiative to embed an appropriate culture and mind-set regarding domestic abuse across all agencies, along with measures to monitor the impact of this.
- Agencies should consult those making referrals to them regarding safe methods of establishing contact with victims of domestic abuse consequent to referral of their children; and if necessary proactive personal contact should be made where the victim is away from the perpetrator. Consideration should be given to the risks to victims and their children prior to sending unsolicited letters.
- The Local Safeguarding Children Board Northamptonshire should consider the content of this Domestic Homicide Review report in conjunction with the current Children's Services Improvement Plan and identify what further action is required to ensure that arrangements for safeguarding children in the county are effective. This consideration should take a broad view across all partner agencies working with children and their families.
- Northamptonshire Health and Wellbeing Board, in conjunction with all relevant commissioning bodies, and the Northamptonshire Police and Crime Commissioner should consider the adequacy and effectiveness of services for relationship counselling and for perpetrators of domestic abuse in reducing the incidence of domestic abuse and ensure that any deficits are addressed.
- All agencies providing specialist services to victims and perpetrators of domestic abuse, and their families, should examine the effectiveness with which they respond to cultural diversity across their service delivery areas and report on this to the Northamptonshire Inter-Personal Violence Board.