DOMESTIC HOMICIDE REVIEW

OVERVIEW REPORT

REPORT INTO THE DEATH OF JB ON 1st OCTOBER 2011

Report Author : Jamie Armstrong

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Part II

Overview Report

Contents

Review of the circumstances surrounding the death of JB

1 INTRODUCTION

1.1 This report of a domestic homicide review (DHR) examines the agency responses and support given to the subjects of this report.

1.2 On the 1st October 2011 police attended a parking area just off Doncaster Road, Goldthorpe, South Yorkshire. On arrival they searched an unattended vehicle and discovered the body of a 46 year old female victim, which led to the instigation of a homicide investigation.

1.3 The subjects of this review are the victim, her husband and stepson.

1.4 Henceforward for purposes of this report (and appendices) will refer to:

- The Victim as JB
- The Husband as RB
- The Stepson as GB

1.5 South Yorkshire Police led the homicide investigation. In March 2012 RB stood trial at Sheffield Crown Court. RB was subsequently found guilty of murder and sentenced to life imprisonment with an 18 years tariff. GB pleaded guilty to assisting an offender and was sentenced to an 18 month supervision order

1.6 The report will examine agencies' contact/involvement with the subjects of this report from 1st October 1997 to 1st October 2011.

1.7 The report will further consider on how agencies work individually and together to safeguard and support victims of domestic violence.

1.8 It is not the remit of this report to consider the circumstances of the homicide or subsequent police investigation.

1.9 Section 9(3) of the Domestic Violence, Crime and Victims Act (2004) sets out the circumstances when a Community Safety Partnership (CSP) needs to consider a domestic homicide review .This includes the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:-

- a person to whom he was related or with whom he was or had been in an intimate personal relationship, or

- A member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.

1.10 The key purpose for undertaking the review is to:-

- establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

- identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;

- apply these lessons to service responses including changes to policies and procedures as appropriate; and

- prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

1.11 The Domestic Homicide Review Guidance indicates that responsibility for a Domestic Homicide Review sits with the area of the Community Safety Partnership where the victim resided at the time of death. This would have been Barnsley. JB however resided most of her life in Doncaster. It was therefore appropriate for the review to be carried out by Doncaster CSP with Barnsley CSP represented within the Panel.

1.12 In November 2011 Doncaster Community Safety Partnership established a Domestic Homicide Review Panel (DHRP) to oversee the process.

1.13 The following agencies were requested by Doncaster CSP to participate in conducting and reporting, Individual Management Reviews (IMR) where appropriate and provide representation within the DHRP:-

- South Yorkshire Police (SYP) - submitted a full IMR

- Doncaster Community Safety Partnership– submitted a full IMR

- Barnsley Community Safety Partnership – submitted a full IMR

- Doncaster and Bassetlaw Hospitals NHS Foundation Trust– submitted a full IMR

- Doncaster Children & Young Peoples Services (CYPS) – submitted a full IMR

- Rotherham Doncaster and South Humber NHS Foundation Trust (RdASH) – submitted a full IMR

- St Leger Homes of Doncaster – submitted a full IMR

- Doncaster Council Adult Services – submitted a full IMR

- Doncaster NHS - submitted a full IMR

- South Yorkshire Probation Service

- Doncaster Women's Aid

1.14 In addition to the above reports, the following documents were obtained by the author of this report and material extracted:-

- A report from the South Yorkshire Police Homicide Investigation Team;

- Note of interview with family members.

1.15 The DHRP established the following terms of reference:-

- Ensure the review is conducted according to best practice, with effective analysis and conclusions of the information related to the case;

- Establish what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and support victims of domestic violence including their dependent children;

- Identify clearly what those lessons are, both within and between agencies, how and within what timescales they will be acted on and what is expected to change as a result;

- Apply these lessons to service responses including changes to policies and procedures as appropriate; and

- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

1.16 In addition the following areas would be addressed in the Individual Management Reviews and the Overview Report:-

- It is suggested, but not confirmed that JB had no known contact with any specialist domestic abuse agencies or services. Should this be confirmed then the review would address whether the incident in which she died was a 'one off' or whether there were any warning signs and whether more could be done in Doncaster to raise awareness of services available to victims of domestic violence;

- Whether family, friends or colleagues want to participate in the review and if so whether they were aware of any abusive behaviour prior to the homicide from the alleged perpetrator to JB;

- Whether there were any barriers experienced by JB or her family/ friends/colleagues in reporting any abuse in Doncaster or elsewhere, including whether JB knew how to report Domestic Abuse should she have wanted to;

- Whether JB had experienced abuse in previous relationships in Doncaster or elsewhere and whether this experience impacted on her likelihood of seeking support in the months before she died;

- Whether there were opportunities for professionals to 'routinely enquire' as to any domestic abuse experienced by JB that were missed;

- Whether the alleged perpetrator had any previous history of abusive behaviour to an intimate partner and whether this was known to any agencies;

- Whether there were opportunities for agency intervention in relation to domestic abuse regarding JB, the alleged perpetrator or the dependent children that were missed;

- While it is not the purpose of this review to consider the handling of child protection concerns related to the case there may be issues that arise from the review that relate to the safeguarding of children who may be affected by domestic abuse. If this is the case these issues will be raised with the Doncaster Safeguarding Children Board;

- The review should identify any training or awareness raising requirements that are necessary to ensure a greater knowledge and understanding of domestic abuse processes and / or services in Doncaster;

- The Review will also give appropriate consideration to any equality and diversity issues that appear pertinent to JB, perpetrators and dependent children e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation; and

- The review will consider any other information that is found to be relevant.

1.17 **Parallel Processes**

1.17.1 A Senior Investigating Officer was appointed from within South Yorkshire Police to lead the homicide investigation.

1.17.2 HM Coroner Mr Christopher Dorries of Sheffield Coroners Court opened inquest proceedings and closed same on the completion of the criminal trial.

2 CASE HISTORY

2.1 JB was 46 years at the time of her death, estranged from her second husband RB and residing in Goldthorpe South Yorkshire.

2.2 She was born in Doncaster on 9th December 1964, and lived with her parents in Balby, Doncaster. Within her first marriage she had two children; however the couple later separated leading to a divorce in the early 1990s.

2.3 JB and RB were married on 24th May 1997, and lived together firstly in Stainforth and then moved to rented council accommodation in Wheatley, Doncaster. JB took her two sons from the previous relationship, now aged 24 years and 22 years respectively, to live with her. The youngest stayed for one year before he moved to live with his natural father in Wales. Her last period of employment was working as a cleaner. JB had not worked for a number of years and was in receipt of carer's allowance in respect of her husband's disability.

2.4 RB was born 19th September 1948 and lived in the Doncaster area the majority of his life. RB had a varied employment history. He was a miner, and later worked on a production line at the Vauxhall plant in Luton. He returned to South Yorkshire where he gained employment as a bus driver and then a diesel fitter. RB took ill health retirement from the collieries in the late 1980s.

2.5 RB has Emphysema, Bronchitis and underwent knee replacement surgery in 2005 and 2007 and was in receipt of full disability benefits.

2.6 RB had several relationships prior to meeting JB including two marriages, fathering several children including GB.

2.7 GB was born in Doncaster on 25th April 1995 and was 16 years of age at the time of the homicide. In 1997, RB successfully applied through Doncaster Family Court for full residency of his son.

2.8 GB attended Kingfisher Primary School, Wheatley, Doncaster followed by Danum High School leaving at 16 years. GB continued to live with JB and RB up until 2011 when he moved into local rented accommodation.

2.9 It is fair to comment that GB had a particular unstable family upbringing. During the course of this review issues were identified by Doncaster Council Children & Young Peoples Services and RDASH as to the care and support provided to GB. The concerns highlighted are not specific to the terms of reference of this review, however to ensure they are not ignored they will be subject to future comment within this report

2.10 **Events leading to the Homicide** - In July 2011 the relationship between JB and RB had deteriorated to a level where she decided to move from the family home.

2.11 JB had established a new relationship and later moved in with her new partner to an address in Goldthorpe, Barnsley.

2.12 Upon separation, there is some contact, via text messages, by RB to JB seeking her to return home.

2.13 On 20th September 2011, police were called to the new address of JB by her partner alleging RB was causing a disturbance. This incident will be subject of detailed comment later in the report.

2.14 During September 2011, JB commenced divorce proceedings and gave her reasons for filing for divorce **"**ungoverned temper and violent outburst".

2.15 On Thursday 29th September 2011, RB received written notification of the divorce proceedings. On the same date, JB and her partner paid a deposit on a flat in Skegness where they intended to start a new life together. However, it is apparent that RB made constant abusive telephone calls and texts to JB. These calls and texts caused JB and her partner to argue and they decided to leave Skegness and return home. The contacts were not reported to police who only became aware of them within the subsequent homicide investigation.

2.16 On the same date, however, Thursday 29th September, RB did contact police stating he was receiving threatening phone calls. This incident will also be subject of detailed comment later in the report.

2.17 On Friday 30th September 2011 JB drove, on her own volition, to the former matrimonial address in Wheatley, Doncaster. It was during this visit that RB murdered JB by strangulation.

2.18 RB, with the assistance of GB, placed JB in the boot of her own vehicle and drove her body to a car park situated in Doncaster Road.

2.19 On Saturday 1 October 2011, JB's partner attended a parking area just off Doncaster Road, Goldthorpe. On arrival, he found the vehicle to be insecure, unoccupied, with no sign of JB. Concerned for her safety he called the police.

2.20 The officers on arrival opened the boot of the vehicle and discovered the body of JB.

2.21 Dr Charles Wilson conducted the post mortem examination on the body, where he noted a total of 54 injuries and provided the cause of death as compression of the neck.

3 AGENCY CONTACT

3.1 A full summary of the chronology of all agency contacts in this review are detailed within Appendices A, B and C of this report, however the contacts pertinent to this review are detailed as follows:-

3.2 South Yorkshire Police

3.2.1 Within the review period there were fifteen reported contacts with police, of which only two related to JB. The vast majority relating to incidents involving GB and his natural mother.

3.2.2 July 2007 Police were called to an incident where GB alleged that JB had punched him in the face. Reference is made to a visit to the local Accident & Emergency Department however specific injuries are not documented. They appear to be minor, as GB was soon discharged and temporarily moved to his grandmother address.

3.2.3 The allegation was allocated to The Child Abuse Investigation Unit SYP. It would appear the investigating officer made several failed attempts to make contact with Doncaster CYPS in order to arrange a visit. The officer therefore spoke to the grandmother who confirmed that GB no longer wished to substantiate the allegation. No further action was taken.

3.2.4 On 20th September 2011 a call was received from the partner of JB who stated that RB had come to his home, kicking at the door, and shouting to speak to JB. They had refused to allow him entry.

3.2.5 The partner was of the belief that RB wished to re-kindle his relationship with JB but that she did not wish to do so. It was alleged that RB had driven off and that he sounded like he had been drinking.

3.2.6 Officers were dispatched to the incident and circulated the details of the vehicle in order that it could be stopped.

3.2.7 The vehicle was in fact stopped and it transpired that GB was driving without insurance. The vehicle was seized as per SYP procedure for vehicles driven in this manner. RB was issued with a notice on how he could recover his vehicle.

3.2.8 Police spoke to JB who stated that she did not wish to re-new her relationship with RB. He had been shouting at the door and kicking it, however, no damage had been caused. On the information available, the officers did not identify any criminal offences and provided JB with advice should there be any repetition.

3.2.9 The necessary domestic violence form CSM11 was completed and submitted to Barnsley Police Public Protection Unit (PPU) who set the risk level at Standard. This level was deemed correct by SYP in view of the presenting circumstances, in that a minor verbal argument had taken place and the incident between the subjects was an isolated incident.

3.2.10 On 29th September RB contacted SYP police stating he was in the process of getting a divorce from JB, who had had apparently expressed a wish to go back to him. RB had then called JB and asked to halt the divorce; he has then received calls from two males making threats.

3.2.11 In response, an SYP officer advised RB that no direct threats were made within the phone calls, therefore no criminal offences had been committed. The officer advised RB to contact police should there be any further incidents. The matter was then recorded as complete with no further action taken.

3.2.12 On the 1st October 2011 police received a call from the new partner of JB. He and JB had separated the previous day. He advised the call-handler that he had found her car at a location in Goldthorpe with the keys left inside it. Officers attended the lay-by to meet with the new partner and subsequently discovered the body of JB deceased in the boot of the vehicle.

3.3 St Leger Homes of Doncaster

3.3.1 JB and RB were the joint tenants of accommodation managed by St Leger Homes on behalf of Doncaster Council.

3.3.2 In 2009 an estate management survey was completed within the parameters of the home address .This a routine procedure which involves an inspection of the property and a short survey completed by the tenant. The survey was completed and signed by RB together with the estates officer, who, recorded there were no concerns or difficulties in maintaining the tenancy. JB and GB were not present when the survey was completed.

3.4 Doncaster and Bassetlaw Hospitals NHS Trust

3.4.1 JB

3.4.1.1 Doncaster and Bassetlaw Hospitals NHS Trust provided details of fifteen contacts with JB. On review the vast majority appear unrelated to issues of domestic violence, however contact of potential significance are summarised as follows:-

3.4.1.2 July 1997 JB was admitted to a Gynaecology ward following a vaginal bleed. Ultrasound examination confirmed that she had suffered a miscarriage. She was discharged the same day. No further follow up appointment was given. Records indicate that JB's next of kin was at this time her husband RB and that the pregnancy was planned.

3.4.1.3 June 2003 JB attended A&E, after sustaining an inversion injury (Sprain) to her right foot. She was discharged, with no follow up necessary after a supportive dressing was applied.

3.4.1.4 September 2003 JB attended the Radiology department for an x-ray of her cervical spine. The x-ray result detected no abnormality.

3.4.1.5 April 2004 JB attended A&E presenting with pain in her left arm and shoulder. She stated that she had been knocked down by a van the previous day. X-rays were normal, and she was discharged from A&E with no planned follow up. There is no evidence to suggest that the injury was not consistent with the history given.

3.4.1.6 March 2006 JB attended Radiology for an ultra sound scan of her pelvis. The request for this investigation was made by her GP, so again the IMR author was unable to determine why the referral was made, but the result is recorded as; Irregular outline to lower edge of right kidney, all else normal.

3.4.1.7 February 2010 JB attended A&E with a painful right ankle, of one week duration. She had no recollection of any trauma to the ankle, and was discharged from A&E following an examination and assessment of the area. No treatment was given, nor was any follow up appointment required. However, 6 days later, JB returned to A&E stating that the pain had not improved. On this visit she was given an x-ray of the ankle, which proved to be normal, no injuries detected. JB was discharged from A&E following this x-ray. No follow up was arranged.

3.4.1.8 JB later in February 2010 again attended the A&E department. She had dropped an iron gate on her foot. X-rays showed a fractured toe.

3.4.2 RB

3.4.2.1 Doncaster and Bassetlaw Hospitals NHS Trust provided details of seventeen contacts with RB. The vast majority were related to long term health issues and none related to issues of domestic violence.

3.4.3 GB

3.4.3.1 Doncaster and Bassetlaw Hospitals NHS Trust provided details of six contacts with GB. On review the majority appear unrelated to issues of Domestic Violence, however one contact of potential significance is summarised as follows.

3.4.3.2 July 2007, GB attended the local Accident & Emergency Department with his mother and alleged that JB had hit him on the right side of the forehead. Some slight swelling and a small bruise was evident. GB and his

mother indicated that the parent's shared custody for GB and that the mother had raised her concern with Children's Social Services prior to their attendance to A&E. This incident is identical to agency contact provided by police, as detailed within paragraph 3.2 of this report.

3.5 **Adult Social Care**

3.5.1 Adult Social Care had no recorded contact with JB or GB.

3.5.2 They did, however provide details of thirteen contacts with RB. On review, all contact related to his disability with requests to adapt his property.

3.5.3 There is no recorded evidence either in assessment documentation, individual contact notes or messages to the agency that support any evidence of domestic violence.

3.6 **Doncaster Children & Young Peoples Services**

3.6.1 The agency provided details of twelve contacts with GB only one of which related to issues pertinent to this review:-

3.6.2 On the 8th July 2007 the GB grandparents had referred an incident to the agency where it was alleged GB had been assaulted by JB. This incident detailed is the identical contact provided by SYP and Doncaster and Bassetlaw Hospitals NHS Trust.

3.7 **Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)**

3.7.1 The agency provided details of forty five contacts with GB. All contacts related to issues outside the specific terms of reference of this review, however will be subject of observation later in this report.

3.8 **NHS Doncaster**

3.8.1 The agency provided details of one hundred and thirty four contacts between JB and her local General Practitioners (GP). On first review this appears to be a significant amount of engagements with primary care professionals. However, on examination the vast majority relate to repeat prescription, appointments with the nursing staff in support of weight reduction and vitamin deficiency. There was also evidence of duplication within JB referrals to A & E department as detailed within the material provided by Doncaster and Bassetlaw Hospitals NHS Trust. The contacts potentially pertinent to this review are detailed as follows:-

3.8.2 In July 2000 JB presented herself at A & E with back pain which had started whilst doing the housework and had a lumbosacral spine x-ray which showed no fracture.

3.8.3 In August 2000 JB attended her GP regarding an injury to her foot.

3.8.4 In July 2001 JB during a GP attendance commented that RB was supportive of her weight loss.

3.8.5 In October 2002 JB was seen by a GP complaining that she was tired all the time and the quote was 'a lot of stress in the family'. She was working long hours and a diagnosis of hyperventilation syndrome was made. She was subsequently prescribed antidepressant, Citalopram 20mg.

3.8.6 In November 2002 JB was seen again on by a GP when a diagnosis of anxiety with depression was made and her antidepressants were changed to Lofepramine.

3.8.7 In November 2002 JB reported she was not sleeping and was prescribed Amitriptyline.

3.8.8 Later again in November 2002 JB reported she was not sleeping and was again prescribed Amitriptyline

3.8.9 In January 2003 JB was seen by her GP. She had anxiety and depression and commented that she had family worries. JB was further prescribed anti-depressants

3.8.10 In June 2003 JB attended A & E with an injury to her right ankle.

3.8.11 In September 2003 JB saw her GP for pain in her neck and headaches and gave a history of being beaten around the head by her first husband and an x-ray of the cervical spine was arranged.

3.8.12 In April 2004 JB attended A&E when she reported that she had been knocked down by a van and had pain in her left shoulder and lower arm.

3.8.13 In September 2004 JB saw a GP having slipped on the floor at work and hurt her lower back and neck examination, leaving her with painful spinal movements.

3.8.14 In December 2004 JB was seen by a GP with pain in her neck and tender trapezius muscle, her father had MND and she was stressed at present. She had also complained of bloating and nausea.

3.8.15 In September 2005 JB was seen by a GP with a sore throat and cough. The GP made a note, that RB, was very unhappy that the practice not doing more, so a review appointment was made to check JB's recovery.

3.8.16 In January 2009 JB was seen by her GP for shoulder pain following a fall in December two weeks earlier, rotator cuff lesion was diagnosed and on review in 30.01.09 it was showing improvement.

3.8.17 In August 2009 JB was seen by her GP with a post-op wound infection. She was taking Amitriptyline for stress but was reluctant to decrease because she felt it was keeping her stable.

3.8.18 In February 2010 JB was seen in A & E with an injury to the right ankle.

3.8.19 Later in February 2010 JB was again seen in A & E again with ankle pain.

3.8.20 Once again in February 2010 JB seen in A & E with a fracture of her right great toe, stating an iron gate had landed on her big toe.

3.8.21 In December 2010 JB was seen by her GP with "chest pain for eight months precipitated by anxiety and housework. It was noted that she was 'weepy at present – relationship turbulent – wondering if anxiety as occurs when bad day'. "She was investigated with an ECG test x-ray and was prescribed GTN spray and Aspirin.

3.8.22 In December 2010 JB was she seen by her GP who documented 'no chest pains at all when partner away for 2 weeks – felt good happy not depressed not stressed no exertion pains either-- When due back panicky and return of the pain with anxiety'.

3.8.23 In August 2011, the next relevant documented history .JB had left RB now living with son 'feels was best decision – is happier – has new partner '.

3.9 South Yorkshire Probation Service

3.9.1 All records relating to South Yorkshire Probation Service were interrogated and it is confirmed that the subject's specific to this review had no contact with the agency. It was therefore agreed that within the terms of reference there was no requirement for the Probation Service to provide an IMR or be further represented within the DHRP.

3.10 **Doncaster's Women's Aid**

3.10.1 All records relating to Doncaster Women's Aid were interrogated and it is confirmed that the subject's specific to this review had no contact with the agency. It was agreed there was no requirement for the agency to provide an IMR, however they would be represented within the DHRP.

4 DONCASTER DOMESTIC VIOLENCE POLICIES

4.1 To support the purpose of this review, relevant agencies were asked to comment, within respective IMRs, on how they work individually and together to safeguard and support victims of domestic violence.

4.2 Multi-Agency Risk Assessment Conferences (MARACs) have been established in Doncaster since 2007. MARACs are multi-agency conferences that are convened to facilitate, effective information sharing to enable actions to be taken to increase victim's safety. The conference takes place on a fortnightly basis and are chaired by a Detective Inspector based in the Public Protection Unit within Doncaster Police District. All agencies, including Women's Aid and Victim Support in the voluntary sector, use a common risk assessment tool (DASH 2009) to refer high risk cases to the MARAC.

4.3 Bespoke to Doncaster, is an additional risk assessment process which addresses the level of risk posed to any children that are in the household. This level is set by Domestic Violence Officers receiving an incident form, CMS11, after a domestic incident has taken place. There are three levels: Blue, Amber and Red. Blue generally refers to those children who are present in the house when an incident occurs but did not witness it. Amber generally refers to those children that did witness it and Red for those that actually became involved in the incident itself and perhaps called emergency services. In the main, cases where children are assessed as at Red or Amber risk level will be MARAC cases. Once this level is set by the officer, it is sent through to Social Care with this additional level of risk attached to it. It may then be referred further to the Blue Group Panel which is made up of Social Care, Education, Health, Women's' Aid and Police. Cases heard at the Blue Group will typically fall outside of Child Protection/Child in Need criteria. The group looks at those referrals received and decides on appropriate action to ensure that the low level risk to children is monitored and relevant support offered.

4.4 **South Yorkshire Police**

4.4.1 The guidelines and policy created by South Yorkshire Police are based on the Association of Chief Police Officers (ACPO) publication 'Guidance on Investigating Domestic Violence 2004'.

4.4.2 Within Doncaster Police District there are specific roles dedicated to dealing with Domestic Violence. These are carried out by police

staff. This includes a dedicated Domestic Violence Co-ordinator (DVO) and other staff whose roles include the day to day management of domestic abuse cases. The Domestic Violence staff will work with 'high risk' and 'repeat' victims and conduct safety planning and management of the risk. The unit will work closely with the Independent Domestic Violence Advocates (IDVA) employed within Doncaster Council.

4.4.3 The size and responsibility of the department that deals with domestic incidents has altered to meet the increasing need for service and accountability. Doncaster now has a dedicated Public Protection Unit (PPU). This Unit is managed by a Detective Inspector who has responsibility for the investigation and management of domestic incidents; serious violent and sex offenders; the investigation of child abuse and general child protection along with adult protection issues. There is no dedicated unit to investigate domestic violence; the allegations are allocated to specific units dependent on the level of violence.

4.4.4 Domestic Violence Database - This is a system that is often referred to as the tagging system and forms part of the police incident recording system (Procad). It is used by Domestic Violence Officers to record contact they have with victims and any associated activity.

4.4.5 Police Crime Management System - This is a computerised system used as a crime recording system in the main. There is a facility to record non-crime reports of domestic incidents. This system is used by officers to record the progress of the investigations and contact that has been made with the victim in line with the Victim's Charter. Cases are all managed by supervisors and cannot be finalised without first being scrutinised by a supervising officer.

4.4.6 When an officer attends at an incident of domestic violence, they complete the form CMS 11. The form poses questions to the victim, the responses to which are then recorded on the form. This CMS 11 is then reviewed by the PPU who carries out a risk assessment based on the responses given by the victim. This can then be set at standard, medium or high. Additional support is then offered to victims via a variety of methods based on an assessment of what is required. All High Risk cases are visited to provide safety planning and alarms and referred to MARAC and the IDVA service. Medium Risk cases receive a telephone contact, and following this the DVO may revise the risk level (NB only in Doncaster – in other areas including Barnsley, they will only handle high risk cases.) Standard risk cases will be sent a letter and leaflet, and information about support services such as Women's Aid and Victim Support.

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4.5 Doncaster Community Safety Partnership

4.5.1 Safer Doncaster Partnership has Domestic and Sexual Abuse as one of its four key priorities; it is also a Mayoral priority. Currently an independent review of services has been commissioned to inform the new domestic and sexual abuse strategy, and joint commissioning arrangements.

4.5.2 In preparation for this a Position Statement was produced in December 2011 providing an overview of service provision and reported incidents, and highlighting key issues and recommendations for the partnership. It also provided some analysis of the reported incidents, as to where they are occurring, and the demographics of victims and perpetrators.

4.5.3 The Partnership runs public awareness campaigns at regular intervals, often to coincide with national campaigns, both by the Government and Voluntary sector organisations. Analysis of the numbers of reported incidents shows that they have tended to increase quite dramatically following publicity and awareness raising campaigns.

4.5.4 For example following a 16 day campaign in November 2009, coinciding with the International Day to End Violence against Women, an immediate increase from 345 incidents to 450 and then in subsequent months to over 500 was recorded. Reports continue to be high to date. An average of 373 reported incidents per month in 2008/9, has increased to an average of 543 in 2011-12 (April 11 to March 2012).This campaign included an event at Doncaster Rovers Football Club, with messages aimed at men. Doncaster Rovers supported the event with marketing on the scoreboard, in the programme and on their website and made public announcements about it. It also included an event at the Mansion House, and a day of drama productions focusing on domestic abuse, at Doncaster Little Theatre. .

4.5.5 The marketing strategy for Domestic and Sexual Abuse included work using Facebook and Twitter, and analysis of website hits, showed a significant increase when these promotions were carried out. An original “word heart image” has been used consistently over the last twelve months with a range of messages around domestic abuse, e.g. “*Don’t be a violent valentine*”, “*There’s no excuse for domestic abuse*” A leaflet was specifically developed for social workers to use working with young people, based on the heart design.

4.5.6 From February 2011, the helpline run by Women's Aid has been promoted to the public as the "Doncaster Domestic Abuse Helpline" so that it is more accessible to other client groups.

4.5.7 All publicity campaigns are actively supported by partner agencies, with leaflets and posters being distributed widely through the Council's Neighbourhood Teams, Libraries, St Leger Homes estate offices, Schools and Doncaster College, Children's Centres and Council offices, Neighbourhood Watch, Police stations, GP Surgeries and Doncaster Royal Infirmary.

4.5.8 Safer Neighbourhood Teams, made up of council and police officers, ensure that opportunities to promote services and provide information are taken up, such as presence at community events, attendance at local community organisations etc.

4.5.9 Doncaster Women's Aid received an average of 83 first time calls per month to their service during the period April-December 2011.

4.5.10 Statutory services work with voluntary sector organisations to ensure messages about domestic and sexual abuse reach communities that may have language or cultural issues which make it difficult to access services. For example, a recent "women's health day" was hosted at Doncaster Women's Centre and supported by the Police, Council and other agencies.

4.5.11 Doncaster Council Community Safety Team provides a rolling programme of free training for multi – agency staff and volunteers, on domestic abuse. Two one-day courses are provided: Basic Awareness, and Risk Assessment and MARAC. Short training sessions are also provided to student social workers, and as part of the Safeguarding Adults Practitioner Training. Doncaster Council has made the training mandatory for workers in Children's services, and the Probation Service has made it mandatory for their Offender Managers.

4.5.12 The fact that this training is delivered free of charge means it is accessible to anyone working with families who may be affected by domestic abuse, and courses are booked up well in advance.

4.5.13 In addition in-house training is provided for their own staff by South Yorkshire Police, NHS and other agencies. A total of 896 workers have been trained in domestic abuse in the last two years. (data provided to Doncaster CSP by each agency, in March 2011)

4.5.14 The aim is for 75% of all front line staff working with families to receive this training, and 10% to be trained in risk assessment.

4.5.15 Victims of domestic abuse are encouraged to report to the police, either 999 in an emergency, or using the new 101 number in a non – emergency, through marketing and information provided across the partnership, or to the Doncaster Domestic Abuse Helpline, which is run by Women's Aid. Partner agencies are also trained to respond and risks assess cases which present to them directly.

4.6 St Leger Homes of Doncaster

4.6.1 St Leger Homes is a member of the Domestic and Sexual Abuse Theme Group.

4.6.2 St Leger Homes have a dedicated manager who co-ordinates domestic violence services, working across directorates and with partner agencies both directly or through Doncaster's partnership arrangements.

4.6.3 The Safer Doncaster Sanctuary Scheme was set up to help victims of domestic abuse who want to stay in their home following the break-up of an abusive relationship but are worried about their abusive partner being able to gain access to the property. The scheme involves a free security assessment of the property and advice on any work that needs to be done to ensure the property is secure. This may include additional or replacement locks, bolts, window locks, repairs to damaged doors or windows. In some cases a sanctuary room can be recommended which has additional security to enable the resident to stay safe until the police arrive in the event of an emergency. This scheme is managed by St Leger Homes.

4.6.4 St Leger Homes has six Hate Crime Reporting Centres –where staff are trained in dealing with domestic violence and any crime linked to race, religion, gender, gender identity, sexual orientation, disability or age.

4.6.5 Due to the success of these six centres, the Safer Doncaster Partnership has expanded the service. Doncaster now has 26 of these centres spread throughout the borough and managed by individual agencies supported by voluntary sector agencies including Women's Aid and Victim Support.

4.6.6 In addition, they have introduced a 'single point of contact' via telephone, to be used by all employees and representatives of St Leger Homes to report any concerns they may have regarding an

adult or child they may come across while completing their day to day duties.

4.7 Doncaster and Bassetlaw Hospitals NHS Trust

4.7.1 A Trust policy in respect of Domestic Abuse is currently being drafted, and will be circulated for final consultation during the last quarter of 2011-2012. This is written in line with the Local Safeguarding Board procedures for Doncaster and Nottinghamshire both adults and children

4.7.2 The Trust has a named midwife for Safeguarding, who takes on the role of lead for domestic violence.

4.7.3 The Trust has representation at MARAC in Doncaster, and a named contact for MARAC in Bassetlaw. Doncaster and Bassetlaw Hospitals NHS Foundation Trust has signed up to the information sharing protocol.

4.7.4 All pregnant women are asked on three occasions throughout their pregnancy about domestic violence within the relationship. This is done on initial booking with a midwife, at 28 weeks, and again at 36 weeks.

4.7.5 A&E staff has links with women's services across Doncaster and Nottinghamshire, and refer people to Women's Aid, and Victim Support. They regularly refer to Social Care teams for both children and adults when appropriate.

4.7.6 Whilst A&E do not at this time carry out routine questioning, they do respond to allegations of domestic abuse from men as well as women and children. They will also question a person if it is suspected that the injury/reason for attendance at A&E is as a consequence of Domestic Abuse.

4.7.7 Information about domestic abuse and how to report is on display in areas around the hospital sites including A&E, Maternity wards and Outpatients, Antenatal Clinics, and General Outpatient areas.

4.8 Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

4.8.1 Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) are members of both MARAC and the Blue Group as detailed within paragraph 4.2 and have supporting internal processes to ensure compliance.

4.8.2 All clinical staff attends Domestic Abuse training within their Induction.

4.8.3 Clinical staff further attend enhanced domestic abuse training.

4.9 Doncaster Children & Young Peoples Services

4.9.1 CYPS attend MARAC and convene the Blue Group. Staff are trained in basic awareness and risk assessment.

4.10 NHS Doncaster

4.10.1 There is a workbook available to GPs which was produced by NHS Doncaster in 2009. This contains information regarding risk assessment, referral to MARAC, Tiers of intervention, and information sharing policy. The practice pertinent to this review did not have a copy in their library.

4.10.2 GP staff have "Practice Target Training Sessions". These enable in house training with all members of staff and to discuss practice based issues e.g. improve communication within practice between receptionists, nurses, admin staff and GPs. Together with clinical discussions, child protection training, palliative care meetings with Macmillan nurses and District nurses.

4.10.3 Significant Event Analysis is a format to review specific issues within the practice e.g. allows discussions of good practice as well as issues, for example; prescribing errors, patient complaints, and referral problems.

5 FAMILY LIAISON

5.1 South Yorkshire Police in support of the homicide investigation had in place an effective family liaison strategy. It was agreed by the DHRP that the appointed Police Family Liaison Officer would act as the advocate for the purpose of this review

5.2 This review ran parallel with the homicide investigation. A significant factor in determining the appropriateness of interviews with family or friends was the forthcoming criminal trial. It was imperative that any interviews conducted did not undermine the judicial process. Therefore consent of the Homicide Senior Investigating Officer was gained prior to any such interviews.

5.3 In January 2012 The Chair and fellow DHRP member Sandra Norburn of Doncaster Council Community Safety Team met jointly with two family members. A summary of findings are as follows;-

5.4 The first family member was the eldest son of JB. He had a close relationship with his mother and had resided with her and RB until moving out to set up home with his new partner .The son lived in close proximity to JB and remained in regular contact with her. During the course of the interview the son expressed that the most significant issue impacting on his mother's relationship with RB was the behaviour of GB.

5.5 It is of significance that the son could not provide any information to support that his mother had been subject to domestic violence. He further believed his mother would have felt able to report domestic abuse to family, friends or relevant agencies, had she felt the need to do so.

5.6 The son had no issue of concern with any agency contact in respect of his mother. He did have significant concerns as to the management of GB by relevant agencies, which although outside the remit of this review, will be subject of observation and recommendation later in the report**.**

5.7 The second family member interviewed was the youngest son of JB. He has initially lived with his mother, however moved from the Doncaster area some years ago to reside with his natural father.

5.8 He did keep in regular contact with JB, visiting her regularly. The son was unable to provide any information in respect of issues or incidents pertinent to this review.

6 ANALYSIS

6.1 Agency Contact

6.1.1 A key objective of this review is to examine the agency responses and support given to the subjects of this report.

6.1.2 It is evident from the history presented that there were limited identifiable intervention opportunities by agencies specific to domestic violence that could have prevented the tragic death of JB.

6.1.3 Enquires conducted by the police homicide investigation revealed that JB, within her relationship with RB, had been the victim of domestic violence.

6.1.4 The Terms of Reference of this review however are specific to agency contact prior to the homicide, with an emphasis to the most recent engagements

6.1.5 There is some repetition in respect of agency contacts; however this assists the review process in seeking to determine whether there were any missed opportunities for local professionals and organisations to work individually and together.

6.2 South Yorkshire Police

6.2.1 In July 2007 GB attended the local A&E complaining of a head injury he had sustained as a result of an assault by JB. The police were called and reported the allegation. At the time of the alleged assault GB was residing with JB and his natural father RB. The initial action taken was appropriate in the fact GB was placed within the temporary care of his grandmother subject to a full risk assessment with the relevant agencies.

6.2.2 The allegation was referred for further investigation to The Child Abuse Investigation Unit SYP .The investigating officer made several attempts to contact Doncaster Social Care in order to arrange a joint visit with GB. The investigating officer was unable to make contact with Social Care and therefore contacted the grandmother direct. He was then informed that GB no longer wished to substantiate the allegation and as a result the investigation was closed. The officer concerned together with his supervisor has since retired from SYP.

6.2.3 SYP are confident that the practice to close an investigation in this manner would not occur now: the procedure for finalising such enquiries dictates that confirmation from Social Care must be obtained before an investigation is finalised. It is noted that reference to the same incident is made within the IMR produced by Children and Young People Services and Doncaster and Bassetlaw Hospitals NHS Trust.

6.2.4 On 20th September 2011 a call was received from the partner of JB who stated that her ex-partner had come to his home and was kicking the door. RB had attended the venue with GB who was driving a vehicle; GB took no part in the disturbance. Both RB and GB left before arrival of the police.

6.2.5 This is the only recorded opportunity for engagement by any agency, specific to domestic violence and involving all parties subject to this review.

6.2.6 The facts known to the police are as detailed within paragraph 3.2.

6.2.7 The subsequent homicide investigation obtained a full statement from the new partner of JB, within which he details the incident on

the 20th September and includes RB using the phrase “If I cannot have her nobody can”

6.2.8 It must be emphasised that police were not in possession of this information at the time of the initial report.

6.2.9 The police, during this review process, interviewed the officers attending the incident and examined the recording of the “999” emergency call and it is confirmed no new information was obtained.

6.2.10 On the details provided to the review the officers attending the scene may have identified the offence within Section 5 Public Order Act 1986 defined as follows:-

> *The offence is created by section 5 of the Public Order Act 1986:*
>
> *"(1) A person is guilty of an offence if he:*
> *(a) Uses threatening, abusive or insulting words or behavior, or disorderly behavior; or*
> *(b) Displays any writing, sign or other visible representation which is threatening, abusive or insulting.*
> *Within the hearing or sight of a person likely to be caused harassment, alarm or distress thereby*.”

6.2.11 Had the officers identified the offence outlined then they may have invoked SYP positive arrest policy in respect of domestic violence which is as follows:-

> *This policy presumes that an arrest will be made where lawful, necessary, justifiable and proportionate. It is the decision of the officer whether to arrest or not and therefore victims should not be asked whether they require an arrest to be made.*

6.2.12 The Serious Organised Crime and Police Act 2005 provides such power of arrest " if the "***necessary*** criteria" is met .On all occasions the arrest would need to be justified and proportionate and prevents physical injury to himself or any other person and or causing further loss or damage to property.

6.2.13 The arrest of RB would have allowed the appointed investigating officer to fully examine the available evidence which would include further engagement with JB. It is a matter of conjecture whether or not the specific threats made by RB later identified by the homicide investigation would have been revealed within the subsequent investigation.

6.2.14 That said this was an isolated incident with no recorded history of domestic violence between the subjects of this report. There was no actual damage caused during the incident (kicking the door). Both JB and her new partner had the opportunity to expand on any specific allegations at the time of reporting and chose for whatever reason not to do so.

6.2.15 It is further accepted that in respect of an offence within Section 5 of the Public Order Act, police are fully entitled to simply issue a warning prior to any arrest. This warning is not required by statute; however it is a regularly used policing tactic in the risk management of incidents. The fact that RB was stopped away from the scene and had his mode of transport removed further reduced the risk of him returning. The police officers would have had to consider all such factors when determining the necessity to arrest.

6.2.16 The officers completed a form CMS11. This form is bespoke to SYP for officers to complete when attending all domestic incidents irrespective of whether a crime has been committed. It is comprehensive in its structure in that it provides full details of the incident with specific questions to the victim in respect of risk assessment.

6.2.17 We then move onto the risk assessment grading. The assessment was conducted by a dedicated Domestic Violence Sergeant within Barnsley Public Protection Unit. Based on the information provided within the CMS11 the risk assessment of "Standard" was proportionate, appropriate and within current SYP guidelines.

6.2.18 The assessment graded to JB would not automatically lead to any further victim engagement by police or support agency. The assessing officer does have the discretion to provide an additional range of enhanced victim support including referral to support agencies, follow up visits/ contact with victims. Current SYP policy does not dictate that all victims of domestic violence are subject of a follow up contact.

6.2.19 On 29th September RB contacted SYP stating, he was in the process of getting a divorce from JB, who had left him for a new partner. JB had apparently expressed a wish to go back to RB at some point. RB then called JB and asked her to halt the divorce. He then received calls from two males making threats, one of which was a relative of JB's new partner.

6.2.20 Officers spoke with RB and advised that no direct threats had been made. Advice was given to him in respect of any further calls of this nature.

6.2.21 The incident was not recorded as a criminal allegation. The report was not subject of further review, assessment or action.

6.2.22 This review was not supplied with the specific details of the threats made by the unknown males. SYP have, however identified that consideration should have been given by the officer as to any offences that may have been committed under the Malicious Communications Act 1988. This issue has been addressed internally.

6.2.23 It is clear from the chronology provided to this review by SYP, that when RB first engaged with police it was apparent that he was indicating the motive for the threatening phone calls related to his domestic situation with JB.

6.2.24 In the perfect scenario the officer should have recorded a criminal allegation of malicious communication. This may have led to the appointment of an investigating officer, who would no doubt have had contact with RB and potentially in the course of the enquiry engage with JB.

6.3 St Leger Homes of Doncaster

6.3.1 JB and RB were joint tenants of accommodation provided by Doncaster Council which is managed by St Ledger Homes. The only specific agency contact relates to an estate management survey .The engagement related to a survey conducted by an estates officer with JB the only person present.

6.4 Doncaster and Bassetlaw Hospitals NHS Trust

6.4.1 In respect to JB there were a number of contacts with the Trust, several involving visits to A&E.

6.4.2 In July 1998 JB suffered a miscarriage. It is widely recognised that domestic abuse can start, or escalate during pregnancy. Current policy includes routine questioning of pregnant women at three points throughout the pregnancy, initially at the first booking, then at 28 weeks, and again at 36 weeks. At the time of JB's miscarriage some 13 ½ years ago, these questions would not have been part of the routine for ante natal care, so whilst she would have opportunity to disclose any such abuse, the question would not have been directly asked of her.

6.4.3 In 2010, there were 3 A&E visits within 11 days. However, the records all indicate that the injuries were consistent with the

explanations given by JB, and no concerns of inconsistencies were raised by A&E staff.

6.4.4 GB had some contact with the Child & Adolescent Mental Health Service (CAMHS), at the time that this service was provided by Doncaster & Bassetlaw Hospitals NHS Foundation Trust, a responsibility later transferred to RDaSH.

6.4.5 The Trust provided further details in reference to the incident in July 2007 where GB presented himself to the A& E department as detailed within paragraph 3.2 of this report. A&E staff recorded appropriate details and provided appropriate medical advice. However, staff within A&E also correctly identified this as a Child Protection issue. Actions were taken in line with South Yorkshire's Safeguarding Children / Child Protection procedures and staff documented this well within GB's record.

6.4.6 The analysis of the Trust contact with RB provides clear evidence he was professionally managed and has not identified any issues pertinent to this review.

6.5 Adult Social Care

6.5.1 The agency contact with JB and RB was relatively limited and there is no evidence of any relationship or domestic issues being logged between the couple.

6.6 Rotherham, Doncaster and South Humber NHS Foundation Trust. (RDaSH) and Doncaster Children and Young Peoples Services

6.6.1 The full chronology of agency contact with GB (see Appendix C) details some fifty seven contacts from the aforementioned agencies. They both have identified issues in the care and support provided to GB albeit outside the specific purpose of this review.

6.6.2 Doncaster Children and Young Peoples Services have noted only one relevant contact i.e. the incident in July 2007 which has been subject of review and analysis within paragraphs 3.2, 6.2 and 6.4 of this report.

6.6.3 The issues highlighted within the respective IMRs will not be subject of further analysis within this report but will be addressed within its Recommendations.

6.7 NHS Doncaster

6.7.1 Within the original terms of reference it was expected that NHS Doncaster would include agency contact with GB and RB .The GP however, supported by legal advice decided they were unable to disclose such material without the consent of RB or GB.

6.7.2 Section 115 of the Crime and Disorder Act provides provision that any person can lawfully disclose information, where necessary or expedient for the purposes of any provision of the Act, to a chief officer of police, a police authority, local authorities, probation service or health authority. However within the lawfulness to disclose there is a requirement that there is an overriding public interest or justification for doing so .Section 115 ensures that organisations only have a power to disclose: it does not impose a duty to disclose .All such applications must be considered on a case to case basis

6.7.3 The issue was fully discussed within the DHRP and the Chair of Doncaster Community Safety Partnership .It was agreed that it was not appropriate to seek the consent of the individuals at this time as it would only delay the review process. It was further recognised that a substantial amount of medical data had been obtained from other agencies and as such reduced the issues of proportionality for this review to seek full disclosure. Therefore the IMR submitted by NHS Doncaster focussed on contact with JB; however the issue of *non-disclosure* will be the subject of observation and recommendation later in this report.

6.7.4 The contacts referred to are predominately related to GP consultation and begin when JB and her family first registered with the practice in 2000.

6.7.5 During 2002 - 04 JB was seen by her GP on numerous occasions with stress related illnesses and in treatment was prescribed anti-depressants. During two consultations JB made reference to family issues as a potential cause.

6.7.6 Within the same period JB attended her local surgery with muscular ailments and on one occasion in December 2003 informed her GP that she was suffering for pain in her neck and headaches and gave a history of being beaten around the head by her first husband.

6.7.7 This review has not been supplied with any information to support evidence of domestic violence within previous relationships.

6.7.8 2005 – 2009, JB visited her GP on a regular basis. On one occasion within 2005 it is documented that RB intervened with the GP as he was not happy with the medical care provided to his wife.

6.7.9 JB's records do show that she was prescribed anti-depressants for a protracted period .Her GP had discussed reducing her dosage however JB was reluctant.

6.7.10 In February 2010 JB visited her GP three times in relation to ankle and foot injuries. The GP did refer JB to the local A&E for x-rays. Corroboration of her attendance is recorded within her medical records held by Doncaster and Bassetlaw Hospitals NHS Trust. On analysis it appears there were two separate incidents, one where JB complained of an injury to her ankle (no specific detail recorded of cause) and one where an iron gate had fell on her foot which was later diagnosed and treated as a broken toe.

6.7.11 There is no evidence to suggest that the injuries sustained were non accidental and no adverse comment could be made against either the GP or the A&E staff that this was in fact a "missed opportunity".

6.7.12 In December 2010 JB was seen by *GP A* complaining of chest pain for the previous eight months precipitated by anxiety and housework. It was noted by her GP that she was "weepy" with comments of a "turbulent relationship".

6.7.13 Later that same month JB was again seen by GP who noted that JB had stated she had no chest pains when her partner was away for 2 weeks.

6.7.14 The next relevant consultation was in August 2011 by this time JB had left RB, had begun a new relationship and made comment to her GP of being "happier".

6.7.15 In order to seek clarification as to the notes made within the aforementioned consultations, *GP A* was interviewed

6.7.16 *GP A* commented "turbulent relationship" meant that the couple had argued and had some family and financial pressures. She was his carer and felt unappreciated but there was no indication of domestic abuse. The GP believed they had specifically asked the question, whether she was in fact a victim of domestic violence, however this is not documented within the records of JB. The GP, stated, that if there had been a history of abuse, JB would have been advised to contact Women's Aid .It was apparent to *GP A* that JB was having difficulties in her relationship with RB hence the suggestion she contact Relate.

6.7.17 There is no record as to whether JB did in fact take up the suggestion of support provided by the organisation "Relate".

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6.7.18 A potential barrier in JB not disclosing any details of domestic violence, may have been that both, RB and GB, were patients within the same practice and as such were known to all the staff.

6.7.19 The GPs at the practice did discuss the homicide informally and all expressed surprise that it had happened as they had no previous indication of violence within the relationship of JB and RB

6.7.20 With the benefit of hindsight there were some indicators present on review of records. These included family tensions, fear of husband causing chest pain, history of anxiety and depression, supported with potential significance of A&E attendances. There were times when GPs or nurses could have enquired in more detail regarding domestic abuse and this may have taken place but the response was not documented

6.7.21 The fact remains that JB did not show any physical injuries that one would expect should have been identified as non-accidental by her GP .It is also clear that JB did not make any specific allegations of physical assault during her numerous engagements with primary care workers

6.7.22 It is doubtful whether any GP within the practice was aware that '*serious psychological injury beyond normal distress and fear*' may in fact support a criminal prosecution and as such could have addressed the issue with JB during her consultations. The issue of GP domestic violence training and awareness will be subject of comment later in this report.

6.8 Analysis of Doncaster domestic violence policies and procedures

6.8.1 This second strand of this review was to consider on how agencies work individually and together to safeguard and support victims of domestic violence.

6.8.2 It was evident that agencies throughout Doncaster have systems and processes to manage high risk and repeat victims of domestic violence .There was awareness albeit at differing degrees by all agencies as to the MARAC process and methods of referral.

6.8.3 Evidence of good practice is identified within the Blue Group Panel. This panel is derived from the concept of a Multi-Agency Safeguarding Hub (MASH) to improve inter-agency information sharing, in relation to the protection of children.

6.8.4 Post the commencement of this review, Doncaster Council has commissioned NSPCC and Kafka UK to design a Domestic Abuse and Sexual Abuse strategy for the Council and Partners. The

process will include the interviewing of agency representatives with the objective to identify leadership strategic and operational solutions to improve domestic violence services in the area.

6.8.5 This report sought to focus on policies and procedures within Doncaster that may have had impact on the subjects within this review.

6.8.6 The review identified a wide range of services available in supporting victims of domestic violence and the marketing of such services within Doncaster Council .Evidence of good practice is identified within:-

6.8.7 The marketing strategy of Doncaster Community Safety Partnership in developing campaigns in seeking to inform hard to reach communities by the use of social media, developing bespoke literature and engaging partner agencies to maximise delivery; and

6.8.8 St Leger Homes - Hate Crime Reporting Centres. The agency has six “Hate crime drop in centres” located across Doncaster district, providing advice and support to tenants suffering from domestic violence. The centres are resourced by trained agency staff that can provide help advice and referral to victims of domestic violence. The agency also provides a sanctuary scheme for tenants who require additional support in finding new accommodation and or legal advice. All services provided are marketed within tenants’ newsletters and local media campaigns.

6.8.9 *It must be noted that that JB resided in accommodation managed by St Leger Homes for an extended period of time. It is therefore a reasonable assumption that she would have been aware of the specific support the agency provided to victims of domestic violence and more importantly how to access such support.*

6.8.10 Domestic violence awareness training was a key issue to a number of agencies in particular those who had significant contact with JB. As stated within paragraph 4.4 Doncaster Council Community Safety Team provides a rolling programme of free training for multi – agency staff and volunteers, on domestic abuse. However not all agencies are engaged in this training and some have documented within their respective IMRs additional or developing bespoke training for staff. It is therefore appropriate to comment on each agency individually.

6.9 South Yorkshire Police

6.9.1 Student officers receive DV training in the IPLDP (initial police learning and development programme), all call-handlers receive

input as part of their initial training programme, it also forms part of the Joint Investigation Course and Working Together to Safeguard Adults Courses, it recently formed part of the Street skills training that targets all operational police officers across the force and addresses the gathering of risk indicators, risk assessment and management. Specialist officers also receive additional input and attend tailored Risk Assessment Courses and the specially designed Specialist Domestic Abuse Officers' Course.

6.10 **Adult Social Care**

6.10.1 In summary some adult social care staff have attended the basic domestic abuse awareness training and risk assessment and MARAC training delivered by Doncaster Council Community Safety Team. In addition a session on Domestic Abuse Risk Assessment, delivered by the Community Safety Team has been incorporated into the 3 day Investigations Training delivered by Safeguarding Adults Training Department

6.10.2 Prior to this particular review it was identified by the Director of Adult Services that all frontline workers in Adults Services need a broader insight into issues around domestic abuse. They have already initiated a plan of action that will facilitate social workers and assessment officers in accessing both awareness training, and specialist training in Domestic and Sexual Abuse. This is being jointly developed and facilitated by Safeguarding Adults, and Community Safety.

6.11 **St Ledger Homes**

6.11.1 The agency has developed and jointly delivered basic domestic abuse awareness training with Doncaster Council Community Safety Team to staff. Frontline estate management also attend additional in house training on procedures, and risk assessments using the DASH 2009 model, to identify issues and offer support. They work closely with IDVAs and have had 58 direct referrals for domestic abuse in the last year, all of which have gone to the MARAC.

6.12 **Doncaster and Bassetlaw Hospitals NHS Trust**

6.12.1 Current training is provided to new employees at corporate entry; however the agency has identified training needs in respect of other existing Trust staff. This will be written by the professional leads within their Safeguarding team. The IMR recommends that the Trust's domestic violence policy includes robust information about the recognising, recording and appropriate reporting of suspected

abuse. The policy is in progress, and will be circulated for consultation shortly.

6.13 **Rotherham Doncaster and South Humber NHS Foundation Trust**

6.13.1 All clinical staff attends Domestic Abuse training as part of their induction process and complete Level 2 e-learning RDaSH training or equivalent within 6 months. There is an additional Level 3 training for specific roles within clinical staff.

Doncaster Council Children & Young Peoples Service

6.13.2 Student social workers are provided with mandatory training by Doncaster Council Community Safety Team. The agency has identified the requirement to develop practitioner understanding when assessing domestic violence, particularly in relation to addressing the adult victims' needs and sign posting to appropriate services. This training issue will be will be addressed internally.

6.14 **NHS Doncaster**

6.14.1 There is no formal domestic violence training to General Practices within Doncaster other than 'House Practice Target Training' The only available reference guide is a booklet produced by the NHS in 2009. As previously stated this guide was not available at the surgery attended by JB nor in fact were there any domestic violence support literature on display.

6.14.2 There is a need for NHS Doncaster to give priority to the training of primary care staff. There has been a reduction in funding for GP and practice staff training resulting in fewer training sessions and a change to the systems in place for clinical governance. The author of the IMR has recommended a review of current training for primary care professionals to raise awareness of domestic abuse. This recommendation will be supported within this review process.

6.14.3 Prior to the transfer of Doncaster Community Healthcare to RDasH in 2011, a total of 55 DCH staff, including Health visitors, community nurses, drugs support worker, and school nurses, accessed the multi-agency training delivered by Doncaster Council Community Safety Team.

7 CONCLUSION AND RECOMMENDATIONS

7.1 This review has been significant in the fact it has sought to evaluate a fourteen year period of agency contact with the victim of the domestic homicide and the two perpetrators. It also undertook to review current Doncaster Council domestic violence processes with the overall objective to identify what if any lessons are to be learned.

7.2 This review ran parallel with the criminal investigation. It was therefore restricted in conducting interviews with interested parties in particular friends and or neighbours of JB as not to undermine the criminal judicial process. The review also considered interviewing GB however again the judicial process took precedence. A copy of this report however will be forwarded to Doncaster Probation Service in supporting engagement with GB within his imposed supervision order.

7.3 **Agency Contact** - The material provided to this review and subsequent analysis reveals that although all subjects pertinent to this review had significant contact with several agencies, very few were specific to domestic violence.

7.4 The subsequent homicide enquiry did reveal a previous history of domestic violence; this is not corroborated by close family members interviewed within this review process; and it is right comment they had not lived with the subjects for a significant period of time.

7.5 The actions and decision making by those agencies having specific contact in reference to domestic violence could only be based on the information available to them at the time.

7.6 In conclusion, although the review process has identified areas of improvement/ development within particular agencies there are no identified failures that would have prevented the tragic death of JB.

7.7 **Doncaster Domestic Violence Policies**

7.7.1 Overall Doncaster has a wide range of services specific to domestic violence. Doncaster CSP has a clear marketing strategy of such serves which is supported by both statutory and non-statutory bodies.

7.7.2 Doncaster has bespoke multi- agency panels to effectively manage high risk and repeat victims of domestic violence i.e. MARAC and the Blue Group Panel They do, however lack a multi-agency panel to address all victims of domestic violence. The MARAC is specific to high risk cases, and although the Blue Group Panel has sought

to bridge the gap, the terms of reference are exclusive to children associated with domestic violence.

7.8 ***A recommendation of this review is therefore aimed at maximising information sharing between the agencies in respect of all incidents of domestic violence****.* The concept of a Multi-Agency Safeguarding Hub (MASH) originates in Devon. A MASH has been operating there since June 2010. The experiment was singled out in the Munro Review (published 11 May 2011) as good practice albeit focussed on children. The single most important process required is that when any agency becomes aware of even a moderate level of risk to others as a result of its contact with a person, research is conducted within the secure environment of the MASH to determine what information other agencies may have relating to that person or to others with whom she has contact. A key feature of the MASH is that whilst all information on a vulnerable person may be shared and assessed within the room, nothing is passed outside the room without the consent of the agency "owning" the information. This gives all partners more confidence to share even the most sensitive material. MASHs also assist agencies to reconcile the necessary and healthy tensions between privacy and safety, so that the fullest information picture can be assembled. MASHs provide a secure environment in which agencies can exercise the tensions enshrined in the Human Rights Act, and Data Protection Act. What this would mean in practice is that where any agency becomes aware of a DV incident or a person at risk of DV, a referral to the MASH would be made to find out what relevant information might be held by other agencies. All available information may then be collated and assessed within the secure environment of the MASH. If this indicates referral to MARAC on the "professional judgement" criterion, then the case may be referred.

7.9 It is acknowledged that the formation of a new multi-agency panel would be hugely resource intensive and require significant funding. This review however, identifies the need for Doncaster Council to explore current multi agency work in the dissemination of single strand incidents.

7.10 **It is therefore recommended in support of the key priority within Safer Doncaster Partnership, that Doncaster CSP consider the concept of a MASH by 'exploring multi agency work' specific to domestic violence [Recommendation 1].**

7.11 A number of training issues were identified by agencies, which would provide immediate opportunities for improved awareness training specific to domestic violence. I emphasis the phrase "improved" as all agencies do have a level of awareness training. It is, however the level provided to primary care staff in particular General Practitioners that requires specific consideration. ***A recommendation of this review is therefore aimed at the training of NHS Doncaster in domestic violence awareness.***

7.12 Within the material submitted by the NHS Doncaster it was evident that General Practitioners have a limited awareness of support services available and more importantly the process of referral .Analysis of the IMR submitted to this review, supported by further discussions with the author, it was clear that primary care professionals within General Practices have inadequate training or guidance. For example; - There remains a lack of understanding as to available "information sharing protocols" to support multi-agency working. Additional support and guidance must be given in providing confidence of staff to share even the most sensitive material with or without the patient consent where there is an overriding public interest or justification for doing so. It was further identified that although staff had an awareness of MARAC there was a lack of knowledge as to the process of referral of patients at risk.

7.13 **It is therefore recommended that NHS Doncaster initiate appropriate training for primary care professionals to raise awareness of domestic abuse and the current NHS Doncaster policy on risk assessment and information sharing protocols. [Recommendation 2].**

7.14 A key purpose of this review was:-

- Preventing domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

7.15 To support this purpose the agreed terms of reference included:-

- While it is not the purpose of this review to consider the handling of child protection concerns related to the case there may be issues that arise from the review that relate to the safeguarding of children who may be affected by domestic abuse. If this is the case these issues will be raised with the Doncaster Safeguarding Children Board.

7.16 RDaSH highlighted specific concerns as to the management and support provided to GB .Reference to similar concerns were identified within the IMR submitted by Doncaster Children and Young Peoples Services .**Therefore a recommendation of this review is aimed at the specific agencies to jointly evaluate findings.**

7.17 Analysis of agency contacts detailed by RDaSH and referred to by Doncaster Children and Young Peoples Services were not pertinent to this domestic homicide review. The DHRP Chair discussed the issues with Senior Managers of both agencies and Doncaster Community Safety Partnership. It was acknowledged that although the vast majority of issues raised were pre the re organisation of Doncaster Council Children and Young People's Services in 2009, the findings would provide a good barometer as to establishing 'where are we now' within Doncaster children services.

7.18 Therefore it is recommended that the Senior Management within RDaSH and Doncaster Children and Young People Services review the findings of their respective IMR's and, if appropriate, refer onwards to The Doncaster Safeguarding Children Board [**Recommendation 3**].