

## **Leeds Domestic Homicide Review 'E'**

### **OVERVIEW REPORT**

### **Into the death of Christine Brooking<sup>1</sup>**

**Hilary McCollum, Independent Domestic Homicide Review Chair and Report Author**

**Report Completed: August 2016**

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<sup>1</sup> Not her real name

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## Section One: PREFACE

1. This Domestic Homicide Review (DHR) report examines agency responses to Christine Brooking, a resident of Leeds, her partner, Ian Gordon (known as Ian), and her daughter, Hope, up to the point of Christine's death on ■■■ September 2013.
2. Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). The Act states that a DHR should be:  
*'A review of the circumstances in which the death of a person aged 16 years or over has, or appears to have resulted from violence, abuse or neglect by –*
  - a) *A person to whom (s)he was related or with whom (s)he was or had been in an intimate relationship or*
  - b) *a member of the same household as himself/herself'*
3. The key purposes for undertaking DHRs<sup>2</sup> are 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.
4. This review was initiated by the Chair of the Leeds Community Safety Partnership in compliance with the legislation. The review process followed the Home Office statutory guidance.
5. The Independent Chair and DHR Panel extend their thanks to everyone who has contributed to the deliberations of the Review. In particular, they thank the family of Christine Brooking for their participation.
6. The Chair of the Review thanks all of the members of the Review Panel for the professional manner in which they have conducted the Review and the Individual Management Review (IMR) authors for their thoroughness, honesty and transparency in reviewing the conduct of their individual agencies.
7. The Independent Chair and the DHR Panel members offer their deepest sympathy to Christine's family and all who have been affected by her death.

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<sup>2</sup> Home Office, 2011, Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews, p6, <https://www.gov.uk/government/publications/statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

## Section Two: Introduction

8. This Overview Report examines agency responses and support given to Christine Brooking, an adult resident of Leeds, her partner, Ian Gordon, also of Leeds, and their daughter, Hope, in the period between 1 January 2010 and the death of Christine Brooking on ■ September 2013.
9. The table below sets out the family members involved in this review.

Name	Age at the point of Christine's death	Relationship
Christine Brooking	34	Victim
Ian Gordon	47	Suspect <sup>3</sup>
Hope Gordon	2	Daughter of victim and suspect

10. Address 1 is Christine's council flat in Leeds. Ian Gordon lived at Address 1 for much of the time covered by the review but also stayed with other friends and was homeless for periods. In the weeks leading up to Christine's death, a third adult, Tony Evans<sup>4</sup>, was also living there. Ian told Leeds Housing Options that he was staying with friends at Address 2 in January 2013.

### ABOUT LEEDS

11. Leeds is the third-largest city in Britain with a population of approximately 750,000. It is considered the cultural, financial and commercial heart of West Yorkshire and is the focus of public transport, rail and road communications networks in the region. Leeds has existed since the fifth century. Today it is the second largest legal centre in the UK and the leading UK city for telephone delivered banking and related financial services. Although unemployment is higher than the national average, Leeds is overall less deprived than other large UK cities. More than one in six (17.4%) residents is from a minority ethnic background.
12. The crime rate in Leeds is above the national average. In 2013/14, when Christine died, there were a total of 13,832 domestic violence reports recorded by the West Yorkshire Police in Leeds. Of these, 4,311 were recorded as crimes, 7,842 as non-crime domestic incidents and 925 as breaches of the peace. This was similar to the average for West Yorkshire. In common with many local areas, Leeds has a MARAC and an IDVA service.

### SUMMARY OF THE CASE

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<sup>3</sup> Ian Gordon was acquitted of manslaughter on ■ May 2014

<sup>4</sup> Not his real name

13. Christine Brooking was born in Leeds in 1979, the youngest of six siblings. She was described by one of her brothers as a loyal trusting person but her life had been changed for the worse when she started taking heroin.
14. Ian Gordon was thirteen years older than Christine and also from Leeds. He was a friend of her eldest brother and she had known him for some years before they started a relationship. Her family was concerned about Christine getting involved with Ian because of his history of alcohol and drug use and because he had been to prison for theft. Christine's own use of drugs and alcohol predated her relationship with Ian but appears to have escalated when they got together.
15. In February 2011, Christine gave birth to the couple's first child, Hope. In August 2011, Christine was injured by Ian following an argument and Leeds Children's Social Work Service told her that if she did not leave Ian they would take Hope into care. Christine and Hope moved in with Christine's father but in December 2011, Christine attempted suicide and Hope was taken into care. Christine became increasingly estranged from her birth family after this period.
16. Christine resumed her relationship with Ian in 2012 but the loss of their daughter was a source of friction between the couple. During 2013, the police were frequently called to violent incidents at Christine's flat, where Ian was also living. The police arrested Ian on a number of these occasions but he was always released without charge. Christine was also arrested on several occasions.
17. In August 2013, Tony, a friend of Christine and Ian, moved in with the couple.
18. At 3.35pm on Wednesday [REDACTED] September 2013, the police received a call from Christine stating that Ian had punched her on the side of the head. Officers attended at 3.48pm that day and arrested Ian in order to prevent a breach of the peace occurring. Shortly after this, Christine began to complain to Tony of severe head pain and at 5.54pm an ambulance was called which took her to Leeds General Infirmary.
19. While at the hospital, Christine's condition deteriorated and it became apparent that she had suffered a significant head injury. Doctors carried out an emergency operation but Christine's condition continued to deteriorate and she passed away on Friday [REDACTED] September 2013.

#### **Post Mortem**

20. On [REDACTED] September 2013, Home Office Forensic Pathologist Dr Shepherd conducted a Post Mortem on Christine at Pinderfields Hospital Mortuary. The main cause of death was given as an acute subdural haemorrhage, which resulted in secondary damage to the brain.

#### **Inquest**

21. The inquest was opened and adjourned on [REDACTED] November 2013 by Coroner David Hinchliff at Wakefield Coroners Court pending police inquiries. It was not resumed as the coroner considered that all the evidence had been disclosed at the criminal trial.

## **Parallel Reviews**

22. There were no other parallel reviews.

## **Court Dates**

23. Ian Gordon was charged on Saturday [REDACTED] September 2013 with unlawfully and maliciously wounding Christine and was subsequently remanded in custody. Following Christine's death, he was charged with manslaughter on Wednesday [REDACTED] November 2013.
24. On [REDACTED] May 2014, Ian was found not guilty of all charges by a jury at Leeds Crown Court following a trial. It had been argued in court that the fatal head injury may not have been caused by Ian Gordon and could have been caused accidentally or even self-inflicted.
25. Ian was freed following the trial. On [REDACTED] June 2014, he was found dead by a flat mate at his address in Leeds having apparently died from a drug overdose.

## **DECISION TO HOLD A REVIEW**

26. When Leeds Community Safety Partnership was notified of Christine's death, records were immediately secured and, in consultation with partners, a decision was made to instigate a DHR. The Home Office was duly notified on date.
27. The Home Office Statutory Guidance advises where practically possible the DHR should be completed within 6 months of the decision made to proceed with the review. In this case, the start of the review was delayed due to the pressure of conducting a number of other DHRs. The Chair of the DHR was appointed in March 2014 and the first meeting of the review panel took place on 25 April 2014.
28. In the light of the not guilty verdict in May 2014, Leeds Community Safety Panel considered whether the DHR should go ahead. The Panel decided to continue with the review on the basis that:
- there was evidence of violence and abuse in the days and months before Christine's death that appeared to have been linked to her death; and
  - there were opportunities for agencies to learn lessons that might prevent another death in similar circumstances.
29. The Panel also hoped that the review might provide some answers for Christine's family, especially as the Coroner decided not to resume the Inquest following the criminal trial.

## **THE REVIEW PROCESS**

30. In March 2014, Hilary McCollum was appointed as Independent Chair and Report Writer for the review. She has worked for more than twenty-five years within the public and voluntary sectors on issues related to violence against women and girls. She does not have any connection with the agencies to which the report relates or with the families of the victim or perpetrator.

31. The first meeting of the review panel was held on 25 April 2014. The panel consisted of senior officers from statutory and non-statutory agencies as listed below. None of the members of the Panel have had any direct contact with Christine, Ian or Hope.

<b>Name</b>	<b>Organisation</b>
Hilary McCollum	Independent Chair and Report writer
Adele Penfold	Children's Social Work Services
Michelle De Souza	Domestic violence team, Leeds City Council
Lindsay Britton	Leeds and York Partnership NHS Foundation Trust (Psychiatric services & Leeds Addiction Unit)
Harvinder Saimbhi	Leeds Anti-Social Behaviour Team
Susan Lines	Leeds Community Healthcare NHS Trust
Louise Tyne	Leeds Domestic Violence Service
Allyson Parker-Smith	Leeds Teaching Hospitals Trust
Luke Turnbull	NHS England / Leeds Clinical Commissioning Groups
Lisa Parker	Probation Service
Emma Mortimer	Safeguarding Adult Partnership Unit
Jo Denning	St Anne's Community Services
Rob McCartney	Strategic Housing
DI Paul Savage	West Yorkshire Police
DCI Lisa Atkinson	West Yorkshire Police Safeguarding
David Blain	Yorkshire Ambulance Service

32. The first meeting agreed the scope and Terms of Reference for the review. Christine became pregnant in 2010, which was a trigger for involvement of a number of agencies and the panel decided that the beginning of 2010 was an appropriate time to set as the start of the review period. The areas for the review to consider included:

- Each agency's involvement with Christine, Ian and Hope;

- Communication and information sharing between services;
  - The support available in relation to drug and alcohol misuse and domestic violence;
  - Compliance with professional standards, policies, procedures and protocols, particularly in relation to domestic violence, safeguarding children and safeguarding adults;
  - Responses to any referrals;
  - The quality of assessments and risk assessments;
  - Thresholds for intervention;
  - Whether adult-focused services ensured that the welfare of any children was promoted and safeguarded and vice-versa.
  - How services in relation to drug and alcohol misuse addressed domestic violence;
  - Whether responses in relation to domestic violence in this case were affected by Christine Brooking and Ian Gordon's (mis)use of drug and alcohol;
  - Sensitivity and responsiveness to issues of identity and additional needs;
  - Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and in a timely manner.
  - The impact of organisational change;
  - Whether there is any learning from this case which would improve safeguarding practice in relation to domestic violence and its impact on children;
  - The support available to Christine Brooking and Ian Gordon to: reduce the risk that their daughter would be removed from their care; and deal with the impact once she was removed from their care.
33. The full terms of reference are attached in full as Appendix Two.
34. The first meeting also considered information from the initial returns made by organisations that had had contact with Christine, Ian or Hope. On the basis of this information and discussion at the meeting, the panel agreed which agencies would be requested to conduct an individual management review (IMR) and which would be requested to conduct a shorter brief management report (BMR). These are listed in the Methodology section.
35. Each BMR/IMR was scrutinised at a Panel meeting. The Overview Report was also considered in detail over the course of three Panel meetings.
36. Seven meetings of the DHR Panel took place. The schedule of the meetings is set out below.

25 April 2014  
2 September 2014



3 September 2014

21 October 2014

19 January 2015

9 March 2015

13 May 2015

37. The Chair contacted three members of the victim's family inviting them to contribute to the review and, as a result, met with one of Christine's brothers.
38. The review has had no contact with Ian's family.

### **CONDOLENCES**

39. The Panel wishes to express its condolences to the family and friends of Christine. May she rest in peace.

## **Section Three: Methodology**

40. This report was written on behalf of the DHR panel by the Independent Chair and Report Writer of the Review, Hilary McCollum. The Chair had no connection with the attending agencies or with any of the individuals to which the review relates.
41. The review focused on the period between 1 January 2010 and Christine's death on ■ September 2013.
42. The report was written in November 2014-May 2015. It is based on:
  - the Individual/Brief Management Reports provided by agencies who had contact with Christine, Ian or Hope (see below)
  - information provided by:
    - Christine Brooking's brother
    - Senior Investigating Officer from West Yorkshire Police
  - Discussions during Review Panel meetings
43. The review was concluded in August 2016.

### **CONTRIBUTORS TO THE REVIEW**

44. At the start of the review process, Leeds Community Safety Team contacted a range of organisations that potentially could have had contact with the victim, Ian or their daughter. This included statutory organisations including the police, probation, health services and the local council as well as non-statutory organisations, particularly voluntary organisations working in the areas of drug/alcohol abuse.
45. All organisations that were contacted made a return confirming whether or not they had had any contact. The returns were considered at the first meeting of the review panel and, on the basis of the information provided and discussion at the meeting, the panel decided which organisations should conduct an Individual Management Report. The organisations from which IMRs were requested, are set out below:
  - Leeds Anti-social Behaviour Team (no direct contact but received police referral)
  - Leeds Children's Social Work Service
  - Leeds Community Healthcare
  - Leeds Floating Support
  - Leeds Housing
  - West Yorkshire Police
  - National Probation Service (North East)

- NHS England
  - Leeds Clinical Commissioning Group (CCG)
  - Leeds and York Partnership NHS Trust
  - Leeds Teaching Hospitals Trust
  - Yorkshire Ambulance Service
  - St Anne's Community Services (specialist drug and alcohol service)
46. A briefing session was held for report authors in May 2014 to ensure that they understood what was required, including the statutory guidance governing DHRs. None of the IMR authors had any direct contact with Christine, Ian or Hope.
47. As part of the IMR process, agencies were asked to give chronological accounts of their contact with Christine, Ian and Hope between 1 January 2010 and the death of Christine Brooking on ■ September 2013 and what actions agencies had taken during those contacts. These agency chronologies were brought together into a compiled chronology, which was considered by the Panel. There were more than 3,000 entries in the compiled chronology, reflecting the extensive contact that agencies had with the family.
48. All agencies requested to complete an IMR did so. Each report covered the following:
- A chronology of interaction with the victim, Ian and/or the child
  - What was done or agreed
  - Whether internal procedures and policies were followed
  - Whether staff have received sufficient training to enact their roles
  - Analysis of the above using the terms of reference
  - lessons learned
  - Recommendations
49. None of the IMR report writers had contact with the victim or Ian or line managed anyone who did. Each IMR was signed off by a senior manager within the organisation. DHR Panel members were similarly independent.
50. Following the first scrutiny meeting, it emerged that Christine may have had contact with Probation Services related to past offending. This emerged from police records but had not been revealed in the scoping. A revised IMR was requested but was not provided due to disputes about responsibility for doing so between the newly established National Probation Service and West Yorkshire Community Rehabilitation Company.
51. It also emerged that East Riding Children's Social Care had been involved in the process of Hope being placed permanently with Christine's brother. A chronology and summary of contact was requested and provided.

52. The Chair wrote to the brother, sister and father of Christine Brooking seeking their participation in the review. Christine's brother responded to the invitation and the Chair conducted an interview with him in July 2014. This enabled his viewpoint to inform the scrutiny process, which began in September 2014. He asked the review to consider in particular:
- why the police had not prosecuted Ian Gordon in relation to repeated domestic violence incidents?
  - why Christine was allowed to keep her daughter in the first place, only for her to be taken into care later? (He felt that as Christine was not able to give up drugs/alcohol during the pregnancy, then it was clear she would not be able to properly parent her child. He thinks it might have been less painful for Christine and less a source of conflict between Christine and Ian if Hope had been taken from them when she was born.)
  - why were Christine and Ian not allowed to see their daughter after she came to live with members of the family? (The lack of contact with their daughter was an ongoing source of arguments between the couple and created tensions within the wider family.)
  - what more could have been done to prevent the spread of heroin on the council estate where he and Christine grew up and how drug prevention work now could be enhanced to try to stop people trying heroin and help them get off it sooner?
53. The Chair had hoped to meet with the suspect, Ian Gordon. However this was prevented by his death in June 2014.
54. The Chair spoke to the Senior Investigating Officer (SIO) both before and after the trial and the SIO also briefed the review panel.

## **CONFIDENTIALITY**

55. The findings of this review are confidential. All parties have been anonymised. For ease of reading, the victim, suspect and their daughter have been allocated alternative names.
56. The Review Panel obtained confidential information relating to Christine, Ian and Hope (including police and medical records) by way of public interest. All information was managed on a confidential basis. Within each agency, only the IMR/BMR author, the manager signing off the IMR/BMR and the review panel member, were able to view that agency's IMR/BMR. Only review panel members were able to access the IMR/BMR from other agencies.
57. The process of drafting chronologies and IMRs/BMRs began after conclusion of the criminal trial.
58. The Executive Summary of this report has been redacted. The Chair of Leeds Community Safety Partnership will consider publishing it after it has completed

the Home Office Quality Assurance process. The report will not be published until permission has been given by the Home Office to do so.

59. The full report and composite chronology have not been redacted at this stage. This is to ensure that the organisations involved and the Home Office Quality Assurance Panel can be satisfied that every contact has been properly considered by the Review. If a decision is made to publish the full report and chronology in the future, they too will be fully redacted.

## **DISSEMINATION**

60. DHR Panel members (see list in Section Two), Leeds City Council Legal Department and the Chair of Leeds Community Safety Partnership have all received a copy of this report. The report has been discussed with Christine's brother who has also received a copy.

## Section Four: The Facts

### PEN PORTRAITS

#### *Christine Brooking*

61. Christine Brooking was a white British woman who was born in Leeds in 1979. She was the youngest of six siblings and was brought up in a family that was described as happy by her father.
62. Christine grew up on a council estate where heroin use became more prevalent during the 1990s. She became involved in using drugs and also developed a problem with alcohol misuse. One of her brothers described her as a loyal, trusting, lovely person whose life had been changed for the worse when she started taking heroin.
63. Christine's eldest brother, Kenneth, died of liver failure (believed to be unrelated to alcohol/drug misuse) in 1997 when Christine was 18. She later told Children's Social Work Service that she became depressed at this time and started taking drugs when she was 19. She was also prescribed anti-depressants by her GP at the time of her brother's death and remained on them for much of her life.
64. It appears that her illegal drug taking may have begun earlier than this. She was arrested and cautioned for possession with intent to supply controlled drugs in May 1996 when she was 17. The following year, she was convicted of attempting to take cannabis into prison for her then boyfriend and received an 18-month Probation Order. She was convicted of a number of further offences over the next eleven years with the most recent being possession of heroin (2008). Her only custodial sentence was six months in a Young Offenders Institute in 1999 for supplying cannabis. She was recorded as using several aliases.
65. In 2001, she was referred to Leeds Addiction Unit for support in relation to heroin use. Support was provided through the Dual Diagnosis Team in recognition of Christine's ongoing issues with depression. Treatment for depression remained the responsibility of her GP.
66. By 2004, Leeds Addiction Unit noted evidence of Deep Vein Thrombosis (blood clotting in deep veins which can lead to serious health issues and even death). This had arisen from repeated injection of drugs into the thigh, which suggests an escalation of drug use from smoking to injection.
67. In 2005, Christine was reported to want to move away from fellow drug users in an attempt to break the pattern of drug use. In October 2005, Christine moved into a one-bedroom council property. The tenancy was in her name although Ian Gordon also lived there for much of the time covered by the review and in August 2013, another friend moved in.
68. In 2007, Christine became involved with Ian Gordon. He had been friends with her brother, Kenneth, since Christine was a child and was often around their

house. A police information report from January 2001 reported that Ian had been dealing heroin and supplying it to Christine (among others).

69. Ian was thirteen years older than Christine. Her family was concerned about the relationship because Ian was involved in drinking and drug taking and had been in prison for theft. Although Christine was already taking drugs before her relationship with Ian, it appears that her alcohol use escalated.
70. In February 2008, Christine attempted to cut her wrists following an argument with Ian. She told the Leeds Addiction Unit that although her relationship was a cause of distress that she also felt her partner was a source of support and had in fact stopped her from harming herself.
71. In the period up to 2010, Christine attempted multiple detoxifications through Leeds Addiction Unit, most of which appear to have been unsuccessful.
72. Christine's mother died in February 2010, when Christine was 31. Her mum's dying wish was for Christine to have a family. She became pregnant later that year and felt that the pregnancy was her chance for a better future after her mother's death. She continued taking drugs and drinking during the pregnancy. In January 2011, Leeds Addiction Unit referred her to Leeds Children's Social Work Service due to concerns about the impact of her ongoing drug and alcohol use on Christine's baby.
73. Christine gave birth to her daughter, Hope, in February 2011. Hope was kept in hospital for the first month of her life for treatment for neonatal abstinence syndrome related to withdrawal from heroin/alcohol. She was allowed to go home with Christine and Ian in March 2011.
74. In May 2011, Christine's brother, Adam<sup>5</sup>, died of an overdose. Ian had tried to kill himself in April 2011 and again in June 2011. Christine told the health visitor that Ian had a hold over her as every time they had an argument he would threaten to kill himself.
75. In August 2011, Leeds Children's Social Work Service required Christine and Hope to move in with Christine's father after Ian assaulted Christine. They also required Christine to abstain from drugs and alcohol.
76. In December 2011, Christine left her father a suicide note saying she couldn't cope. Instead of picking up Hope, she took money from the loose change jar, got drunk and attempted to kill herself. This appears to have been prompted by her concerns that her drugs test would come back positive and Children's Social Work Service would take Hope away from her. Christine was taken to hospital and Children's Social Work Service obtained an Emergency Protection Order for Hope. A few months later, Hope was placed with Christine's brother, Peter, and his wife and the final kinship order gave Christine and Ian postbox contact only.
77. According to Christine's family, she had been worried that Children's Social Work Service would take Hope into care long before it happened. The family thought that Christine "went down a lot" after Hope was taken into care,

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<sup>5</sup> not his real name

especially after Children's Social Work Service decided that Christine would not be allowed to see her. An addiction therapist reported that Christine had said that "everything is gone now" after Hope was taken into care.

78. Christine became alienated from her family after Hope was taken into care and they lost contact with each other. Christine reunited with Ian Gordon. They both drank heavily and would frequently argue about Hope, blaming each other for her being taken into care. His physical violence to Christine escalated. They split up on a number of occasions but reunited. In August 2013, a friend, Tony, also moved into the flat.
79. During 2013, there were numerous callouts of blue-light services (police and ambulance) to their home, including 27 callouts between July and September 2013. Nineteen were explicitly related to incidents of domestic violence (18 for police, one for ambulance). *(Author's note: some of the other callouts may also have been linked to domestic violence as Ian appeared to use health and self harm issues as a means of manipulating and controlling Christine)*. Christine told her friend Tony that Ian said he had raped her while she was unconscious but Ian later denied this. This was not reported to the police. She told a member of her family that she detested Ian and wanted him out of her life. She told West Yorkshire Police that she felt sorry for him, as he would be homeless if she did not let him stay in her flat.
80. At 3.35pm on Wednesday [REDACTED] September 2013, Christine called the police stating that Ian had assaulted her. Officers attended and found her hiding in the garden. They arrested Ian to prevent a breach of the peace occurring. Shortly after this, Christine began to complain of severe head pain and at 5.54pm an ambulance was called which took her to Leeds General Infirmary. She was conscious on arrival but her condition rapidly deteriorated and it became apparent that she had suffered a significant injury. Her family came to be with her in hospital. Doctors operated but Christine's condition continued to deteriorate and at 10.15am on [REDACTED] [REDACTED] September 2013 she passed away. She was 34-years-old.

### **Ian Gordon**

81. Ian Gordon was a white British man who was 47 at the time of Christine's death. He was the youngest of four children. Ian said his father was a paranoid schizophrenic who had left the family when Ian was six years old. He was brought up by his mum but felt she had little time for him. His mother had a history of mental health issues including being treated with electro-convulsive therapy. Ian had witnessed domestic violence as a child. At school he 'went off the rails' – glue sniffing; fighting; and becoming involved in petty crime. He was put into care and then received a custodial sentence for robbery. Ian's first conviction, for theft, dated back to 1982 when he was 16-years-old. The following year, he was convicted of three counts of assault. He had numerous convictions thereafter for acquisitive crimes, possessing and supplying drugs, and vehicle crime. He also had convictions for violent offences including obstructing police and possessing an offensive weapon; assault and grievous bodily harm; selling offensive weapon. His convictions related to violence were



prior to 2000. His most recent conviction was for theft in 2009. Ian Gordon was recorded as using four aliases.

82. Ian began self-harming when he was 16-years-old. As well as cutting, he had a long history of overdoses. He would avoid social contact due to his phobias and anxiety. He was noted by a health visitor to have jerky movements to his arms and legs. He said he'd had this since adolescence and it was worse if he was feeling anxious. He had been a heroin addict and also misused alcohol. He had a long history of offending including stealing from his mother's bank account when she was ill in hospital. He was in conflict with his birth family, who refused to tell him the address of the care home that his mother was admitted to in April 2010. Ian had four children from previous relationships.
83. In June 2010, he told a drug therapist that he had been using heroin for 20 years. He was by then on a methadone programme but admitted to using heroin 1-2 times per week on top. Ian was considered a poor attender at drug treatment.
84. During the period covered by the review he varied between sleeping rough; staying in friends' houses; and living with Christine. At all times he could have been described as being vulnerably housed.
85. He took a number of overdoses during the period of the review including in April 2010; June 2011; July 2011; three times in August 2011; February 2012; August 2012.
86. In August 2011, Ian assaulted Christine. This resulted in the intervention of Children's Social Work Service who obtained an Interim Care Order requiring Christine and Hope to live with Christine's father. Ian took an overdose the following day and another one five days later.
87. He reunited with Christine in January 2012 and lived with her on and off until the date of the fatal injury in September 2013. He appears to have used threats of suicide and self-harm as a means of controlling her. He also appears to have used other health issues, both real and fabricated/exaggerated, to manipulate her.
88. In the months before Christine's death, both Christine and Ian were drinking heavily. The police were frequently called to the address, primarily linked to allegations that Ian had assaulted Christine. Although Ian was frequently arrested for breach of the peace, no further action was taken. On at least two occasions, Ian made counter-allegations that Christine had assaulted him and Christine was arrested on several occasions, including once when police attended for an assault on her and she head butted Ian in front of them.
89. Ian was arrested on ■ September 2013 for breach of the peace after Christine reported that he had assaulted her. He was still in custody when Christine was taken to hospital. He was arrested for assaulting her and was subsequently charged with unlawfully and maliciously wounding her. Following her death, he was charged with manslaughter. In May 2014, he was found not guilty of all charges by a jury at Leeds Crown Court following a trial.

90. On [REDACTED] June 2014, Ian was found dead by a flat mate at his address in Leeds having apparently died from a drug overdose. He was 48-years-old.

## **NARRATIVE CHRONOLOGY**

### **Pre 2010**

91. Christine Brooking became involved in an intimate relationship with Ian Gordon in 2007. He was thirteen years older than her and she had known him since she was a child. Her family was concerned about the relationship because of Ian's drinking, drug taking and prison record but she told them that Ian made her feel safe. She had experienced violence from two previous boyfriends. At the start of their relationship, Christine lived at Address 1, a one-bedroom council property. The tenancy was in her name although Ian Gordon also lived there for much of the period covered by the review.

### **January 2010 – 18 June 2010**

#### **Christine's mother's death; Ian overdoses following a violent argument with Christine; Ian assaults Christine and is arrested; Ian's ongoing gastric problems**

92. Ian saw his drug therapist at Leeds Community Healthcare<sup>6</sup> on 6 January 2010. He was expected to meet with his drug therapist fortnightly but was a poor attender. Ian failed to attend an appointment with his drug therapist on 20 January 2010 but did meet with his GP later that day for a review of his treatment plan. He was considered to be stable so continued on the same maintenance dose of methadone. Ian was known to be Hepatitis C positive and was referred to the practice nurse for further treatment.
93. Christine's mother died on 1 February 2010. Christine had been close to her mother and the death affected her a great deal.
94. Ian attended an appointment with his drug therapist on 16 February 2010. The Treatment Outcomes Profile (TOP) tool was used to gather information. Ian was recorded as having three children under 16 years who were not living with him. No further information about the children and Ian's access to them was recorded. He said he had been using amphetamines since he was 21 and heroin since he was 25. Ian was noted to be staying with a different friend each night.

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<sup>6</sup> Leeds Community Healthcare provided GP services and a drug treatment programme to Ian via the York Street Health Practice. The practice provides primary care to homeless and vulnerably housed people and Ian had been registered with it since 2005, when he was released from prison. York Street Health Practice have an experienced team of specialist health workers; doctors; nurses; mental health nurses; alcohol support nurses; support workers; drug therapists; and physiotherapists; in addition to access to solicitors; and benefits and housing support officers. Leeds Community Healthcare also provided health visiting services to Christine and Hope.

95. Ian was admitted to St. James's University Hospital on 13 March 2010 with abdominal pain and haematemesis (vomiting blood) following a period of heavy drinking. He was known to have stomach ulceration and had been prescribed medication for this, which he had not been taking. Ian self-discharged against medical advice the following day and was referred for a gastroscopy as an outpatient.
96. Ian saw his drug therapist on 16 March 2010. He was recorded as continuing to be stable on methadone but still using a regular amount of illicit substance on top. He was living with friends again. He saw his drug therapist again on 31 March 2010 and 12 April 2010. He also saw his GP on 13 April 2010 about abdominal pain and haematemesis and was advised to go to the hospital but refused.
97. On 22 March 2010, Christine told the Staff Nurse at her health practice that she had been trying to have a baby for some years now. She wanted a referral for fertility tests and was advised to see her GP.
98. On 20 April 2010, Ian made a serious suicide attempt, taking an overdose of 90 amitriptyline tablets. Christine and Ian had had an argument that morning. She told him she no longer loved him and asked him to leave. They had a physical fight (reported to the police as involving pushing and pulling but no physical injury) and after about 15 minutes he left. A few hours later Christine realised that her anti-depressant tablets had gone (more than 100 amitriptyline tablets).
99. That evening Christine phoned West Yorkshire Police to report that her boyfriend (Ian) was missing following the argument and that he had taken her supply of anti-depressants with him. She said that a friend had seen Ian in a supermarket car park that afternoon and he was "off his head". Christine said that Ian had tried to kill himself before and had slashes all over his arms as he self-harms. Officers were sent to Christine's address and interviewed her.
100. In the meantime, Ian had presented to Accident and Emergency (A&E) at St. James's Hospital where the police located him. He was in a serious but stable condition.
101. Police officers attended Christine's address. She said that she had been in a relationship with Ian for the last three years and that there had been no similar episodes in that time. She said she was getting over the recent death of her mother and when Ian began an argument with her she just wanted him to leave. She confirmed that there was a little pushing and pulling of each other but nothing that resulted in injury to either party. The police recorded that there were no signs of any injury or of any disturbance having taken place. Christine had told Ian she did not love him and insisted that he leave, which he did. He returned a short time later saying he needed his charger for the phone. Christine let him in and she thought this was when he removed the tablets. The police finalised the incident the following day as not being connected to a domestic dispute. No domestic incident was recorded despite officers being told of an argument and 'pushing and pulling'. No risk assessment was conducted and no referral appears to have been made to other agencies.

102. The LYPFT (Leeds and York Partnership NHS Foundation Trust) Crisis Resolution Team assessed Ian in hospital on 22 April 2010. They noted no evidence of mental disorder and gave him crisis numbers. No further action was recommended and he was discharged on 23 April 2010.
103. On 26 April 2010, Ian told his drug therapist that the overdose was triggered by a dispute with his family. His mum had moved into a care home and other members of the family would not give him the home's address. He saw his GP two days later and was still feeling low. He was not considered suitable for home treatment as he did not have a permanent address and was reportedly staying with a friend. He had refused the option of being admitted to the Becklin Centre (an inpatient service for people with complex and acute mental health needs) for treatment.
104. The GP referred Ian to the Community Mental Health Nurse who saw him within thirty minutes. He said he had declined admission to the Becklin Centre due to social phobia. He started self-harming when he was sixteen-years-old and had a long history of overdoses. He had four children from a previous relationship. The ages of the children and Ian's access to them were not recorded and there is no record of onward sharing of this information in relation to risk. The nurse offered Ian talking therapy via drop-in sessions, which he does not appear to have taken up.
105. Ian attended an appointment with his drug therapist on 24 May 2010 in a positive frame of mind. They discussed the benefits of engaging with therapy. He said he had a lot of thoughts in his head that build up and feel like pressure and that his brain needed 'defragging'. However he was worried about talking to a stranger and that the nurse may say something to upset him and he would leave and not return. Ian said he would call into the drop-in one day with the aim of negotiating a pattern of times and shortened appointments to build up confidence. It does not appear that he put this plan into action.
106. Ian did not attend his gastroscopy appointment at St. James's University Hospital on 3 June 2010. He attended a meeting with his drug therapist on 7 June 2010 and was again advised of the benefits of engaging with mental health therapies. He was noted as using amphetamine and heroin on a weekly basis but did not see it as a problem and did not want to stop. The drug therapist advised him that the drugs would be altering his brain chemistry and contributing to his periods of low mood.
107. On the evening of 13 June 2010 (at 20:50), Christine called West Yorkshire Police. She had had an argument with Ian who she said had "battered" her. He had taken her post office card and left the house. The call was coded as a 'domestic' incident and graded as priority response. Christine called again an hour later (police log endorsed at 21:56) to say that Ian had put the card through her dad's door. She wanted to cancel the officers attending. She had her sister with her and said she did not want to press charges. The police advised Christine that they might need to conduct a welfare check as she had reported an assault. No officers were deployed.

108. Less than an hour later (at 22:46), Christine's sister called the police to say that Ian had just "laid into" Christine. He had jumped out of the back window when the sister called the police. Two officers were promptly dispatched (at 22:48) and arrived at 23.00. Ian was no longer at the scene and officers obtained witness statements. Christine's sister said that Christine had told her that Ian regularly assaulted her. Christine said that the relationship had become violent in the past nine months. Both Christine and her sister gave an account of the events of that evening and officers photographed Christine's injuries. A SPECSS<sup>7</sup> risk assessment was conducted and was graded as medium risk<sup>8</sup>. The officers identified that there had been an escalation of abuse but were not aware that Christine was pregnant.
109. Ian attended A&E in the early hours of 14 June 2010. He reported being tormented by ongoing thoughts of self-harm and suicide. The crisis resolution team at LYPFT conducted a comprehensive assessment in A&E. Ian described a long history of self-harming and suicide behaviour and a 20 year history of heroin misuse. He was being maintained on 100ml methadone daily and admitted to using heroin 1-2 times per week on top. He was unable to attribute any particular trigger to his low mood. He presented as disheveled, sweaty, untidy and unkempt. No mental health disorder was observed. He was advised to engage with supportive services at St Anne's Community Services<sup>9</sup> and was given crisis numbers. The liaison mental health nurse was to inform St Anne's of Ian's presentation in A&E and his reported low mood. He was to be referred to Leeds Addiction Unit Dual Diagnosis service for further mental health assessment but it is not known whether this referral was ever made.
110. On 14 June 2010, the police Safeguarding Unit staff reviewed the report of the incident and confirmed the risk level. A Neighbourhood Policing Team officer spoke to Christine the next day. She wished to withdraw her complaint. On 18 June 2010, officers attended Address 1 where Ian was arrested. He was interviewed and Crown Prosecution Service (CPS) advice sought. CPS instructed that there was insufficient evidence to sustain a charge and that the matter should be finalised as no further action. Ian was released without charge.

## **21 June 2010 – December 2010**

### **Christine's pregnancy; Christine's antenatal care and ongoing drug/alcohol misuse; Ian moves into Christine's flat**

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<sup>7</sup> SPECSS stands for Separation, Pregnancy, Escalation, Cultural awareness, Stalking and Sexual Assault. It was widely used prior to the DASH risk assessment system.

<sup>8</sup> Medium risk is defined as: There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

<sup>9</sup> St Anne's Community Services is a registered charity, providing a range of care and support services for adults including specialist detoxification and rehabilitation (alcohol), community mental health and substance use services, harm reduction drugs services and community drugs treatment services

111. On 21 June 2010, Ian attended an appointment with his drug therapist. He said he would be ok in the future as he had found out his ex-partner (Christine) was expecting his baby. He said that the drugs he had taken that day would be his last. The drug therapist encouraged him to wait until he was six weeks off street drugs before starting to reduce methadone.
112. On 22 June 2010, Leeds Addiction Unit rang Christine's GP surgery to inform them that Christine was pregnant and would be seen by the Pregnancy and Parenting team at Leeds Addiction Unit. Christine saw her GP two days later. She had been referred to St James's University Hospital by Leeds Addiction Unit. The pregnancy was not planned but she was pleased. She said it was her "Mum's death wish" and felt it was a chance for a better life. The GP planned to taper Christine's amitriptyline to a therapeutic dose.
113. Christine's first antenatal appointment took place on 30 June 2010.
114. On 5 July 2010, Ian saw his drug therapist. He said the relationship was going well with his girlfriend. They were living apart at her request and he was staying with friends. Ian said he had not used amphetamine or heroin for two weeks and that Christine was also abstaining. It was noted that he said that he had 'some serious stories of social services involvement with family'. It is unclear which family this refers to - his own childhood; his previous relationships and children; or his current relationship with Christine. He was very guarded and was aware that the pregnancy and parenting would be monitored by Leeds Addiction Unit.
115. Christine called the police at 03:21 on 6 July 2010. She was concerned that Ian would self-harm following a verbal argument between them. The police recorded that the argument was about Christine considering terminating the pregnancy. Christine said she was outside on the street and that Ian was threatening to kill himself. She said he cut himself last time they argued like this and she believed he would cut himself again. Officers were quickly dispatched. On arrival, Ian told the police that he had not threatened to kill himself and Christine said she just wanted Ian to leave the property. Ian left of his own accord and police assisted him to another address. No offences were alleged and a non-crime domestic report was submitted. No SPECCS risk assessment was conducted on the basis that neither party was identified as a victim and both were considered as suspects. The report was filed later the same day by the police Safeguarding Unit as no further action. There is no record that a referral was made to Children's Social Work Service despite the fact that Christine was pregnant.
116. On 12 July 2010, Christine was transferred from the Dual Diagnosis Team at Leeds Addiction Unit to the Pregnancy and Parenting Team (part of the Leeds Addiction Unit provided by the Leeds and York Partnership NHS Trust).<sup>10</sup> She continued to use amphetamines and heroin and was on a methadone programme. Her pregnancy was identified as high risk linked to her history of

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<sup>10</sup> Christine had a long history of involvement with the Leeds Addiction Unit, having been originally referred in 2001 because of her heroin use.

deep vein thrombosis and her drug/alcohol use. Christine was referred for consultant care.

117. Ian saw his drug therapist on 19 July 2010. He said he had been clean for four weeks but had taken amphetamine and smoked heroin that day.
118. Christine had a scan on 22 July 2010. She was nine weeks pregnant. On 4 August 2010, Christine's GP talked to her about reducing her use of amitriptyline, which she agreed. She also told the GP that her grandfather was dying.
119. Ian saw the drug therapist again on 2 August 2010 and discussed screening and treatment for Hepatitis C which he had previously declined to do. He appeared to show signs of a desire to change his behaviour around drug use and planned to be involved with attending appointments with Christine and parenting their child. However Ian did not attend his next two appointments with his drug therapist and walked out of a third.
120. Christine attended an antenatal outpatient appointment on 19 August 2010. She missed an outpatient appointment on 9 September 2010 but did attend the next two appointments on 2 December 2010 and 23 December 2010.
121. Christine attended an antenatal check with Leeds Addiction Unit on 1 September 2010. On the same day, Ian attended an appointment with his GP. He reported that his ex-girlfriend (Christine) was pregnant and he was going to antenatal appointments with her.
122. On 4 September 2010, Leeds Addiction Unit agreed to see Christine on a fortnightly basis in a joint antenatal clinic run by St. James's Hospital maternity services and Leeds Addiction Unit. Christine was 16 weeks pregnant. She was taking 75 ml methadone daily as well as amitriptyline (prescribed by her GP for ongoing depression).
123. On 14 September 2010, Ian saw a different drug therapist. He was using amphetamine, heroin and alcohol in large quantities. His positive desire to change had gone. He had an appointment with a community practitioner at York Street practice two weeks later. His methadone use was explored but not his illegal drug use. He had only had one urine test in the previous nine months and the service was relying on his self-reporting to evaluate treatment.
124. On 30 September 2010, Christine saw her GP. She was still taking amitriptyline despite her pregnancy but felt she could not reduce her anti-depressants any further. (*Author's note: according to the British National Formula, amitriptyline can be used during pregnancy if the benefits outweigh the risks.*) There is no record that other forms of support to address her depression were explored. Her continuing amitriptyline use was discussed by her GP again on 16 December 2010 when she was 30 weeks pregnant and again there is no record of other forms of support being explored.
125. Ian missed his appointment with his drug therapist on 12 October 2010 as he was moving in with Christine but attended on 25 October 2010. He admitted to using amphetamine, heroin and alcohol. Ian said he had been to the Leeds Addiction Unit midwife liaison appointments with Christine and also stated that

social services had done an assessment on him as a partner in the relationship. He attended further appointments with his drug therapist on 8 November 2010, 22 November 2010, 6 December 2010 and 21 December 2010. He received a positive Hepatitis C PCR result on 8 November 2010. At his 6 December 2010 appointment he told the drug therapist he was worried about the baby needing to be checked for the Hepatitis C virus. He had not yet told Christine about his Hepatitis C result and referral for treatment. The drug therapist advised him about avoiding blood-blood contact and about safer sex and said that he needed to discuss his situation with Christine and the antenatal specialist nurse and doctor from Leeds Addiction Unit. His Hepatitis C status was discussed again on 21 December 2010. Ian had still not talked to Christine about it and was resistant to telling her but said he would take action now.

126. On 14 December 2010, the Drugs Liaison Midwife from Leeds Addiction Unit conducted a home visit. On 22 December 2010, the Health Visitor from Leeds Community Healthcare conducted a routine antenatal visit and the antenatal care plan was completed. She said that she was in a four-year relationship with Ian and that he was not violent. Christine did not report any previous mental health concerns for herself however she became upset when asked by the health visitor about family relationships and her own mother. Christine refused to say anymore other than that she had died. She admitted that she was using amphetamines and heroin on top of her methadone.
127. Following the visit, the health visitor contacted the specialist Health Visitor at the Leeds Addiction Unit who said that they were considering referring Christine to Children's Social Work Service due to her continued drug use. The specialist health visitor was also concerned that Ian had been uncooperative, refusing to allow the specialist health visitor to visit. However when the specialist health visitor did call at the house Christine let her in and was cooperative.

### **January 2011 – July 2011**

**Referral to Children's Social Work Service; Initial Child Protection Conference; Hope's birth and treatment for withdrawal; Ian's hostility to social care; Christine asks social worker to lie to Ian; baby goes home; Christine admits taking drugs; Christine and Ian split up; Ian overdoses; Child protection review; Christine's brother dies; Ian overdoses; Ian overdoses again; baby developing well**

128. On 4 January 2011, the Drugs Liaison Midwife conducted a parenting assessment. Christine was well prepared for the baby and the one bedroom flat was reasonably clean and tidy. The assessment noted the death of Christine's mother the previous year and issues with self-harm and overdose/depression. Christmas 2010 had brought back memories of Christine's mother's death and she had increased her drinking. The assessment noted that Christine and Ian had been in a relationship for four years and there was 'no domestic violence' within this relationship. The physical health of Christine's unborn child was a concern due to drug and alcohol abuse. Christine expressed a concern for the



wellbeing of Ian after a short break up in the relationship. She had “taken Ian back” saying “I’ve told him he can stay but can’t drink at home.”

129. The following day, 5 January 2011, the Drugs Liaison Midwife carried out a 32-week review in line with Leeds and York Partnership NHS Trust. On 6 January 2011, Ian accompanied Christine on a visit to Leeds Addiction Unit. He was asked to leave as he had a dog with him. He became rude and verbally aggressive and refused to leave. An outcome of this meeting was to formally refer Christine to Leeds Children’s Social Work Service for a pre-birth assessment in relation to continued difficulties remaining free from alcohol.
130. The referral was made on 6 January 2011 when Christine was 7½ months pregnant. The referral said that Christine was engaging with Leeds Addition Unit and was well prepared for the child. She was on a methadone programme; however there were concerns about her drug and alcohol use. Her partner, Ian, was also said to drink and had a history of aggressive behaviour. The referral should have been immediately allocated and an initial assessment started within 24 hours. However it was not allocated until 13 January 2011 with the initial assessment beginning the following day.
131. Christine saw her GP on 7 January 2011. She had increased her amitriptyline use over Christmas and they discussed a plan to reduce it.
132. Christine was booked in for an alcohol detox on 10 January 2011. (*Author’s note: it is not recorded if this took place.*) She had engaged with her fortnightly Leeds Addiction Unit appointments. On the same day, she saw a consultant psychiatrist from LYPFT.
133. On 13 January 2011, Christine attended her final antenatal outpatient appointment and was discharged from the service.
134. On 14 January 2011, the allocated social worker (SW1) spoke to the midwife who had made the referral and the Drugs Liaison Health Visitor at Leeds Addiction Unit. They provided detailed information about Christine’s drug and alcohol use and Ian’s known drug use. Concerns were raised about Ian being verbally aggressive to staff on two occasions but it was noted that Christine denied any violence in their relationship. The Drugs Liaison Health Visitor said that Christine had not been referred earlier because she was thought to be doing well with clean urine samples. The concerns about her current drinking had only come to light recently. The Drugs Liaison Health Visitor had completed her parenting assessment with Christine. Ian refused to be involved and was aggressive towards the Drugs Liaison Health Visitor. Christine had denied that there was any violence in the relationship but discussed verbal arguments. The Drugs Liaison Health Visitor was concerned that Christine was unlikely to reduce her alcohol use and that her last urine sample revealed cannabis, methadone and benzodiazepine. Leeds Addiction Unit subsequently shared the toxicology results for the period of 12 July 2010 to 23 December 2010 with the social work assessment team.

135. Ian met with his drug therapist on 17 January 2011. He was positive about the baby and both he and Christine were aiming to become opiate free and finish treatment so that they could have another baby as soon as possible.
136. The Initial Assessment by Children's Social Work Service was completed on 19 January 2011 and recommended that the case should be presented to an Initial Child Protection Conference. The assessment highlighted concerns that the unborn child was at risk of significant harm due to parental drug misuse. The report noted that Ian had been in prison thirteen times and had been under the care of a drug therapist for the previous five years. Both his drug use and depression and anxiety were noted, including attempted suicide in 2006 and 2007. He was reported to know when he was 'low' and on the last occasion in 2010, he had presented himself at A&E. He was said to be pleasant and had no behavioural issues. The report included information about three incidents of domestic violence – a verbal argument on 7 April 2009, minor visible injuries to Christine on 13 June 2010 and a verbal argument on 6 July 2010 when Christine reportedly said she wanted to terminate the pregnancy. There was no reference to Ian's parenting of his other children or current contact with them.
137. Also on 19 January 2011, the drug therapist created a care plan for Ian based on his presentation and discussions with him. Goals included: to attend all therapy appointments; to engage with treatment for Hepatitis C in order to clear the virus; to significantly improve his mental health; to be drug free of opiates and amphetamine and reduce methadone to detox.
138. Ian failed to attend a hepatology outpatient appointment the same day and was discharged from the service.
139. Christine attended a routine antenatal appointment at Leeds Addiction Unit on 19 January 2011. The Health Visitor at Leeds Community Healthcare contacted the Drugs Liaison Health Visitor at Leeds Addiction Unit on the same day after receiving a copy of the Parenting Assessment. The Health Visitor was informed that Ian drank; he was registered with a Drug Addiction team and was on a methadone programme. He could be resistant to professionals.
140. The midwife from Leeds Addiction Unit contacted the social worker at Children's Social Work Service on 26 January 2011 to inform them that Christine had provided a clean urine sample. The midwife considered that the referral to Children's Social Work Service was what had been needed for Christine to make progress.
141. The social worker met with Ian the following day. He was described as perspiring profusely with sweat running down his face. He said he had been on a methadone programme for five years since his release from prison. He said he used heroin when the couple have more money and used alcohol now and then, most recently on 12 January 2011. He said that his offending was related to his drug use and that his conviction for violence in 1988 related to a pub fight. He denied that he had been aggressive to Leeds Addiction Unit staff. He also spoke about his children to a former partner.

142. On 28 January 2011, the social worker spoke with Ian's drug therapist who had been working with him for five years. The drug therapist said his drug of choice was amphetamine and he used heroin to 'come down'. The drug therapist reported that Ian had told her that he had last consumed alcohol on 21 December 2010. The discrepancy regarding his last reported drinking of alcohol does not appear to have been investigated. His urine had not been tested for over a year and the drug therapist agreed to arrange a test. It appeared that drug agencies working with Christine and Ian were not in communication with one another.
143. The social worker's manager recorded a Strategy Discussion on 2 February 2011, noting that the level of the parents' drug and alcohol use whilst on methadone indicated that they were unable to prioritise their unborn child's needs above their own. It was decided that a Core Assessment should be undertaken and Initial Child Protection Conference (ICPC) held. This decision was over ten days after the initial assessment appears to have been completed (see 19 January 2011). The reason for this delay is not clear. If the referral had been made earlier in the pregnancy, a full pre-birth assessment would have been completed. The case was allocated to a new social worker (SW2) to work alongside SW1.
144. On 9 February 2011, the social worker (SW1) spoke to Ian on the phone about the initial child protection conference. He was unhappy with the initial assessment and said that he intended to seek legal advice. The following day, he confirmed to the social worker (SW1) that the couple would co-operate with the core assessment.
145. On 10 February 2011, the social worker (SW1) undertook the first core assessment sessions with both Christine and Ian. Christine said that she had started taking drugs when she was 19 and that it had been at its most intense when she was 22. She admitted injecting into her groin and that she had started to develop blood clots. She said she had not taken drugs since being pregnant. She had been in a relationship with Ian for three and a half years and said they had experienced 'more ups than downs'. She said that the police had attended a few times to remove Ian from the house but it was for "nothing serious, just pushing and shoving". Both Ian and Christine acknowledged that alcohol was usually a factor when the police had been called. Ian confirmed that he still had contact with his children from a former relationship.
146. Ian attended an appointment with his drug therapist on 14 February 2011. He was very upset about the involvement of Children's Social Work Service. His urine test results the following day proved positive for cannabis and methadone. He told a nurse at the health centre that he wanted a re-referral to hepatology.
147. On 17 February 2011, a Health Visitor (HV3) prepared a report for the pre-birth Initial Child Protection Conference (ICPC) which identified that there appeared to be significant risk to the unborn baby from the parents' drug and alcohol use which could affect their ability to safeguard and prioritise the baby's needs.

148. On 18 February 2011, the drugs liaison health visitor carried out a home parenting assessment. Ian refused to engage and left the assessment.
149. The drug therapist from York Street Practice prepared a report for the Initial Child Protection Conference but gave apologies for the meeting itself. The report said that Ian had accessed drug treatment services following his release from prison and whilst on probation. He was reported to have engaged well with treatment, attending all his appointments and complying with the medication prescribed. (*Author's note: This was not an accurate reflection of his attendance.*) He was stabilised on methadone but had continued to use amphetamine and heroin until recently. He continued with alcohol on paydays but never presented as intoxicated. He was reported as suffering from moderate to severe social anxiety and had a diagnosis of depressive disorder. He had a history of deliberate self-harm and overdosing. The report concluded that the drug therapist was not able to comment on Ian's ability to parent but that he had shown a great deal of commitment to his drug treatment and his resettlement in the community following release from prison. He was reported to have shown particular commitment to his developing relationship with his partner and the birth of their baby.
150. Two social workers (SW1 and SW3) visited the couple on 18 February 2011. Ian again disputed the information in the report from Leeds Addiction Unit that he had a history of aggression. Christine said she thought it was a good report. The social workers explained that they would be recommending a child protection plan under the category of neglect and emotional abuse. They discussed how to manage Ian's anxiety at the meeting and agreed he would sit near the door.
151. The initial child protection conference was held on 21 February 2011. It was agreed that the unborn baby would be subject to a child protection plan under the category of neglect. It was noted that there had been three reported domestic disputes between the couple. The plan stated that under an existing domestic violence protocol between the police and Children's Social Work Service, all incidents in which there was a child under the age of one in the household were to be reported to social care. The parents were to tell the allocated social worker if any incidents of domestic violence took place. Weekly engagement with Leeds Addiction Unit, including toxicology and therapy, was to continue. A planning meeting was booked for a month later.
152. On 22 February 2011 at 16:41, Yorkshire Ambulance Service attended Address 1 after Christine went into labour. She was conveyed to St. James's University Hospital where Hope was born by spontaneous vaginal delivery. The baby was full term but had a low birth weight. Hope was unwell due to withdrawal symptoms and was placed in the hospital's transitional care unit for 27 days for treatment of neonatal abstinence syndrome. Christine stayed in hospital with the baby. They were discharged on 21 March 2011.
153. The two social workers (SW1 and SW3) visited Christine and Hope in hospital on 28 February 2011. Christine said Ian did not want to see the social workers but she wanted to do the best for her daughter. She had found it difficult to see

her daughter showing signs of withdrawal. Christine asked the social workers to tell Ian that she had asked them to leave. The social workers advised that they could not tell a lie. It does not appear that they explored this as an indication of an underlying dynamic of Christine being controlled by Ian's behaviour.

154. On 4 March 2011, a midwife at the Transitions Ward in the hospital told one of the social workers (SW3) that Christine was really good with the baby and the baby was putting on weight. The social worker saw Ian and Christine on the ward on the same day. Ian was 'very jumpy'. Both parents signed the child protection plan.
155. The social workers (SW1 and SW3) completed the core assessment on 9 March 2011. This assessment provided more detail of Ian's criminal history. He had received a six-month prison sentence in 1988 for Grievous Bodily Harm. He was noted to have been involved in two other domestic violence offences, one against a former partner and another against a family member. He had attended cognitive behavioural therapy but without success. He had just become a grandfather. The couple's relationship is referred to as 'stable' despite information about domestic violence, including when Christine was pregnant.
156. The social workers (SW1 and SW3) visited Christine, Ian and Hope in hospital on 10 March 2011. During the visit a midwife said that another patient had reported that Christine had asked her to provide a urine sample. The midwife noted that Christine might not be reliable but she had given warm urine samples so the midwife was confident that these were Christine's and not someone else's. The Drugs Liaison Midwife asked Christine about the allegation of falsifying her urine sample the following week. She was reported to become very upset and denied the allegation.
157. On 16 March 2011, the social worker from the initial intake team (SW1) asked for the case to be transferred to the care management team. However the manager of the care management team said they did not have the capacity to take on this case and suggested to the service delivery manager that it should be unallocated.
158. Ian attended an appointment with his drug therapist on 14 March 2011. He reported that he had told Christine about his Hepatitis C status and had not had a negative response.
159. Transitional Care Unit at the hospital contacted Children's Social Work Service on 18 March 2011 to report that the baby would soon be able to go home. They reported concerns that Christine had fallen asleep with the baby whilst feeding her on 10 March 2011. The bottle was removed from Christine's hand and the baby, who was crying, was removed from the bed. This all happened without Christine waking up. It was reported that Christine was currently prescribed amitriptyline, which may affect tiredness, but there appeared to be no consideration that she could have been under the influence of other substances at this time. Recent urine tests appeared to have been clean.

160. A core group meeting to follow up the child protection conference was held on 21 March 2011, attended by Christine, Ian and a number of professionals. The Child Protection Plan was reviewed but did not identify clear outcomes and specific time scales. It was agreed that Health Visitor 3 would visit the family monthly and liaise with the Leeds Addiction Unit.
161. Ian attended A&E on 24 March 2011 but did not wait to be seen. An alert on the hospital records said that he had the potential to be violent. (*Author's note: it has not been possible to determine when this alert was put on Ian's records and what prompted it*). He self-discharged.
162. On 25 March 2011, Health Visitor 4 undertook a birth visit to Hope as Health Visitor 3 was on sick leave. Christine and Ian were both present. Hope was reported to be feeding well on SMA hungry baby milk. She was a small baby. The Birth Visit standard care plan was completed. It was noted that the Leeds Addiction Unit midwife was visiting both parents and Hope was to be followed up in the Neonatal Abstinence Clinic.
163. Ian missed his appointment with his drugs therapist on 28 March 2011 but was seen in the clinic briefly the next day when he came to show staff the baby. He presented as being well and stable.
164. On 30 March 2011, Children's Social Work Service decided to transfer the case to a new social worker (SW4), which took place in mid-April.
165. Social worker 3 made a home visit on 4 April 2011. Christine admitted taking amphetamine a few days earlier. She said that the flat had been a mess and she needed it to give her energy. She said that Ian had cared for the baby when she took the drugs. Christine was advised that her continued drug taking would mean that the baby would remain on a child protection plan. There was no consequence to Christine taking drugs and there is no record that the social worker informed other professionals.
166. Ian saw his drug therapist on 11 April 2011. He was given a double prescription of methadone to cover the bank holiday weekend. He had previously been on three times a week unsupervised collection but this had been changed to once weekly collect from the end of March 2011 to fit in with Christine who also collected once weekly at chemist.
167. On 12 April 2011, Health Visitor 4 visited the family. Hope was growing and developing normally and appeared well. Christine gave her gripe water for colic and was bathing a sticky eye with cooled boiled water. No particular concerns were identified.
168. Ian took an overdose of methadone and alcohol on the night of 17 April 2011 following an argument with Christine. Ian told A&E staff that he had taken the overdose in front of Christine although Christine gave a different account to the police. She called West Yorkshire Police at 23:14 saying that she was concerned for her ex-partner (Ian) as they had split up that day. She thought he would overdose on methadone as he had saved up approximately 500-600ml of it. He had taken the methadone with him and left Address 1. She thought he might go to the cemetery as he had gone there before and talked to dead

people. The police commenced an area search and found him at 00:04. Ian was arrested under section 136 of the Mental Health Act and taken to St James's Hospital.

169. He was discharged from A&E to the Becklin Centre on 18 April 2011 where he was assessed. Ian said in the assessment that his partner had moved out to stay with her father. He had taken the overdose following 'drinking two litres of white cider' though he 'denied an alcohol addiction'. He said that the problems stemmed 'from his partner's drinking'. Long term 'cutting' was noted in the assessment. This was superficial and described as a 'way of coping' and 'a release of tension'. There were no current depressive or psychotic symptoms or suicide ideation. Ian regretted his actions and wanted to go home. He was discharged from the section 136 and advised to speak to his drug worker and see his GP as soon as possible. The hospital spoke to Ian's drug therapist who agreed that Ian would be placed back onto daily-supervised methadone collection to reduce the risk of overdose. A note was added to his records that he should not be reduced to weekly collection again even when reducing his dose due to the risk of overdose.
170. On 19 April 2011, Ian saw his GP. He said the overdose was an impulsive act following a dispute with his partner. He had been stockpiling methadone as he had been reducing his dose himself. At an appointment a week later, Ian asked to increase his methadone dose as he had been smoking heroin daily.
171. Health Visitor 3 visited on 28 April 2011. Hope was responding well and was very smiley, cooing at her mum. Christine was cuddling Hope and the health visitor observed lots of eye contact between them. Christine reported feeling happy and delighted with Hope and was very interested in the baby's development. Christine told Health Visitor 3 about the argument with Ian the previous week when she had asked him to leave. Ian had threatened to kill himself and drank a whole bottle of methadone. Christine said that she felt Ian had a hold over her as every time they had an argument he threatened to kill himself. She did love and care for him but she was worried about the future. They discussed that it was probably an act of self-harm rather than a deliberate attempt at suicide as he did it in front of her. Health Visitor 3 identified that Christine was clearly showing she would safeguard Hope from Ian. She recorded that Christine did not report any domestic violence. However there is reference to a history of domestic violence. It is believed that this information was received at the initial child protection conference. There is also reference to Christine not wanting counselling with regard to the death of her own mother.
172. On 3 May 2011, Ian attended A&E with suicidal thoughts, under the influence of alcohol. He was admitted to the Clinical Decisions Unit but self-discharged.
173. Ian did not attend meetings with his drug therapist on 9, 16 or 27 May 2011. He did not attend his hepatology outpatient appointment on 18 May 2011 and as a result he was discharged from the hepatology service.
174. The Child Protection Review Conference took place on 11 May 2011. Health Visitor 3 had prepared a report, which was positive about Hope's progress. Concerns were raised at the meeting regarding Ian's impulsive behaviour and

his recent overdose. Christine also disclosed that she had relapsed and took amphetamines on one occasion and drank two cans of lager whilst the baby was in the care of Ian. These concerns did not prompt any further action by professionals or offers of additional support. The meeting decided to continue with the existing Child Protection Plan and review in three months.

175. Christine's brother, Adam, died of an overdose on 19 May 2011.
176. On 24 May 2011, Hope was seen with both parents at the Neonatal Abstinence Syndrome clinic. She showed mild symptoms of withdrawal but no neurological signs. Christine was to be referred to hepatology to confirm if she needed Hepatitis C treatment and Hope would be screened for Hepatitis C at her next review.
177. On 25 May 2011, Health Visitor 3 made a home visit. Christine, Ian and Hope were present. There were no concerns identified about Hope's development. Christine reported that her brother had died the previous week, aged 45. Ian was keen to know how to help Christine. He was reducing his methadone and feeling emotionally stable. He was proud of Hope. He discussed how his father was violent towards his mother and that they had mental health problems. Ian was noted to have jerky movements to his arms and legs. He reported he had had this since adolescence and it was worse if he was feeling anxious.
178. On 1 June 2011, Leeds Floating Support received a referral form from the health visitor regarding providing floating support for Christine. It said that social care was involved and outlined previous domestic violence and drug use. She wanted to be rehoused to a larger property as she was currently in a one-bed flat with her partner and child. Leeds Floating Support sent Christine a letter with an appointment for 7 June 2011 for an assessment.
179. On 2 June 2011 the Leeds Addiction Unit health visitor recorded that there were no concerns and that Christine was enjoying looking after the baby. There were no concerns on the next contact on 17 June 2011, but the health visitor noted that Christine was upset over the lack of social work support.
180. Christine did not attend the assessment appointment at Leeds Floating Support on 7 June 2011. A new appointment was sent for 14 July 2011, which she did not attend. Leeds Floating Support contacted Christine's social worker who contacted Christine and as a result Leeds Floating Support arranged an appointment for 26 July 2011.
181. Ian and Christine brought Hope to a routine clinic appointment on 14 June 2011. Health visitor 5 noted that Christine appeared clammy and that both she and Ian appeared jittery. Health visitor 5 discussed this with Health Visitor 3 who was visiting the family at home each month but no action is recorded.
182. Ian attended A&E on the morning of 23 June 2011 describing a four-day history of low mood and suicide ideation following an argument with his partner. On attempting to reconcile with his partner she said that Ian needed to get help before he can return to the family home. He attended A&E actively seeking admission, however when advised that in-patient treatment did not appear to



be indicated he walked out of the assessment. Ian left the department that afternoon before a discharge plan could be formulated.

183. Christine called West Yorkshire Police at 21:55 on 23 June 2011 to report that her ex-partner (Ian) had left her house saying that he was going to kill himself. He had Stanley knife blades with him. She said that they had split up two days previously. He had been to the house saying he wanted her back. When she said no, he threatened to kill himself and left. The police located Ian near Christine's address about 20 minutes later. He was searched and found to be in possession of capped razor blades. He was arrested to prevent any further breach of the peace as the police believed he would return back to Christine's address to pester her.
184. A DASH risk assessment was completed which indicated that Christine was at medium risk of harm. It appears it was completed by the officer subsequent to attending the address. It failed to specify any of the risk factors present (for example separation, mental health or substance misuse) and stated that there had been no previous domestic history, which was incorrect. It did not make reference to Hope but the Police Safeguarding Unit correctly made a referral to Leeds Children's Social Work Service regarding Hope, although the entry recording this was not made until 29 June 2011. Christine said that she did not wish to continue a relationship with Ian and was recorded as giving consent for referral to other agencies. There is no evidence that such a referral to support agencies was made.
185. Ian was taken to the police station. He was noted to have cut his arms and chest the previous day, to be a recovering heroin addict and to have issues with depression and anxiety. The police requested a Forensic Medical Examiner from Serco Health to attend to determine Ian's mental condition and whether he was fit to be detained. He was seen by the Crisis Team from LYPFT early in the morning of 24 June 2011 at the police station. He refused a full assessment but did speak about ending his life and said he'd had enough. When posed challenging questions, Ian ended the assessment.
186. Ian later agreed to a further assessment and the Crisis Team attended again late in the afternoon of 24 June 2011. They recorded the recent break-up of his relationship. He said he had a 'shit life' but was unwilling to consider ways in which he could address this. He had been 'depressed for years' and had felt suicidal for 'a long time'. He acknowledged that his current difficulties were more of a social nature – lack of housing and not currently receiving benefits. He admitted to six or seven overdoses in the past and a previous attempt at self-strangulation using a washing line. He was using heroin intravenously 2-3 times per week on top of methadone. He said he had no desire to stop using heroin – 'I enjoy taking it'. He believed in-patient admission to hospital would benefit him. The Crisis Team concluded that there was no evidence of acute deterioration of mental state and declined to accept Ian as a sectioned or voluntary referral. He was given accommodation advice and referred to his GP. Ian had been sleeping rough and the police contacted Leeds Council Emergency Housing who arranged a hotel bed for three nights. He was

released from custody on the evening of 24 June 2011 and taken by police to the identified accommodation.

187. A child protection core group meeting was held on 24 June 2011, attended by Christine, her sister, Children's Social Work Service, Leeds Addiction Unit, the Health Visitor and a neo-natal specialist. Christine was concerned about Ian's mental health and that he did not have access to support. Ian's whereabouts were not known following his arrest (*Author's note: it appears that he was still in police custody*). Christine also requested support with her housing.
188. On 27 June 2011, Ian was seen at his GP practice and also by the practice nurse. The nurse dressed self-inflicted wounds on his left arm from two days previously. His urine test was positive for amphetamine, morphine, cannabis and methadone. He saw a different GP on 30 June 2011. His methadone was increased to 50mls. He discussed the incident earlier in week and said that he cut his wrist in front of his girlfriend to get her to take him seriously. He said that his time in police custody had given him time to think. He realised that his daughter needed him and he needed to be stable for her. He said he was now more confident his partner would not leave him as others have.
189. No one was at home for a planned home visit from the health visitor on 30 June 2011. This was the first time a pre-arranged appointment had been missed. The Drugs Liaison Midwife saw Christine, Ian and Hope on a home visit on 4 July 2011. Christine had 'taken Ian back' after his time in custody. The home situation was recorded as calm. At another home visit three days later it was noted that Christine had told Ian 'not to drink at home'.
190. Ian attended an appointment with a different drug therapist (drug therapist 3) on 7 July 2011 and they discussed how he handled stressful situations. Ian was advised to go for a walk with his dog to calm down when things start to escalate.
191. Health visitor 3 saw the family on 8 July 2011. Hope was noted to be smiling and laughing, clean and "well presented". Toys were visible in the room. She was taking weaning foods. Ian and Christine were reported to be back together. Ian said that being arrested for 24 hours had helped him to think. They had separated for one week. The health visitor noted that no violence was recorded. Both parents felt they were working well together, seemed comfortable with each other and were able to talk about their relationship.
192. Christine called the police at 11:09 on 9 July 2011 to report Ian as a missing person. They had had an argument the previous night and he had walked out. Christine had woken to find he had not returned and had taken her anti-depressant tablets with him. The police created a missing persons report. Ian took an overdose of 60 amitriptyline tablets and was found that evening collapsed outside St. James's University Hospital. He was admitted as an unknown person but as soon as he woke up on 10 July 2011 he absconded from the ward. Christine contacted the police at 08:30 to report that Ian had been in touch and said he was coming home. It is unclear if he did return home as drugs therapist 3 was still looking for him on 13 July 2011. He was found that day when drug therapist 3 contacted the chemist where Ian collected his

methadone to be told that Ian was there. The drug therapist talked to Ian who said he was fit and well and just needed time out on his own. He was now returning to his home address.

193. Ian saw drug therapist 3 the following day. They discussed that Ian was self-harming to get people to listen but he needed to find another solution rather than drug overdoses to put his point across. Ian agreed to not do anything to harm himself for the moment and agreed to explore other options to help him.
194. On 18 July 2011, the police created an intelligence report noting that potential offensive weapons (a chair leg arranged as a type of cudgel and a pipe wrench) had been seen behind an internal door at Address 1 when officers had attended to interview Christine about Ian being missing from home. Christine had said that Ian was concerned about potential trouble from the partner of an ex-girlfriend.
195. On 19 July 2011, Ian saw his drug therapist. Ian was reported as living back with Christine and the baby. He asked for a talking therapy appointment. The drug therapist suggested that Ian should have a mental health assessment and agreed to ask the psychiatrist about what type of therapy referral would be best.
196. Christine and Ian attended for an assessment appointment with Leeds Floating Support on 26 July 2011. They were currently in a Leeds City Council property, which was overcrowded so they needed to be re-housed. It was identified that Ian may have rent arrears from his previous property, that there were outstanding repairs and damp in the property, which was possibly affecting the baby's health. Support around debts and budgeting were identified. Ian had a history of mental health problems, self-harm and overdosing. Christine admitted suffering from depression. Both Christine and Ian denied that there was domestic abuse. Both disclosed they had criminal records for burglary, shoplifting and theft. Christine was sent an acceptance letter the following day and Children's Social Work Service were also informed in writing of the identified support needs.

### **August 2011 – December 2011**

**Core group meeting missed; Ian at A&E with excess alcohol consumption; Ian's psychiatric appointment; Ian assaults Christine and overdoses; Christine made to live with her father, Ian stays at her flat; Interim Care Order; Ian overdoses; Ian overdoses again; Christine starts detox; Leeds Floating Support provide support for Christine; assessments; Christine applies to be rehoused; Christine's positive tests; Christine's suicide attempt; Hope taken into care**

197. On 1 August 2011, Ian and Christine did not attend the child protection core group meeting. This was the first child protection meeting that they had missed and the following day they told the social worker that they had forgotten about it. The meeting concluded that progress was being made and noted the lack of salient concerns and the possibility of removal from a Child Protection Plan.

198. Ian did not attend the meeting with his drug therapist on 2 August 2011. On 4 August 2011, he presented to A&E. He had consumed a large amount of alcohol and was experiencing fleeting auditory hallucinations. He had 'snarled at three children who he thought were laughing at him' and attended A&E because he was scared by his own actions. He denied any intent to harm himself or others and had no plans to end his own life or self-harm. The specialist registrar did not identify any treatable mental health issues and believed that Ian had a degree of responsibility for his own safety and engagement with services. He was to engage with his drug rehab service and said his next appointment was on 5 August 2011. Ian became angry during the assessment and subsequently walked out.
199. Potential risks identified during the assessment were:
- 1) risk to self from deliberate self-harm – usually cutting but also multiple attempts on life from overdoses in past;*
  - 2) significant history of violence to others in the past but on this occasion denied any intent to harm others including partner & 6-month old daughter;*
  - 3) Social services involved with daughter – I will contact them regarding my contact with Ian – he is aware of this.*
200. The Drugs Liaison Midwife from Leeds Addiction Unit made a home visit on 4 August 2011. Leeds Addiction Unit contacted Leeds Children's Social Work Service the same day to inform them that Christine had admitted misusing alcohol over the last few weeks, drinking four litres of cider through the day. Christine said her alcohol use was linked to her brother's death. Christine was requesting help and had been booked in for detox from 22 August 2011.
201. Health visitor 3 made a home visit to Christine, Ian and Hope on 5 August 2011. Hope was making good progress and was being weaned. Christine and Ian were reported to be well.
202. Ian attended an appointment with a psychiatrist at Leeds Addiction Unit on Monday 8 August 2011. He discussed his difficult upbringing, his history of offending and his drug use. He said he rarely used heroin but admitted to smoking cannabis and occasional alcohol use. He considered his main problem to be repeated self-harm which he wanted to stop. He described overwhelming emotions of anger and sadness and acting impulsively on them. The psychiatrist considered he had emotionally unstable (impulsive type) personality traits. Medication was considered to be unlikely to be of benefit and also presented a risk of overdose. Ian was to be referred to the dialectical behavioural therapy skills group and to continue gradual reduction of methadone but the referral was not made at this time, as Ian was subsequently considered too unstable following several overdoses in August 2011.
203. Ian attended A&E at St. James's University Hospital on 13 August 2011 having taken an overdose of prescription medication. At 10:17, the hospital called the police as hospital security were having to restrain Ian. He was drunk and violent. The police arrived promptly but by 10:41 Ian was recorded as being unconscious. He was breathing unaided but with difficulty. The consultant

thought he had taken a cocktail of drugs and was not sure whether he would survive.

204. Police attended Christine's address to convey her to hospital as Ian's next of kin. She said that they had both been drunk the previous night and had assaulted each other, she hitting him first. Hope was present during the incident but not harmed. This was correctly recorded as a domestic abuse crime.
205. Christine agreed to attend the hospital. Ian was treated in resuscitation and then transferred to the Leeds General Infirmary where he was admitted to Intensive Care. Ian had a CT scan, which revealed no internal/head injuries. No visible injuries were apparent on Ian although he did have fading bruising to his eye. Christine was noted to have a bruised eye.
206. The nurse looking after Ian told the police that he was very violent when he woke up on 14 August 2011. He refused to keep his oxygen mask on. He was given medication to settle him. He was transferred back to a medical admissions ward at St. James's University Hospital on 14 August 2011 before being discharged on 17 August 2011.
207. The police did not complete a DASH or obtain a statement from Christine on 13 August 2011 but a Safeguarding Unit officer visited her the next morning and completed the DASH assessment. It identified a number of risk factors, including that: the victim was injured, separation, child in last 18 months, offender has attempted to strangle/suffocate victim, offender has tried to hurt others, offender has abused family pet, financial issues, abuser has problems with drugs and mental health, abuser has attempted suicide, and has previous offending history. It indicated that Christine was at medium risk of harm. Given the developing history of calls in April, June, July and August, Ian's apparent psychiatric and substance misuse issues, the presence of a child under 1 in the household who was the subject of a child protection plan and Christine's own issues with addiction, consideration should have been given at this point to assessing as high risk<sup>11</sup>. A high-risk assessment would have triggered referral to a Multi-Agency Risk Assessment Conference (MARAC). The medium risk assessment may have been influenced by the fact that Ian was critically ill in hospital but this was only a temporary situation. Christine declined consent for further support or onward referral.
208. The police asked Christine to make a complaint statement but she refused. She confirmed that they had been arguing and that she had sustained a black eye. She said her friend had taken the baby when the argument started. She could not recall if she hit him first as she was heavily intoxicated. She said Ian took an overdose when he saw the injury to her face. Christine said she wanted to remain in this relationship as she loved Ian. The problems arose due to his anger issues and her alcohol problems. She said he had been assessed by a psychiatrist and he may have a personality disorder and depression. The

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<sup>11</sup> High risk is defined as: There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

hospital would offer support, which she felt positive about. She said she was due to start detox at Leeds Addiction Unit on 22 August 2011 and was positive she would do this for the sake of her daughter. Christine declined consent for further support or onward referral. The police told Christine that they would be making a referral to Children's Social Work Service regarding Hope. She reacted angrily, shouting at the officer and telling them to get out of the house.

209. The police referral to Children's Social Work Service was made on 14 August 2011 with a discussion of the circumstances taking place on 18 August 2011. St. James's University Hospital had already made a referral to Children's Social Work Service on 13 August 2011 regarding Ian's admission and concerns that Christine was seen with a bruised eye which Children's Social Work Service referred to Emergency Duty Team EDT. On 15 August 2011, Children's Social Work Service contacted the Health Visiting Service to advise them of the assault on Christine and the overdose and to check when the family was last seen by the health visitor. Information about the visit of 5 August 2011 was shared with Children's Social Work Service. The social work team manager undertook an audit of work with the family, which highlighted significant concerns with the quality of case recording and visits not being in accordance with procedural requirements<sup>12</sup>. A social worker visited Christine on 15 August 2011 who was seen to have a 'black' eye. Christine said that on 12 August she and Ian had been arguing most of the day and both had been drinking. Christine 'felt things were getting serious' and arranged for a friend to care for the baby from 5pm and overnight. She said that Ian had left the house at 9.15am on 13 August 2011 and was waving a box of tablets. He left a note expressing his sorrow for what he had done and said 'it's best I go and die somewhere'. Christine admitted drinking cider over the previous month. She was asked to agree to Hope being accommodated by the local authority under s.20 of the Children Act 1989 but she refused. Children's Social Work Service agreed that Christine and Hope would move to reside with her father who would supervise her care of Hope. This was formalised in a written agreement, which specified that Christine and Ian must live apart, and confirmed in an Interim Care Order that the local authority applied for on 16 August 2011.
210. Christine and a children's social worker (CSW6) brought Hope to an appointment at the Neonatal Abstinence Service on 16 August 2011.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Christine was noted to be sweaty and agitated. She had a black eye and discussed the recent violent incident and Ian's subsequent overdose. Christine reported that Hope was at a friend's house and not in the family home during the altercation. Christine said she drank more when Ian was at home and she was now drinking 1.5 litres of cider a day. The doctor noted that Christine was living with her father and paying someone to walk her dogs at her previous property.

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<sup>12</sup> The social worker involved (SW4) was subsequently asked to leave the council.

211. On 16 August 2011, a duty social worker phoned Ian's drug therapist to inform them of the overdose and assault on Christine and that a case conference would be held soon. The therapist noted that there had been an escalation in Ian's serious self-harming behaviour, particularly since the birth of the baby. The drug therapist formulated the following plan for work with Ian: to place him on daily supervised only; no weekend takeaway to prevent incidents when methadone was stock-piled & used to overdose; close monitoring of well-being from GP and multi-disciplinary team; continue plan to refer to personality disorder network.
212. On 17 August 2011, social worker 5 visited Christine, her father and baby and served the court papers relating to the Interim Care Order. On the same day, the social worker visited Ian in hospital and served the court papers on him. He told the social worker to "F\*\*\* off" and put the papers in the bin. The staff nurse reported that Ian had been violent to another patient on the ward and was withdrawing badly from alcohol. He had spoken to Christine that morning which she had not told the social worker.
213. Ian was discharged later that day. His release did not prompt any review of risk in relation to Christine or Hope. He took a heroin overdose the following day, 18 August 2011. At 18:13 Yorkshire Ambulance Service received a 999 call from Ian's 13-year-old son who said, "It's my dad's house (Address 1), I've just come in; he's laid on bed and there's a needle at the side of him". A female adult was heard in the background asking Ian if he was ok and whether she should get Christine. A Rapid Response Vehicle (RRV) and a Double Crewed Ambulance (DCA) were dispatched and arrived on scene at 18:19 and 18:24 respectively. Ian was alert and consented to treatment after initially refusing naloxone (opiate reversing drug) and refusing admission to hospital. The Patient Report Form recorded that "patient has taken overdose of heroin. 3x £10 bags injected IV into groin." Ambulance staff made the scene safe, securing a syringe with blood in it. Ian's children were left with their friends. The attending ambulance crew documented a safeguarding concern in relation to Ian's children and rang Leeds Children's Social Work Service at 19:24 to make a referral. Ian was taken by ambulance to St. James's University Hospital where he was admitted.
214. Ian was discharged on 19 August 2011 after seeing liaison psychiatry who concluded there was no evidence of pervasive low mood. He did not want to attend Leeds Addiction Unit and would not contact the Crisis resolution home team as he was unhappy with his previous assessment. He told liaison psychiatry that his children were a protective factor and he would fight to regain access to his baby. He said his relationship with his partner was generally good. He agreed to contact his GP/drug worker to discuss 1:1 support.
215. Leeds Teaching Hospital Trust contacted Children's Social Work Service on 19 August 2011 to inform them about Ian's heroin overdose and other recent attendances at A&E. Ian was noted to have previously taken an overdose after an argument with Christine and the hospital was concerned that the baby might be present when these arguments occurred and about the environment for Hope. It was noted that the Ambulance Service had some concerns when they collected Ian and a referral was following up.

216. On the same day, the local authority obtained the interim care order with an initial care plan that Hope would remain in Christine's care subject to Placement with Parents Regulations but with both residing with Christine's father.
217. Ian discussed the overdose with his GP on the day of his discharge from hospital. He said he definitely wanted to die on his last two suicide attempts. He said, "[I] just need something to stop me wanting to die... One day they'll find me dead and realise I did need help". When the GP broached the subject of daily-supervised medication he walked out. The GP contacted the Crisis team at the Becklin Centre who agreed he was very high risk. They tried to contact him by phone and when they were unable to they asked the police to conduct a welfare check. Police officers attended Address 1 but there was no answer. They attended again three hours later and found Ian who appeared fit and well. This information does not appear to have been passed to either the Safeguarding Unit or the officer investigating the assault.
218. Ian saw his drug therapist on both 22 and 23 August 2011. He said he had overdosed and was found by his children. He said that the children did not live with him so they were not at risk. He seemed unaware of the impact on the children of finding him overdosed. He could not remember if he was taken to hospital. He also told the drug therapist that he was moving back into Christine's house to look after the pets while Christine remained at her dad's with the baby. He said he would be 'doing life' if the social workers removed the baby to foster care as had been suggested the previous week. This implied threat was not shared with any other agency. The drug therapist talked to Ian about how he shifted responsibility to others, rather than recognising his own difficulties with emotions. Ian said he was okay in prison because of the structure. He felt safe with the boundaries imposed on him.
219. Christine started a detox programme on 22 August 2011. Social worker 6 visited Christine and Hope on 23 August 2011. She admitted to talking cannabis ten days earlier. She said she wanted to be with Ian if 'he sorts his head out' and gets off drugs. She spoke of the violence between them as being a shared responsibility. She admitted to hitting him first on 12 August 2011 but that he hits harder. At the end of the meeting she said that 'she and Ian are a lethal cocktail together and they should not be in a relationship' despite wanting to be for the baby.
220. On 24 August 2011, Christine was discharged from the hepatology department at St. James's University Hospital for failing to attend liver clinic appointments.
221. On 26 August 2011, Ian told his drug therapist that Christine wanted him to move out of her flat so she could move back in with Hope. He was advised to go to housing advice to apply for housing. Ian said he thought that past charges against him related to a gun found in his loft might go against him being housed in a hostel or social housing.
222. The Drugs Liaison Midwife made a home visit on 30 August 2011. Christine had completed the detox programme and was motivated to remain alcohol free.



Leeds Addiction Unit continued to make regular visits to Christine at her father's address over the next three months.

223. A direction hearing was held on 31 August 2011. The court agreed that Ian could have supervised contact with Hope once per week, subject to his health. Concerns were noted about whether Christine's family would be able to give her sufficient support for her to remain drug/alcohol free. It does not appear that Children's Social Work Service put in place a plan for additional professional support for Christine to address this.
224. On 1 September 2011, Ian attended St. Anne's RAISE service<sup>13</sup> to collect his benefits. He attended the service either every other day or weekly between 1 September 2011 and 12 April 2013.
225. On 2 September 2011, Health Visitor 3 made a home visit. Christine, her father and Hope were present. Hope was very sociable, laughing at her mum, mirroring facial movements and kissing her. **Mentions minor medical condition**. Christine had completed an alcohol detox and looked well. They discussed the violent incident of 12 August 2011. Christine said they were arguing and Ian had punched or slapped her. Christine was no longer in contact with him but he wanted access to Hope, which would be supervised. Health Visitor 3 told Christine that she was leaving her job and would no longer be visiting.
226. A Child Looked After Review meeting was held on 5 September 2011. Hope, Christine and her father were present. The meeting confirmed that Christine was not allowed direct or indirect contact with Ian, who would have supervised contact with Hope. A number of assessments relating to parenting, risk assessment and alcohol and substance use would be undertaken to assess Christine's capacity to separate from Ian. Christine's father would supervise her care of Hope in the short term. Hope was meeting her milestones. She was 'looked after' and subject to a child protection plan whilst court proceedings were ongoing. It appears that the Head of Service Decision and Review Panel (HOSDAR) (which makes decisions about legal proceedings) did not consider it was appropriate to approve a mother and baby placement to assess Christine's parenting capacity in light of her long standing drug and alcohol dependency. All agencies needed to monitor whether significant change was being sustained and risk reduced. Monthly information sharing meetings would take place with Christine, Leeds Addiction Unit, the Health visitor and other relevant agencies including those working with Ian. There is no record of any consideration of where Christine could access support to meet the requirements of the plan and to deal with the risks and losses she was facing.
227. Leeds Floating Support allocated Christine to a member of staff on 7 September 2011, who contacted Christine by phone on the same day. Christine told the worker about the violent incident of 12 Aug 2011, Ian's overdose and the requirement for Christine to move to her father's address. She said social

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<sup>13</sup> RAISE is a homeless drop in service run by St. Anne's Community Services. Ian accessed it as a safe mailing address and during periods of homelessness.

- care had forced them to split up. She had not informed Housing because Ian was living at the flat. Christine said she was due in court on Friday to decide who should have responsibility for her daughter. Christine thought she may be asked to move in to Browning House (a residential information unit for parents) and she was prepared to do so.
228. On 7 September 2011, Ian had contact with Hope, supervised by social worker 6. The contact was positive but Ian said that he was very lonely at home. He rarely left his bedroom and was having trouble sleeping. This was not followed up with other professionals to ensure his wellbeing. Weekly supervised contact takes place over the months that follow.
229. Social worker 6 visited Christine and her father the following day. Christine said that she understood that she could not live with Ian but it made her sad. She acknowledged that despite Ian being a good dad some of the time, his behaviour was volatile and risky to their baby.
230. On 9 September 2011, social worker 6 spoke to Ian's drug therapist. The drug therapist reported that a psychiatric assessment suggested Ian had a personality disorder and he had a dual diagnosis of mental health disorder and drug dependency. He was working on Dialectic Behavioural Therapy which was long term but may help his responses. She had never felt threatened by Ian and felt that the baby and workers were safe in a supervised setting.
231. Ian had an appointment at his GP practice (with GP5) on 13 September 2011. He said he wanted to reduce his drug intake. He recognised that drugs had been controlling him. He had blamed all his problems on drugs but knew that he needed to accept his issues and deal with them independently of drugs. A reduction plan was agreed with his drug therapist.
232. On 15 September 2011, Health Visitor 7 made an introductory visit. Christine, her father and Hope were all present. Hope appeared clean and well dressed. She was weaning and developing well, rolling and crawling backwards. She had a good night sleep routine. Christine and Hope interacted well and displayed a good attachment to each other. Christine was very welcoming. She reported that she was on a methadone programme and intended to reduce her dose gradually until she stopped. She was being supported by the Leeds Addiction Unit and had just completed an alcohol detox.
233. The Drugs Liaison Midwife made a home visit on the same day. Christine's urine sample tested positive for amphetamine. Children's Social Work Service were notified of the positive test the following day and contacted Christine who said it was a rogue result and that she would not jeopardise the baby.
234. Christine took Hope to an appointment with her GP on 22 September due to concerns about a cough and cold. Hope was described as alert, active and smiling.
235. On 23 September 2011, one of the police officers that had interviewed Christine on 14 August 2011 phoned her to ask her whether she would like to pursue a complaint against Ian. She was noted to be polite and stated that she had previously told the officer that she did not want to make a complaint and

that her position had not changed. She said that she had no contact with Ian and was currently living with her father. In November 2011 the report was finalised as 'no crime' by the district Detective Inspector on the basis that there was no credible information to confirm what had taken place other than the initial verbal information. The police did not interview Ian.

236. On 26 September 2011, a health needs assessment by Leeds Community Health identified that Hope might have foetal alcohol spectrum disorder linked to Christine's alcohol use during pregnancy.
237. Ian had an appointment with drug therapist 3 on 27 September 2011. He continued to display some insight into his self-harming behaviour as a reason for his family being kept away from him.
238. The Leeds Floating Support worker met with Christine at Hope's nursery on 29 September 2011. Christine said it was working out ok at her dad's. She understood why the relationship with Ian had to end and Hope was her main focus. She wanted to put in a housing application but needed ID and it was at the flat. The worker suggested that Christine speak to the social worker about this to see if she could help. They agreed to start to work on the support plan at the next visit.
239. The social worker undertook an assessment with Christine on 29 September 2011 who admitted to drinking 'the odd can of lager on three occasions'. She said this was in response to the stress of the court proceedings. She said she was not having contact with Ian and had abstained from drugs.
240. Social worker 6 contacted Leeds Floating Support (a floating support service that specialises in providing support for families experiencing alcohol /drug use) on 3 October 2011 regarding alternative housing for Ian so that Christine and Hope could return to Address 1. A meeting was arranged to offer Ian advice on his housing options he but did not turn up.
241. On the same day, social worker 6 spoke with her manager and agreed that Christine should be told she must abstain from alcohol before Children's Social Work Service would agree to her being the baby's sole carer. There is no record of what additional/alternative support would be provided to help Christine to achieve this. *(Author's note: Christine had been receiving support from Leeds Addiction Unit for the previous 10 years. Although this support was continuing, there should have been consideration of whether alternative/additional services might have more impact).*
242. On 4 October 2011, Christine's Leeds Floating Support worker spoke to Social Worker 6. They agreed to conduct a joint visit on 18 October. The social worker informed the Leeds Floating Support worker that she was writing an interim report at the end of November and the final hearing was scheduled for February 2012. The social worker said the plan was for Christine to move back to her flat in November to see how things go with Christine living independently.
243. The Leeds Floating Support worker saw Christine at her father's on 4 October 2011. Christine, her father and Hope were present. Hope was appropriately dressed and interacted well with both her grandfather and Christine. Christine

got tearful during the session when discussing what may happen to her dog and cats if Ian was asked to leave her tenancy. Her mum had given her the dog. Christine's father felt that Children's Social Work Service were giving more consideration to Ian than Christine and Hope. They discussed Christine moving back to the flat. She said that was what she wanted short term but ultimately she wanted to move closer to her dad. They discussed Christine's positive drugs test. Christine said she hadn't taken anything and had done another test the next morning which had come back clean. They also discussed her drinking. Christine was waiting for medication from Leeds Addiction Unit to help with cravings. She said that Hope's guardian had told Ian that if the psychological assessments came back and Christine and Ian were compatible, there was no reason why they couldn't get back together. The Leeds Floating Support worker said that as far as she was aware, Social Care had major concerns about their relationship. She knew it was hard but it was important for Christine to try and accept it was over. They began to work through a support plan and identified Christine's support needs.

244. Christine registered an application for rehousing with Leeds Homes on 12 October 2011. She was supported by Leeds Floating Support. The reason for rehousing from her one-bed Council flat was given as requiring a house due to the birth of her daughter. She also expressed a wish to move closer to her father. She was recognised as needing a two-bedroom property. She made 18 bids for available properties under the Choice Based Lettings system between 19 October 2011 and 7 December 2011 but was unsuccessful.
245. The Independent Reviewing Officer (IRO)<sup>14</sup> spoke with Ian on 13 October 2011 as part of the review process. Ian minimised the concerns raised and felt that Hope's solicitor had pre-judged him. He identified Christine's brother as a potential carer for the baby should he and the victim not be able to care for her.
246. On 13 October 2011, Health Visitor 7 made a home visit. Christine's father reported that Christine and Hope were at the solicitors. Health Visitor 7 contacted social worker 6 on the same day who said that Christine was having a psychiatric assessment. She also reported that Christine was still using alcohol and drugs as well as her methadone and has had a positive drug test for amphetamines. The social worker was considering asking Christine to stay at her father's for 12-18 months.
247. Social worker 6 contacted legal services and the guardian on 13 October 2011 to advise that Ian refused to move out of Address 1 (where Christine was the registered tenant) and that Christine had had one positive urine test for amphetamine and admitted to drinking alcohol on four separate occasions in the last four weeks. The social worker suggested that the local authority should either obtain a care order and remove Hope from Christine's care or require Christine to continue residing with her father for a further 12-18 months.

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<sup>14</sup> The role of the Independent Reviewing Officer is to have independent oversight of the way that looked after children are being cared for and to chair reviews for children who are subject to care proceedings

248. On 18 October 2011, a Looked After Children meeting was held attended by Christine, Ian, the family intervention service, housing, the health visitor, the children's centre manager, the children's centre support worker and social worker 6. Following Christine's assessments, the plan was for her to return to the family home but the assessment of whether she could have sole care of Hope, and what role Ian would have in Hope's life, remained ongoing. Christine was receiving support with housing from Leeds Floating Support and the Family Intervention Support team would offer support around the potential impact of domestic violence, drug, alcohol and mental health issues. The local children's centre was to offer support regarding groups and placement. Ian disputed that there had been domestic violence in the relationship. He insisted he was only using methadone. He agreed to leave Address 1 but was struggling to find alternative accommodation due to past evictions. It was agreed that Ian would be supported with housing to prevent him being homeless.
249. Social worker 6 visited Christine and her father on the same day. They reported that everything was going well. Christine had been prescribed a different drug to support her abstinence and her cravings had subsided. She said she had not had a drink since 7 October 2011 and was reducing her methadone dose.
250. Ian attended a meeting with his drug therapist on 24 October 2011. It was noted that Leeds Addiction Unit needed to get the referral to the personality disorder network underway to see if Ian was suitable for dialectical behaviour therapy. (*Author's note: this appears to contradict the drug therapist's account to the social worker of 9 September 2011 that Ian was 'working on Dialectic Behavioural Therapy'.*)
251. On 24 October 2011, the expert psychiatric report on Christine and Ian was received by Children's Social Work Service. The expert considered Christine to have a dependent personality, avoiding the truth and being in denial. This personality make up was considered to make her vulnerable to substance dependence and reliance on others. She was considered to have a dysfunctional personality trait with a lack of coping strategies. The expert considered Ian to have an anti-social personality disorder, noting he could be plausible and convincing. (*Author's note: there is debate about the validity and reliability of diagnoses of personality disorders*). It is unclear if these assessments were shared with other professionals as they were the property of the court.
252. The Leeds Floating Support worker attended a meeting at the Jobcentre with Christine and Hope on 25 October 2011. Christine was on Income Support with sickness element. After the meeting with the Jobcentre, Christine said she was frustrated with Children's Social Work Service. She didn't trust the social worker and said she would be devastated if Hope was taken from her.
253. On 26 October 2011, Children's Social Work Service ruled out Christine's father as a viable alternative carer for Hope due to his age and health. It was also noted that he thought the baby should be cared for by her mother.

254. On 28 October 2011, Health Visitor 7 undertook a support visit to Christine and Hope. Christine's father was also present. Hope appeared alert and well. Her development was good for her age and she was smiling and appeared happy. Christine interacted well with Hope and was loving and caring to her daughter. Christine discussed that she had had depression since the age of 18. She had reduced her methadone from 55ml to 50ml and was still planning to come off it. Christine hoped the family could be reunited but Hope was her first priority.
255. On 1 November 2011, the Children's Centre emailed social worker 6 concerned about a Mentions minor medical condition [REDACTED]. It is not clear if Health Visitor 7 checked this information with the GP surgery, which would be expected practice in this situation. Health Visitor 7 spoke to social worker 6 on 7 November 2011 and confirmed that Christine was treating the baby's [REDACTED] appropriately and that the baby was developing satisfactorily.
256. Christine met with the Leeds Floating Support Worker on the morning 2 November 2011. They discussed legal advice around Christine's housing. Christine said she did not want Ian to think she was going behind his back but she agreed to see a solicitor. Discussion around same minor medical condition [REDACTED]
257. Christine saw the Leeds Floating Support worker again later on 2 November 2011 to meet with the solicitor. Christine was a little frustrated as she had just been speaking to a social worker about [REDACTED] Hope. Christine said the worker wanted to come out and see her but she had told her she was going to the solicitors. Christine said the GP had said the [REDACTED] was nothing to worry about and had given her [REDACTED]. [REDACTED] Hope was appropriately dressed and interacted well with Christine. Christine sat on the floor in the waiting room with Hope and played with some toys with her. The solicitor advised that Christine did not need to contact housing or benefits at this stage and suggested another meeting once the psychological and psychiatric assessments had been received and it was clearer what social care were asking of Christine and Ian.
258. On 12 November 2011, Ian did not attend a comprehensive assessment at Leeds Addiction Unit. He was discharged from the service.
259. The Drugs Liaison Midwife informed social worker 6 that Christine had had a positive result for alcohol on 2 November 2011. The level of alcohol detected

indicated either substantial and excessive alcohol use the evening before the test or drinking early morning prior to the test.

260. Christine met with the Leeds Floating Support worker on 15 November 2011. The worker prepared a letter for Christine to submit to benefits advising them of the current situation. Christine said she was worried because a urine test had come back positive for alcohol. Christine said she had denied drinking. The worker advised Christine that it would be better to come clean if she had had a drink as the evidence was suggesting otherwise. Christine said she was worried about what her dad was going to say about the result as the social worker was going to speak to him after the professionals meeting.
261. A Looked After Child information-sharing meeting was held on 15 November 2011. Christine and Hope were present. Ian's contact with Hope had been increased to twice a week. He had not engaged with his assessments. Christine disputed the positive alcohol test result. Leeds Floating Support were supporting her around housing and benefits. Social worker 6 was concerned that Christine's father was planning to go on an extended holiday to Spain. The social worker recommended that Christine continue living with her father. Hope had settled well at nursery.
262. Social worker 6 visited Christine, her father and Hope on the same day. Christine was described as hot and sweaty and quite flustered throughout the meeting. She denied using alcohol. Her father was planning to go to Spain on holiday and the social worker proposed placing Hope in foster care.
263. Also on 15 November 2011, social worker 6 asked Ian if contact arrangements could be changed. He initially agreed but later sent an angry text.
264. Social worker 6 discussed the case with her manager on 17 November 2011. Christine's father had agreed not to go to Spain. Christine's hair strand test results<sup>15</sup> were due a couple of weeks later and they decided that Christine would retain care of Hope at her father's until the hair strand tests were confirmed. The Children's Guardian had confirmed that Christine would be offered psychological counselling to assist with her dependency issues.
265. Christine admitted drinking to excess to the Drugs Liaison Midwife on 17 November 2011. On 22 November 2011, the Drugs Liaison Midwife told social worker 6 that Christine said she had drunk one can of 7% beer the night before the test. Christine claimed that she had told the social worker this. The Drugs Liaison Midwife agreed to read the psychiatric assessment report and consider what services could be offered to Christine.
266. Christine saw the Leeds Floating Support worker on 22 November 2011. Christine discussed the court hearing. She said her solicitor had told her that if she didn't drink between now and the final court hearing she would keep Hope. The Leeds Floating Support worker spoke to the social worker later that day who advised that the court had asked Christine to provide a hair strand sample

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<sup>15</sup> Hair testing can detect drug use over a period of 30 to 90 days, depending on hair length.

so it could be determined if Christine has been drinking regularly. The results were due on Christmas Eve and would determine any future action that needed to be taken.

267. Health Visitor 7 undertook a support visit on 23 November 2011 and completed Hope's 8-10 month development review. Hope was unwell with a cold. Her development was age appropriate and she was fully immunised. Christine was concerned that Hope might have a squint and the Health Visitor agreed to make a referral to ophthalmology.
268. Social worker 6 spoke to Ian's drugs therapist on 23 November 2011 who reported that Ian was keeping all his appointments and engaging well. (*Author's note: Of his two appointments with his drug therapist in October, Ian attended one, on 24 October, but did not attend on 10 October 2011. He next attended on 22 November 2011*). He was using Buprenorphine (Subutex) instead of methadone, at his request, and the drugs therapist thought he was not using any substances above his prescribed medication. The drugs therapist thought that he accepted that he could not care for the baby but he still wanted to be part of her life. He did not appear to understand how his behaviour impacted on others. The social worker said that Ian would be attending STOP (start treating others positively) for anger management. (*Author's note: there is no record that Ian did attend STOP. This was in any event an inappropriate referral as anger management is contra-indicated in situations of domestic abuse.*<sup>16</sup>) Ian was due in court again regarding contact the following week. He had not been attending appointments with the social worker.
269. Social worker 6 visited Christine on 24 November 2011. The baby was unwell and the social worker questioned whether the contact visit with Ian should go ahead. Christine said that Ian would 'kick off' if it didn't.
270. The Leeds Floating Support worker visited Christine at her father's on 24 November 2011. Christine gave the worker the court reports to copy.
271. A new social worker, social worker 7, was allocated to the case the following day and attended the Looked After Child review on 28 November 2011. Christine and Ian were present.
272. On the same day, Children's Social Work Service began a viability assessment of Christine's brother, Peter, and his wife as potential long term carers of Hope.
273. The Leeds Floating Support worker accompanied Christine to a meeting at the Job Centre on 28 November 2011. Christine admitted that Ian had been living at Address 1 for some of the time. He was looking after her pets. The Job Centre officer confirmed the tenancy and housing benefit was in Christine's sole name and therefore he had no right to be there. She suggested that Christine inform housing benefit of her current change in circumstance. The Leeds Floating Support worker agreed to do this. After the meeting she suggested to Christine that Ian needed to look for alternative accommodation. Christine said she would have to ask him for his key.

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<sup>16</sup> <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200180001&itemid=1080>



274. On 2 December 2011, social worker 7 found an empty methadone bottle with the lid on it when checking Hope's bed at her grandfather's house. The social worker discussed the case with her team manager (the same manager as for social worker 6). She said that Christine appeared demotivated and responded like she had already lost the baby.
275. Christine saw the Leeds Floating Support worker on 5 December 2011. The worker said that allowing Ian to stay at her tenancy may be used against Christine by Social Care. She suggested that Christine needed to put all measures in place to enable her to move back to her tenancy as soon as the courts gave permission. Christine said she would always put Hope first.
276. Ian missed his appointment with his drugs therapist on 6 December 2011 but attended the following day.
277. The Drugs Liaison Midwife visited Christine at home on 8 December 2011. She admitted to drinking alcohol even though she was aware she was required to be abstinent. She said she planned to go to stay with her brother, Peter.
278. On the same day, Children's Social Work Service decided that placing Hope with Peter and his wife was viable and that a full assessment should go ahead.
279. On 13 December 2011, the Drugs Liaison Midwife made a home visit and gave Christine advice about alcohol. Christine, her father and Hope were present. Christine's father reported being confident in the current plan to stop drinking.
280. On the same day, Christine admitted to social worker 7 that she had used heroin prior to the hair strand test. She knew that the test would show that she had used. She said that the baby was her life. This information was shared with the local authority's legal representatives with a view to returning the matter to court and removing Hope from Christine's care in a planned way.
281. On 15 December 2011, Christine left her father a suicide note. Instead of picking up Hope from nursery, she took money from the loose change jar and took an overdose of heroin (three bags), benzodiazepine, amitriptyline and alcohol with the intention of killing herself. Christine sent a text message to the social worker saying she had left the baby at the nursery and wanted her brother to care for Hope. She felt she could not cope, knowing the result of her hair strand test was going to prove she had not abstained from drugs and that Hope would be taken from her. Her family helped to track her down and she attended A&E at St. James's University Hospital where she was admitted.
282. Hope was taken into emergency care on 15 December 2011 and placed with foster carers.

## **December 2011 – July 2012**

**Christine and Ian reunite, and split up, repeatedly; police called because Ian won't leave; Christine no longer eligible for Leeds Floating Support support; Christine's outpatient detox; Ian at A&E with dog bite; Christine and Ian miss**

**Hope's first birthday (possibly because Ian assaulted Christine); parenting risk assessment; approval of Christine's brother to care for Hope; proposal for letterbox contact only; Ian's homelessness presentation; LAC review**

283. On 16 December 2011, Christine saw the psychiatric crisis team in hospital. She had felt hopeless at the prospect of Hope being taken from her and the suicide attempt was a spontaneous act in response. She did not regret surviving and was glad to be alive and hopeful that her brother would get care of her daughter. She said she was no longer with the baby's father. A crisis plan was developed and Christine was discharged from hospital on 17 December 2011 with an appointment at Leeds Addiction Unit. She had also been given crisis numbers. A letter from the Crisis Resolution Home Treatment Team informed Christine's GP that she had made a serious attempt to end her own life and that she would be at significant risk of acting to end her life if her daughter was removed permanently from her care. Risk factors included the methadone regime, influence of alcohol and social isolation. The court case in March 2012 and uncertainty over the placement of Hope were longer term risks. There is no indication that the GP practice explored opportunities for community support and intervention for Christine after her overdose and it does not appear that the hospital requested this.
284. The Drugs Liaison Midwife visited Christine at home on 19 December 2011. Her father and sister were monitoring and storing her methadone to reduce the risk of overdose.
285. On 20 December 2011, Hope's social worker (SW7) phoned the Health Visitor to inform her that Christine had attempted suicide and that Hope was in foster care while Christine's brother was being assessed to be her carer. The following day, the Health Visitor made a verbal handover of the case to the health visiting team in the area where Hope was placed.
286. Within two weeks of Christine's overdose, she was living with Ian once again at Address 1. He was present when the Drugs Liaison Midwife made a home visit on 1 January 2012 but Christine said "we are just friends". She admitted to smoking heroin and drinking alcohol. She was experiencing withdrawal from alcohol. She also told the midwife that she 'can't live without my baby'. Christine was focused on getting Hope back and had no plans for self-harm.
287. The Leeds Floating Support worker tried to phone Christine on 3 January 2012. She texted her asking Christine to get in touch if she felt up to it and offering a visit. The worker made unannounced visits the following day to both Address 1 and Christine's father's but there was no answer at either address.
288. Ian attended an appointment at his GP practice (with GP9) on 4 January 2012. He said he was not having an easy time as he had split up from his partner and his child was in care. He still wanted to reduce his medication.
289. Christine attended an appointment with her GP on 6 January 2012. She said that her daughter had been taken into care due to domestic violence. She was upset and depressed. The GP diagnosed mixed anxiety and depressive disorder.

290. On the same day, Christine and Ian had a supervised contact visit with Hope. It would appear that they were now having combined contact which continued on a weekly basis.
291. At 06:06 on 7 January 2012, Christine called the police because Ian was refusing to leave her address. Officers attended and spoke with him and he left. However, he was observed by CCTV operators to be returning to the address and the police re-attended. Ian showed them text messages he had received from Christine asking him to return but the officers advised him against doing so and he left. There were no allegations of any offence being committed and this was an appropriate response to this report. The officers submitted a non-crime domestic incident occurrence and attached a DASH risk assessment form. Christine had refused to answer any questions regarding the DASH form and just stated that she “changed her mind”. Information available from police systems about previous incidents was not incorporated into the assessment. The log records the risk level as medium while the DASH form states it is standard<sup>17</sup>. The report was reviewed by the Safeguarding Unit on 16 January 2012 which resulted in a referral being passed to Children’s Social Care regarding Hope.
292. On 9 January 2012, the social worker and legal service considered Christine’s hair strand test results. It appeared she had been consistently using heroin and amphetamine over the previous six months. The level of use had been steady with amphetamine use gradually increasing since June and high in early October and November. Heroin had been fairly steady with low to medium use. There was frequent excessive alcohol use over the six-month period. Christine attended a contact visit on the same day, smelling of alcohol. She was aggressive to staff. Christine was noted to swear during another contact visit on 13 January 2012 and said that her solicitor had advised that she had lost the baby.
293. Christine texted the midwife on 13 January 2012 saying that she was ‘feeling very low’ and requested detox. She attended a mental health review appointment at Leeds Addiction Unit on 16 January 2012 and agreed a detox on 23 January 2012.
294. Ian briefly attended a meeting with his drug therapist on 17 January 2012 looking gaunt and unwell but rushed off. He had not attended a full appointment with his drug therapist since 29 November 2011 and missed a number of subsequent appointments.
295. On 19 January 2012 at 08:01 Yorkshire Ambulance Service received a 999 call from Ian saying that Christine had fallen and he thought she might have a broken rib. The call was triaged as “not life threatening” and directed to NHS Direct for further assessment. Christine saw her GP on the same day and said she had fallen a few days earlier. She was examined and advised on breathing exercises and analgesics. It does not appear that domestic violence was explored as a potential cause of her injury.

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<sup>17</sup> Standard risk is defined as ‘No significant indicators of risk’.

296. The Leeds Floating Support worker spoke to social worker 7 on 19 January 2012. The social worker said that after the hair strand test Christine had contacted her and admitted to using drugs. She said she wouldn't do it again. On 15 December 2011, Christine had sent a text to the social worker stating she was going to kill herself and to tell Hope she loved her. The social worker advised the Leeds Floating Support worker about the circumstances of Hope coming into care and the plan for her to be placed with Christine's brother. The social worker had seen Christine the previous Friday and said she was very vulnerable. The Leeds Floating Support worker advised that as her role was to support families, the support to Christine would have to end. A letter was sent to Christine on the same day explaining that support would be ending.
297. Christine started an out-patient alcohol detoxification on 23 January 2012, supported by Leeds Addiction Unit. She reported drinking 30 units of alcohol a day. An alcohol withdrawal regime was prescribed. Christine decided against Disulfiram (which causes an unpleasant reaction when alcohol is consumed) as a relapse prevention measure as she did not trust herself not to drink on top of the medication. Other medication was prescribed to reduce cravings. The detoxification was described as uneventful.
298. On 23 January 2012, Health Visitor 8 arranged to visit Hope at her foster carers. She was noted to be taking antibiotics for a cough. No concerns were expressed about her development.
299. The following day, Hope was seen in the Neonatal Abstinence Clinic with her foster carer. Her general progress was discussed and recorded and it was agreed to continue with the Hepatitis C screen and review Hope at the Neonatal Abstinence Clinic in six months' time.
300. On 31 January 2012, Health Visitor 8 saw Hope in her foster home. She was happy and settled. She had one hour of contact a week with Christine and Ian. Children's Social Work Service were continuing their assessment of her maternal uncle and his wife as a long term placement.
301. Christine saw a nurse at her GP practice for a contraceptive injection on 31 January 2012. She said she had got back with her partner six weeks previously and had had unprotected sex several times.
302. Ian attended an appointment with his GP on 1 February 2012 who agreed to change Ian from daily to three times per week pick up despite his non-engagement with his drug therapist.
303. A Looked After Children review took place on 2 February 2012. Leeds Addiction Unit reported that Hope was Christine's motivating factor for change. Ian was Christine's main support. Contact was increasing between Hope and her aunt and uncle and a pre-adoption medical was being arranged.
304. Ian registered with Leeds Homes on 9 February 2012. His application address as c/o St Anne's Resource Centre and he ticked tenure type as No Fixed Abode as of 5 February 2012. His housing history reflected that he had lived at Address 1 from 1 January 2008 until 4 February 2012.

305. On 16 February 2012, Ian's drug therapist recorded that he had not attended an appointment since 29 November 2011 and had not had a drug screen since August 2011. Contact with the drug therapist was supposed to be a condition of receiving medication.
306. Ian attended A&E at St. James' University Hospital with a lower limb dog bite on 17 February 2012. He was treated and discharged. Later the same day, he was admitted overnight to hospital following an overdose of injected heroin and alcohol. He was assessed by the crisis resolution home treatment team. He had no active plans or intent to kill himself and there was no evidence of pervasive mood disorder. He was noted to be low in mood as his relationship had ended and was reported to be engaging with drug and alcohol services. He was discharged with a plan to continue to engage with his drug worker and to see his GP for referral to secondary services if necessary.
307. Ian was admitted again on 19 February with a gastro-intestinal bleed. An ulcer was diagnosed. He refused a referral to Leeds Addiction Unit and to undergo gastroscopy and self-discharged on 22 February 2012.
308. Hope had her first birthday on ■ February 2012. Christine and Ian did not attend a contact visit. They said this was due to not having enough money and a neighbour owing them money. It was later reported that Christine had a bruised eye that day and that is why she didn't attend.
309. Ian saw his GP practice (GP9) the same day and reported using heroin again (one bag a day) following a fall-out with his partner. He said he wanted to stop. He saw GP7 on 28 February 2012 and reported smoking half a bag of heroin the previous night. He reported that he had stopped using alcohol and said he had not used intravenous drugs since August 2011. He requested a re-referral to the liver unit for treatment.
310. Health Visitor 8 saw Hope in her foster home on 1 March 2012 and 4 May 2012. She appeared happy and settled and there were no developmental concerns.
311. The Drugs Liaison Midwife attempted to visit Christine on a number of occasions in February and March 2012 but was unsuccessful. However, on 1 March 2012, Christine attended the Leeds Addiction Unit pharmacy to collect her script for methadone and on 12 March 2012 the Drugs Liaison Midwife did manage to meet with Christine at home. Christine's mood was worsening and she continued to drink to excess.
312. On 13 March 2012, Ian attended an appointment with health professional 1 in the absence of his drug therapist.
313. On 21 March 2012, Ian and Christine attended a contact visit with Hope. Christine was noted to look thinner and Ian looked gaunt and thin with yellow/grey complexion.
314. On 22 March 2012, Ian did not attend a gastroenterology appointment and was discharged.

315. On 26 March 2012, Christine started a detox under Leeds Addiction Unit, which continued until 1 April 2012.
316. Ian was late for his appointment with health professional 1 on 27 March 2012 and missed his appointment with his drug therapist.
317. On 2 April 2012, the local authority solicitor contacted Christine's solicitor to inform them that the local authority wanted to reduce contact due to Christine not always attending and the quality of the contact being poor. Children's Social Work Service acknowledged that Christine's situation had deteriorated since the baby was removed from her care. Christine was said to have threatened to strangle herself with a washing line. Contact between Christine, Ian and Hope was reduced.
318. Christine attended an appointment at her GP surgery on 3 April 2012. Her repeat prescription was increased from three amitriptyline per night to five. A different GP had refused to increase her dose two weeks earlier due to concerns about her risk of overdose.
319. Ian attended an appointment with a health support worker on 3 April 2012. He showed no signs of intoxication or sedation and reported that he had not used alcohol or class A drugs. He said that Christine had completed her alcohol detox and was on relapse medication. He continued to reduce his buprenorphine.
320. On 19 April 2012, Ian was admitted to hospital after attending A&E with abdominal pain and vomiting blood. He was discharged to outpatients the following day but did not attend his appointment.
321. Christine was given a repeat prescription by her GP on 20 April 2012 after alleging that her partner flushed her tablets down the toilet following an argument. She was advised that the tablets were her responsibility. It does not appear that domestic abuse was considered.
322. Social worker 7 completed the parenting risk assessment on 20 April 2012. It said that 'Christine feels it is essential for her and Ian to be in a relationship as he is now her carer. She sees him as the protective factor in preventing her from making any further suicide attempts. It is noted that she made a further suicide attempt, including being intoxicated and attempting to strangle herself with a washing line. The couple were in drink and the police asked Ian to leave.' The couple were having contact with Hope together for one hour each week with good interactions noted, however a number of contacts had to be cancelled on the day. They had also missed Hope's first birthday. Christine and Ian were reported to have stopped drinking as they saw alcohol as the root of their 'volatile relationship'. They said this revelation came around mid-February 2012 and coincided with Christine receiving further facial bruising. The outcome of the report was that the local authority advised the court that they had no plans for reunification and that Hope would move to reside with her maternal uncle and his wife on a permanent basis. There is no evidence that Christine and Ian were referred to domestic violence services or consideration to whether this should be a MARAC case.

323. Ian briefly attended an appointment with his drug therapist on 24 April 2012. He said they were trying to attend weekly contact with Hope and had walked two hours each way the previous day to get there. They had no money for taxis and Ian said he was unable to use buses due to his panic and social phobia. He agreed to try CBT (cognitive behavioural therapy) again in his sessions with the drug therapist to try to help him get onto buses.
324. On 4 May 2012, the Leeds foster panel confirmed Hope's move to her aunt and uncle in the East Riding area. The move took place two weeks later.
325. Ian attended an appointment with his drug therapist on 22 May 2012. They talked about him using DLA (disability living allowance) money to afford transport to attend contact with Hope now she had moved to East Riding. *(Author's note: bus travel between Leeds and East Riding would take more than three hours each way and limited services would have made a day trip of at least 12 hours for one hour of contact. Train travel would be faster – two hours each way – and more frequent but more expensive).* He was also considering a move to be nearer to the child. His urine test results were positive for cannabis and buprenorphine but no other drugs. The screening no longer included alcohol and the drug therapist was to request that this was tested separately. He was not tested for alcohol on 22 May 2012 or 29 August 2012.
326. The Consultant Addiction Psychiatrist at Leeds Addiction Unit wrote to Christine's GP on 24 May 2012 asking them to discontinue her prescription for amitriptyline due to recent overdoses of amitriptyline plus alcohol, heroin and librium and continued thoughts of overdosing.
327. On 30 May 2012, social worker 7 informed Christine and Ian that the local authority care plan would be for them to have no direct contact with Hope. They would have letterbox contact only (exchange of cards and gifts). Christine and Ian smelt of alcohol at a contact visit with Hope. Christine was recorded to have been verbally abusive to her brother.
328. On 31 May 2012, Leeds Addiction Unit wrote to Christine's GP to transfer Christine's care in relation to her drug use and methadone programme to her GP. This followed placement of Hope with Christine's brother. The transfer was made at a time of crisis for Christine when she was reducing her amitriptyline use and coming to terms with the permanent loss of Hope.
329. Christine saw her GP on 8 June 2012. She had symptoms of stress and anxiety and was low in mood and tearful. She was diagnosed with depression and anxiety.
330. Ian did not attend his appointment with his drug therapist on 12 June 2012 nor with hepatology on 13 June 2012. He attended the Emergency Department in the early hours of 14 June 2012 due to vomiting blood and was admitted to hospital before being discharged.
331. Later on 14 June 2012, Ian had a face to face interview at Leeds Housing Options, the Council's principal service offering housing advice to people who are homeless or threatened with homelessness. The outcome of this assessment was that the Local Authority owed an interim duty to provide

accommodation pending further enquiries. Ian was eligible for assistance. He said he was homeless as a result of being unable to return home due to child protection concerns raised by Children's Social Work Services. He was also regarded as in Priority Need due to suffering from mental illness. Accommodation was arranged at Pennington Place Hostel, which provided 24-hour staffed emergency accommodation for homeless men with support needs aged 16 and over. However, Ian did not take up this placement. A housing officer attempted to contact him but was unable to do so. His case was closed.

332. On 19 June 2012 Ian saw his drug therapist. He reported no alcohol intake and had not had an episode of self-harm for a long time. He complained about social services. The final care order decision was due in court soon and he was advised to talk to his solicitor.
333. On 25 June 2012, Health Visitor 8 undertook a verbal handover of records to the new health visiting team in East Riding. This concluded the involvement of Leeds Community Healthcare Services with Hope.
334. Christine and Ian had contact with Hope on 28 June 2012. Both were reported to smell of alcohol. On the same day the care plan for a Special Guardianship Order was amended by the local authority to a Care Order. This was linked to Ian and Christine's behaviour and it was noted that Christine had been calling and harassing her brother and his wife.
335. On 30 June 2012 Ian again presented to A&E with abdominal pain. He was admitted to gastroenterology until discharge on 2 July 2012. He did not attend a follow up outpatient appointment.
336. A Looked After Children Review was held on 4 July 2012. Neither Christine nor Ian was present. Their commitment to attending contact with Hope was questioned. They had attended two out of a possible five contact visits since Hope was placed in East Riding. One or both parents smelt of alcohol during the two contact visits. They were described as perspiring profusely and being "jittery" suggesting they may have been experiencing withdrawal from heroin and /or alcohol. Children's Social Work Service planned to offer indirect contact but this was opposed by both parents and would be contested. Christine's father had not had contact with her since Hope came into care as he felt Christine had lied in order to continue the relationship with Ian and continue substance misuse. Hope had settled well with her uncle and aunt and the local authority would apply for a Full Care Order. Although both Christine and Ian supported the plan for Hope to live with Christine's brother and his wife they were reported to be finding it difficult to accept the placement. There is no indication that Christine was offered support such as referral into counselling to address the loss of her daughter and the associated risk that Christine would end her life.
337. Christine saw her GP on 6 July 2012. She was recorded as being a little more down with the news that her daughter was going for a permanent adoption. She requested an increase in her anti-depressant but was advised to continue on her current dose. It is not clear whether other support was offered. She requested an increase in dose from the GP again on 23 July 2012.



338. On 23 July 2012, the addiction therapist from Leeds Addiction Unit made a home visit to Christine. Her methadone plan and addiction support plan were discussed. Christine was drinking heavily. She threatened to harm Hope's social worker. This was shared with the social worker later that day.
339. On the same day, Leeds Fostering and Adoption team forwarded a copy of the Kinship Assessment of Christine's brother and his wife to East Riding Social Care. Leeds Fostering and Adoption team proposed that Hope be placed permanently with Christine's brother and his wife and that Christine and Ian would have letterbox contact only. A social worker from East Riding visited the couple and Hope the following day. They expressed their desire to care for Hope long term.
340. On 31 July 2012, Christine told the addiction therapist that she had taken an overdose of antidepressants the previous week. She did not seek help at the time. She had no current thoughts of self-harm but was drinking 3-litre bottles at 7.5% alcohol. Christine did not give consent to be referred to the crisis team after the second overdose. She had all the appropriate numbers of crisis and emergency services. She was also given written information about distraction techniques. The addiction therapist notified Christine's GP and asked for her antidepressants to be monitored.

#### **August 2012 – December 2012**

#### **Care order granted; Christine's alcohol detox; Ian's ongoing gastric issues; police arrest Christine for headbutting Ian**

341. On 1 August 2012, a Care Order was granted to East Riding of Yorkshire Council at Leeds District Family Proceedings Court. The case was transferred to East Riding in August 2012 ending the involvement of Leeds Children's Social Work Service.
342. Christine began an alcohol detox on 6 August 2012. She had been drinking up to 40 units of alcohol a day. She was seen daily by the addiction therapist during the detox from 6-11 August 2012. Christine reported that 8 August 2012 was a 'difficult day' as she went to say goodbye to Hope following the full care order being granted. Ian was reported to be supporting Christine during the detox.
343. Ian attended A&E feeling unwell on 9 August 2012. He was admitted to the ward with suspected alcohol misuse and was discharged the following day. He attended A&E again on 11 August 2012 with an overdose but left before being seen. He had disclosed that he had taken 'coloured capsules' of unknown substance.
344. On 13 August 2012, Yorkshire Ambulance Service received a 999 call regarding Ian after he collapsed at the Co-op in Halton Moor. A Rapid Response Vehicle (RRV) and a Double Crewed Ambulance (DCA) were dispatched. On attendance, they found that Ian was alert, well perfused, pain free and feeling well. He refused the paramedics advice to go to the hospital.

345. Christine admitted a relapse into alcohol use to the Addiction Therapist on 28 August 2012. A crisis plan was discussed. Ian was also drinking heavily.
346. On 29 August 2012, Christine attended A&E with bites and stings but she did not wait to be seen. Ian also attended A&E on the same day as a result of a dog bite and alleged assault. He said that he was bitten by a dog and then hit in the face by the dog owner. It was noted that Ian was in drink. He was seen by a doctor and discharged.
347. The East Riding Social Worker carried out looked after child meetings in September and October 2012 and completed a core assessment in November 2012. Looked after children visits took place regularly over the next year pending a Special Guardianship Order being made.
348. On 5 September 2012, Ian attended A&E with a gastrointestinal bleed.
349. Christine saw the addiction therapist on 24 September 2012. She admitted to drinking four litres of alcohol per day along with drug use.
350. During September 2012, Ian missed two further appointments with his drug therapist. By the end of September he was using heroin; cannabis; amphetamine; and large quantities of alcohol. On 26 September 2012 he told a GP that his substance misuse was due to his daughter being taken into care and his mother dying. He felt nothing could be done to help. He was not willing to engage in counselling but said that he always talked to his drug therapist. Ian saw another GP on 3 October 2012. He reported using two bags of heroin daily and drinking a lot. He said Christine was being considered for in-patient detox by Leeds Addiction Unit and therapist agreed to ask if Ian could have outpatient detox at the same time.
351. On 9 October 2012, Ian was admitted to St. James's University Hospital after attending A&E with abdominal pain and vomiting blood from his stomach. He was seen by Leeds Addiction Unit hospital liaison who contacted Ian's GP practice regarding detoxification. They had assessed him as high risk/low support and did not consider it safe for them to take over the prescribing of his detox in the community. They asked if the practice would take this on but the practice refused due to concerns about Ian's history of self-harm, overdose etc. The outcome was to refer Ian to St Anne's Community Service for detox although it was acknowledged that this may take some time.
352. The following day, Yorkshire Ambulance Service received a call from police control for Ian who had absconded from Saint James's University Hospital with an intravenous cannula still in his arm. Ian did not need to return to the ward but the cannula needed to be removed. A Double Crewed Ambulance (DCA) was dispatched but Ian refused treatment. He no longer had the cannula in his arm. He refused to go to hospital. A 'non conveyance form' was not completed but this did not affect the outcome of care provided.
353. On 12 October 2012, Ian attended A&E with a dog bite.
354. On 12 October 2012, St Anne's Community Services received a referral for Christine from the Leeds Addiction Unit to their Residential Detoxification service. It referred to a history of domestic violence but provided no detail. It

was difficult to make contact with Christine with six attempts over the following month. Incorrect telephone contact details had been provided and Christine did not respond to written communication. The initial assessment was finally booked for 16 November 2012.

355. On 16 October 2012, Ian attended an appointment with drug therapist. He continued to smoke two bags of heroin daily and drink 2-3 litres of 7.5% cider. He was to be referred to St Anne's for detox when he was able to stay off heroin.
356. Christine attended A&E on 17 October 2012 with possible Deep Vein Thrombosis (DVT). She was admitted to the Clinical Decisions Unit but self-discharged five hours later.
357. On 22 October 2012, Ian did not attend an outpatient gastroenterology appointment and was discharged from the service. Christine did not attend a meeting with her addiction therapist on the same day.
358. On 31 October 2012, Ian attended A&E with vomiting blood. He was admitted to gastroenterology and agreed to a gastroscopy which showed a duodenal ulcer. Leeds Addiction Unit reviewed Ian on the ward. He intended to drink upon discharge but he expressed an interest in a detox in the future. He was discharged on 1 November 2012.
359. On 5 November 2012, Christine was noted by the addiction therapist to have bruising to her eye. She said that she had been in a fight with a female acquaintance. It is not clear if domestic abuse was explored as a possible cause.
360. On 16 November 2012, Christine completed her initial assessment at St Anne's. She was accompanied by Ian and presented as tearful. She had been drinking since she was 14, problematically since 19 and especially in the last 3 years. She was drinking up to 4.5 litres per day strong cider and was a previous heroin user, currently stable on methadone. She felt that residential detox would give her a better chance than the previous community detoxes. She hoped to regain custody of Hope one day. She has a history of self harm/suicide attempts and had tried to hang herself three months earlier. She had taken an overdose of Olanzapine two months earlier. She felt depressed but was not suicidal at the moment. She was optimistic about coming to St Anne's but was very concerned about being with men on the detox programme. Her reasons for this do not appear to have been explored. She was told that they could not guarantee there would be other women on the programme. (*Author's note: no women only detox provision was available in Leeds*). She did not refer to domestic abuse during the assessment and was not asked about it. (*Author's note: disclosure would have been unlikely in the presence of Ian. In addition, she was interviewed by a male worker, which may also have hindered disclosure.*) An inpatient detox was planned for January 2013.
361. At 18:44 on 17 November 2012, Christine's sister called the police expressing concern for Christine's welfare. She had been on the phone to Christine and could hear an argument in the background when the line went dead. Police

rapidly attended and both Ian and Christine confirmed that they had been arguing. The police arrested Christine after she was witnessed head-butting Ian. No visible injury was recorded. She was interviewed and admitted to drinking all day. She was released from custody at 23:35 after being formally cautioned for common assault. Ian refused to provide a statement and refused to cooperate with a DASH risk assessment. The risk assessment indicated the risk level to Ian as medium. It was of a poor standard and did not utilise information available from police systems. No risk factors were indicated and there was no information in the free text of the report indicating the rationale for this assessment. No consent for onward referral was indicated. There is no evidence of any consideration of further safety planning or what would happen when Christine was released.

362. Later on 17 November 2012, Ian again attended A&E with vomiting blood and was kept overnight on the Clinical Decisions Unit but self-discharged on 18 November 2011.
363. On 20 November 2012, Ian saw his drug therapist. He planned to detox himself at home in tandem with Christine's residential detox. She would be on Antabuse after her detox and Ian said he would like this also. He had been referred by Leeds Addiction hospital liaison to Becklin Centre for detox assessment but did not attend. He had not been taking the medication prescribed by the hospital for ulceration.
364. Ian saw a GP on 5 December 2012 for medication and a different GP on 19 December 2012 with a two-day history of vomiting which was diagnosed as gastro-enteritis.
365. During December 2012, Ian missed his appointments with his drug therapist. On 3 January 2012, his drug therapist recorded that he had not attended an appointment since 20 November 2012.

### **January 2013 – June 2013**

**Ian presents as homeless several times; Ian's gastric bleeds; Christine's residential detox; Christine's community detox; Ian admitted to hospital with chest pains on several occasions; Christine's perforated eardrum; Christine's pregnancy and miscarriage; Christine's residential detox**

366. Ian saw a GP on 3 January 2013. He should have come the day before but said his girlfriend was suicidal so someone lent him a tablet.
367. On the morning of 4 January 2013, Ian approached Leeds Housing Options. He told the housing officer that he had been living with friends but had lost his accommodation after his friend had received a custodial sentence. He said that he had since been sleeping rough. Leeds City Council again accepted an interim duty to accommodate him and placed him in emergency accommodation at the Glengarth Hotel in Hyde Park until 7 January 2013. A referral was made to Garforth House, a supported housing scheme for homeless men with support needs. Ian was also seen by a support worker from Foundation Housing at Leeds Housing Options to assist him with his rehousing.

368. Later that day, Ian was admitted to hospital with a gastric bleed. He was discharged at 21:57.
369. Ian was expected to return to Leeds Housing Options on 7 January 2013 but did not do so. On 8 January 2013 an officer telephoned him. He confirmed that he had left the Glengarth Hotel and had moved in with a friend at Address 2. A priority award of 'Band A' was made to Ian's housing application on 8 January 2013 to assist him to secure settled accommodation. 'Band A' is generally the highest priority award for rehousing under the Leeds Lettings Policy.
370. Christine was admitted to St. Anne's Community Services on 8 January 2013 at 10am. She arrived with no personal belongings but informed staff that Ian would attend in the evening with her belongings, which he did. Christine was noted to be experiencing withdrawal symptoms; these were reported as being managed appropriately and not severe. She reported some anxieties on the morning of 9 January 2012 but these soon eased. During the night of 9/10 January 2013, Christine requested sleeping tablets and said she would leave in the morning if they were not provided. Medication had been explored with Christine prior to admission and there was no reference to sleeping tablets. Service users would not usually be prescribed sleeping tablets during the alcohol detoxification programme because of its interaction with the medication used for detoxification. The staff nurse on duty advised that she was unable to provide her with sleeping tablets. Christine was calm and polite throughout the conversation. Around 30 minutes later, she appeared at the office fully clothed and announced she was leaving the detox service and intended to walk home. Staff attempted to reassure her and ask her to wait until the morning however she was adamant about leaving, stating that she had sleeping tablets at home. For safety reasons the staff nurse on duty provided Christine with money for a taxi home. A follow up letter was sent to the referrer, Leeds Addiction Unit, and to her GP explaining the outcome of Christine's attendance and reasons for leaving the programme early.
371. From January to May 2013, Christine's engagement with Leeds Addiction Unit was erratic and she continued to drink heavily. Ian also admitted he was drinking heavily.
372. On 12 January 2013, Ian was admitted to hospital with a gastric bleed. He self-discharged the following day. He did not attend a follow up outpatient appointment and was discharged from the service.
373. On 15 January 2013, Ian attended an appointment with his drug therapist. He looked intoxicated but was able to have a discussion. The drug therapist talked about his admissions to A&E being linked to his alcohol intake but Ian said his ulcer flared up when he was stressed. He said he and Christine do have some arguments, but he now walks away and it does not end in violence. The therapist advised Ian he was on the Top Ten<sup>18</sup> list due to A&E attendances and

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<sup>18</sup> Top Ten is a risk stratification model that identifies the highest users of services. Attendance at A&E is one of the indicators. These patients are then discussed at multi-disciplinary team meetings.

he was advised regarding the appropriateness of his attendances. The outcome of the appointment was that Ian would benefit from detox with Christine in order to support each other and that the drug therapist would explore this with the Leeds Addiction Unit. Ian did not attend appointments at York Street practice again until 27 February 2013 when he saw a GP for his medication review.

374. Ian failed to attend an interview at Garforth House<sup>19</sup> on 23 January 2013. The interview would have allowed him access to supported accommodation. On 24 January 2013, Ian re-presented to Leeds Housing Options stating he could no longer stay with friends. The interview was postponed due to a fire alarm, which led to the building being evacuated. He did not return that day, attending Leeds Housing Options again on 29 January 2013 where a placement was made at Pennington Place Hostel.
375. Christine began a community detox on 5 March 2013 and was seen for the next three days but the detox was unsuccessful and she soon began drinking again. Her engagement with Leeds Addiction Unit continued to be erratic.
376. On 13 March 2013, Ian attended A&E vomiting blood. He was admitted to the clinical decisions unit and discharged the next morning.
377. Ian attended a GP appointment on 14 March 2013. He said he had not been drinking in the last week and that he was eating well.
378. On the same day, Ian presented again at Leeds Housing Options. He said that he had stayed at Pennington Place for two weeks before moving to Garforth House following a referral. He had stayed at Garforth House for a short period and left voluntarily as he stated he was subject to bullying from other residents. He said he had not disclosed any issues to hostel staff due to fear of reprisals and had been sleeping rough for the last month. Leeds Housing Options contacted Garforth House who confirmed Ian had left without notice. The hostel had contacted the next of kin who advised Ian was ok and had gone to live with a friend. Due to the closure of Garforth House Hostel it has not been possible to identify if the next of kin was Christine. Ian was provided with accommodation at Pennington Place hostel, which he left on 24 March 2013.
379. Christine walked out of an appointment with her GP on 18 March 2013. A week later, she asked Leeds Addiction Unit for another detox. Ian was noted to also be drinking.
380. On 1 April 2013 at 02:27 Christine called 999 for an ambulance. She said that she thought Ian was having a heart attack. A Rapid Response Vehicle (RRV) and a Double Crewed Ambulance (DCA) were dispatched by Yorkshire Ambulance Service, both arriving within eight minutes. On arrival Ian demonstrated mental capacity. He consented to treatment but refused aspirin due to stomach ulcers. He appeared anxious, pale and clammy. Observations indicated hypertension (high blood pressure) but an Electrocardiogram (ECG) indicated normal sinus rhythm (NSR) of his heart. He was taken to hospital but left before being seen.

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<sup>19</sup> Garforth House is a hostel for homeless men.

381. Ian did not attend appointments with his drug therapist throughout February and March 2013. Following a team meeting at York Street practice on 4 April 2013, a GP recorded that when Ian next had a clinical appointment, he should have urine sent for drug and alcohol screening as he was disengaging from the drug therapy team.
382. On 8 April 2013, Christine attended A&E with a perforated tympanic membrane. She said that she woke that morning and noticed that her ear was bleeding.
383. Ian missed a further appointment with his drug therapist on 9 April 2013 but saw a GP two days later who prescribed his medication. The GP recorded that Ian was drinking 3-4 litres of strong cider per day. It does not appear that a drug/alcohol screening test was requested as previously agreed at the team meeting of 4 April 2013.
384. On 12 April 2013, Ian attended Leeds Housing Options. He confirmed he had left Pennington Place to move in with a friend and had then left and slept rough. He was provided with accommodation at St Georges Crypt, which offers 24 hour staffed emergency accommodation.
385. On 16 April 2013, Ian attended a meeting with his drug therapist for the first time in three months. He reported drinking 5-6 litres strong cider daily and this was reflected in his alcohol. He said that Christine was also drinking. It was recorded that Leeds Addiction Unit indicated that detox attempts have not been successful so nothing further was being offered at present. Christine was attending Leeds Addiction Unit the following week so Ian was encouraged to advise them of any treatment plans in order to co-ordinate an attempt at getting them both off alcohol. An appointment was made for Ian to see the alcohol nurse at the practice the following day. He did not attend.
386. On 30 April 2013, Ian's membership of Leeds Homes Register was cancelled as he had not replied to the Leeds Homes Annual Review. This meant he could no longer bid for properties. It was noted that having been made an urgent priority award on 8 January 2013 he had made only three bids for properties.
387. Ian saw his drug therapist again on 1 May 2013. He arrived smelling of alcohol and admitted drinking 5litres strong cider per day. He said he was staying in bed all day drinking with Christine, only getting up to go and buy more alcohol. He attributed his drinking to his baby being taken into care. Christine was due to have an in-patient detox and therapist planned to phone Leeds Addiction Unit to tie in a community detox for Ian. An appointment was made with the alcohol support worker, which Ian attended the next day. He missed a second appointment with the alcohol support worker a week later and an appointment with his drug therapist on 14 May 2013. The alcohol support worker contacted Ian by phone on 16 May 2013. He said he was going to work with Leeds Addiction Unit for an alcohol detox.
388. On 20 May 2013, Christine told Leeds Addiction Unit that she thought she was pregnant. She had some suicidal thoughts but no plan to act on them. She requested a detox at St. Anne's.

389. Leeds Addiction Unit phoned Ian's drug therapist on the same day. They were about to provide in-patient detox for Christine (delivered through St. Anne's) and requested that York Street provide home detox for Ian as Leeds Addiction Unit could only provide Ian with a detox if he transferred all care to them. York Street agreed to do a referral to Leeds Addiction Unit for transfer of Ian's drug treatment care as soon as possible.
390. On 21 May 2013, Leeds Addiction Unit referred Christine to St. Anne's Community Services. The referral was due to an increased alcohol use and dependency due to multiple stresses. No illicit drug use was reported. There was reference to Christine experiencing depression and suicidal ideations and to a history of domestic violence. She was pregnant and wanted to keep this baby. She was living with Ian, who was also alcohol dependent. He was being transferred to the Leeds Addiction Unit who would provide a community alcohol detox.
391. Christine attended triage at St. Anne's on 24 May 2013 accompanied by Ian. Both had been drinking. Christine said that she wanted to stop drinking due to her pregnancy. She was confident that the detox would work this time as she did not want to have this baby taken into care. She appeared highly motivated to change her life. The staff nurse discussed the previous detox with her and she recognised her responsibility in it going wrong. Ian did not want to detox until there was a plan in place for him. The alcohol service staff noted that they would need to liaise with Leeds Addiction Unit in order to plan for the suspect's treatment programme.
392. Ian did not attend his appointment with the drug therapist on 28 May 2013 but saw a GP on 30 May 2013. The GP recorded that Ian needed to be referred to Leeds Addiction Unit and the referral was made on 11 June 2013.
393. Christine saw her GP on 29 May 2013 who confirmed she was eight weeks pregnant. She was referred for smoking cessation and transferred to the midwife at Leeds Addiction Unit.
394. Christine saw a midwife at Leeds Addiction Unit on 6 June 2013. She was not pregnant and was thought to have miscarried. The midwife called St. Anne's to update them.
395. On 10 June 2013, Ian met with his drug therapist. It was a brief session as he did not have an appointment. He presented as tearful and said his alcohol use had increased and he was very distressed by the state he was in. He wanted to detox and was panicking that it would not tie in with Christine's detox. He was worried about Christine receiving detox and not maintaining due to him drinking. The drug therapist explained that referral to Leeds Addiction Unit would take longer and suggested a rapid referral to St Anne's for detox which Ian agreed. He attended an appointment with the alcohol worker on the following day and attended for pre-detox blood screening two days after that.
396. On 11 June 2013, Christine started an in-patient detox at St Anne's. At the assessment stage, there was a reference to violence in the past with her partner, all due to drink. Although the source of this comment was not recorded



at the time, it is believed that it was Christine. It would appear that this was not explored further. Christine was very upset at the confirmation that she was not pregnant and had potentially miscarried. During the morning, Christine was noted to be suffering from withdrawal symptoms, which were described as mid-range. Detox medication was therefore provided early to help with her withdrawal symptoms. At 1pm, Christine was questioned by staff about the strong smell of cannabis on her. Initially she denied any cannabis use but later admitted it. A decision was taken to discharge her under the terms of the conditions of stay and in accordance with St Anne's Community Services drug policy and procedure. Leeds Addiction Unit and Christine's GP were informed of the decision.

397. St. Anne's Community Services received a referral for Ian on 11 June 2013 from York Street Health Practice. It was noted that Ian was currently living with his partner, Christine, who was also receiving detox treatment. He attended for his triage assessment on 14 June 2013. He was slightly intoxicated and described a long history of drug dealing and drug use. He explained that alcohol had taken a grip of him since he had addressed his drug use. He reported mental health issues, confirming depression, personality disorder and anxiety. He had attempted many overdoses with tablets in the past. It was noted that he smoked cannabis and drank up to seven litres of strong cider per day. He experienced shakes, sweating and vomiting if he abstained and there was the potential for hallucinations. Ian indicated that he had not worked for nine years. He wanted to return home with Christine and start a new sober life following detox. St Anne's agreed to liaise with Leeds Addiction Unit to enable both Christine and Ian to start a detox programme at the same time, community detox via Leeds Addiction Unit for Christine and a residential detox at St Anne's for Ian.
398. On 17 June 2013, Christine requested a home detox from Leeds Addiction Unit. She said she was drinking to excess, including morning drinking. Ian was present and she referred to him as 'my rock' and said that he 'stops me' from acting on self-harm thoughts. Ian told the addiction therapist that he had been referred to detox with St Anne's by his drugs agency. There was a request to have detox together and this was discouraged by Leeds Addiction Unit.
399. On 20 June 2013 at 11:03, the police attended Address 1 after receiving a call from a member of public who had seen a man smashing a window at the property. Officers attended but the man had departed. Christine said she knew who it was but was scared of repercussions if she said. Further threats from the same unrelated party were reported later that day. A third party was arrested on 24 June 2013 but no further action was taken due to insufficient evidence.
400. Ian had a telephone consultation with his drug therapist on 24 June 2013. He said he could not come for an appointment as he had received death threats and was frightened to leave the flat. He attended a GP appointment three days later and collected his prescription. He had stinging eyes and throat, which he attributed to a reaction to ammonia from a litter of kittens they had had at the flat. He reported he was still drinking with Christine.

## July 2013 – September 2013

**Repeated ambulance and police call outs; Ian's residential detox and Christine's community detox; Ian presents as homeless; Ian returns to Christine's – she repeatedly asks him to leave; Police consider anti-social behaviour action; Christine reports assault to police, develops headache, admitted to hospital where she dies**

401. On 11 July 2013 at 17:52 Christine made a 999 call to Yorkshire Ambulance Service for Ian who had "Difficulty breathing". During the call she said, "My partner is half blind because of ammonia in the flat. He's laid on bed, can hardly move and can hardly breathe". A Rapid Response Vehicle (RRV) and a Double Crewed Ambulance (DCA) were dispatched and both arrived on scene at 17:57. Yorkshire Ambulance Service staff recorded that "alcohol is suspected" in their assessment. Observations indicated hypertension (high blood pressure) and tachycardia (high pulse rate) but an Electrocardiogram (ECG) indicated normal sinus rhythm (NSR) of his heart. The DCA left the scene at 18:10 and arrived at hospital at 18:17. He was handed over to A&E where he was diagnosed with a lower respiratory tract infection and discharged.
402. Later the same evening (at 21:56), Ian called West Yorkshire Police to report that he had been attacked by his partner's dog. He had been bitten on the ear and was bleeding badly. Ian said he had been arguing with his partner (Christine) and the dog jumped up and got his ear. The police contacted Yorkshire Ambulance Service who dispatched a Double Crewed Ambulance (DCA), which arrived on scene at 22:06. Ian had blood down his arms and chest. He had consumed four litres of strong cider. He was assessed as tachycardic and hypertensive. He was taken to Leeds General Infirmary but did not wait to be seen.
403. Police officers arrived at Address 1 within an hour of Ian's call. They spoke to Christine who told them that Ian had gone to hospital. The police spoke to Ian at the hospital who confirmed that he and Christine had argued. The incident was classified as a verbal domestic and a DASH assessment was completed which identified a medium risk. There was no indication of the rationale which underlay this. No consent for onward referral was indicated.
404. The following day, 12 July 2013, Christine made a 999 call at 11:21 to Yorkshire Ambulance Service. She said she had been into town to meet her brother and had returned home to find that Ian had blood coming out of his ear and she could not wake him up. Christine had been advised to call an ambulance by Ian's alcohol support worker. A dog was heard barking repeatedly in the background during the call. A Double Crewed Ambulance (DCA) was dispatched and arrived on scene at 11:26. Ian was sitting in bed drinking cider. Ambulance staff were unable to obtain effective primary survey due to obstacles preventing them safely accessing the patient. Ian had deep wounds to his ear, scalp and face. The house was recorded to be in a poor state, smelling of animal urine. Observations were recorded and Ian was taken

by ambulance to Leeds General Infirmary where he was assessed by a doctor and admitted to the plastics department and discharged the same day.

405. The following day, 13 July 2013 at 07:54, Christine again made a 999 call to Yorkshire Ambulance Service regarding the continued bleeding of Ian's ear. She said he was bleeding too badly to get a taxi to a medical appointment at Ear, Nose and Throat. She was advised that the ambulance would not be able to take him to his appointment but he would be taken to the Emergency Department (ED). A Double Crewed Ambulance (DCA) was dispatched and took Ian to Leeds General Infirmary. He was transferred from A&E to the care of plastics but self-discharged the following day. He did not attend a follow up outpatient appointment with plastics.
406. Ian had an appointment with his GP on 15 July 2013. He smelt of alcohol but did not appear to be intoxicated. The practice nurse re-dressed his wounds.
407. On 17 July 2013 at 08:03 Yorkshire Ambulance Service received a 999 call from Christine who said that Ian was vomiting blood. A Double Crewed Ambulance (DCA) was dispatched and arrived on scene at 08:10. Yorkshire Ambulance Service staff documented that "patient has felt unwell for some time. Weak. Started at approx. 03:00 with nausea and vomiting. Vomited 3 x overnight with red blood; with associated abdominal discomfort. Had alcohol today and until approx. 2 hours ago." It was also noted that Ian had been in hospital recently due to dog bites and that the "dressing looks very soiled." He was taken to St James's University Hospital and was admitted to gastroenterology.
408. Ian was seen in hospital by Leeds Addiction Unit hospital team on 18 July 2013. He said he was motivated to achieve abstinence but admitted that he had missed a number of appointments with the addiction service at York St. An in-patient detox at St Anne's was planned for 30 July 2013 with Christine doing a home detox at same time. He was currently detoxing in hospital with chlordiazepoxide, a sedative used for treating alcohol withdrawal.
409. Ian self-discharged from gastroenterology on 19 July 2013. It seems that he attended A&E at St. James's University Hospital later the same day with chest pain but self-discharged.
410. At 12:25 on 22 July 2013, police received a call from Christine reporting that Ian would not leave her address. He had been drinking. This was opened as a Concern for Safety call with a one-hour response time. It was followed by a further call from Christine at 12:45 asking for an arrival time and reporting that Ian had assaulted her earlier that morning and was threatening to "strangle the dog and smash her [Christine's] face in." Two officers were dispatched. On arrival, Ian was found to be drunk and unsteady on his feet. Christine said she just wanted him to be removed and not to come back. They had been arguing since 05:00 that morning and he had left and returned. There appears to have been a heated argument that possibly became physical; however Christine had no injuries and didn't want to make a complaint of any assault at the time of the officers' attendance. Christine's dog appeared very protective of her and Christine told officers that it had recently bitten Ian's ear, cutting an artery. The

officers arrested Ian for a breach of the peace. Later that day a domestic breach of the peace occurrence was submitted and a DASH form attached to it. This assessment identified a number of risk factors including the concern that two and a half years earlier Ian had tried to strangle her. It was not endorsed with an actual risk level, supervisor's details or whether Christine had consented to referral to support agencies. The log was endorsed with a medium risk level although again no supervisor's details were shown. Ian was released at 22:56 without charge. There is no indication that any consideration was given to safeguarding measures for Christine in the aftermath of Ian's release and no record of whether or not Christine was notified of his release. The Safeguarding Unit reviewed the report on 24 July 2013 and a letter and leaflets were sent to Christine. The report was filed as 'No further action at this time however to consider Safeguarding Unit intervention if anything further should occur'.

411. Ian did not attend an appointment with his drug therapist on 22 July 2013 but saw his GP for his prescription the following day and the alcohol worker on 24 July 2013.
412. Christine's home detox began on 29 July 2013 with Ian's in-patient detox at St Anne's to start the following day. Christine was noted to be supervised by Ian on day 1 and her sister-in-law on day 2.
413. Ian called the police on 29 July 2013 at 15:24 to report that someone was trying to kick the door in. He said he had been receiving death threats. Police attended. The incident was recorded as an argument between two drug users. No threats or offences were recorded and no further action was taken.
414. On 30 July 2013 at 00:48 Christine made a 999 call to Yorkshire Ambulance Service as Ian was vomiting blood and bleeding from his rectum. A rapid response vehicle and double crew ambulance were dispatched, arriving on scene at 00:52 & 00:57 respectively. Ian was noted to have drunk five litres of cider (*Author's note: this was consumed in the period when he was supposed to be supervising Christine's first day of detox*) and was due to start detox at St. Anne's tomorrow (30 July 2013). He was taken to St. James's University Hospital where he was admitted to gastroenterology but self-discharged.
415. Ian was admitted to St Anne's residential detox on 30 July 2013. He attended at 9.30am and admitted to drinking two litres of cider outside the unit before coming in. He had a bruise on his right eye and said that he had fallen while intoxicated the previous day and had been admitted to St. James's University Hospital for a CT scan. It was noted that he was vomiting blood. He said he had received no medication from the hospital and had self discharged.
416. Ian commenced his detox regime on 30 July 2013. He was anxious about eating in the dining room with the other clients and staff allowed him to eat his meals in his room. He attended other group sessions and was reported to have contributed very well.
417. On 1 August 2013, Christine started drinking once more. She said she wanted to detox with Ian in St Anne's. Her self-harm thoughts had increased. Crisis

counseling was offered but Christine did not want to see the Crisis team at this time and was given their number.

418. On 2 August 2013, Ian said he was struggling with the withdrawal symptoms. Another client reported that Ian wanted to get a drink when he left the programme. He was still struggling with withdrawal symptoms on 3 August 2013 but participated well in relapse prevention sessions. There was some improvement in his mobility and withdrawal symptoms the following day. He was looking forward to going home but had some anxieties about coping without alcohol in stressful situations. He hoped he and Christine would be able to support each other.
419. Christine visited Ian on the evenings of 30 and 31 July 2013 and 1 and 2 August 2013. These visits took place at the door of the service as Christine felt ashamed and that she could not enter the building for fear of being judged. Christine attempted to visit on 3 August 2013 but arrived late and was told visiting hours were over.
420. At 2.30pm on 4 August 2013, Ian approached staff to report that Christine had called. She was feeling in low mood, he was worried about her and decided to self-discharge to go home to be with her. He said he would be supported to remain sober by Christine who had had a community based detox at the same time that Ian was an in-patient. Discharge letters were sent to York Street Health Practice.
421. Leeds Addiction Unit updated Christine's GP about her community detox on 6 August 2013. It was reported that the detox had been from 27 July 2013 to 4 August 2013 and was uneventful.
422. On 6 August 2013, Ian saw his GP. He said he had obtained illicit buprenorphine on 5 August 2013 but had not had any alcohol. He appeared alert and sober. He did not attend appointments with the alcohol support worker on 7 August 2013 or with the drug therapist on 12 August 2013.
423. On 12 August 2013, Ian presented again at Leeds Housing Options. He said his current accommodation had ended due to a violent relationship breakdown and he was homeless as a result. He was referred for accommodation at Garforth House Hostel and his Leeds Homes Membership was reactivated to allow him to bid for permanent accommodation. Ian did not attend Garforth House although a space had been reserved for him. Leeds Housing Options had no further contact with Ian until May 2014 when he presented again following the conclusion of the criminal trial.
424. On the same day, Ian called the police at 11:13 to report that Christine's dog had bitten him during the course of an argument. He appeared intoxicated while making the call. When asked, he said he believed Christine had deliberately set the dog upon him. He also indicated that the dog may have been acting to protect her. There was no continuing disturbance. He said that the dog had bitten him many times and was dangerous, although the operator confirmed that the dog had not bitten anyone else and was sitting beside him while he was making the call. When asked what he wanted from calling the

police, he said “nothing.” The police thought he was ringing “to wind his partner up.” A police communications staff member finalised the log that no offences were being reported and police attendance was not required. A domestic incident report was not recorded.

425. On 13 August 2013, Ian attended a joint appointment with his drug therapist and alcohol support worker. He informed them that he was drinking again to the same high levels. He had almost completed his detox when Christine phoned him and asked him to leave St Anne’s and return home. When he got home Christine had a 3litre bottle of cider at the side of the bed waiting for him. Ian reported that Christine was drinking throughout her home detox. He seemed regretful that the detox failed. They agreed that breathing space and time to think about what would work for Ian was needed. One initial suggestion was to transfer care to Leeds Addiction Unit so both parties could be seen as a couple.
426. A week later, on 19 August 2013, Ian called the police at 12:38 to report that Christine was assaulting him. He said she had kicked, punched and headbutted him and he had marks all over his face as a result. They had both been drinking all night. Officers were dispatched and arrived within fifteen minutes. Ian was arrested at 13:32 for breach of the peace after threatening to attack the attending officers. He was restrained using CS spray. While in custody, he told the police that he had suffered a mild heart attack three weeks earlier and was seen in hospital. The attending officers completed a DASH risk assessment form indicating a medium risk. It showed Christine as the victim. She wanted Ian to leave. The form was endorsed showing a history of violence and domestic incidents. Ian’s alcohol abuse and previous threats of suicide were identified as risk factors. Christine consented to referral to other agencies but there is no evidence that any such referral was made. The officers also completed a domestic breach of the peace incident. He was released without charge at 21:08 on the basis that there was no likelihood of a renewal of the breach of the peace. He was given a lift home. The address to which he was taken is not recorded but there is nothing to suggest that this was not Address 1, which was recorded as his home address. There is no record that Christine was contacted before he was released and no indication of safety planning.
427. A few hours later, Christine called police at 02:55 on 20 August 2013 to say that Ian was about to assault her. Sounds of a disturbance could be heard. Officers were dispatched within two minutes. Christine called again while waiting for them to arrive and said that, “her ex has woken up and has been arguing with her”. On the arrival of the police, Ian complained of chest pains and the officers took him to hospital. At 03:30 the log was endorsed that no offences had been disclosed. Ian was left in the care of the hospital and the log closed. The hospital recorded that he attended A&E at St. James’s University Hospital with chest pain and vomiting blood but did not wait to be seen.
428. Police recorded a non-crime domestic incident and attached a DASH risk assessment showing Christine as the victim. The form indicated that there was no domestic history, which was incorrect. The assessment did identify financial issues and drug and alcohol use by Ian as risk factors. The risk level was shown as medium and consent for referral to other agencies was indicated but

there is no evidence that any such referral was made. There is no reference to the incident on 19 August 2013 or consideration of the likelihood of Ian returning to the address.

429. Within hours, Christine called the police again at 06:54 on 20 August 2013. She reported that Ian was at the address and refusing to leave. Officers attended at 07:35 and found Ian heavily intoxicated and argumentative towards Christine. The police recorded that Christine and Ian were ex-partners. Christine wanted Ian to leave and not return. Officers considered that if Ian was taken to an alternative location he would return to Address 1 and further offences might take place. As a result they arrested Ian for a breach of the peace. At 13:06, Ian was passed to private contractors for transport to Leeds Magistrates Court where a 12-month Binding Over in the sum of £100 was granted.
430. The police officers completed a DASH risk assessment. It identified separation, self-harm by Ian, substance abuse and a previous domestic abuse history as risk factors. Christine said that she had tried to separate from Ian on several occasions, the most recent two days earlier, but was "weak" and had allowed him back at the address every time including today. The risk level was shown as medium. No consent for onward referral was indicated. This report was reviewed by the Safeguarding Unit later that day and the history researched. The report was allocated to a domestic abuse coordinator who sent a letter to Christine and tried to call her three times (on 20, 21 and 22 August 2013) without success. No immediate safeguards were put in place to protect Christine.
431. Ian attended an appointment with his GP (GP15) on 21 August 2013. He said he had had two heart attacks in the last week. The GP found nothing on the system to confirm this. Ian informed the GP that he was detained by the police the previous day but had no recollection of the events leading up to it. Later that morning, the GP discussed the events with a police officer. The GP also contacted the hospital who reported that Ian had been seen in A&E with left sided chest pain radiating down his left arm. He underwent tests and the plan was to refer him to gastroenterology. Before that could happen Ian self-discharged against advice.
432. On 22 August 2013 at 12:13 Christine made a 999 call to Yorkshire Ambulance Service regarding Ian vomiting blood. She said he could hardly walk and that he had experienced two heart attacks in the last two weeks. A Double Crewed Ambulance (DCA) was dispatched and arrived on scene at 12:19. Ian told Yorkshire Ambulance Service staff that he had been diagnosed with ulcers in 1988. He had drunk three litres of strong cider. Observations indicated hypertension (high blood pressure) and tachycardia (high pulse rate). An Electrocardiogram (ECG) indicated normal sinus rhythm (NSR) of his heart. He was taken to St. James's University Hospital where he became abusive staff and security staff had to be called. He was discharged to his GP's care after tests.
433. At 20:45 on 22 August 2013, Christine called police to report that Ian was at her address and had threatened to assault her. She said she had just run from her

flat as he had threatened to smash her teeth in. She said she was scared to go back. Police attended speedily and spoke with both parties who were both in drink. Ian complained of being unwell and officers took him to hospital. They then returned and spoke again with Christine. No substantive offences were identified and a non-crime domestic incident occurrence was recorded. A DASH risk assessment was completed identifying financial issues and substance misuse as risk factors and a medium risk level. Consent for referral is indicated but there is no record that any referral was made. There is no record of safety planning.

434. This occurrence was reviewed the following day by the allocated Safeguarding Unit staff member who cross-referred it with the incident of 20 August 2013. Another attempt was made to call Christine but her phone was switched off. The domestic abuse co-ordinator recorded that, "The parties involved are both alcohol & drugs dependent and argue all the time, which 50% of the time results in BOP [Breach of Peace] arrests. The last assault was 17/11/2012 and thus, no concerns regarding this couple; except wasting Police time. The aggrieved clearly does not want to engage with the Leeds SGU." The report was then filed.
435. Christine called the police again on the evening of 23 August 2013 at 19:24. She said that her ex-partner had threatened to hurt her and her dog and to cause damage to the house. He was in drink and refused to leave. Christine was out on the street, hiding around a corner. She was worried about what he would do in the house and to the dog and she was noted to be crying. Officers arrived within ten minutes. They found only Ian at the address who denied that any incident had taken place. When Christine returned the officers found her uncooperative. No offences were alleged. Tony was recorded as being present and said that no argument had taken place. He said that Christine used police to remove Ian when he hasn't done anything. The incident resolved when both Ian and Tony left.
436. The attending officers recorded a non-crime domestic incident and attached a DASH risk assessment form to it. This form was endorsed that Christine had not answered any questions and the only risk factor indicated was separation. It did not incorporate information previously recorded on police systems and although the entry noted four incidents in four days it did not identify this as a risk factor. No consent for onward referral was indicated. This report was reviewed by a Safeguarding Unit officer the following day who felt Christine was phoning the police to get Ian out of the property when she doesn't want him there anymore. Following another failed attempt to contact Christine by phone, was filed. This was the sixth incident reported to police in 11 days but there is no evidence that police considered intervening to prevent escalation.
437. At 05:57 on 25 August 2013, the police received a call from Christine alleging that Ian had made threats to kill her. She said that she was outside the property and he was inside. A minute later, at 05:58, Ian called the police, alleging that Christine had assaulted him. He said that she had kicked him in the back and punched him in the ribs before making off. Officers attended and spoke with Christine and Ian separately. Christine said that she said she had been



assaulted to get police to attend quicker and remove Ian. Christine wanted Ian to leave as the relationship was over. He said that he only called the police and made allegations of assault because she had done so. The argument continued while officers were present. Ian was the most argumentative and officers believed that offences would take place if he had been left at the address. He was arrested to prevent a further breach of the peace and taken to the police station as he did not have another address to go to. At 06:59, the police called an ambulance after Ian complained of chest pains. Paramedics attended and Ian was found to be alert and the observations taken were within normal limits. He was taken in a double crewed ambulance under police escort to Leeds General Infirmary. The hospital indicated that Ian would be kept in until at least 20:00 and at 13:25 he was released from police custody on the basis that no further breach of the peace was likely. A&E recorded that he was kept overnight on the Clinical Decisions Unit before being discharged (*Author's note: this record is incorrect. The police were called to a further incident involving Ian at Address 1 late on 25 August 2013*).

438. A domestic breach of the peace occurrence was created and a DASH risk assessment attached to it. No risk factors were indicated and the form was endorsed that Christine and Ian refused to answer questions. A risk level of medium was shown but there was no supporting rationale for this assessment. Consent for referral was not indicated. There was no reference to other information available from police systems, which should have informed this process.
439. At 23:48 on 25 August 2013, the police received a further call from Ian alleging that Christine had assaulted him. Officers attended promptly and found both parties well in drink. Ian said they had argued and he had rung the police to prevent him from being arrested. He said he had not been assaulted. A friend of Ian's was also present and stated they had only argued. Ian said he had been in hospital all day due to suffering from a heart attack. He wanted Christine to leave. He said he was moving out of the address the following day. Christine was requested to leave but had nowhere else to go. Police officers decided to arrest her on the basis that her conduct in front of the attending officers indicated she posed the real risk of causing a breach of the peace rather than Ian. She was released at 06:36 on 26 August 2013 without charge.
440. A DASH assessment was attached to the occurrence in respect of Ian who was shown as the victim. Separation and alcohol abuse were identified as risk factors with a medium risk level. No consent for onward referral was indicated. The details of the incidents of 25 August 2013 were reviewed on 26 August 2013 by a Safeguarding Unit officer and filed following unsuccessful attempts to contact Christine and Ian by telephone.
441. On 26 August 2013 at 05:26 Ian made a 999 call to Yorkshire Ambulance Service, complaining of "absolutely diabolical chest pains". His speech was slurred and he was difficult to understand. He said he had been discharged from hospital the day before. A Double Crewed Ambulance (DCA) was dispatched and arrived at Address 1 at 05:39. Yorkshire Ambulance Service staff documented, "In drink+++ Discharged from LGI yesterday at approx.

21:00 having been investigated for central chest pain. Drinking all night.” He was recorded as living alone. The ambulance crew took him to Leeds General Infirmary but there is no record of their response.

442. At 15:35 on 26 August 2013, Christine contacted police stating that Ian had assaulted her by hitting her over the head with an empty vodka bottle causing a lump on her head. He had also threatened to “do her dog in.” She said she was outside on the street and Ian was inside with a friend and he was refusing to leave. At 16:14, while officers were en route, Ian called the police and alleged Christine had assaulted him. When the police arrived, Christine said that she had made a spurious accusation of assault to get Ian removed after they had argued. Neither party had any visible injuries and made no complaints when asked. Both were heavily in drink and being aggressive towards each other. Ian refused to leave and continued to argue in front of the police. He was arrested for a breach of the peace and to prevent any further offences from taking place. Whilst in custody he complained of chest pains and an emergency double crewed ambulance and a rapid response vehicle were sent to the Police Station. Ian was examined by paramedics and the Clinical supervisor was of the opinion that he was not suffering heart issues. He was given ibuprofen and left in police custody. He left police custody on the morning of 27 August 2013 to appear at Leeds Magistrates Court where he received a six month binding over in the sum of £50. (*Author’s Note: This was less than the previous binding over which he had just breached.*)
443. The attending officers submitted a domestic non-crime incident occurrence (as opposed to a breach of the peace occurrence). A DASH form attached to this document identified both parties as suspects. It identified the risk factors as separation, escalation and substance misuse and the previous history of reports. The risk level was shown as medium. No consent for onward referral was indicated. The incident was reviewed by a Safeguarding Unit staff member on 29 August 2013 and a Police Watch request was created and referral made to the Leeds Anti-Social Behaviour Team for consideration of available action. Despite being requested, the Police Watch was not initiated. It is believed that the request was entered on the wrong record.
444. On 28 August 2013, Christine attended an appointment at Leeds Addiction Unit. She said that she had asked Ian to leave following an “argument”. Despite this he returned and was let back in as Christine said “he had nowhere else to go”. This suggested that Christine may have felt obliged to let him stay. She reported continuing to drink.
445. At 22.22 on 1 September 2013, police received a call from Ian alleging that Christine had kicked him in the back of the head. He said Christine was getting drunk and he also sounded like he was in drink. He seemed to be laughing when he was putting the phone down at the end of the call. Officers were quickly dispatched and found both parties sitting drinking in the bedroom. Ian had no injuries and said he just wanted her to be removed from the property. Ian and Christine continue to argue in front of the police and Christine refused to leave. She was arrested to prevent a breach of the peace.

446. At 03.55am the following morning Christine Brooking was released without charge. The officers submitted a domestic breach of the peace occurrence and attached a DASH risk assessment form showing Ian as the victim and separation, mental health and substance abuse as the risk factors. The free text of this entry noted the repeated calls to the police and the need for positive intervention to break the cycle of events. No consent for onward referral was indicated.
447. On 2 September 2013 at 09:09 Christine made a 999 call to Yorkshire Ambulance Service. She said that her ex-partner, Ian, had pains in his chest and down his left arm. A Double Crewed Ambulance (DCA) was dispatched and arrived on scene at 09:15. Yorkshire Ambulance Service staff documented "Central Chest Pain today since 09:00, whilst in bed drinking beer" and recorded that Ian "lives with partner". Observations indicated hypertension (high blood pressure) and tachycardia (high pulse rate) and an Electrocardiogram (ECG) of his heart indicated normal sinus rhythm (NSR). He was taken by ambulance to Leeds General Infirmary and admitted to cardiology. He was diagnosed with acute coronary syndrome. He self-discharged on 5 September 2013.
448. On the same day, Leeds Addiction Unit wrote to update Christine's GP on progress. She had relapsed into drinking after the detox in August but did not appear to be using drugs. She was drinking up to 3 litres of cider a day and had requested a further detox at St Anne's. Initially this request was for both her and her partner, but Christine now said she did not want to be in a relationship with him. She had told him to go away from her property but he still came back to her. Christine continued to have thoughts of self-harm and she had been given distraction techniques and support numbers to help with this. She did not want a referral to the Crisis team.
449. Christine was examined by a Clinical Practitioner at her health centre on 2 September 2013. She reported having back pain for a month, but denied injury. Her lower back was tender and she had a bruise on her left rib cage area, which she said was from play fighting with a friend. It appears that the practitioner asked her about whether she had fallen but it is not recorded if she was asked about potential domestic abuse.
450. On Tuesday 3 September 2013, a Safeguarding Unit officer reviewed the report of the incident of 1 September 2013. It was noted on the report that this was the ninth incident in 14 days. It was noted that an anti-social behaviour referral had been made and the police were waiting for the response. Christine had been trying to contact the Safeguarding Unit to discuss a recent letter sent to her about the incidents and she had left a message for the officer to contact her. An attempt was made to phone Christine but her phone was switched off. However she answered a call to Ian's phone. She said that Ian had been admitted to hospital. A positive discussion took place about her circumstances. Christine said that she and Ian had been together for six years and that they both drink. She was trying to get help through Leeds Addiction Unit but Ian had not yet signed up. She said alcohol was the trigger to their arguments. Christine felt sorry for Ian, who was homeless. She allowed him to emotionally blackmail

her into letting him stay, which inevitably led to arguments and arrests. Christine was aware that the police had attended 12 incidents in 12 months and were now responding to it as an anti-social behaviour issue. Christine said that she was aware that to break the cycle, she needed to not let Ian into her property and then concentrate on the Leeds Addiction Unit programme, to break the alcohol dependency cycle. She said that Ian was in hospital with a suspected heart attack and she would talk to him regarding their relationship and advise him to go to Leeds Housing Options and to St George's Crypt. She also agreed to tell hospital staff that Ian was homeless. Following the call, the officer noted that Christine had been wavering on the telephone and they were not convinced that she would do anything to break the cycle "although mentioning ASBU [anti-social behaviour unit] definitely got her attention."

451. At 17:40 on 5 September 2013, Christine called police to report that Ian had visited her house to collect some property but had then assaulted her. She said he had slapped her on the neck and made threats to kill. Officers attended promptly and both Christine and Ian were arrested for an offence of affray. They were reported to have argued over the break up of their relationship. Ian allegedly threw cider at Christine and slapped her around the face. She allegedly picked up a wooden cosh and hit Ian at the front of his forehead causing swelling. Christine had bruising to her arms and back. Both parties were arrested for affray. Ian complained of chest pains and was taken by officers directly to St James's University Hospital where he was admitted. The officers submitted a domestic crime occurrence for the offence of affray and described in the report the allegations that Christine and Ian had assaulted each other. This was reiterated on the DASH risk assessment form attached to the report. The DASH reviewed the incident rather than each individual with both being named as suspects<sup>20</sup>. It identified that injury was caused, weapons were used, threats to kill were made and that separation and substance abuse were risk factors. It noted the frequency of incidents in the past week although escalation was not specifically identified as a factor. The risk assessment was shown as medium and no consent for onward referral was indicated.
452. While Ian was still in hospital, the police bailed him at 20:01 that evening to attend at the police station on 21 October 2013. At 00:20 the following day, a crime scene investigator attended at the hospital to photograph Ian's injuries but found he had absconded from the ward with the cannula still in. Christine Brooking remained in custody and was interviewed later that morning by staff from the Volume Crime Unit (VCU) and released at 12:53, also to return on 21 October 2013. Officers took her home where Ian was found in bed. She was noted to ask him for money to buy alcohol. The police briefly asked him about the incident of the previous day and he said it was just an argument. He denied assaulting Christine and denying being assaulted by her.
453. There is no indication on this report that it was forwarded to the Safeguarding Unit in accordance with policy and there is no Safeguarding Unit involvement

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<sup>20</sup> According to West Yorkshire Police policy, a DASH assessment should be conducted for each party separately, when there is no clear primary victim.

until 9 September 2013 when a Safeguarding Unit staff member links it to the report of the incident that occurred on 26 August 2013. Consequently the risk assessment was not reviewed and no safety plan was considered in the light of this new incident where injuries had been caused, weapons used and threats to kill made and where Ian and Christine appeared to be cohabiting again.

454. On 7 September 2013 at 21:21 a male caller made a 999 call to Yorkshire Ambulance Service saying that, "apparently someone just cut their wrists". The patient was Christine and the caller was a passer-by who was helping Ian who had come out onto the street. The caller said it was a suicide attempt and his wife had gone into the property to check on Christine. A Rapid Response Vehicle (RRV) and a Double Crewed Ambulance (DCA) were dispatched and arrived on scene at 21:28 and 21:47 respectively. Ambulance Control called the police at 21:27 requesting police attendance because Christine was reported to be violent. No violence was encountered when ambulance staff arrived. Yorkshire Ambulance Service staff documented, "patient has had long term disagreement with partner. Excessive alcohol consumption... Patient self-harmed because partner told her to." Christine had lacerations to her left forearm and extensive bruising to both arms. She was noted as "lives alone" and gave her next of kin as "Tony- best friend". She was taken by ambulance to St James's University Hospital who documented that she was in an "abusive relationship, increasingly volatile over last week, police involvement. Alcohol dependent, methadone user, suffers depression." Christine refused an ALPS (Assessment and Learning in Practice Settings) assessment and self-discharged the following morning.
455. The police attended promptly. No violence was encountered and the incident was closed as one of minor self-harm to Christine who was attending hospital for treatment. There is no indication that the attending police officers were aware that Christine had told ambulance staff that she had self-harmed because Ian told her to. There is also no indication that this incident was connected to the incidents which had occurred over the preceding weeks. It does not appear that the Safeguarding Unit was notified of this incident.
456. On 9 September 2013, the police Safeguarding Unit received an interim update from the Leeds Anti-Social Behaviour Team stating that they could consider tenancy action due to non-engagement of parties and subsequent failure of safeguarding measures. Further research was required by the Anti-Social Behaviour Team, prior to trying for a Breach of Tenancy. The Team Supervisor's email said that, "Yeah DV is tricky to deal with, but sometimes it has spilt onto the street... The thing with a case like this is what would be effective?... But maybe if we put pressure on them via the fact they 'could' lose their home should they continue to behave this way it might do some good?" (*Author's note: this suggests a lack of awareness/understanding of domestic violence.*) The Anti-Social Behaviour Team began enquiries but these were suspended on 24 September 2013 following notification of Christine's admission to hospital.

457. Christine attended her GP surgery on 9 September 2013 where a staff nurse dressed her left forearm following the injuries of 7 September 2013. There is no evidence that the nurse explored support for Christine in relation to self-harm.
458. On the same day, Ian contacted York Street Practice to say he would not need to see his drug therapist again as he was coming off buprenorphine himself. He said he had not taken it for four days and felt okay. He said that he had referred himself to Leeds Addiction Unit for his drinking problem. He asked staff to thank the drug therapist for all her support in the past.
459. At 03:46 on 10 September 2013, Christine called the police to report that Ian had assaulted her. She said she couldn't stay on the line for fear of waking him up and was going downstairs to open the door for police. Officers attended quickly. They found Ian asleep and another male was present who said that no assault had taken place. Christine said she wanted Ian to leave and not come back. He was woken by officers and was upset that the police had been called. He became angry and was arrested at 04:20 to prevent a breach of the peace as he had no alternative address to go to, the flat was Christine's and he was heavily in drink. One officer indicated on the occurrence OEL that 'Victim confirms injuries are old from another assault' while the DASH report indicated that Christine did make a complaint of assault but that this was not accepted to have happened by the officers. No report of assault was recorded and at 09:34 Ian was released from police custody without charge. The opportunity was not taken to interview Ian Gordon in relation to the outstanding matter of affray. There is no evidence that Christine was notified of his release or that there was any planning for her safety.
460. A DASH risk assessment was recorded and attached to the occurrence which identified risk factors of separation, substance misuse and mental health. It noted the repeated calls to the address and that both parties were on police bail for affray. The risk assessment is shown as medium. No consent for onward referral was indicated on the DASH form. The occurrence was reviewed later that day by the Safeguarding Unit and endorsed by the reviewing officer that Christine was not engaging with the police and that a referral had been made to the Anti-social Behaviour Team.
461. An hour after Ian's release, at 10.39am on 10 September 2013, Christine called the police reporting that Ian had attended her house drunk. She said she was outside and he was inside trying to sleep but he had threatened her and said he would strangle the dog. Police attended quickly and arrested Ian for breach of the peace. A domestic breach of the peace occurrence was submitted and a DASH risk assessment attached to it. This identified the risk factors of separation, escalation in terms both of frequency and severity, substance misuse and mental health, and noted the previous history. The text indicated that following his earlier release police took him to accommodation for the homeless but he was refused entry and indicated he would return to Address 1 immediately in any event. Consent for onward referral was indicated on the form but there is no evidence that a referral was made. This report was reviewed by an Safeguarding Unit staff member that who recorded that

Christine was failing to engage with Leeds Safeguarding Unit and that they were awaiting the outcome of the referral to the Anti-Social Behaviour Unit.

462. At 19:29 Ian was released without charge and the Custody record endorsed that he was to be transported to the same accommodation for the homeless as in the morning (The Crypt). He was not interviewed in relation to the outstanding affray matter. There is no evidence that Christine was notified of his release or that police considered her safety.
463. Christine made a 999 call on 11 September at 06:23 to Yorkshire Ambulance Service. She said that her ex-partner, Ian, had fallen out of bed and had chest pains. The Yorkshire Ambulance Service call taker asked if she was with the patient and she replied, "Yes, unfortunately". A Rapid Response Vehicle (RRV) and a Double Crewed Ambulance (DCA) were dispatched and arrived on scene at 06:28 and 06:30 respectively. When giving his past medical history, Ian said he had had two heart attacks. (*Author's note: although he had been admitted to hospital with chest pains on a number of occasions, there is no record that Ian ever had a heart attack.*) He told ambulance staff that he "lives with partner" and that she was his next of kin. Observations indicated hypertension (high blood pressure) and tachycardia (high pulse rate). An Electrocardiogram (ECG) indicated normal sinus rhythm (NSR) of his heart. Ethnicity was not recorded. Ian was taken by ambulance to St. James's University Hospital where alcohol intoxication was noted. He was discharged and returned to Address 1.
464. Later the same day, Christine called the police at 15.35. She said that her boyfriend (Ian) had just assaulted her at Address 1. He was still there and she was calling from outside. She was scared and said she was hiding in the bushes. She said that Ian punched her in the side of the face and threatened to hit her again. He was drunk. She said that he would fake a heart attack and say he had chest pains. Officers were quickly dispatched and arrived shortly afterwards, speaking with Christine at the address. She said that she just wanted him removing and did not wish to make a complaint. She had no visible injuries at this time. Officers spoke with Ian who was heavily in drink and refused to leave. He was irate and officers felt that if he was left at the address assaults or damage may take place. As a result, officers arrested Ian for breaching the peace. At the station, police decided that Ian would be detained for Court for breach of the peace.
465. The officers attending the initial incident submitted a non-crime domestic incident occurrence. This was incorrect and should have been classed as a Breach of the Peace domestic occurrence. A DASH form was attached which identified the risk factors of separation, escalation, substance misuse and previous domestic history and assessed the risk as medium level. No consent was indicated for onward referral to support agencies.
466. Two hours after the call to the police, at 17:54, Christine made a 999 call to Yorkshire Ambulance Service. She said, "I've been assaulted by my partner. He punched me in the head. I've got severe head pains. He knocked me out. He's locked up now. He's in the Police station. About an hour ago, maybe longer. He's with Police now". She passed the phone to a male caller who

claimed to be her brother but was actually her friend Tony. He gave the address to the ambulance service. When the ambulance caller asked to speak to Christine again, Tony said she was crying and in pain. He said she was awake but had lost consciousness an hour previously. The male caller confirmed there was swelling and bruising visible and Christine was rocking back and forth and not responding appropriately.

467. A Double Crewed Ambulance (DCA) was dispatched and arrived on scene at 17:59. Yorkshire Ambulance Service documented, “assaulted by ex-partner at home. Complaining of pain to left orbital region. LOC (loss of consciousness). Patient vomited. Extensive bruising to left arm from previous similar assaults”. Christine was alert and orientated on examination with a Glasgow Coma Scale (GCS) of 15/15<sup>21</sup>. Her previous medical history and medication were recorded as “methadone”. Her social history was recorded as “Independent. History of domestic violence” and her next of kin was noted as Tony.
468. Christine was taken by ambulance to Leeds General Infirmary. She told A&E staff that she had had an argument with her ex-partner who punched her in the face. She had lost consciousness and been vomiting. Initially Christine wished to self-discharge against medical advice. She was given domestic violence information and a paramedic completed a vulnerable adult’s referral. Christine began to deteriorate in the A&E department and was treated in the resuscitation department. She was diagnosed with a Subdural Haematoma<sup>22</sup>. Doctors operated to relieve the pressure on the brain and she was admitted to hospital under the care of a neurosurgeon. Her family were called and attended the hospital to be with her. Unfortunately, medical intervention was not able to save Christine’s life and she died in hospital on ■ September 2013. She was 34-years-old.

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<sup>21</sup> The Glasgow Coma Scale is used to assess the level of consciousness in order to gauge possible brain injury. Lower scores tend to be associated with more severe injury.

<sup>22</sup> A Subdural Haematoma occurs when a blood vessel in the space between the skull and the brain is ruptured leading to the formation of a blood clot or haematoma, which places pressure on the brain. It is often caused by a head injury.



## **Section Five: OVERVIEW OF INDIVIDUAL AGENCY RESPONSES**

469. A comprehensive chronology of agency involvement was prepared and considered by the Review Panel. It contained more than 3000 entries, reflecting the extensive agency contact with the family. All relevant events are set out in the Narrative Chronology below. In the accounts that follow, agency involvement has been summarised to focus on those contacts of most significance to the DHR.

### **LEEDS AND YORK PARTNERSHIP NHS TRUST (LYPFT)**

#### Summary of involvement

470. Christine, Ian and Hope had contact with LYPFT. Ian's contact was primarily with the crisis team for assessment after he overdosed on a number of occasions and presented to A&E. A psychiatrist at Leeds Addiction Unit who saw him considered he had emotionally unstable (impulsive type) personality traits. He had contact with the Drugs Liaison Midwife who was working with Christine during and after her pregnancy. The midwife considered him to be uncooperative and he had refused to allow her to visit. In the months before Christine's death he was seeking support for alcohol addiction through Leeds Addiction Unit.
471. The Drug Liaison Midwife provided support for Hope's detox following the birth and saw the baby on home visits. The role of the Leeds Addiction Unit within the child protection plan was to monitor Christine's drug and alcohol use, alerting urine and blood tests to Leeds Children's Social Work Service. There was a close working relationship between Children's Social Work Service and LYPFT during this period.
472. Christine was a long-term client of Leeds Addiction Unit (part of LYPFT). Christine's GP had referred her in July 2001. The original referral was for advice regarding 'a 21 year old girl using £20 of heroin a day'. She was still attending the service at the point of her death, more than twelve years later.
473. Christine had been prescribed anti-depressants by her GP in 1997 after the death of her brother. Her issues with depression were long lasting and she continued to take anti-depressants up until her death in 2013. This dual problem of depression and addictions led the Leeds Addiction Unit to offer support from the Dual Diagnosis team, a sub team within the Leeds Addiction Unit service. However, Leeds Addiction Unit did not treat/work with Christine's issues of depression as they only do so if the depression is considered 'serious' i.e. needing complex care such as inpatient care or multiple prescribing. Treatment for Christine's depression rested with her GP. Communication between the two services was limited to routine letters of appointments.
474. In the period up to 2010 Christine undertook multiple detoxifications, but was unable to break her pattern of drug and alcohol addiction. There is no evidence

of planned community rehabilitation following detox to support Christine to stay clean.

475. Leeds Addiction Unit appears to be the first agency to have been aware that Christine was pregnant. They provided antenatal care to Christine throughout her pregnancy. Evidence suggests that heavy drinking may be most damaging to the developing foetus in the first three months of pregnancy. Christine was not referred to Children's Social Work Service until she was 32-weeks pregnant, despite Leeds Addiction Unit's awareness of her ongoing struggles with drug/alcohol misuse, a positive drugs/alcohol test in July 2010, when Christine was seven weeks pregnant, and awareness that domestic abuse was potentially an issue. Leeds Addiction Unit played a role in the subsequent child protection plan, continuing to visit Christine and monitoring her drug and alcohol use.
476. Leeds Addiction Unit was aware that Christine's partner was also drug/alcohol dependent. There is no evidence of contact with services working with Ian to consider joint approaches until May 2013. Leeds Addiction Unit discouraged a joint detox requested by Ian and Christine. This was because they focus on the commitment of the individual they are working with. There is a gap in services for couples where both parties are addicts. It is unclear whether Christine's case was ever discussed as part of multi-disciplinary supervision.
477. There is no evidence that domestic violence was ever explored with Christine, despite it being noted as a potential issue in 2008 and confirmed as part of the child protection process in 2011.
478. Throughout their twelve-year contact with her, there is little evidence that Leeds Addiction Unit explored the underlying reasons for Christine's drug and alcohol addictions. Twelve years after her first referral, she continued to misuse substances.

#### Key events

##### ***Christine***

479. On 22 June 2010, Leeds Addiction Unit informed Christine's GP that she was pregnant and would be seen by their Pregnancy and Parenting team. The following month, (12 July 2010) Christine was transferred from the Dual Diagnosis Team to the Pregnancy and Parenting Team. She continued to use amphetamines and heroin and was on a methadone programme. Her pregnancy was identified as high risk linked to her history of deep vein thrombosis and her drug/alcohol use.
480. On 4 September 2010, Leeds Addiction Unit agreed to see Christine on a fortnightly basis in a joint antenatal clinic run with St. James's University Hospital. Christine engaged with the appointments.
481. In the first week of January 2011, the Drugs Liaison Midwife conducted a parenting assessment and 32-week review. Christine was well prepared for the baby but the physical health of her unborn child was a concern due to her drug and alcohol abuse. As a result, she was referred to Leeds Children's Social Work Service for a pre-birth assessment. This was very late in the pregnancy

and did not allow for a properly planned multi-agency intervention before the birth (the child protection conference was held one day before Hope was born). The Drugs Liaison Health Visitor told a social worker that Christine had not been referred earlier because she was thought to be doing well, with clean urine samples. They said that concerns about her current drinking had only come to light recently, despite the fact that she had a positive drugs/alcohol test in July 2010.

482. The Drugs Liaison Midwife made a home visit on 4 August 2011. Leeds Addiction Unit contacted Leeds Children's Social Work Service the same day to inform them that Christine had admitted misusing alcohol over the last few weeks. Christine started a detox programme on 22 August 2011, supported by Leeds Addiction Unit, which she completed.
483. On 16 September 2011, the Drugs Liaison Midwife notified Children's Social Work Service that Christine's urine sample had tested positive for amphetamine and on 2 November 2011 she notified a positive result for alcohol. On 17 November 2011, Christine admitted drinking to excess to the Drugs Liaison Midwife and on 8 December 2011 she admitted to drinking alcohol even though she was aware she was required to be abstinent.
484. On 16 December 2011, Christine saw the Crisis Team from LYPFT in hospital after taking an overdose. She had felt hopeless at the prospect of Hope being taken from her. A crisis plan was developed and Christine was discharged from hospital on 17 December 2011 with an appointment at Leeds Addiction Unit. A letter from the Crisis Resolution Home Treatment Team informed Christine's GP that she had made a serious attempt to end her own life and that she would be at significant risk of acting to end her life if her daughter was removed permanently from her care.
485. The Drugs Liaison Midwife visited Christine on 19 December 2011 and on 1 January 2012. Ian was living with Christine again and she admitted to smoking heroin and drinking alcohol. She told the midwife that she 'can't live without my baby'. Christine contacted the Drugs Liaison Midwife the following week and requested a detox, which she started on 23 January 2012, supported by Leeds Addiction Unit. This was completed but Christine soon began drinking again. Another detox was planned for March 2012 but again proved unsuccessful.
486. The Consultant Addiction Psychiatrist at Leeds Addiction Unit wrote to Christine's GP on 24 May 2012 asking them to discontinue her prescription for amitriptyline due to recent overdoses of amitriptyline plus alcohol, heroin and librium and continued thoughts of overdosing.
487. On 31 July 2012, Christine told the Addiction Therapist from Leeds Addiction Unit that she had taken an overdose of antidepressants the previous week. Her GP was asked to monitor her.
488. Christine continued to drink to excess and Leeds Addiction Unit referred her to St. Anne's for an inpatient detox, which took place in January 2013. Christine did not complete it and continued high levels of drinking. Her engagement with Leeds Addiction Unit was erratic.

489. On 20 May 2013, Christine reported being pregnant and Leeds Addiction Unit referred her again to St. Anne's for an inpatient detox. The referral to St. Anne's Community services made reference to a history of domestic violence although it appears that Leeds Addiction Unit did not explore this history with Christine during their years of working with her.
490. Leeds Addiction Unit phoned Ian's drug therapist on 21 May 2013 to ask them to provide home detox for Ian at the same time as Christine's inpatient detox. This is the first record of a co-ordinated approach to Ian and Christine's substance misuse issues. The couple had been together for six years and had been misusing drugs/alcohol throughout that time. York Street Practice was unable to provide a home detox and agreed to transfer Ian's care to Leeds Addiction Unit. This did not happen.
491. Christine saw a midwife at Leeds Addiction Unit on 6 June 2013. She was not pregnant and was thought to have miscarried. Christine's inpatient detox began the following week but Christine was asked to leave when she was caught smoking cannabis. On 17 June 2013, she requested a home detox from Leeds Addiction Unit. Ian was present and she referred to him as 'my rock'. There was a request to have a detox together but this was discouraged by Leeds Addiction Unit as their approach focuses on the commitment of each individual.
492. Christine undertook another community detox between 27 July 2013 and 4 August 2013. The timing was co-ordinated with St. Anne's and largely coincided with Ian's in-patient detox, which began the following day. Ian supervised the first day of Christine's detox despite the fact that he was himself drinking heavily. Leeds Addiction Unit told Christine's GP that the detox was uneventful but according to Ian's drugs therapist, Christine had relapsed on 1 August. Leeds Addiction Unit does not appear to have been aware of this.
493. On 28 August 2013, Christine met with a community psychiatric nurse at Leeds Addiction Unit to discuss further detox. She said that she had asked the suspect to leave but he had returned. Christine let him back in as 'he had nowhere else to go'. Christine's sense of obligation to Ian and what support she needed to separate from him do not appear to have been explored with her and there is no record that a referral was made to a specialist service.

### ***Ian***

494. The LYPFT Crisis Resolution Team assessed Ian in hospital on a number of occasions following overdoses and/or suicidal thoughts:
- 22 April 2010 - no evidence of mental disorder noted. Ian was given crisis numbers. No further action was recommended. Ian said the overdose was in response to an 'argument' with his partner and he had taken her medication. The notes suggested that Ian engaged with community drug and alcohol services and that this should continue. It is not clear if this plan was communicated with the community service.
  - 14 June 2010 - similar outcome and advice that he engage with community services.

- 17/18 April 2011 – Ian was discharged for assessment from A&E to the Becklin Centre on 18 April 2011. This followed an overdose of Christine’s medication. This was described as an impulsive overdose ‘in front of girlfriend’ following an argument. He said that his problems stemmed ‘from his partner’s drinking’. There were no current depressive or psychotic symptoms or suicidal ideation. He was discharged and advised to speak to his drug worker and see his GP as soon as possible. The hospital spoke to his drug therapist who agreed that Ian would be placed back onto daily supervised methadone collection to reduce the risk of overdose.
- 24 June 2011 - Ian was seen by the Crisis Team from LYPFT early in the morning of 24 June 2011 while in police custody. He refused a full assessment but did speak about ending his life and said he'd had enough. He was seen again late in the afternoon of 24 June 2011. He said he had been ‘depressed for years’ and had felt suicidal for ‘a long time’. He believed in-patient admission to hospital would benefit him. The Crisis Team concluded that there was no evidence of acute deterioration of mental state and declined to accept Ian as a sectioned or voluntary referral. He was given accommodation advice and referred to his GP.
- August 2011 - Ian attended A&E on three separate occasions (4th, 13th, 18th) having overdosed. He was seen on at least two of these occasions by LYPFT. On the first, it appears that he walked out during the assessment. There was no follow up but it was noted in the discharge plan that he would meet with the community drug and alcohol service. He was seen by liaison psychiatry on 18/19 August who concluded there was no evidence of pervasive low mood. He agreed to contact his GP/drug worker to discuss 1:1 support and was discharged.
- 17/18 February 2012 - Ian was assessed in hospital by the crisis resolution home treatment team. He had no active plans or intent to kill himself and there was no evidence of pervasive mood disorder. He was discharged with a plan to continue to engage with his drug worker and to see his GP for referral to secondary services if necessary.

495. Ian attended an appointment with a psychiatrist at Leeds Addiction Unit on 8 August 2011. The psychiatrist considered he had emotionally unstable (impulsive type) personality traits. He was to be referred to the dialectical behavioural therapy skills group but this did not happen as he was considered too unstable following several overdoses in the next couple of weeks.

## **LEEDS COMMUNITY HEALTHCARE – YORK STREET PRACTICE**

### Summary of involvement

496. York Street Health Practice provides primary care to homeless and vulnerably housed people in Leeds. Ian was registered with the practice in 2005 on his release from prison. It provided primary care services including GP registration for him. He attended the practice on a regular basis for medical services and followed a drug treatment programme managed by a drug therapist.

497. During the period covered by the review Ian was seen by 15 different GPs at the practice. Ian had the same drug therapist throughout the period of the review although on occasion another therapist would see him.
498. He reported having a good relationship with his drug therapist. He was expected to see her every two weeks for psychosocial support.<sup>23</sup> Staff would text him beforehand to remind him of appointments but Ian was a poor attender. He would often get a GP appointment within a day or two of missing an appointment with his drug therapist in order to maintain his prescription for heroin replacement medication. The consequence of non-attendance or non-engagement with therapies is expected to be that shorter prescriptions are given to bring clients back into engagement. This did not happen and Ian could avoid attendance without consequence.
499. Routine drug screening was not carried out on a regular basis and there was an over-reliance on Ian's self-reported accounts of his drug/alcohol use.
500. The drug therapist provided information to Children's Social Work Service on a number of occasions. Reports from the drug therapist tended to be positive about Ian's attendance, engagement and commitment, which did not always accurately reflect the reality.
501. There were gaps in recording and sharing information in relation to Ian's children from a previous relationship, his hepatitis C status when Christine was pregnant and implied threats to social workers.
502. There was a lack of contact with Leeds Addiction Unit during Christine's pregnancy and subsequently to plan effectively across agencies in relation to the couple's drug and alcohol issues. An agreed referral of Ian to Leeds Addiction Unit in 2013 was not made.
503. The drug therapist does not appear to have explored with Ian his use of violence against Christine, despite being aware of it, or to have explored whether his self-harming behaviour was, at least partly, used as a way of controlling his partner.
504. Ian was identified as a Top Ten client, reflecting his high use of health services. No clear actions to address his frequent, and often inappropriate, presentations to A&E were recorded.
505. York Street Practice was aware of Ian's difficult history and ongoing issues regarding anxiety, depression, social phobia, self-harm, drug and alcohol misuse and domestic violence. Whilst some of these issues were raised with Ian and offers of referrals to other services were made, there is little sense of a strategy to deal with his ongoing problems. There was a lack of contact with child protection services.

### Key events

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<sup>23</sup> Psychosocial support refers to a range of forms of care and support to help a person cope with stressors in their life.

506. In April 2010, Ian told a community mental health nurse at the York Street Practice that he had four children from an eight-year relationship. His access to them was not recorded and there is no record of onward sharing of information in relation to any perceived risk. Two of these children subsequently found Ian in a serious condition following an intravenous drug overdose in August 2011.
507. In November 2010, the drug therapist was aware that Ian had a diagnosis of hepatitis C infection and that Christine was pregnant. Although the drug therapist urged him to tell the midwife and Christine about his hepatitis C status, she did not share this information with the midwife herself.
508. At the end of January 2011, a social worker contacted Ian's drug therapist after Christine was referred to social services due to drinking during her pregnancy. The therapist informed the social worker of Ian's history of low mood and self-harm. She said he had been well and not harmed for a few years now despite the fact that he had made a suicide attempt nine months earlier. The drugs therapist did not attend any of the child protection meetings throughout 2011 and 2012.
509. In August 2011, Ian told his drug therapist that he would be 'doing life' if the social workers removed Hope to foster care as per plan last week. The drug therapist told him that any threats to others would be taken seriously and he should be very careful about this kind of thinking and speaking but the implied threat was not shared with Children's Social Work Service.
510. On 2 May 2013, Ian told his drug therapist that he was working with Leeds Addiction Unit for a detox. Leeds Addiction Unit subsequently contacted the drug therapist and it emerged that they would only do so if all his drug treatment care was transferred to them. Ian's drug therapist agreed on 20 May 2012 to refer Ian to Leeds Addiction Unit as soon as possible. This did not happen.
511. Ian's drug therapist did act promptly in June 2013 to refer him to St Anne's for an alcohol detox but there was little evidence of a plan to support him to stay clean post detox.

## **ST. ANNE'S COMMUNITY SERVICES**

### Summary of involvement

512. St. Anne's Community Services is a registered charity, providing a range of care and support services for adults in the Yorkshire, Humberside and North East regions. Both Christine and Ian received services from St. Anne's during the period covered by the review.
513. Christine accessed Alcohol Services for in-patient detox on two occasions. Both detoxes were unsuccessful. On the first occasion, Christine left because staff would not let her have sleeping tablets. She had not identified a need for sleeping tablets during booking in. On the second occasion, she was asked to leave on the first day after being caught smoking cannabis, in breach of the terms of her attendance.

514. Ian accessed both Alcohol Services and the RAISE homeless day centre. He used the latter as a safe mailing address and staff would support him around his housing and benefits. He had one in-patient detox, which he left on the penultimate day as he said Christine had called him and asked him to come home and support her.
515. The homeless service was aware of the relationship between Christine and Ian. Their impression was that the couple was “loved up”.
516. Neither Christine nor Ian were able to access rehabilitation services at St. Anne’s to support detox and help them to stay clean as both were taking heroin substitutes (Christine was on methadone, Ian on Buprenorphine).

### Key events

#### **Christine**

517. On 12 October 2012, St Anne’s Community Services received a referral for Christine from the Leeds Addiction Unit to their Residential Detoxification service. No information was provided about the rest of her support package. The referral did not outline any ongoing domestic violence concerns but did make reference to a history of domestic violence. St. Anne’s did not request further information from Leeds Addiction Unit about the history.
518. Following difficulties in making contact with Christine, the initial assessment took place on 16 November 2012. She was accompanied by Ian. She was not seen on her own for any part of the assessment; she did not refer to domestic abuse and was not asked about it. (*Author’s note: It is unlikely that she would have disclosed in Ian’s presence even if she had been asked.*) She outlined her history of alcohol and substance misuse and a history of self-harm/ suicide attempts. Christine was very concerned about being with men on the detox programme but her reasons for this do not appear to have been explored. (*Author’s note: no women only residential detox provision is available in Leeds but many women with substance misuse issues prefer women only provision, linked to histories of experiencing sexual and domestic violence<sup>24</sup>*).
519. Christine was admitted to St. Anne’s Community Services on 8 January 2013. She was noted to be experiencing withdrawal symptoms and reported some anxieties on the morning of 9 January 2012 but these soon eased. During the night of 9/10 January 2013, Christine requested sleeping tablets. Christine had not mentioned sleeping tablets when her medication was explored prior to admission and the staff nurse on duty advised that she was unable to provide them. This was because the medication that is used for detoxification has relaxant properties and would not normally be prescribed in combination with

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<sup>24</sup> *Listening to the voices of women experiencing problematic substance use and gender-based violence*

<http://www.avaproject.org.uk/media/43594/listening%20to%20the%20voices%20of%20women%20experiencing%20sm%20and%20gbv.pdf>



sleeping tablets. St. Anne's promotes alternative ways of dealing with sleeplessness<sup>25</sup>.

520. Around 30 minutes later, Christine appeared at the office fully clothed and announced she was leaving and intended to walk home where she could get sleeping tablets. Staff asked her to wait until the morning but she was determined to leave. For safety reasons the staff nurse on duty provided Christine with money for a taxi home, which was good practice.
521. Leeds Addiction Unit referred Christine to St. Anne's again on 21 May 2013. There was reference to Christine experiencing depression and suicidal ideations and to a history of domestic violence but no further information was provided or requested. She was pregnant and wanted to keep this baby.
522. Christine attended triage on 24 May 2013 accompanied by Ian. As before, she was not seen at any point on her own and did not talk about domestic abuse. She appeared highly motivated to change her life and recognised her responsibility in the previous detox going wrong.
523. St. Anne's recognised the need to work with Leeds Addiction Unit, both about the timing of Christine's detox in relation to her pregnancy<sup>26</sup> and because Leeds Addiction Unit were exploring providing community detox for Ian to coincide with Christine's in-patient treatment. On 6 June 2013, the midwife at Leeds Addiction Unit called St. Anne's to inform them that Christine was not pregnant and was thought to have miscarried. This meant that Christine could be admitted to the detox programme for treatment and this was arranged for the following week. It is not clear whether St. Anne's discussed with Christine whether she was ready to start the detox so soon after her miscarriage. A community detox was not in place for Ian.
524. On 11 June 2013, Christine started her second in-patient detox at St. Anne's. At the admission and assessment stage, Christine was very upset that she was not pregnant and had potentially miscarried. It is not clear whether this was discussed with her although staff would have been expected to offer her support. There was a reference to violence in the past with her partner, all due to drink. The source of this comment was not recorded and St. Anne's recognise the need to improve the recording of details within case notes. It would appear that the comment was not explored further. St. Anne's believe that this was down to not having a greater understanding of domestic violence and an assumption that perhaps other agencies were dealing with the issue. Training and guidance are required to address this.

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<sup>25</sup> Sleeplessness is a common symptom of alcohol withdrawal at the beginning of detox. St. Anne's aims to promote and establish healthy sleeping patterns through the use of natural techniques and other coping mechanisms. The use of sleeping tablets would only be considered after a few days of abstinence and when other techniques have not worked.

<sup>26</sup> There are preferred trimesters in a pregnancy in which to conduct alcohol detoxification. A confirmed pregnancy and length of pregnancy would help establish the preferred timing of the detoxification programme.

525. During the morning, Christine was noted to be suffering from withdrawal symptoms and her detox medication was provided early to help with this. At 1pm, she was questioned by staff about the strong smell of cannabis on her. She denied any cannabis use. Staff asked for her cigarette which smelt like cannabis. She was checked for any substances in her possession but nothing was found. Christine admitted to smoking cannabis on the premises and a decision was taken to discharge her for breaching the conditions of her stay.

### **lan**

526. On 1 September 2011, lan attended St. Anne's RAISE service<sup>27</sup> to collect his benefits. He attended the service either every other day or weekly between 1 September 2011 and 12 April 2013. When he registered with Leeds Homes in February 2012 he gave his application address as c/o St Anne's Resource Centre.

527. On 11 June 2013, lan's drugs therapist at York Street Health Practice referred him to St. Anne's Community Services. He attended for his triage assessment on 14 June 2013 and reported a long history of drug dealing and drug use. He said alcohol had taken a grip of him since he had addressed his drug use. St. Anne's agreed to liaise with Leeds Addiction Unit to enable both Christine and lan to start a detox programme at the same time, community detox via Leeds Addiction Unit for Christine and a residential detox at St Anne's for lan.

528. lan was admitted to St. Anne's residential detox on 30 July 2013. He attended from St. James's University Hospital and it was noted that he had self-discharged. lan was anxious about eating with other people and St. Anne's allowed him to eat his meals in his room. He attended other group sessions and was reported to have contributed very well. Christine attended to visit every day but would not enter the building as she felt ashamed and that she would be judged. Staff sought to reassure her via lan that this was not the case. Although lan struggled at times with the withdrawal symptoms, staff supported him to continue with the programme. St. Anne's did not receive any information from Leeds Addiction Unit about how Christine's community detox was going, including her relapse on 1 August 2013, nor did they request it.

529. lan was due to be discharged on the afternoon of 5 August 2013, after receiving his medication. On 2 August 2013, he said he would leave earlier that day and that Christine would sort him out for medication. He was advised against this. lan was still experiencing withdrawal symptoms, including tremors, on 3 August 2013 but some improvement was noted on 4 August 2013. He was looking forward to going home but worried about how he would cope without alcohol. At 2.30pm on 4 August 2013, lan approached staff to report that Christine was feeling low. He decided to self-discharge to go home to be with her.

## **LEEDS FLOATING SUPPORT**

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<sup>27</sup> RAISE is a homeless drop in service run by St. Anne's Community Services. lan accessed it as a safe mailing address and during periods of homelessness.

### Summary of involvement

530. Leeds Floating Support Service provides a range of support services to enable people to be appropriately housed, live independent lives and achieve their goals. The service provided for Christine was restricted to people with children. Leeds Floating Support supported Christine and Hope between September 2011 and February 2012, following a referral from the health visitor on 1 June 2011.
531. Christine was assessed in July 2011 and a case worker was allocated on 7 September 2011. Face to face support began at the end of September 2011, some four months after the referral. By then, Children's Social Work Service had required Christine to go and live with her father and an interim care order had been made. The gap between referral and assessment was due to difficulties in contacting Christine to arrange the appointment. There was a long gap between assessment and providing support as this was not deemed a high priority case due to domestic violence not being identified and the couple being reported to be engaging well with professionals.
532. Support areas were identified by the case worker and Christine. They included ensuring Hope was no longer subject to a child protection plan, housing, substance misuse, domestic abuse, health, education, benefit issues, budgeting and improving access to events in the community. The case worker viewed Christine's relationship with her daughter positively, noting emotional warmth. Housing was a significant issue, complicated by Children's Social Work Service's requirement that Christine reside with her father. Almost all of the work required to resolve this was placed on Christine, including herself having to leave the family home, deal with housing benefit and apply for new accommodation. During this time, Ian remained at Address 1 and appears to have done very little to ease the situation for Christine.
533. Christine engaged well with the service. There was regular contact and appropriate support provided but it appears that there was no plan to support Christine during the critical period in December 2011 when her hair strand test result, which was likely to determine whether or not Hope was taken into foster care, was due. The service was only involved for a short period, which limited the development of an effective relationship between Christine and her case worker. The amount of support required given the timeframes involved meant that the majority of support was reactive. Earlier involvement could have seen preventative work carried out and a more effective prioritisation of the support needs identified.
534. After Hope was taken into care, Christine was no longer eligible for the service and as a result it was withdrawn. This was at a time when Christine was dealing with the pain of Hope having been taken into care, the prospect of losing her permanently and had recently made a serious attempt on her life.

### Key events

535. On 1 June 2011, Leeds Floating Support received a referral for Christine from the Health Visitor. It said that social care was involved and outlined previous

- domestic violence and drug use. Christine wanted to be rehoused to a larger property as she was currently in a one-bed flat with her partner and child.
536. Leeds Floating Support wrote to Christine offering her an appointment first on 7 June 2011, and then on 14 July 2011. Christine did not respond to either letter and did not attend. (*Author's Note: on one occasion when Christine was arrested, the police recorded that she was "not too clever at reading but can get by."*) After the second missed appointment, Leeds Floating Support contacted Christine's social worker, which resulted in an appointment for 26 July 2011.
537. It appears that both Christine and Ian attended for the assessment and Christine's support needs were identified. It was recorded that both Christine and Ian denied that there was domestic abuse. (*Author's Note: a victim would be less likely to make a disclosure of domestic abuse in the presence of the perpetrator.*) An 'Abuse Questionnaire' was completed and Christine identified that she had experienced mental and physical abuse. She said she would report concerns to the police and would also speak to them if she thought her child was being abused. It is unclear how the recorded history of domestic abuse, which Leeds Floating Support had been advised of in the referral, was explored at the assessment or subsequently). Christine was sent an acceptance letter the following day.
538. A case worker was allocated on 7 September 2011 and began to gather background information from other agencies and via a telephone call with Christine. Face to face support started on 29 September 2011 and continued during October and November with home visits at least twice a month. In addition, the case worker attended a number of appointments with Christine including with the Jobcentre and for legal advice about her housing. On 4 October 2011, Christine said she was still hoping to be reunited with Ian. The case worker advised her to accept that the relationship was over. During a discussion about her housing on 2 November 2011, Christine said she did not want Ian to think she was going behind his back by getting advice from a solicitor. This suggests that she was concerned about how he would react if she tried to reclaim her flat.
539. The last face-to-face contact was on 5 December 2011. Christine subsequently made a serious attempt on her life but there was no further contact with Leeds Floating Support in December. The case worker was aware that Christine's hair strand test result was due before Christmas but it does not appear that any face-to-face appointments were arranged to support Christine during this critical period. Christine did ring the office during this period and was offered telephone support.
540. In the first week of January 2012, the case worker tried to contact the social worker, seeking information about Hope being taken into care, but she was on leave. The case worker tried making home visits to Christine at both her father's and Address 1 but there was no response at either address. The case worker finally spoke to the social worker on 19 January 2012. They discussed developments. The role of Leeds Floating Support was to support families. As Hope was now in care, the case worker explained that the support would have

to end. The case worker sent a letter to Christine on the same day explaining this.

## **LEEDS COMMUNITY HEALTHCARE – HEALTH VISITING**

### Summary of involvement

541. The Health Visiting Service was involved with the family for a period of 19 months, from shortly before Hope's birth until she was placed with Christine's brother and his wife. As Leeds Addiction Unit were already involved in providing specialist support to Christine, the health visitors' focus was on routine observations, support and advice, and monitoring signs of deterioration or evidence of safeguarding concerns.
542. It is usual to have one 'named Health Visitor' who is regarded as the case manager who undertakes the majority of the work with the family. Three health visitors had this role with Christine and Hope during the antenatal period and the early months of Hope's life. This was not ideal but resulted from two members of staff leaving the service.
543. Health Visitor 3 delivered a package of care known as the Child Development Programme; a strengths based approach aimed at empowering parents. Health visitor 4 continued monthly contact.
544. Christine was present for pre-arranged monthly visits with the Health Visiting Service. Hope was seen at every contact and there are references to her being in clean clothes and the presence of toys in the family home. Health visitors observed the loving bond between mother and baby. Christine took Hope to be immunised and to the baby clinic for routine weighing as well as to the Neonatal Abstinence Service. When Health Visitor 8 visited Hope in her foster placement she commented that Hope was "delightful" and interpreted this as evidence that Hope had received some good levels of care whilst living with Christine.
545. Health Visitors made routine enquires about alcohol and substance use, mental health and domestic violence. Christine's use of amphetamines and heroin whilst taking methadone was recorded but she did not mention an increase in alcohol intake. There is some evidence of communication between the Health Visiting Service and Leeds Addiction Unit but it is not clear if the health visitor was invited to the 32-week review.
546. Christine did not disclose any past mental health problems initially but later told health visitor 7 that she had experienced depression since she was 18. This does not appear to have led to a referral for support.
547. Although Christine said that Ian was not violent to her, health visitors should have been aware of reported violence as a result of the child protection investigation. Christine told Health Visitor 3 that she felt Ian had a hold over her as every time they had an argument he threatened to kill himself. It does not appear that the health visitor did any work with Christine around identifying

controlling and abusive behaviours within relationships and did not refer her for specialist support.

548. When Hope was taken into care, the Health Visiting service's contact with Christine ended.

#### Key events

549. Health visitor 1 made a prearranged antenatal home visit to Christine on 22 December 2010. The antenatal care plan was completed and key enquires such as the routine enquiry for domestic violence and previous mental health concerns were made and responses were documented.
550. The health visitor did not attend the 32-week antenatal review meeting at Leeds Addiction Unit on 5 January 2011. It is not known whether or not she was invited. Safeguards are now in place to ensure that generic Health Visitors are invited to and attend these meetings.
551. On 17 February 2011, a Health Visitor (HV3) prepared a report for the pre-birth Initial child Protection Conference (ICPC) which identified that there appeared to be significant risk to the unborn baby from the parents' drug and alcohol use which could affect their ability to safeguard and prioritise the baby's needs. Health visitors attended all the Child Protection and subsequent Looked After Children meetings.
552. On 28 April 2011, Christine told Health Visitor 3 that she felt Ian had a hold over her as every time they had an argument he threatened to kill himself. The health visitor recorded that Christine did not report any domestic violence and did not appear to have recognised such threats as a form of control. Health Visitor 3 should have been aware that previous violence had been reported but there is no evidence that they supported Christine to explore the dynamics of the relationship.
553. On 27 October 2011, Christine told health visitor 7 that she had experienced depression since the age of 18. This does not appear to have led to a referral for support. At the same meeting, Christine said she still hoped to be reunited with Ian. This was ten weeks after Children's Social Work Service required Christine to separate from Ian. It is unclear whether the health visitor explored this and the impact of Ian's previous behaviour on both Christine and Hope, further.

### **NHS ENGLAND (GP SERVICES TO CHRISTINE & HOPE)**

#### Summary of involvement

554. Christine was registered with East Park Medical Centre from 8 June 2009 until her death. Five GPs saw Christine over the period of the review. All but one have already left the practice and the remaining GP had little personal recollection of her.
555. There were ten contacts with GP services in the 12 months prior to her death on ■ September 2013.

556. Hope was also registered with East Park Medical Centre from the period of her birth until she was taken into care. All her vaccinations were up to date at the time of her being taken into care. There is evidence that Christine both made and attended all relevant appointments related to the routine and additional health needs of her daughter.
557. The GP practice was aware that Christine had been an intravenous drug user and of her methadone prescription for drug addiction maintenance therapy through Leeds Addiction Unit (LAU). The practice was also aware that Christine was prescribed drugs to support alcohol detox.
558. Christine had a long history of depression. It appears that the GP did not expect to be involved in assessments of Christine's depression or anxiety but to focus on prescribing medication on the advice of the consultant psychiatrist at Leeds Addiction Unit. However, although Christine was seen by the dual diagnosis team at the Leeds Addiction Unit, they believed that the GP was responsible for treating Christine's depression as it was not considered 'severe' (see Leeds Addiction Unit). There is little evidence of communication between the two services other than regarding drug prescriptions. The GP practice treated Christine's ongoing depression through repeat prescriptions for Amitriptyline. During the period under review, GPs issued Christine with repeat prescriptions for the treatment of depression at least monthly in 2010 and 2011. In June and August 2010, the GP encouraged Christine to reduce her Amitriptyline dose during her pregnancy.<sup>28</sup> This was partially successful but when raised again on 30 September 2010, Christine indicated she could not reduce her dose any further.
559. Christine was switched from monthly to weekly prescribing of Amitriptyline in January 2012 due to concerns relating to overdose. In March 2012 Christine saw a GP who would not increase her anti-depressants due to the risk of overdose. The following month she saw a different GP who had a different response and increased her dose. In April 2012, Christine was also prescribed Hydroxyzine, usually prescribed to address anxiety and tension. On 25 May 2012, the GP was advised by the psychiatrist at Leeds Addiction Unit to discontinue prescriptions for Amitriptyline as it appeared to be having a limited impact and Christine was still at risk of overdose. In June 2012, Leeds Addiction Unit prescribed Mirtazapine, primarily used in the treatment of depression.
560. Christine was first prescribed anti-depressants in 1997 following the death of one of her brothers. She experienced a number of further bereavements and losses during the course of the review. Her mother died at the beginning of 2010 and in August 2010 she told the GP that her grandfather was dying (*Author's Note: there is no record of when/if her grandfather died*). A second brother died in May 2011, which appears to have triggered Christine's increased alcohol consumption. In August 2011, she was required by Children's Social Work Service to have no contact with Ian, who was her

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<sup>28</sup> Amitriptyline is only recommended for use during pregnancy when there are no alternatives and benefit outweighs risk.

partner at the time. In December 2011, her daughter was taken into care. During 2012, she lost contact with her birth family. Ian's mother is believed to have died during 2012. In June 2013, Christine was believed to have miscarried. There is no record that the GP discussed options for support with Christine to deal with these losses and bereavements.

561. The GP practice was aware of a number of incidents of self-harm and overdose involving either Christine herself, or Ian, over the period of the review. Case records do not indicate what, if any, support Christine was offered regarding her own self-harm/overdoses or the impact of Ian's overdoses on her. The patient records do not indicate any exploration of the concerns raised by events (such as losses and bereavements) that are likely to trigger further risk of self harm; or identifying additional support such as referral into counselling to address the loss of her daughter; or the significant risk that she would end her life if her daughter was removed from her care. There is no indication if any alternatives were explored by the GP practice in terms of community support and intervention after her overdose in December 2011 or self harm in September 2013.
562. The Leeds Addiction Unit report of 2 September 2013 to the GP states that Christine did not want a referral into the LYPFT Crisis team. This was an opportunity for the GP practice to explore other support options in relation to her repeated self-harm and depression. There is no evidence to indicate that the GP gave information about local support.
563. Christine attended the surgery on several occasions in circumstances that suggested that she might be experiencing domestic abuse but there is no record that it was ever explored with her. The first was in May 2010, when she reported that Ian had taken her supply of Amitriptyline. In August 2011, Children's Social Work Service informed the GP practice that Christine was experiencing domestic violence. On 6 January 2012, Christine herself reported that her ten-month old daughter had been taken into care due to domestic violence. Yet there is no indication that the potential risk of further abuse was explored when she attended with bruised ribs less than two weeks later or in April 2012, when she told the GP that Ian had flushed her prescription drugs down the toilet. The patient records were not coded to indicate a history of domestic abuse.
564. In August 2012, Christine presented in A&E with bites. There is no record that the cause of the bites was explored during subsequent contact with GP services. On 2 September 2013, the GP appears to have checked for a flag on file to indicate vulnerabilities and asked Christine about a fall but it is not recorded if this included asking about potential domestic abuse.
565. The GP practice was aware that Hope was on a child protection plan. The GPs regularly recorded who brought the baby to appointments and the presentation of the baby, which was good practice. However there is no record that GP services ensured there was support for Christine relating to the impact on her or her child of Ian taking an overdose in July 2011 or that the safeguarding implications relating to the joint care of a young baby were addressed.



Christine's medication had the potential to have an impact on her parenting (for example by making her sleepy) but there is no record that the GP discussed this with her. It appears that the GP assumed that this was being monitored by Leeds Addiction Unit, who were prescribing the majority of her medication, but this was not confirmed with Leeds Addiction Unit.

566. In conclusion, there is little evidence to identify any clear or coherent responses to the reports of domestic abuse or to address the underlying causes of Christine's misuse of alcohol and ongoing depression. Had this been done, it could have led to a more robust treatment plan; increased Christine's ability to cope and seek help, and potentially to access support relating to abuse within her relationship.

### Key events

#### **Christine**

567. On a number of occasions Christine requested to have her prescription for Amitriptyline early because Ian had either taken or stolen her supply flushed them down the toilet. This included:
- 5 May 2010 – Christine said her boyfriend pinched her last supply;
  - 12 July 2011 – Christine said her boyfriend had taken them;
  - 20 April 2012 – Christine said her partner had flushed her tablets down the toilet after an argument.
568. On 19 January 2012, Christine said she had fallen over a kerb and hurt her ribs, which were painful with movement and deep breathing. Domestic violence was not explored as a possible cause of her injuries.
569. On 18 March 2013, Christine walked out of a GP appointment. She was booked as an extra appointment and it is possible that she may have been unable to wait if the clinic was over running.
570. On 29 May 2013, Christine saw a GP who confirmed she was eight weeks pregnant. This was her first ante-natal appointment with a health professional. The GP noted that Christine was in contact with Leeds Addiction Unit and, the following week, her antenatal care was transferred to the midwife with Leeds Addiction Unit. The GP received a message from the Drug Liaison Midwife on 13 June 2013 that "Christine is no longer pregnant".
571. Christine reported back pain to the GP on 2 September 2013. She was tender on her lower back and had a bruise on her left rib cage area, which she said was from play fighting with a friend. Domestic violence was not explored in this consultation but Christine said she did not want to be in a relationship with her partner. She had told him to go away from her property but he still came back to her.
572. On 9 September 2013, Christine attended to have her left forearm dressed following self-inflicted injuries two days previously. She saw a Staff Nurse. This was the surgery's last contact with her.

## **Hope**

573. Hope was registered on 30 March 2011. She was seen on 14 April 2011 with Christine for a routine medical and was noted to be alert and smiling and again on 19 April 2011 for her 6-8 week examination. No problems were reported. Hope attended for routine vaccinations with the staff nurse and routine medicals in the months that followed.
574. On 25 August 2011 and 30 August 2011, Children's Social Work Service wrote to the GP to inform them of developments in relation to Hope's care.
575. Hope was seen in the GP surgery on 22 September 2011 and was described as alert, active and smiling. She was brought in by Christine who was concerned that Hope had a cough and cold. She was seen again on 14 October 2011, 7, 9, 17 and 24 November 2011 for minor health issues. Her November appointments related to coughs/colds. On presentation, Hope was generally described as alert and smiling/happy.
576. After Hope was taken into foster care, her GP continued to receive updates from other health professionals until her GP care was transferred to her new GP.

## **LEEDS TEACHING HOSPITALS TRUST (LTHT)**

### Summary of involvement

577. Leeds Teaching Hospitals offers a range of both general and specialist hospital services across Leeds. It provided services to Ian, Christine and Hope.
578. Ian engaged with LTHT in the following areas: Hepatology, Medical, Plastics, Respiratory, Gastroenterology, Critical Care, Emergency Department and Cardiology. He was a frequent attender at the Emergency Departments at both St. James's University Hospital and Leeds General Infirmary, attending on 31 occasions in the 30 months between March 2011 and September 2013. He attended with self-harm, suicidal ideation, chest pains, dog bites and vomiting blood/gastric problems. Although clinical records suggest that the correct decisions were made for each presentation, no intervention was put in place to deal with his frequent presentations, often repeats for the same issue. Where medical treatment and/or further medical investigation were required Ian was either admitted to the hospital with follow up on discharge or he was discharged with follow up. On episodes of self-harm, the correct decision was taken to admit Ian to enable an assessment by the self-harm team. Other presentations for mental health were referred to the Crisis Assessment Team at Leeds and York Partnership NHS Foundation Trust. Security staff were called on several occasions because Ian was violent. He often attended hospital in drink.
579. Ian frequently disengaged with LTHT and either took his own self-discharge or did not attend his outpatient appointments. On a number of occasions Ian left the department without being seen. When this was due to self-harm or suicidal ideation the department would inform the police.

580. Ian was identified as posing a potential risk of violence towards staff due to his previous behaviour in healthcare settings. This was recorded on LTHT's symphony system to alert clinical staff to the risk. His risk of violence towards clinical staff did not trigger concerns about his potential risk towards others such as his partner and was not shared as part of the child protection conference. Symphony does not currently link patients with other family/household members.
581. Christine was engaged with LTHT maternity services from the 30 June 2010 when she had her first antenatal appointment. An antenatal risk assessment was undertaken and identified the risk of mental health and substance use. Substance use was identified as a risk to the unborn child. She was referred to the Leeds Addiction Unit Midwife. Christine did not disclose domestic violence when asked about it as part of routine screening and it was not indicated as a risk in the antenatal risk assessment. However Ian was noted to be aggressive at one of Christine's antenatal appointments. He attended with his dog and became vocal when asked to leave. This was a potential indicator that Christine may have been in an abusive relationship. Christine engaged well with maternity services and attended most of her appointments. She had an obstetric inpatient stay in November 2010. She gave birth at St. James's University Hospital.
582. Christine attended the Emergency department on six occasions including following an overdose, with bites/stings, with suspected deep vein thrombosis, with a perforated eardrum, after cutting her wrists and after a reported assault by Ian which led to her final admission on 11 September 2013. On the two occasions that related to her mental health difficulties, the appropriate decisions were taken to refer her to mental health services for further assessment.
583. Christine attended the Emergency department on 8 April 2013 with a perforated tympanic membrane. This could have been caused by physical assault, potentially by her partner, but this was not explored with Christine and not taken further by the clinical staff. This was after LTHT had been made aware of previous domestic violence but it was not possible to flag this on her records. .
584. Christine made a disclosure that her partner was abusive towards her when she attended the Emergency Department on 7 September 2013, following an episode of self-harm. It was documented that the police were involved in the case. Christine did not wait to be seen and left the department.
585. There was one occasion where Christine did not attend an outpatient appointment in Hepatology. This was followed up with a letter to the referrer and Christine self-discharged from clinic.
586. Hope was born in St. James's University Hospital. She was treated in the hospital's transitional care unit for neonatal abstinence syndrome.
587. LTHT maternity services were involved in the child protection plan for Hope. It was noted at an outpatient follow up appointment for Hope that Christine had a

black eye believed to be caused by Ian. Christine reported that she was no longer having contact with Ian Gordon.

588. Hope failed to attend two outpatient appointments and in-line with the Trust Elective Treatment Access policy this was appropriately followed up with the referrer. It was then established that Hope was in foster care out of area and the appropriate arrangements for transfer of care were made.

#### Key events

589. LTHT's contacts with Ian, Christine and Hope are summarised below. More information about each is set out in the narrative chronology.

#### **Christine**

590. Christine attended her first antenatal appointment at St. James's University Hospital on 30 June 2010. She was referred to the Leeds Addiction Unit Midwife. She regularly attended at antenatal care throughout her pregnancy and gave birth in St. James's University Hospital on ■ February 2011. Mother and child remained as in-patients for 27 days due to a maternal history of heroin, amphetamine, methadone and alcohol use.
591. Christine attended A&E on 15 December 2011 following an intentional mixed overdose with alcohol. She was seen by the crisis team and remained an in-patient at St James's Hospital until she was discharged on 17 December 2011.
592. Christine attended the Emergency Department on 8 April 2013 with a perforated tympanic membrane stating that she woke that morning and noticed that her ear was bleeding. Domestic violence was not explored as a possible cause. This should have happened.
593. 7 September 2013 - Christine attended the Emergency Department with deliberate self-harm to her wrist but did not wait to be seen. It was identified that she was in an abusive relationship that had been increasingly volatile over the preceding week prior to attendance. It was documented that the police were involved.

#### **Ian**

594. Ian attended A&E on numerous occasions. He self-presented to St. James's University Hospital and was also taken by ambulance to both St. James's and Leeds General Infirmary. His attendances are summarized below with more information being provided in the narrative chronology.
- Abdominal pain/vomiting blood:
    - 13 March 2010 – admitted to St. James's Hospital; self-discharged against medical advice;
    - 18 April 2011 – admitted to the Clinical Decisions Unit before being discharged as an in-patient to the Becklin Centre;
    - 19 February 2012 - admitted to gastroenterology; self-discharged three days later;

- 19 April 2012 - admitted to gastroenterology; discharged to outpatients; did not attend a follow up outpatient appointment;
- 14 June 2012 – admitted to gastroenterology; discharged;
- 30 June 2012 –admitted to gastroenterology; discharged to outpatients; did not attend a follow up outpatient appointment;
- 5 September 2012
- 9 October 2012 – admitted; self-discharged the following day with cannula in arm;
- 31 October 2012 – admitted; discharged the following day;
- 17 November 2012 - kept overnight on the Clinical Decisions Unit;
- 12 January 2013 – admitted; self-discharged the following day; did not attend a follow up outpatient appointment;
- 22 August 2013 - became verbally abusive towards staff and security staff attended before he was discharged;
- Overdose
  - 20 April 2010 – admitted to St. James’s Hospital; discharged three days later after being seen by the LYPFT (Leeds and York Partnership NHS Foundation Trust) Crisis Resolution Team;
  - 13 August 2011 - admitted to St. James's then transferred to Leeds General Infirmary. Discharged four days later;
  - 18 August 2011 – transferred to the Clinical Decisions Unit and discharged the following day;
  - 17 February 2012 - admitted to the Clinical Decisions Unit; discharged on 18 February 2012;
  - 11 August 2012 – left before being seen;
- Suicidal thoughts
  - 14 June 2010 - discharged after being seen by the LYPFT Crisis Resolution Team;
  - 3 May 2011 - transferred to the Clinical Decisions Unit and self-discharged;
  - 23 June 2011 - transferred to the Clinical Decisions Unit and self-discharged;
- Testicular problems
  - 24 March 2011 – self-discharged;
- Hearing voices
  - 4 August 2011 - discharged following a psychiatric assessment with a diagnosis of hallucinations;

- Dog bites
  - 17 February 2012 - treated and discharged;
  - 29 August 2012 – seen by a doctor and discharged;
  - 12 October 2012
  - 11 July 2013 - did not wait to be seen;
  - 12 July 2013 - referred to plastics;
  - 13 July 2013 - admitted to plastics; self discharged on 14 July 2013; did not attend a follow up outpatient appointment;
- Feeling unwell/alcohol misuse
  - 9 August 2012 – admitted; discharged on 10 August 2012;
- Chest pain
  - 4 January 2013 - did not wait to be seen;
  - 19 July 2013 - self-discharged;
  - 25 August 2013 - kept overnight on the Clinical Decisions Unit;
  - 5 September 2013 – disruptive; transferred to a ward; absconded once the police and security staff had left.

595. He missed at least seven outpatient appointments during the period of the review:

- Gastroscopy - 3 June 2010;
- Hepatology – 18 May 2011; 13 June 2012;
- Gastroenterology - 20 April 2012; July 2012; 22 October 2012
- Plastics

596. These were generally follow up appointments following attendance at A&E. There is no record of him attending an outpatient appointment during the period of the review.

### **Hope**

597. Hope was born by spontaneous vaginal delivery at full term on ■ February 2011. She was made subject to a child protection plan. Leeds Addiction Unit and Children's Social Work Service were notified of the birth.

598. She was discharged home to the care of her parents on 21 March 2011. Leeds Addiction unit, Children's Social Work Service, Community Paediatrics and LTHT Safeguarding were all notified.

599. LTHT was represented at Child Protection core group meetings but do not appear to have been informed when Hope was taken into care as outpatient appointments continued to be made after Hope was placed out of area. Hope's hospital care was transferred to her new home area in May 2013.

## **YORKSHIRE AMBULANCE SERVICE**

### Summary of involvement

600. Yorkshire Ambulance Service was called to 21 incidents during the period of the review. Eighteen of these were calls to Address 1, 14 of which were for Ian and the remaining four were for Christine. Ian was conveyed to hospital twelve times and Christine three times. Alcohol was involved in the majority of contacts. Yorkshire Ambulance Service was also called to attend Ian after he collapsed at the Co-op on Selby Road in Halton Moor in August 2012, Leeds and twice at Chapel Allerton Police Station in August 2013. There are no recorded calls for Hope.
601. In one incident, on 17 April 2011, West Yorkshire Police stood Yorkshire Ambulance Service down, as an ambulance response was no longer required. For the remaining incidents, all but one were within expected national response times. There was good assessment by all the Emergency Operating Centre staff who correctly identified the categories of the 21 calls, followed procedures correctly regarding the response selected and provided good patient care and customer service. They also attempted to obtain all necessary details from the caller to complete the calls.
602. Staff generally met organisational expectations of standards of care but there were a number of incidents when this was not the case:
- On 18 August 2011, ambulance staff attended after Ian's children found him following an intravenous heroin overdose. Ambulance staff should have requested police attendance to ensure the safety of the children remaining on scene but this did not happen;
  - On 7 September 2013, ambulance staff attended after Christine slit her wrists. She was noted to have extensive bruising but domestic abuse was not explored with her and she was not offered a referral to a domestic violence service. This should have happened;
  - On [REDACTED] September 2013 (the date of Christine's fatal injury), Christine disclosed during the 999 call and in the ambulance that she had been assaulted by her ex-partner. There is no record that she was signposted to domestic violence services. This should have happened.
603. Yorkshire Ambulance Service has adopted a domestic violence policy and guidance. Staff should be reminded of its requirements.
604. Fourteen of the twenty-one incidents were in the two months preceding Christine's death. Yorkshire Ambulance Service did not record this escalation and seek to put in place a plan to deal with it. The number of incidents did not meet the frequent caller threshold in place at the time, which required fifteen incidents over three months. A new threshold has since been put in place of twelve incidents in three months or five in one month.
605. In the same period as the frequent ambulance callouts, there were seventeen police call outs to Address 1. There was no co-ordination/communication between the police and ambulance service so neither was aware of this picture. The emphasis for Yorkshire Ambulance Service is understandably on ensuring

a rapid, appropriate and effective response to calls for assistance. Nevertheless, it should be possible to put in place a protocol to identify addresses that generate frequent callouts, perhaps on a monthly or quarterly basis, and consider whether there is the potential for action by other agencies to reduce them<sup>29</sup>. This is considered further in the next section, as to be effective it requires a multi-agency response.

### Key events

606. The twenty-one incidents to which Yorkshire Ambulance Service was called were:

- 22 February 2011 - took Christine to hospital after her waters broke;
- 17 April 2011 – called after Ian took an overdose but stood down by the police, who conveyed Ian to hospital;
- 18 August 2011 – took Ian to hospital after an overdose. He was found by his son with a “needle at side of him”. Children were referred to Children’s Social Work Service due to safeguarding concerns but police were not called to ensure their safety;
- 19 January 2012 – called after Christine fell and hurt her ribs. Triaged to NHS Direct and Yorkshire Ambulance Staff did not attend;
- 13 August 2012 - called after Ian collapsed at the Co-op in Halton Moor. He refused the paramedics advice to go to hospital;
- 10 October 2012 – called after Ian absconded from St. James’s University Hospital with a cannula in his arm. Ambulance attended but the cannula had already been removed and Ian did not wish to return to hospital;
- 01 April 2013 - took Ian to hospital due to chest pain;
- 11 July 2013 – took Ian to hospital with difficulty breathing;
- 11 July 2013 - took Ian to hospital with a dog bite;
- 12 July 2013 - took Ian to hospital after a call from Christine saying he was bleeding from his ear and not waking up. On arrival, Ian was sitting in bed drinking cider;
- 13 July 2013 - took Ian to hospital with bleeding from the previous dog bite;
- 17 July 2013 - took Ian to hospital with vomiting blood;
- 30 July 2013 - took Ian to hospital with stomach ulcers/vomiting blood;

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<sup>29</sup> Following the murder of Steven Hoskin, a trigger protocol was introduced in Cornwall, amalgamating information from the flagging systems from the minor injury units (MIUs) and A&E and frequent calls from the same address to the ambulance service and the police on one database held by the primary care trust. A monthly meeting discusses the 15 addresses that cause the most concern. Representatives from adult care, children’s services, the PCT, the safeguarding adults unit, the ambulance trust, police, the mental health trust and the fire brigade attend.



- 22 August 2013 - took Ian to hospital with stomach ulcers and vomiting blood;
- 25 August 2013 - attended Ian at the Custody Suite, Chapel Allerton Police Station after he complained of constant left sided chest pain and the effects of pepper spray that had been used on him earlier in the week. Took Ian to hospital, accompanied by the police;
- 26 August 2013 - took Ian from Address 1 to hospital with chest pains;
- 26 August 2013 - attended Ian at the Custody Suite, Chapel Allerton Police Station after he complained of left sided chest pain. Ian was discharged by the paramedic at scene and left in the care of the Police with the advice to call 999 again or contact a GP if symptoms worsened;
- 02 September 2013 - took Ian to hospital with chest pains;
- 07 September 2013 – took Christine to hospital with cut wrists. Christine said she had self-harmed because Ian told her to. She had lacerations to her left forearm and extensive bruising to both arms;
- [REDACTED] September 2013 [REDACTED] - took Ian to hospital with chest pains after he fell out of bed;
- [REDACTED] September 2013 [REDACTED] - took Christine to hospital after she was assaulted by Ian. She said he had punched her in the head and knocked her out. Bruising to arms from previous similar assaults were noted.

607. More information about each of these incidents is included in the narrative chronology.

## **WEST YORKSHIRE POLICE**

### Summary of involvement

608. There was extensive police engagement with Christine and Ian both during and before the period subject to this review.
609. West Yorkshire Police had contact with Christine as a victim of violence in two previous relationships. In the first reported incident, in October 1997, she was 18 years of age. The previous month, September 1997, she had been arrested for attempting to take cannabis into prison for her then boyfriend. Police were called to two further incidents between October 1997 and April 1998 but Christine did not report domestic abuse again until she was in a relationship with Ian ten years later.
610. Christine had contact with police as an offender. She was cautioned in May 1996 for possession with intent to supply controlled drugs. As mentioned above, she was arrested at Armley prison in September 2007 for attempting to take cannabis into the prison and was subsequently convicted. She had nine further convictions over the next eleven years. Her only custodial sentence was six months in a Young Offenders Institute in 1999 for supplying cannabis. She used several aliases. Her last conviction was in 2008 for possessing heroin.

She had no convictions in the period covered by the review but she was arrested on several occasions in relation to incidents involving Ian (see below).

611. Ian also had extensive contact with the police as an offender. He had 37 convictions for 90 offences spanning a period from December 1982 to April 2009. His first conviction was for theft. The following year he was convicted of three counts of assault. He had at least nine custodial sentences. His last conviction was in April 2009, when he was made subject to a 12 month Community Order with 12 months' supervision and a three-month curfew at Leeds Magistrates Court. This order was revoked for good progress in December 2009. He was recorded as using four aliases. Ian had no convictions in the period covered by the review but he was arrested on a number of occasions in relation to incidents involving Christine (see below).
612. Ian was recorded in connection with two domestic incidents not involving Christine. In April 2000 he was arrested for a breach of the peace involving his then partner and bound over to keep the peace. In November 2008 he was recorded as stealing money from his mother and a domestic incident report was recorded.
613. The first reported domestic incident involving Christine and Ian occurred in April 2009. Christine called the police concerned for Ian's welfare stating that he was suicidal. He had left Address 1 following an argument. Ian returned home later that day, a non-crime domestic incident was recorded and no further action was taken.
614. Between 20 April 2010 and [REDACTED] September 2013, the police received 32 calls in relation to Ian and Christine. Of these:
  - five were calls from Christine about Ian reporting concerns for his welfare following domestic incidents;
  - fourteen were calls from Christine reporting domestic abuse by Ian;
  - six were calls by Ian reporting abuse by Christine;
  - the remainder (seven calls) included reports from members of the public or medical staff and a report of a third party disturbance at Address 1.
615. Significantly, fifteen of the 32 calls were in the month between 12 August 2013 and [REDACTED] September 2013. All were related to allegations of domestic abuse although one was not recorded as such by the police. This was on 7 September 2013 when the police were called by ambulance staff to a report of self-harm by Christine. Christine told ambulance and hospital staff that she had self-harmed because Ian told her to but the police do not appear to have been aware of this.
616. Calls were generally graded appropriately and resources dispatched promptly when required.
617. Until late August 2013, the police dealt with the calls as a set of individual disconnected incidents, addressing the issue in front of them rather than recognising a pattern and history of domestic abuse in which Ian was the primary perpetrator, Christine the primary victim. In June 2010, Christine disclosed a nine-month history of physical violence from Ian. Her sister

reported that Ian regularly assaulted Christine. On a number of occasions, Christine reported Ian attempting suicide using her anti-depressants following arguments. This was not recognised as controlling and manipulative behaviour. On another occasion, in June 2011, he turned up outside her flat with Stanley knife blades after they had split up. He wanted her back and threatened to kill himself. In August 2011, Christine disclosed that Ian had attempted to strangle her and had abused her pets. In July 2013, she again told police of the previous attempted strangulation. On several occasions, she appeared fearful. Although Ian also made allegations that Christine had assaulted him, these were not until the summer of 2013 and seemed to be, at least in part, retaliation for Christine contacting the police and another means of manipulating her.

618. Around fifty people in the Leeds area report more than four incidents a year. Given the frequency of incidents and escalating pattern by August 2013, police should have identified the need for action and considered a MARAC referral.
619. The police failed to put individual incidents into the context of the history of the relationship and Ian's controlling and manipulative behaviour. As a result, they tended to see Ian and Christine as mutual perpetrators. At the end of August 2013, the police finally recognised that they were frequently attending Address 1 for calls related to domestic violence. Rather than consider how to address the domestic abuse, their response was to refer Christine to the Anti-Social Behaviour Unit to investigate whether she could be made the subject of an ASBO with the threat of losing her tenancy.
620. No risk assessment was conducted on 20 April 2010 as the incident was incorrectly recorded as non-domestic. No risk assessment was conducted on 6 July 2010 on the basis that neither party was identified as a victim and both were considered as suspects. Police decision making here was flawed. There is nothing in the police record to suggest that Christine had done anything to justify her being considered a suspect. Police had considering charging Ian for assaulting Christine three weeks earlier. She had disclosed nine-months of physical violence on that occasion. This history does not appear to have been taken into account.
621. The quality of the risk assessments conducted by the police was often poor. For example, on 23 June 2011, after Christine called concerned that Ian was going to kill himself, it appears that the risk assessment was completed by the officer subsequent to attending the address. It failed to specify any of the risk factors present (for example separation, mental health or substance misuse, baby born within last 18 months) and stated that there had been no previous domestic history, which was incorrect.
622. There was a failure to identify risk factors on a number of subsequent occasions including on 7 January 2012, 11 July 2013 and 25 August 2013. On 7 January 2012, the DASH form recorded a standard risk to Christine whereas the police log indicated medium risk. Ian was assessed as a medium risk victim on 17 November 2012 but no rationale was provided for this grading. The risk assessment of 22 July 2013 identified risk factors including a previous attempted strangulation. However other details of the form were not completed.

623. On 13 August 2011, the risk assessment was medium. A number of risk factors were identified including that: the victim was injured, separation, child in last 18 months, offender has attempted to strangle/suffocate victim, offender has tried to hurt others, offender has abused family pet, financial issues, abuser has problems with drugs and mental health, abuser has attempted suicide, and has previous offending history. Although the judgment to grade as medium risk was acceptable, the circumstances would have justified a high-risk level. In addition to the factors mentioned, this was the fourth call in four months, Hope was the subject of a child protection plan and Christine also had issues with addiction.
624. The quality of risk assessment was generally better toward the end of the police period of involvement, with risk factors more likely to be identified and recorded but it did not lead to action to protect Christine.
625. There was a failure to make referrals on a number of occasions, dating back to 2011. Christine told the police that she did not wish to continue a relationship with Ian. Although she sometimes refused to give consent to referrals, she did consent to referral on a number of occasions (including 23 June 2011, 19 August 2013, 20 August 2013, 22 August 2013, and 10 September 2013). There is no evidence that Christine was ever referred by the police to specialist agencies who could have supported her in relation to domestic abuse and/or ending the relationship.
626. The quality of decision-making by the police Safeguarding Unit appears flawed on a number of occasions. The Safeguarding Unit appears to have accepted the decision of attending officers to not conduct a risk assessment on 6 July 2010. There is no record that a referral was made to Children's Social Work Service despite the fact that Christine was pregnant. No further action was taken when Christine reported an attempted strangulation in July 2013. On 22 August 2013, a safeguarding officer concluded that Christine and Ian were wasting time with repeated call outs to the address rather than considering whether agencies could be making more effective interventions. The decision to refer Christine to the anti-social behaviour unit on 26 August 2013 was a completely inappropriate response to ongoing domestic abuse.
627. There were examples of poor record keeping and referral —no information was recorded about Hope in April 2011 or June 2011 when she was an infant and living with Christine. Children's Social Work Service were not notified about call outs regarding Ian's suicide attempts on 17 April 2011 or 9 July 2011 despite the fact that Hope was the subject of a child protection plan. A domestic non-crime incident occurrence was recorded on 26 August 2013 but this should have been recorded as a breach of the peace occurrence.
628. There was inconsistency in recording practice on occasions when police were called because Ian was missing and Christine was worried that he was going to harm/kill himself. Sometimes officers recorded the incident as domestic (23 June 2011), on others, as non-domestic (17 April 2011; 9 July 2011).
629. On a number of occasions (6 July 2010, 7 January 2012, 22 July 2013, 20 August 2013, 23 August 2013) it seems that Christine's aim when calling the

police was to have Ian removed from her flat. Ian called on 25 August 2013 to have Christine removed from her own flat.

630. During July to September 2013, police relied on breach of the peace arrests to deal with callouts to Address 1. This failed to deal with the underlying issues. Ian was released following a breach of the peace arrest on a number of occasions only to return to Address 1 and cause a further breach of the peace.
631. Throughout the police involvement in relation to domestic abuse, there is little evidence of safety planning despite repeated assessments of medium risk.

#### Key events

632. **20 April 2010** - Christine phoned to report that her boyfriend (Ian) was missing following an argument and that he had taken her supply of anti-depressants with him. Ian was located at A&E at St. James's University Hospital. No domestic incident was recorded despite officers being told of an argument and 'pushing and pulling'. No risk assessment was conducted and no referral appears to have been made to other agencies.
633. **13 June 2010** - Christine called at 20:50 and said that Ian had "battered" her and taken her post office card. The call was coded as a domestic incident and graded as priority response. Christine cancelled the officers' attendance an hour later but at 22:46, her sister called to say that Ian had just "laid into" Christine. Two officers were promptly dispatched but Ian was no longer at the scene. Officers obtained witness statements and photographed Christine's injuries. A SPECSS risk assessment was conducted and was graded as medium risk. Christine indicated that she wished to withdraw her complaint the following day. On 18 June 2010, Ian was arrested and interviewed. Following Crown Prosecution Service (CPS) advice that there was insufficient evidence to sustain a charge, the matter was finalised as no further action.
634. **6 July 2010** – Christine called, concerned that Ian would self-harm following an argument about Christine's pregnancy. Officers were quickly dispatched. Ian said he had not threatened to kill himself and Christine said she just wanted him to leave the property. Ian left of his own accord. No offences were alleged and a non-crime domestic report was submitted. No SPECSS risk assessment was conducted.
635. **17 April 2011** - Christine called saying that she was concerned that her ex-partner (Ian) would overdose. He had taken a stockpile of methadone with him and left Address 1. The police found him quickly. He was arrested under section 136 of the Mental Health Act and taken to St James's University Hospital. This incident was not considered to meet the definition of a domestic incident so a domestic report and risk assessment were not completed.
636. **23 June 2011** - Christine called to report that her ex-partner (Ian) had left her house saying that he was going to kill himself. The police located Ian near Christine's address about 20 minutes later. He was arrested to prevent any further breach of the peace. A DASH risk assessment was completed which indicated that Christine was at medium risk of harm.

637. **9 July 2011** - Christine called to report Ian as a missing person. He was located the following day in St. James's University Hospital following an overdose. A risk assessment was not completed.
638. **13 August 2011** – the police were called to St. James's University Hospital as hospital security staff were restraining Ian who was drunk and violent. The police arrived promptly but, soon after, Ian became unconscious. The police conveyed Christine to hospital. She had a black eye and she said that they had assaulted each other the previous evening. This was recorded as a domestic abuse crime. A DASH assessment was completed with Christine the following day. The level was medium. Christine refused to make a statement. She reacted angrily when police said they would be making a referral to Children's Social Work Service regarding Hope. The referral was made the following day. In November 2011, the report was finalised as 'no crime' as the police believed there was no credible information to confirm what had taken place. This was a questionable decision.
639. **19 August 2011** - officers attended Address 1 following a request from the Crisis Team at the Becklin Centre who were concerned about Ian's welfare following suicide attempts. Ian was seen at Address 1 later that evening and appeared fit and well. Neither the Safeguarding Unit nor the investigating officer appears to have been informed of the Becklin Centre's request.
640. **7 January 2012** – officers attended Address 1 after Christine called to say that Ian was refusing to leave. Ian agreed to leave but was seen on CCTV beginning to return. The police re-attended and advised him against doing so. The officers submitted a non-crime domestic incident occurrence and attached a DASH risk assessment form. No risk factors were indicated and information available from police systems about previous incidents was not incorporated into the assessment. The log records the risk level as Medium while the DASH form states it is Standard. No reference was made to the presence or otherwise of Hope but the Safeguarding Unit did make a referral to Children's Social Work Services, which was appropriate.
641. **17 November 2012** – police attended Address 1 after Christine's sister expressed concern for her welfare. She had been on the phone to Christine and could hear an argument in the background when the line went dead. Police rapidly attended. Both Ian and Christine confirmed that they had been arguing. The police arrested Christine after she was witnessed head-butting Ian. No injury was noted to Ian. Christine was interviewed and cautioned. Ian refused to cooperate with the DASH risk assessment. It showed the risk level to him as Medium but no risk factors were indicated and no rationale was provided for this assessment. This was poor practice. Christine's arrest in the circumstances was understandable; however, the previous history of Ian abusing Christine does not appear to have been considered. There is no evidence of any consideration of further safety planning or what would happen when Christine was released.
642. **11 July 2013** - police attended after Ian reported that Christine's dog had bitten him while he was arguing with Christine. Officers determined that no criminal

offence had been committed. A non-crime domestic incident occurrence was submitted and a DASH form completed that showed both parties as victims and the risk level as medium. Again, the form was poorly filled out. The report was viewed and filed by the Safeguarding Unit later that day with no further action being taken.

643. **22 July 2013** - at 12.25pm Christine reported that Ian would not leave her address. It was followed by a further call from Christine at 12.45pm asking for an arrival time and reporting that Ian had assaulted her earlier that morning and threatened further violence to her and her dog. Officers attended and arrested Ian for a breach of the peace. A DASH form was completed and identified a number of risk factors including that Ian Gordon had tried to strangle her two and a half years before. It is not endorsed with an actual risk level, supervisor's details or whether Christine has consented to referral to support agencies (the log is endorsed that this is a medium risk incident although again no supervisor's details are shown). Although Christine reported an assault in her second call she would not confirm this at the time of attendance. The arrest for a breach of the peace was a short-term response to the immediate incident but became a pattern of ineffective intervention, which failed to deal with escalating reports. At 10.56pm that night, Ian was released without charge. There is no indication on the reports that any consideration was given to safeguarding measures for Christine in advance of Ian's release and no record that she was notified that he was being released. The report was reviewed by the Safeguarding Unit on 24 July 2013 when it was filed after a letter and leaflets were sent to Christine. However the reported strangulation and the fact that this was the fourth incident in nine months would have justified a more intensive response.
644. **12 August 2013** - Ian called the police to report that Christine's dog had bitten him during the course of an argument. A staff member in communications called Ian back and finalised the log that no offences were being reported and police attendance was not required. No domestic incident report was recorded in respect of this incident.
645. **19 August 2013** - Ian reported that he was being assaulted by Christine and had received injuries as a result. Ian was arrested for breach of the peace after threatening to attack the attending officers. He was restrained using CS spray. The DASH risk assessment form showed a history of violence and domestic incidents. Alcohol abuse and previous threats of suicide on the part of Ian are identified as risk factors. The report shows an assessment of Medium risk with consent for referral to other agencies. Ian was released without charge that evening on the basis that the police believed there was no likelihood of a renewal of the breach of the peace. The reasoning behind this decision is unclear. A lift home was arranged. There is no record of the address that he was taken to but there is nothing to suggest that this was not Address 1, recorded as his home address. There is no indication of safety planning.
646. **20 August 2013, 2.55am** – a few hours after Ian's release, Christine called police at 2.55am to report that Ian was about to assault her. Sounds of a disturbance could be heard. No offences were identified when police attended.

Ian was to be taken to another address but complained of chest pains and was taken to hospital. A non-crime domestic incident was recorded and a DASH risk assessment was attached. It indicated that there was no domestic history, which was incorrect. The officer who completed it said he relied on information given to him by Christine and Ian and did not personally review the antecedent history before completing the form. The assessment did identify financial issues and drug and alcohol use by Ian as risk factors. The risk level was shown as medium, consent for referral was indicated and a supervisors details shown. There is no reference to the incident on 19 August 2013 or consideration of the likelihood of Ian returning to the address. There is no evidence of safety planning.

647. **20 August 2013, 6.54am** - Christine called again a few hours later to report that Ian was at Address 1 and was refusing to leave. Officers attended and arrested Ian for a breach of the peace. Later that day he received a 12-month binding over at Leeds Magistrates Court in the sum of £100. The DASH risk assessment identified separation, self-harm by Ian, substance abuse and a previous domestic abuse history as risk factors and the risk level as Medium. No consent was indicated for onward referral. No immediate safeguards were put in place to protect Christine when Ian would foreseeably be released later that afternoon. The report was reviewed by the Safeguarding Unit later that day and allocated to a Safeguarding Unit domestic abuse coordinator who called Christine but without success. No referral was made to external agencies.
648. **22 August 2013** - Christine called police at 8.45pm to report that Ian was at her address and had threatened to assault her. Police attended speedily and having spoken with both parties took Ian to hospital as he complained of being unwell. The officers then returned and spoke again with Christine. No substantive offences were identified and a non-crime domestic incident occurrence was recorded. A DASH risk assessment was completed identifying financial issues and substance misuse as risk factors. Consent for referral was indicated.
649. This occurrence was reviewed the following day by the allocated Safeguarding Unit staff member who endorsed the report that a third unsuccessful attempt to contact Christine had been made and that because the last assault had been recorded the previous November there were no concerns re the couple 'other than wasting police time'. This response failed to recognise a pattern of ongoing controlling, manipulative and abusive behaviour towards Christine, which at times she retaliated against. It privileged physical assault over other types of controlling behaviour. It is of particular concern that this was the view of a specialist safeguarding officer. Whilst there was understandable frustration about repeated police attendance the conclusion was that the problem was with Christine and Ian rather than considering whether agencies could intervene differently. The report was then filed. This was the fourth report in three days.
650. **23 August 2013** - Christine called the police at 7.24pm stating that Ian would not leave her home. She was crying and said he had threatened to hurt her and her dog and to damage the house. On arrival police found only Ian present who denied that any incident had taken place. When Christine returned she was



uncooperative and Tony, who was also living at Address 1 said that no argument had taken place. No offences were alleged and the incident resolved when both Ian and Tony left. The attending officers recorded a non-crime domestic incident and attached a DASH risk assessment form to it. Christine had not answered any questions. The only risk factor indicated was separation. It did not incorporate information previously recorded on police systems and did not identify other recent incidents as a risk factor. No consent for onward referral was indicated. This report was reviewed by a Safeguarding Unit officer the following day. An attempt was made to contact Christine by phone but when this failed the report was filed. This was the sixth reported incident in 11 days. No consideration of proactive measures to intervene is evidenced.

651. **25 August 2013, 5.58 & 5.59am** - At 5.58am and 5.59am two calls were received, the first from Christine, the second from Ian, making counter allegations of assault. Officers attended and Ian was arrested for causing a breach of the peace. He was subsequently taken to hospital complaining of chest pains. At 1.25pm he was released from police custody as police assessed that no further breach of the peace was likely. This decision did not appear to take account of the incidents of the previous week. A DASH risk assessment did not identify any risk factors. Christine and Ian refused to answer questions. A risk level of Medium was shown but there was no supporting rationale for this assessment. There is no reference to other information available from police systems, which should have informed this process.
652. **25 August 2013, 11.48pm** - At 11.48pm Ian called alleging that Christine had assaulted him. Officers attended and arrested Christine for breach of the peace. She had been requested to leave but had nowhere else to go and was arrested to prevent a breach of the peace occurring. She was released the following morning without charge. The DASH assessment showed Ian as the victim and identifies separation and alcohol abuse as risk factors with a Medium risk level. The possibility that Ian was manipulating the situation to get back at Christine does not seem to have been explored by the attending officer or by the Safeguarding Unit who reviewed the incidents of 25 August 2013 the following day. The reports were filed following unsuccessful attempts to contact Christine and Ian by telephone.
653. **26 August 2013** - At 3.35pm and 4.14pm respectively, Christine and Ian again made counter-allegations against each other. When the police arrived Ian was arrested for a breach of the peace. No assaults were believed to have taken place. Whilst in custody Ian complained of chest pains but was examined by paramedics and did not require further medical attention. Ian received a six-month binding over in the sum of £50. The attending officers submitted a domestic non-crime incident occurrence but this should have been a breach of the peace occurrence. A DASH form identified both parties as suspects and identified the risk factors as separation, escalation and substance misuse and the previous history of reports. The risk level is shown as Medium. The incident was reviewed by a Safeguarding Unit staff member on 29 August 2013. A police watch request was created but not initiated. It appears this was because

it was linked to the wrong address. A referral was made to the Anti-Social Behaviour Unit for consideration of available action. This was an inappropriate referral to ongoing domestic abuse. The police should have sought an interagency discussion about the situation (for example, checking with ambulance service and minor injuries unit) and considered a MARAC referral.

654. **1 September 2013** - At 10.22pm Ian called, alleging Christine had assaulted him. She was arrested for breach of the peace but released without charge. The DASH risk assessment form showed Ian as the victim and separation, mental health and substance abuse as the risk factors. The free text of this entry noted the repeated calls to the police and the need for positive intervention to break the cycle of events. On 3 September 2013, a Safeguarding Unit officer noted that this was the ninth incident in 14 days and also that a message had been left for the officer by Christine asking for contact. A phone call was made but Christine's phone was switched off. A call to Ian's phone however was answered by Christine who stated that Ian had been admitted to hospital. A positive discussion took place about Christine's circumstances. There was discussion of the police referral to the Anti-Social Behaviour Unit. Again, there appears to be no consideration that Ian might be manipulating the situation and no effort to understand who is the primary perpetrator, who is the primary victim.
655. **5 September 2013** - At 5.40pm Christine called police to report that Ian had visited her house to collect some property but had then assaulted her. Officers attended and both Christine and Ian were arrested for an offence of affray. Ian complained of chest pains and was taken by officers directly to hospital. The officers submitted a domestic crime occurrence for the offence of affray and described in the report allegations that Christine and Ian had assaulted each other, Christine using a wooden cosh and both sustaining injuries. The police identified no primary victim and a DASH assessment should have been conducted for each party separately. A single DASH was completed, describing both as suspects and reviewing the incident rather than each individual. However, it correctly identified that injury was caused, weapons were used, threats to kill were made and that separation and substance abuse were risk factors. The frequency of incidents in the past week was noted but escalation was not specifically identified as a factor. The risk assessment was shown as Medium. Ian was bailed by police that evening to attend at the police station on 21 October 2013. Christine remained in custody and was interviewed before being released to return on 21 October 2013.
656. There is no indication that this report was forwarded to the Safeguarding Unit and no Safeguarding Unit involvement until 9 September 2013, when a Safeguarding Unit staff member linked it to the incident on 26 August 2013. Consequently the risk assessment was not reviewed and no safety plan was considered in the light of this new incident where injuries had been caused, weapons used and threats to kill made, and where Ian and Christine were now again known to be cohabiting. There appears no consideration of inviting Ian to attend at the police station at an earlier date for interview, as he was no longer in hospital.

657. **7 September 2013** - At 9.27pm police received a call from Ambulance Control that they were attending a report of self-injury by Christine at Address 1 and requesting police attendance because Christine was reported to be violent. On police attendance no violence was encountered and the incident was closed as one of minor self-harm. There is no indication that the attending police officers were aware that Christine had told ambulance staff that she had self-harmed because Ian told her to. There is also no indication that this incident was connected to the incidents which had occurred over the preceding weeks. It does not appear that the Safeguarding Unit was notified of this incident.
658. **10 September 2013, 3.46am** - At 3.46am Christine called to report that Ian had assaulted her. Ian was arrested to prevent a renewal of a breach of the peace. Christine made a complaint of assault but this was not accepted to have happened as the bruises she showed them appeared to be from an older assault. No report of assault was recorded and at 09.34 Ian was released from police custody without charge. This opportunity was not taken to interview Ian in relation to the outstanding matter of affray. A DASH risk assessment identified risk factors of separation, substance misuse and mental health. It noted the repeated calls to the address and the risk assessment was shown as Medium. The occurrence was reviewed later that day by the Safeguarding Unit, and endorsed that Christine was not engaging with the police and that a referral had been made to the ASB unit.
659. **10 September 2013, 10.39am** - At 10.39am, an hour after Ian's release, Christine called to report that Ian had attended her house drunk. Ian was arrested for breach of the peace. A domestic breach of the peace occurrence was submitted. The DASH risk assessment identified the risk factors of separation, escalation in terms both of frequency and severity, substance misuse and mental health, and noted the previous history. The text indicates that following his earlier release, police took Ian to accommodation for the homeless but he was refused entry and indicated he would return to Address 1. Consent for onward referral was indicated on the form. This report was reviewed by a Safeguarding Unit staff member that morning who noted the non-engagement of Christine and that a further update from the ABS Unit was awaited. At 7.29pm Ian was released without charge and transported to the same accommodation for the homeless. He was not interviewed in relation to the outstanding affray matter.
660. **September 2013** - At 3.35pm Christine called police to report that she had been assaulted by Ian, saying that 'he's punched me side of face, side of head'. Officers were quickly dispatched and arrived shortly afterwards, speaking with Christine at the address. They then arrested Ian for breaching the peace. No complaint of assault was made to them by Christine against Ian. At the police station it was decided that Ian would be detained for Court for breach of the peace. Subsequently Christine was admitted to hospital with a subdural hematoma which resulted in her death. As a result, Ian was charged with manslaughter. The officers attending the initial incident submitted a non-crime domestic incident occurrence but it should have been a Breach of the Peace domestic occurrence. The DASH form identified the risk factors of separation,

escalation, substance misuse and previous domestic history. The incident was assessed as being Medium Risk.

## **LEEDS HOUSING**

### Summary of involvement

661. Leeds City Council accepted Christine as statutory homeless in August 2004. She took up tenancy of a one-bedroom council flat<sup>30</sup> (Address 1) in October 2005. Christine remained a tenant at this address until her death. Although Ian lived at the flat with her for much of the period from 2010 onwards, the tenancy was solely in Christine's name.
662. Ian applied for council housing in February 2012. He presented as homeless on a number of occasions between June 2012 and August 2013 and emergency accommodation was arranged. He was awarded the highest priority housing status, enabling him to bid for properties.
663. Ian reported on at least two occasions that he had had to leave Address 1 because he had been violent. This did not trigger contact with Christine to offer support or assistance. An internal review will address this and support will now be extended to victims of identified perpetrators and information will be shared with agencies working with the victims more routinely via the Safeguarding officers based at Leeds Housing Options.

### Key events

664. On 12 October 2011, Christine registered a Leeds Homes Membership Form, allowing her to bid for available council and housing association homes. Her application was awarded Band B as she had a dependent child (Hope) and needed a two-bedroom property. She wanted somewhere close to her father. Christine made 18 bids for properties between 19 October 2011 and 7 December 2011 but was unsuccessful. After Hope was taken into care, Christine stopped bidding for properties. Her application was cancelled upon the yearly review.
665. On 17 January 2012, Christine reported domestic violence to East North East Homes and said she had moved to her father's address. She said she was there with Hope and intended to return back to her address. On 25 January 2012 a follow up call to Christine from East North East Homes confirmed she had returned to Address 1.
666. Ian registered an application for housing on 9 February 2012. He gave his application address as c/o St Anne's Resource Centre and ticked tenure type as No Fixed Abode as of 5 February 2012. His housing history reflected that he had lived at Address 1 from 1 January 2008 until 4 February 2012.

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<sup>30</sup> During the review period (2010-13), Christine's flat was among those managed by East North East Homes Leeds (ENEHL), an Arm's Length Management Organisation.

667. On 14 June 2012, Ian presented at Leeds Housing Options, the Council's principal service offering housing advice to people who are homeless or threatened with homelessness. He was interviewed by a housing officer and the Council accepted an interim duty to provide him with accommodation pending further enquiries. Accommodation was arranged at Pennington Place Hostel which provided 24-hour staffed emergency accommodation for homeless men with support needs aged 16 and over. However, he did not take up this placement and did not access the support that would have been available at the hostel.
668. Ian presented as homeless again on 4 January 2013, He said he had to leave Address 1 because of domestic violence and had been staying with friends and then sleeping rough. The Council again accepted an interim duty to accommodate him and placed him in emergency accommodation. A referral was made to Garforth House, a supported housing scheme for homeless men with support needs. He failed to attend a follow up appointment on 7 January 2013. A housing officer telephoned him the following day and he said he was staying with a friend. A priority award of 'Band A' was made to Ian's housing application on 8 January 2013, the highest priority award for rehousing under the Leeds Lettings Policy, enabling him to bid for council properties. He made only three bids and did not succeed in obtaining a property.
669. On 24 January 2013, Ian presented to Leeds Housing Options again, stating he could no longer stay with friends. The interview was postponed due to a fire alarm and Ian did not return until 29 January 2013 where a placement was made at Pennington Place Hostel.
670. He presented again on 14 March 2013 and advised he had stayed at Pennington Place for 2 weeks before moving to Garforth House following a referral. He had stayed at Garforth House for a short period and left voluntarily as he said he was subject to bullying from other residents. He had not disclosed any issues to hostel staff. He was provided with accommodation at Pennington Place hostel, which he left on 24 March 2013.
671. On 12 April 2013, Ian attended Leeds Housing Options and said he had been sleeping rough again. He was provided with accommodation at St Georges Crypt, which offers 24 hour staffed emergency accommodation.
672. Ian did not reply to the Leeds Homes Annual Review and as a result his membership was cancelled on 30 April 2013. This meant he could no longer bid for properties.
673. Ian presented as homeless again on 12 August 2013. He said his current accommodation had ended due to a violent relationship breakdown. He was referred for accommodation at Garforth House Hostel but did not attend. His Leeds Homes Membership was reactivated but he did not bid for any properties.

## **LEEDS CHILDREN'S SOCIAL WORK SERVICE**

### Summary of involvement

674. Leeds Children's Social Work Service was involved with Christine, Ian and Hope from the point of referral on 6 January 2011 until the Care Order was granted to East Riding of Yorkshire Council on 14 August 2012.
675. Christine was referred to Children's Social Work Service by Leeds Addiction Unit in January 2012, more than 32 weeks into her pregnancy. This gave Children's Social Work Service very little time to undertake an assessment and plan an appropriate intervention.
676. Children's Social Work Service's assessments were informed by information from other agencies, including midwifery, police and the drugs liaison health visitor at Leeds Addiction Unit. Christine and Ian were seen and interviewed together and individually and Christine's father was also interviewed.
677. The initial plan from Children's Social Work Service was to maintain Hope in her mother's care. However Christine's continued and increasing use of drink and drugs were considered to pose too great a risk for the safety and welfare of a small baby and Hope was subsequently placed in foster care and then with Christine's brother. Whilst the concerns of Children's Social Work Service for Hope were legitimate and understandable, insufficient support was put in place to address both Christine's ongoing drug and alcohol issues and her experiences of domestic violence and trauma.
678. West Yorkshire Police informed Children's Social Work Service that Ian was alleged to have previously assaulted Christine during the initial assessment in January/February 2011. In August 2011, Children's Social Work Service required Christine and Hope to go and live with Christine's father after Ian assaulted her. In spite of knowing that Christine was subject to violence, Children's Social Work Service never referred her for support in relation to domestic violence throughout their contact with her. Neither did they refer Ian to a domestic violence perpetrator programme. Instead Children's Social Work Service referred Ian to an anger management programme, which is contra-indicated in situations of domestic violence.
679. Children's Social Work Service was aware that Christine had a long history of drug and alcohol abuse and that she had continued to drink throughout her pregnancy and subsequently. When Christine was required by Children's Social Work Service to move to her father's in August 2011, she was also required to be abstinent from drugs/alcohol, with the threat that Hope would be taken into care if she failed to achieve this. Christine was required to sign a written agreement provided by Children's Social Work Service in August 2011, which specified what was expected of Christine but did not specify what was expected of agencies to help her achieve abstinence. She was not referred for additional specialist support.
680. Over the period between Christine being referred while she was pregnant on 6 January 2011 and Hope being taken into care on 15 December 2011, there were a number of changes of social worker, often at critical times. New social workers would bring different approaches and expectations with case management moving from an initial tolerance of a degree of alcohol consumption and a suggestion that Children's Social Work Service involvement

could soon come to an end to requirements for complete abstinence and a move to her father's under the threat that Hope would be taken into care.

681. Hope was taken into care in December 2011 after Christine's attempted suicide. The language used in social work records and shared with other agencies at this time describes Christine as 'abandoning' Hope. In fact, Christine texted the social worker to say that she planned to kill herself and that she wanted Hope to be raised by her brother. This happened at the point where Christine knew that her hair strand test would prove that she had been using drugs/alcohol and expected that Hope would be taken into care.
682. No support was put in place to help Christine and Ian come to terms with the loss of Hope after she was taken into care. The loss of Hope triggered Christine's reunification with Ian and a significant escalation in her alcohol consumption, which marred most of the rest of her life.
683. No support was put in place to help Christine and Ian maintain direct contact with Hope after she was placed with Christine's brother in East Riding. The journey from Leeds was long and expensive for a relatively short contact. When Christine and Ian did not make good use of the available contact, Children's Social Work Service suggested it be reduced to letterbox only, which was confirmed in the Care Order of August 2012. The impact of such a decision, which made Christine's brother responsible for preventing her from having contact with her daughter, on Christine and the wider family does not appear to have been acknowledged.

#### Key events

684. Christine was referred by Leeds Addiction Unit to Children's Social Work Service on 6 January 2011 when she was 7½ months pregnant. There were concerns about her drug and alcohol use and about Ian's drinking and history of aggressive behaviour. The referral should have been immediately allocated and an initial assessment started within 24 hours but it was not allocated until 13 January 2011.
685. A social worker (SW1) began the initial assessment on 14 January 2011 and completed it on 19 January 2011, following discussions with the midwife who had made the referral and the Drugs Liaison Health Visitor at Leeds Addiction Unit. The initial assessment report included information from the police about callouts relating to domestic violence – a verbal argument on 7 April 2009, minor visible injuries to Christine on 13 June 2010 and a verbal argument on 6 July 2010 when Christine reportedly said she wanted to terminate the pregnancy. There was no reference in the assessment to Ian's parenting of his other children or current contact with them. The assessment recommended that the case should be presented to an Initial Child Protection Conference and highlighted concerns that the unborn child was at risk of significant harm due to parental drug misuse. This was appropriate.
686. A decision about how to proceed was not made until 2 February 2011 when a strategy discussion with the SW1's manager confirmed the recommended

course of action. The reason for this delay is not clear. The case was allocated to a new social worker (SW2) to work alongside SW1.

687. After some initial resistance from Ian, the couple agreed to co-operate with the core assessment and on 10 February 2011, the social worker (SW1) undertook the first core assessment sessions with both Christine and Ian. Christine revealed a long history of drug taking but said she had not taken drugs since being pregnant. She said that her relationship with Ian had “more ups than downs”. Police had attended a few times to remove Ian from the house but she said it was for “nothing serious, just pushing and shoving”. Both Ian and Christine acknowledged that alcohol was usually a factor when the police had been called. Two social workers (SW1 and SW3) visited the couple on 18 February 2011 and explained that they would be recommending a child protection plan under the category of neglect and emotional abuse. They discussed how to manage Ian’s anxiety at the meeting and agreed he would sit near the door. This was good practice, acknowledging barriers to his participation and finding ways to address them.
688. The initial child protection conference was held on 21 February 2011 and agreed that the unborn baby would be subject to a child protection plan under the category of neglect. Christine and Ian were to tell the allocated social worker if any incidents of domestic violence took place and the police were to notify Children’s Social Work Service if they were called to the address (this was in line with an existing protocol). Neither Christine nor Ian were referred to specialist domestic violence services as victim and perpetrator respectively.
689. Two social workers (SW1 and SW3) visited Christine and Hope in hospital on ■ February 2011, six days after Hope’s birth. Christine said Ian did not want to see the social workers but she wanted to do the best for her daughter and asked them to tell Ian that she had asked them to leave. The social workers advised that they could not tell a lie but do not appear to have explored this as an indication of an underlying dynamic of Christine being controlled by Ian’s behaviour (and possibly fearful of him). She was not referred to a specialist service.
690. The social workers (SW1 and SW3) completed the core assessment on 9 March 2011. This assessment noted that Ian had received a six-month prison sentence in 1988 for Grievous Bodily Harm and was alleged to have been violent to a former partner and to have stolen from a family member. The couple’s relationship was referred to as ‘stable’ despite information about domestic violence, including when Christine was pregnant, and about Ian stealing Christine’s antidepressants to make a suicide attempt the previous year.
691. The social workers (SW1 and SW3) visited Christine, Ian and Hope in hospital on 10 March 2011. During the visit a midwife said that another patient had reported that Christine had asked her to provide a urine sample. This was an indication that Christine might have been drinking and/or using illicit substances. The midwife was confident that the samples being tested were Christine’s and recent urine tests appeared to have been clean. The



Transitional Care Unit at the hospital contacted Children's Social Work Service on 18 March 2011 to report that Christine had fallen asleep whilst feeding the baby on 10 March 2011. The bottle was removed from Christine's hand and the baby, who was crying, was removed from the bed without Christine waking up. Christine was prescribed amitriptyline, which may affect tiredness, but there appeared to be no consideration that she could have been under the influence of other substances at this time.

692. A core group meeting to follow up the child protection conference was held on 21 March 2011, attended by Christine, Ian and a number of professionals. This was an opportunity for Christine's drug and alcohol support to be reevaluated on a multi-agency basis as part of monitoring and reviewing the Child Protection Plan but this did not happen.
693. On 16 March 2011, the social worker from the initial intake team (SW1) asked for the case to be transferred to the care management team. However the manager of the care management team said they did not have the capacity to take on this case and suggested to the service delivery manager that it should be unallocated. This implies that Children's Social Work Service did not see Hope as at high risk at this stage. On 30 March 2011, the case was transferred to a new social worker (SW4), with a handover taking place in mid-April.
694. A social worker (SW3) made a home visit on 4 April 2011. Christine admitted taking a Whizz a few days earlier to give her energy to tidy the flat. Christine was advised that her continued drug taking would mean that the baby would remain on a child protection plan. There was no consequence to Christine taking drugs and there is no record that the social worker informed other professionals. Her drug and alcohol support were not reevaluated. There is no record that Christine was advised that Hope could be permanently removed if Christine continued to take drugs.
695. The Child Protection Review Conference took place on 11 May 2011. Hope was making good progress but Ian's recent methadone/alcohol overdose was of concern. This had followed an argument with Christine and he claimed he had taken the methadone in front of her. This does not appear to have been recognised as manipulative and controlling behaviour. Christine also disclosed that she had taken amphetamines on one occasion and drank two cans of lager whilst the baby was in the care of Ian. These concerns did not prompt any further action by professionals or offers of additional support. The meeting decided to continue with the existing Child Protection Plan and review in three months. At a meeting between the health visitor and Christine on 17 June 2011, Christine was noted to be upset over the lack of social work support.
696. A child protection core group meeting was held on 24 June 2011, attended by Christine, her sister, Children's Social Work Service, Leeds Addiction Unit, the Health Visitor and a neo-natal specialist. Ian and Christine had split up and he had come to her flat and threatened to kill himself if she did not take him back. This was another example of controlling and manipulative behaviour, especially when Christine's brother had died of an overdose the previous month, but did not result in a referral for additional support.

697. On 1 August 2011, Ian and Christine did not attend the core group meeting. This was the first child protection meeting that they had missed and the following day they told the social worker that they had forgotten about it. The core group meeting noted the lack of salient concerns despite the fact that Ian had made another suicide attempt three weeks earlier, taking an overdose of Christine's anti-depressants following an argument. This was another example of controlling and manipulative behaviour. The meeting concluded that progress was being made and discussed the possibility of removal from a Child Protection Plan.
698. On 4 August 2011, Leeds Addiction Unit contacted Leeds Children's Social Work Service to inform them that Christine had admitted misusing alcohol over the last few weeks, drinking four litres of cider through the day. Christine said her alcohol use was linked to her brother's death. Christine was requesting help and had been booked in for detox from 22 August 2011. There is no record that she was offered bereavement counselling.
699. St. James's University Hospital and West Yorkshire Police made referrals to Children's Social Work Service on 13 and 14 August 2011 respectively, after Ian assaulted Christine and then made another suicide attempt. The social work team manager undertook an audit of work with the family, which highlighted significant concerns with the quality of case recording and visits not being in accordance with procedural requirements<sup>31</sup>. A social worker visited Christine on 15 August 2011 who was seen to have a 'black' eye. Christine admitted drinking cider over the previous month. She was asked to agree to Hope being accommodated by the local authority under s.20 of the Children Act 1989 but she refused. Children's Social Work Service agreed that Christine and Hope would move to reside with her father who would supervise her care of Hope. This was formalised in a written agreement, which specified that Christine and Ian must live apart. It does not appear that Ian was required to sign any agreement regarding his behaviour.
700. The events of 13-15 August 2011 were a turning point in Christine's life. Less than two weeks previously, an inter-agency child protection meeting had been discussing the possibility of removing Hope from the Child Protection Plan due to the progress she was making and the apparent lack of concerns. Now Christine was facing the prospect of her daughter being taken into care and being required to end her relationship with Ian, live with her dad and become abstinent. As set out above, the agreement did not set out what support agencies would be expected to provide to help her end an abusive relationship, deal with her drug and alcohol issues and support her to retain her child. Children's Social Work Service was more stringent in its approach to Christine's drug and alcohol use from this point onward, marking a shift in approach.
701. The local authority (Children's Social Work Service) applied for an Interim Care Order on 16 August 2011 and served court papers on Christine at her father's and on Ian in hospital the following day. The interim care order was obtained on

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<sup>31</sup> The social worker involved (SW4) was subsequently asked to leave the council.

19 August 2011, with an initial care plan that Hope would remain in Christine's care subject to Placement with Parents Regulations but with both residing with Christine's father. A direction hearing was held on 31 August 2011, which agreed that Ian could have supervised contact with Hope once per week, subject to his health. Concerns were noted about whether Christine's family would be able to give her sufficient support for her to remain drug/alcohol free. It does not appear that Children's Social Work Service put in place a plan for additional professional support for Christine to address this.

702. A Child Looked After Review meeting was held on 5 September 2011. Hope, Christine and her father were present. The meeting confirmed that Christine was not allowed direct or indirect contact with Ian, who would have supervised contact with Hope. A number of assessments would be undertaken to ascertain Christine's capacity to separate from Ian. Christine's father would supervise her care of Hope in the short term. There is no record of any consideration of where Christine could access support to meet the requirements of the plan and to deal with the risks and losses she was facing.
703. On 7 September 2011, Ian had contact with Hope, supervised by social worker 6. The contact was positive but Ian said that he was very lonely at home. He rarely left his bedroom and was having trouble sleeping. This was not followed up with other professionals to ensure his wellbeing
704. Social worker 6 visited Christine and her father the following day. Christine said that she understood that she could not live with Ian but it made her sad. She acknowledged that despite Ian being a good dad some of the time, his behaviour was volatile and risky to their baby. No referral was made for support for Christine to deal with her sense of loss and grief.
705. The social worker undertook an assessment with Christine on 29 September 2011 who admitted to drinking 'the odd can of lager on three occasions'. She said this was in response to the stress of the court proceedings. She said she was not having contact with Ian and had abstained from drugs. On the same day, social worker 6 spoke with her manager and agreed that Christine should be told she must abstain from alcohol before Children's Social Work Service would agree to her being the baby's sole carer. There is no record of what support would be provided to help Christine to achieve this.
706. The emerging plan was for Christine to move back to her flat in November to see how things would go with Christine living independently. On 13 October 2011 Social worker 6 contacted legal services and the guardian on 13 October 2011 to advise that Ian refused to move out of Address 1 (where Christine was the registered tenant) and that Christine had had one positive urine test for amphetamine and admitted to drinking alcohol on four separate occasions in the last four weeks. The social worker suggested that the local authority should either obtain a care order and remove Hope from Christine's care or require Christine to continue residing with her father for a further 12-18 months.
707. On 18 October 2011, social worker 6 met with Christine, Ian and a number of professionals. This confirmed the plan for Christine to return to Address 1 with Hope. The assessment of whether she could have sole care of Hope, and what

role Ian would have in Hope's life, remained ongoing. Ian disputed that there had been domestic violence in the relationship. Ian was to be supported with housing to prevent him being homeless. Christine was already receiving support with housing and was to be referred to the Family Intervention Support team for support around the potential impact of domestic violence, drug, alcohol and mental health issues. The local children's centre was to offer support regarding groups and placement. Although these referrals were appropriate, they came nine months after the initial assessment and eight months after the Initial Child Protection Conference. Additional support should have been available much earlier, preferably when she was first known to be pregnant.

708. On 24 October 2011, the expert psychiatric report on Christine and Ian was received by Children's Social Work Service. The expert considered Christine to have a dependent personality and Ian to have an anti-social personality disorder. (*Author's note: there is debate about the validity and reliability of diagnoses of personality disorders*). It is unclear if these assessments were shared with other professionals, as they were the property of the court.
709. Although the plan was for Christine to return to Address 1 with Hope, it appears that Children's Social Work Service were investigating other options should they consider that it was not in Hope's best interests to remain with her mother. On 26 October 2011, Children's Social Work Service ruled out Christine's father as a viable alternative carer for Hope due to his age and health. Subsequently Christine's brother and his wife were identified as alternative carers and ultimately Hope was placed with them. Children's Social Work Service followed standard practice in seeking to identify carers within the family network and this was appropriate. However, the impact on the wider family of removing Christine and Ian's direct contact with Hope when she was being raised by Christine's brother does not appear to have been properly considered.
710. On 4 November 2011, social worker 6 contacted Health Visitor 4 with concerns that Christine appeared apathetic in dealing with a [REDACTED] condition that Hope had developed. The social worker was also concerned about Hope's development as she was not yet sitting or crawling. A different Health Visitor spoke to social worker 6 on 7 November 2011 and confirmed that Christine was treating [REDACTED] Hope [REDACTED] appropriately and that the baby was developing satisfactorily. Midwives and health visitors that had contact with Christine during the period when Hope was in her care, consistently report that Christine and Hope had a strong and loving bond, that Christine was attuned to her baby and that Hope was progressing well. However Children's Social Work Service's perception of Christine's mothering seems to be less positive. It is not clear whether this was explored in interagency discussions.
711. The Drugs Liaison Midwife informed social worker 6 that Christine had had a positive result for alcohol on 2 November 2011. Christine disputed the positive alcohol test result at the Looked After Child information-sharing meeting on 15 November 2011. Social worker 6 recommended that Christine continue living with her father. Social worker 6 visited Christine, her father and Hope on the

same day. Christine was described as hot and sweaty and quite flustered throughout the meeting. She denied using alcohol. Her father was planning to go to Spain on holiday and the social worker proposed placing Hope in foster care.

712. Social worker 6 discussed the case with her manager on 17 November 2011. Christine's father had agreed not to go to Spain. Christine was to have a hair strand test to determine if she had been drinking regularly.<sup>32</sup> This was agreed at a court hearing. Children's Social Work Service decided that Christine would retain care of Hope at her father's until the hair strand tests were confirmed. The results were due on Christmas Eve and would determine future action. This plan appears to give disproportionate weight to the hair strand test itself rather than to Christine's capacity to safely and appropriately parent Hope.
713. Meanwhile, the Children's Guardian had confirmed that Christine would be offered psychological counselling to assist with her dependency issues. Again, this offer of support was appropriate but very late in the process.
714. Social worker 6 spoke to Ian's drugs therapist on 23 November 2011 and advised that Ian would be attending STOP (start treating others positively) for anger management. There is no record that Ian did attend STOP. This was in any event an inappropriate referral as anger management is contra-indicated in situations of domestic abuse.
715. Ian had not been attending appointments with the social worker but was attending for contact with Hope. The baby was unwell when social worker 6 visited Christine on 24 November 2011. The social worker questioned whether the contact visit with Ian should go ahead and Christine said that Ian would 'kick off' if it didn't. This was another indication that Christine was concerned about Ian's responses and might modify her behaviour accordingly.
716. A new social worker, social worker 7, was allocated to the case the following day and attended the Looked After Child review on 28 November 2011. It is not clear why the social worker was changed at this crucial point. On the same day, Children's Social Work Service began a viability assessment of Christine's brother, Peter, and his wife as potential long term carers of Hope. On 8 December 2011, Children's Social Work Service decided that placing Hope with Peter and his wife was viable and that a full assessment should go ahead. It is not clear whether the possibility of placing Hope with Christine's brother was discussed at the LAC review.
717. On 2 December 2011, social worker 7 found an empty methadone bottle with the lid on it when checking Hope's bed at her grandfather's house. The social worker discussed the case with her team manager (the same manager as for social worker 6). She said that Christine appeared demotivated and responded like she had already lost the baby. This may have been because Christine was aware of the likely hair strand results. On 13 December 2011, Christine admitted to social worker 7 that she had used heroin prior to the hair strand

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<sup>32</sup> Hair testing can detect drug use over a period of 30 to 90 days, depending on hair length.

test. She knew that the test would show that she had used. She said that the baby was her life. This information was shared with the local authority's legal representatives with a view to returning the matter to court and removing Hope from Christine's care in a planned way.

718. On 15 December 2011, Christine sent a text message to social worker 7 saying she had left the baby at the nursery and wanted her brother to care for Hope. She said she was going to kill herself and to tell Hope she loved her. Christine felt she could not cope, knowing the result of her hair strand test was going to prove she had not abstained from drugs and that Hope would be taken from her.
719. Hope was taken into emergency care on 15 December 2011 and placed with foster carers. Children's Social Work Service informed other agencies that Christine had 'abandoned' Hope.
720. On 9 January 2012, the social worker and legal service considered Christine's hair strand test results. It appeared she had been consistently using heroin and amphetamine over the previous six months. The level of use had been steady with amphetamine use gradually increasing since June and high in early October and November. Heroin had been fairly steady with low to medium use. There was frequent excessive alcohol use over the six-month period.
721. Having taken Hope into care, Children's Social Work Service proceeded with the plan to place her with Christine's brother. This was appropriate.
722. Social worker 7 saw Christine at contact visits with Hope on 9 and 13 January 2012. Christine was aggressive to staff but the social worker also told Christine's support worker from Leeds Floating Support (who had been providing support around housing) that Christine was very vulnerable. The support worker advised that as her role was to support families, the support to Christine would have to end. No other support was put in place for Christine (and Ian) to come to terms with the loss of their child.
723. On 2 April 2012, the local authority solicitor contacted Christine's solicitor to inform them that the local authority wanted to reduce contact due to Christine not always attending and the quality of the contact being poor. Christine was also said to have threatened to strangle herself with a washing line. Children's Social Work Service acknowledged that Christine's situation had deteriorated since the baby was removed from her care. Contact between Christine, Ian and Hope was reduced. Christine was not referred for any support regarding coming to terms with Hope's removal.
724. Social worker 7 completed the parenting risk assessment on 20 April 2012. The outcome of the report was that the local authority advised the court that Hope would move to reside with her maternal uncle and his wife on a permanent basis. Domestic violence was noted in the report but there is no evidence that Christine and Ian were referred to domestic violence services. On 4 May 2012, the Leeds foster panel confirmed Hope's move to her aunt and uncle in the East Riding area. The move took place two weeks later.

725. On 30 May 2012, social worker 7 informed Christine and Ian that the local authority care plan would be for them to have no direct contact with Hope. They would have letterbox contact only (exchange of cards and gifts). Christine and Ian smelt of alcohol at a contact visit with Hope and Christine was recorded to have been verbally abusive to her brother. There is no evidence of consideration of the impact of this decision on family relationships given that Hope was placed with Christine's brother and his wife. Christine had previously had a good relationship with her brother and he had been a support to her but the decision to have no direct contact put a strain on their relationship. She felt that she was cast aside by social services.
726. Christine and Ian had contact with Hope on 28 June 2012. Both were reported to smell of alcohol. On the same day the care plan for a Special Guardianship Order was amended by the local authority to a Care Order. This was linked to Ian and Christine's behaviour and it was noted that Christine had been calling and harassing her brother and his wife.
727. A Looked After Children Review was held on 4 July 2012. Neither Christine nor Ian was present. Their commitment to attending contact with Hope was questioned. They had attended two out of a possible five contact visits since Hope was placed in East Riding. It is not clear whether the practical challenges of attending contact of getting to and from East Riding were and the emotional challenges of dealing with fact they had already been told that contact was going to become letterbox only were considered. Although both Christine and Ian supported the plan for Hope to live with Christine's brother and his wife they were reported to be finding it difficult to accept the placement. There is no indication that Christine was offered support such as referral into counselling to address the loss of her daughter and the associated risk that Christine would end her life. Had post removal support been in place, Christine and Ian might have been able to make better use of contact.
728. On 23 July 2012, Leeds Fostering and Adoption team forwarded a copy of the Kinship Assessment of Christine's brother and his wife to East Riding Social Care. Leeds Fostering and Adoption team proposed that Hope be placed permanently with Christine's brother and his wife and that Christine and Ian would have letterbox contact only. A social worker from East Riding visited the couple and Hope the following day. They expressed their desire to care for Hope long term.
729. On 1 August 2012, a Care Order was granted to East Riding of Yorkshire Council at Leeds District Family Proceedings Court. Christine told Leeds Addiction Unit that 8 August 2012 was a 'difficult day' as she went to say goodbye to Hope following the full care order being granted. The case was transferred to East Riding in August 2012 ending the involvement of Leeds Children's Social Work Service.

## **EAST RIDING CHILDREN'S SOCIAL CARE**

### **Summary of involvement**

730. Hope was placed in the East Riding area with Christine's brother and his wife in May 2012. Leeds Children's Social Work Service carried out the Kinship Assessment including making decisions about contact with Christine and Ian. The case was transferred to East Riding in August 2012 and a Care Order was granted at Leeds District Family Proceedings Court. During the rest of 2012 and 2013, the East Riding Social Worker provided support to the family and monitored the care of Hope as required under her status as a looked after child.

## **LEEDS ANTI-SOCIAL BEHAVIOUR TEAM**

### **Summary of involvement**

731. Christine was referred by West Yorkshire Police to the Leeds Anti-social Behaviour Team on 29 August 2013. As set out previously, this was an inappropriate referral.
732. On 9 September 2013, the police Safeguarding Unit received an interim update from the Anti-Social Behaviour Unit stating that they were considering tenancy action due to non-engagement of parties and subsequent failure of safeguarding measures. Further research was required by the Anti-Social Behaviour Unit, prior to trying for a Breach of Tenancy. This was an inappropriate acceptance of an inappropriate referral.
733. The Team Supervisor's email said that, "Yeah DV is tricky to deal with... But maybe if we put pressure on them via the fact they 'could' lose their home should they continue to behave this way it might do some good?" This suggests a lack of awareness/understanding of domestic violence, which should be addressed.

## **PROBATION (now National Probation Service North East and West Yorkshire Community Rehabilitation Company)**

### **Summary of involvement**

734. The former West Yorkshire Probation Service had been involved in the supervision of both Christine and Ian in relation to criminal convictions for a number of offences.
735. The last contact with Ian was in December 2009, which was just before the period covered by the review. He was supervised following conviction for theft from his mother's bank account when she was ill in hospital. He attended appointments with his probation officer and the court order was revoked early in December 2009 as he was seen to be making good progress. There was no contact with Christine in relation to Ian's supervision.
736. Information regarding contact with Christine was not included in the Probation IMR but at the first scrutiny meeting it emerged that Probation had also



supervised Christine as a result of her convictions. A revised IMR was requested on several occasions to include information about contact with Christine but was not provided. This was due to a dispute between National Probation Service North East and West Yorkshire Community Rehabilitation Company about who was responsible for responding to this request. It appears from information provided by the police about Christine's convictions that probation contact with Christine was before the period covered by this review but this has not been confirmed.

737. The issue of co-operation with domestic homicide reviews by the National Probation Service and the new community rehabilitation companies will be considered in the next section.

## Section Six: Analysis against the Terms of Reference

### Communication and information sharing

738. There was good communication and information sharing between services on a number of occasions including:
- among health care professionals regarding contact with Ian, Christine and Hope;
  - among professionals in relation to the Initial Child Protection Conference and implementation of the associated plans.
739. However there were also gaps in communication and information sharing.
740. West Yorkshire Police did not inform Children's Social Work Service that they had been called to a domestic incident when Christine was pregnant in July 2010.
741. Neither Leeds Addiction Unit nor Leeds Community Health informed Children's Social Work Service that Christine was expecting until she was 32-weeks pregnant. This followed a planned 32-week review. Leeds Addiction Unit has brought forward reviews from 32 weeks to 26 weeks but this is still very late into a pregnancy and after the time when the foetus is at most risk of being damaged by drugs/alcohol. Christine was a long-term drug and alcohol user and had struggled with addiction for more than a decade. Antenatal services appeared unrealistically optimistic about Christine's chances of abstaining/reducing her drug and alcohol intake during pregnancy. The late referral limited the possibility of interventions to address Christine's drug/alcohol use. It also put the developing foetus at risk of experiencing long-term damage
742. The health visitor from Leeds Community Health did not attend the Leeds Addiction Unit's 32-week antenatal meeting for Christine. This limited their awareness of the emerging risks.
743. The main recorded concerns until the last few months of Christine's life were related to drug and alcohol use. However, communication and co-ordination between drug and alcohol services was generally poor and it was not until 2013 that a joint approach to Ian and Christine's addiction issues was considered.
744. St. Anne's had no knowledge of Christine's progress in relation to her community detox whilst Ian was undergoing a residential detox. This information was not shared by Leeds Addiction Unit and nor did St. Anne's request it.
745. Ian was a frequent user of crisis health services with more than thirty attendances at A&E between 2010 and 2013. He self-presented to St. James's University Hospital and was also taken by ambulance to both St. James's and Leeds General Infirmary. He would often either self-discharge or fail to attend follow-up out-patient appointments. He was occasionally disruptive and there

was a warning about his risk of being violent on his records. His GP practice identified him as a top ten user of health services but there was no clear plan to address this.

746. In the two months before Christine's death, police and ambulance were called out to Address 1 27 times as set out in the table below.

**Table of Contact with Blue Light Services July-September 2013**

<b>Date</b>	<b>Time</b>	<b>Service</b>	<b>Incident and Outcome</b>
11 Jul	17:52	Ambulance	Christine made 999 call. Ian had "difficulty breathing". Ian taken to A&E, lower respiratory tract infection, discharged.
11 Jul	21:56	Police; Ambulance	Ian called police. Attacked by his partner's dog. Police contacted Yorkshire Ambulance Service who attended. Ian taken to Leeds General Infirmary. Did not wait to be seen.
12 Jul	11:21	Ambulance	Christine made 999 call. Ian had blood coming out of his ear and she could not wake him up. Ian taken to Leeds General Infirmary. Assessed. Recommended that he 'come in under care of plastics'.
13 Jul	07:54	Ambulance	Christine made 999 call. Continued bleeding of Ian's ear. Ian taken to Leeds General Infirmary. Transferred from A&E to under care of plastics but self-discharged the following day
17 Jul	08:03	Ambulance	Call from Christine. Ian vomiting blood. Ian taken to St James's University Hospital. Admitted to gastroenterology
22 Jul	12:25	Police	Two calls from Christine. Ian would not leave her address. He had assaulted her and was threatening her and the dog. Ian arrested for breach of the peace. Released without charge.
30 Jul	00:48	Ambulance	Christine made 999 call. Ian vomiting blood and bleeding from rectum. Ian taken to St. James's University Hospital. Admitted to gastroenterology. Self-discharged.
12 Aug	11:13	Police	Ian called to report that Christine's dog had bitten him during the course of an argument. Police log finalised that no offences reported and

<b>Date</b>	<b>Time</b>	<b>Service</b>	<b>Incident and Outcome</b>
			police attendance not required.
19 Aug	12:38	Police	Ian called to report that Christine was assaulting him. Ian was arrested at 13:32 for breach of the peace after threatening to attack the attending officers. Released without charge at 21:08
20 Aug	02:55	Police	Christine called. Ian was about to assault her. On arrival of police, Ian complained of chest pains. Taken to hospital. At 03:30 the log was endorsed that no offences had been disclosed.
20 Aug	06:54	Police	Christine reported Ian was at Address 1 and was refusing to leave. Ian arrested for a breach of the peace. Bound over at Leeds Magistrates Court
22 Aug	12:13	Ambulance	Christine made 999 call. Ian vomiting blood. Ian taken to St. James's University Hospital. Became abusive staff and security staff called. Discharged to his GP's care after tests.
22 Aug	20:45	Police	Christine called police. Ian was at her address and had threatened to assault her. Police attended. Ian complained of being unwell and officers took him to hospital. No substantive offences were identified and a non-crime domestic incident occurrence was recorded.
23 Aug	19:24	Police	Christine called. Her ex-partner (Ian) had threatened to hurt her and her dog and to cause damage to the house. He refused to leave. Christine uncooperative when police attended. No offences alleged. Witness said no argument had taken place. Incident resolved when both Ian and witness left.
25 Aug	05:57	Police; Ambulance	Call from Christine alleging that Ian had made threats to kill her. A minute later, Ian called alleging that Christine had assaulted him. Ian arrested to prevent breach of the peace. Police called ambulance after Ian complained of chest pains. Ian taken under police escort to Leeds General Infirmary. Released from police custody and discharged from hospital.
25 Aug	23:48	Police	Ian called alleging that Christine had assaulted him.

Date	Time	Service	Incident and Outcome
			Christine arrested as her conduct indicated she posed risk of causing a breach of the peace. Released without charge.
26 Aug	05:26	Ambulance	Ian made 999 call, complaining of chest pains. Taken to Leeds General Infirmary but no record of response.
26 Aug	15:35	Police; Ambulance	Christine contacted police stating that Ian had assaulted and threatened to "do her dog in." Ian called while police en route. Alleged Christine had assaulted him.  Christine said she'd made a spurious accusation to get Ian removed. Ian refused to leave and was arrested for breach of the peace. Ian complained of chest pains and an ambulance was called but paramedics said he was not suffering heart issues. Appeared at Leeds Magistrates Court where he received a binding over.
1 Sep	22:22	Police	Ian called alleging that Christine had kicked him in the back of the head.  Ian had no injuries. He wanted Christine to be removed. She refused to leave and was arrested to prevent a breach of the peace. Released without charge 5 hours later.
2 Sep	09:09	Ambulance	Christine made a 999 call. Ian had pains in his chest and down his left arm.  Ian taken to Leeds General Infirmary. Admitted to cardiology and diagnosed with coronary spasm. Self-discharged on 5 September 2013.
5 Sep	17:40	Police	Christine called. Ian had visited her house and assaulted her and made threats to kill.  Both Christine and Ian arrested for affray. Ian complained of chest pains, taken to St. James's Hospital and admitted. Self-discharged.  Both Christine and Ian were bailed to attend police station on 21 Oct.
7 Sep	21:21	Ambulance	Male caller (passerby helping Ian) made a 999 call after Christine cut her wrists.  Ambulance control called police six minutes later - Christine reported to be violent but no violence encountered. Christine taken to St James's University

Date	Time	Service	Incident and Outcome
			Hospital. Self-discharged.
10 Sep	03:46	Police	Christine called. Ian had assaulted her. Ian arrested to prevent a breach of the peace. Released from police custody without charge
10 Sep	10:39	Police	Christine called. Ian had attended her house and threatened her and her dog. Ian arrested for breach of the peace. Released from police custody without charge
11 Sep	06:23	Ambulance	Christine called. Ian had fallen out of bed and had chest pains Ian taken by ambulance to St. James's University Hospital. Discharged and returned to Address 1
█ Sep	15:35	Police	Christine called. Ian had assaulted her. Ian arrested for breach of peace.
█ Sep	17:54	Ambulance	Christine called. Severe head pains. Taken to Leeds General Infirmary. Admitted with subdural haematoma

747. Despite this escalation of callouts, there was no communication between police, ambulance services and Leeds Teaching Hospitals Trust to identify a plan to address them.

### **Drug and alcohol misuse and domestic violence**

748. Despite this escalation of callouts, there was no communication between police and ambulance services to identify a plan to address them.

749. None of the three agencies involved in providing substance misuse services – Leeds Addiction Unit, York Street Practice and St Anne's Community Services - addressed domestic violence in any substantive way. Leeds Addiction Unit first noted concerns about domestic violence in 2008 but there is no evidence that these were explored with her. There is no evidence that York Street Practice explored Ian's abusive behaviour with him, despite being aware of it. St Anne's Community Services did not explore domestic abuse with Christine despite it being mentioned in both referrals from Leeds Addiction Unit and Christine disclosing abuse during the second detox.

750. Many women who have long-term issues with drug/alcohol dependency have histories of trauma, often dating back to childhood, and/or they are dealing with ongoing traumatic experiences such as domestic violence. Their drug and alcohol use is, at least in part, a form of 'self-medication' aimed at helping them

deal with difficult and painful experiences/feelings. As a result, a number of addiction services have started to adopt 'trauma-informed' approaches aimed at addressing trauma as part of the treatment but such approaches were not evident in work with Christine.<sup>33</sup>

751. At least two of Christine's previous boyfriends were violent to her. Ian was also abusive, both physically and emotionally. There is little evidence that Leeds Addiction Unit sought to help Christine to address issues of previous/current domestic abuse throughout their twelve years of working with her. There are models for working with women with addictions who experience domestic abuse and these should be explored by addiction services in Leeds.<sup>34</sup>
752. Women who find it difficult to stop problematic drug/alcohol during pregnancy appear particularly likely to have experienced violence and abuse.<sup>35</sup> Although Christine was referred to a specialist midwife during her pregnancy, there is little evidence that she was offered support to deal with both her addiction issues and current/previous domestic abuse. Models for such support have been developed and should be investigated by Leeds Addiction Unit.
753. Christine was referred to Children's Social Work Service by Leeds Addiction Unit due to concerns about continuing drug/alcohol use. As part of their assessment, Children's Social Care became aware that Christine was also experiencing domestic abuse. However they considered that substance misuse was the root cause of the problems in the relationship and that addressing it would "reduce or stop the domestic violence". It was believed that if Ian and Christine were not substance misusing, the level of domestic violence would decrease or stop. There is no evidence base to support this approach. Again, Christine was not offered a service aimed at recognising and addressing her experiences of trauma and abuse as well as her addiction issues.
754. A child protection plan was put in place following the multi-agency Initial Child Protection Conference in February 2011. It did not identify any support for Christine in relation to being a victim of domestic abuse or for Ian in terms of addressing his abusive behaviour. Children's Social Care subsequently referred Ian for anger management. This is contra-indicated in situations of domestic violence and was an inappropriate referral. Anger management approaches aim to help perpetrators to learn to control their reactions by helping them to reduce their emotional feelings and physiological arousal. Domestic abuse is best understood as one person trying to control and assert power over another through a variety of means rather than as a problem of one

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<sup>33</sup> See for example, Women and Addiction: A Trauma-Informed Approach, Covington, S, *Journal of Psychoactive Drugs*, 2008, <http://www.stephaniecovington.com/assets/files/Covington%20SARC.pdf>

<sup>34</sup> Stella Project, <http://www.avaproject.org.uk/our-projects/stella-project.aspx>; Women's steps of change and entry into drug abuse treatment. A multidimensional stages of change model, [http://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(99\)00049-5/abstract](http://www.journalofsubstanceabusetreatment.com/article/S0740-5472(99)00049-5/abstract)

<sup>35</sup> Pregnancy, Alcohol, and Trauma-Informed Practice: Information for Service Providers, [http://bccwh.bc.ca/wp-content/uploads/2014/08/FASD-Sheet-5\\_Alcohol-Pregnancy-Violence-TIP-Dec-6.pdf](http://bccwh.bc.ca/wp-content/uploads/2014/08/FASD-Sheet-5_Alcohol-Pregnancy-Violence-TIP-Dec-6.pdf)

person being unable to control their anger. Domestic abuse is a choice. Although some domestic violence perpetrator programmes incorporate anger management as one element of their work with perpetrators, anger management alone fails to address the use of power and control by perpetrators. The national accreditation body for domestic violence perpetrator programmes, Respect, will not accredit programmes that use anger management alone.

755. The co-existence of substance misuse and domestic violence issues is not uncommon but agencies had no strategy for addressing it. Models for doing so have been developed in other parts of the UK and beyond. The Stella Project (established to address drug and alcohol related domestic and sexual violence) has identified some key messages for working with substance misuse and domestic abuse<sup>36</sup> and agencies in Leeds should consider how to address them within their work:

- Substance misuse does not excuse or justify domestic violence nor is it a sufficient causal explanation;
- Perpetrators of domestic violence have control and choice regarding their abusive behaviour and can therefore be held accountable.
- Workers can miss the dynamics of control in a violent relationship where there is also substance misuse due to the additional levels of complexity;
- Most male perpetrators of domestic violence also claim to be the victim.
- Be aware that risk is not a static process and can change rapidly. Missed appointments, drug and alcohol relapse or disengagement with the service could indicate ongoing experiences of domestic violence.

### **Service delivery (professional standards, policies and procedures)**

#### **Record keeping**

756. Record keeping by social worker 4 did not meet expected standards. There were also examples of poor recording of information by the police, including regarding the presence or not of a child.

757. Reports made by York Street Practice to Children's Social Work Service about Ian appear to have been inaccurate on occasion. For example on 9 September 2011 she told Children's Social Care that Ian was working on Dialectic Behavioural Therapy but on 24 October 2011 it was noted that the referral for such therapy needed to be completed. She also told Children's Social Care that Ian engaged well with drug treatment services but he was in fact an inconsistent attender.

#### **Transfer of case responsibility at key points**

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<sup>36</sup> Stella Project, *Risk management: what it means for the domestic violence and the substance misuse sectors*  
<http://www.avaproject.org.uk/media/39351/ldan%20risk%20management%20briefing.pdf>



758. Both Children's Social Work Service and the health visiting staff had changes of case responsibility at key points. Usually one 'named Health Visitor' undertakes the majority of work with the family but staff turnover resulted in three health visitors having this role with Christine and Hope during the antenatal period and the early months of Hope's life.
759. Changes of social worker took place at critical times, including when Ian assaulted Christine in August 2011 and in the run up to the results of the hair strand test being received. Different workers brought different approaches and expectations with case management moving from an initial tolerance of a degree of alcohol consumption to a requirement for complete abstinence.

#### Drug/Alcohol Treatment Approaches

760. Leeds Addiction Unit worked with Christine from 2001 until her death in 2013. She was first referred when she was 21 years old due to her addiction to heroin. For most of the following twelve years she was on a methadone programme. She continued to take street heroin on occasion, amphetamines on a regular basis and had become a chronic alcoholic.
761. Drug and alcoholic misuse is often characterised as a long-term, chronic condition with periods of remission and relapse. Work with this client group is often challenging. Abstinence may be one of the long-term goals of treatment, but it is not always achieved.
762. While Christine was working with the pregnancy and parenting team, her goal was to remain abstinent from illicit drugs. During this period she was offered integrated social behaviour and network therapy and cognitive and behaviour therapy and appointments to review her anxiety and depression, medication and self-harming behaviours by the team's consultant psychiatrist. However she was not offered support in relation to ongoing and previous domestic abuse. As set out previously, women who find it difficult to stop problematic drug/alcohol during pregnancy appear particularly likely to have experienced violence and abuse.<sup>37</sup>
763. Drug treatment agencies often adopt harm reduction approaches with the aim of minimising the negative impacts of drug use for people unable or unwilling to stop. Such approaches focus on preventing harm, including keeping people alive and avoiding irreparable damage, rather than on preventing drug use itself. It appears that the primary goal of work with Christine during most of her twelve year contact with Leeds Addiction Unit was harm reduction through prescribing methadone. Whilst harm reduction is an important outcome of drug treatment, there is little evidence of interventions to address her previous and ongoing experiences of domestic abuse and multiple bereavements which inter-linked with her ongoing drug dependency. Maintenance on methadone also meant that she could not access residential drug/alcohol rehabilitation services to support her following detox.

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<sup>37</sup> Pregnancy, Alcohol, and Trauma-Informed Practice: Information for Service Providers, [http://bccewh.bc.ca/wp-content/uploads/2014/08/FASD-Sheet-5\\_Alcohol-Pregnancy-Violence-TIP-Dec-6.pdf](http://bccewh.bc.ca/wp-content/uploads/2014/08/FASD-Sheet-5_Alcohol-Pregnancy-Violence-TIP-Dec-6.pdf)

764. The view of Leeds Addiction Unit was that the complexity and duration of Christine's negative experiences meant that it would be imperative that she remain abstinent from alcohol and drugs for a significant period of time in order to make any other psychological intervention work effectively or for a more detailed mental health assessment to be carried out. As set out above, many women who have long-term issues with drug/alcohol dependency have histories of trauma and self-medicate with drugs and alcohol. As a result, a number of addiction services have started to adopt 'trauma-informed' approaches aimed at addressing trauma as part of the treatment.<sup>38</sup> These generally do not require a significant period of abstinence before attempting to address underlying issues.
765. Christine was known to have experienced a number of bereavements and losses, including the death of her brother in her teens, her mother at the start of 2010 and a second brother in 2011. She told Children's Social Work Service that she became depressed at the time of her first brother's death and was prescribed anti-depressants at that time. She continued to take them for much of the rest of her life. Christine bonded with her daughter and was devastated when she was taken into care. This was yet another loss. At this time she also became estranged from much of her biological family. Christine was offered counselling after her daughter was removed from her care, however she declined it. Although it can be difficult to get service users to engage, there is evidence that providing additional support to address the issues in problematic drug users lives can be successful.<sup>39</sup>
766. Historically, drug and alcohol services were developed around the needs of men as they formed the vast majority of service users. Although work to explore women's needs, including the interaction of drug/alcohol dependency with experiences of violence and trauma, has been developing over the past 25 years, it is not sufficiently embedded. Commissioners of drug and alcohol services should give greater consideration to women's needs within the commissioning process.
767. The focus of the York Street practice's work with Ian was also on harm reduction through maintaining him on methadone and then Buprenorphine. Ian had a significant history of trauma – witnessing domestic violence as a child, brought up in a household where both parents had significant mental health issues, feeling that he was unloved by his parents, placed in care and graduating from there into criminality and periods in prison. He struggled with social situations and had a long history of self-harming and suicide attempts. He may have had a personality disorder. There is little evidence of a plan to deal with these entrenched and complex issues.

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<sup>38</sup> See for example, *Women and Addiction: A Trauma-Informed Approach*, Covington, S, *Journal of Psychoactive Drugs*, 2008, <http://www.stephaniecovington.com/assets/files/Covington%20SARC.pdf>

<sup>39</sup> *Women's steps of change and entry into drug abuse treatment: A multidimensional stages of change model*, <http://www.sciencedirect.com/science/article/pii/S0740547299000495>

768. Both Christine and Ian had significant drug and alcohol addiction/dependency issues. There was some planning for coordinating detoxes but no plan for how to work with Christine and Ian as a couple to support them both to get and stay clean. Leeds Addiction Unit actively discouraged joint treatment approaches. There is a gap in considering how to work with couples where both have problematic drug/alcohol use.
769. Work with people who misuse drugs and alcohol is difficult and challenging and there is debate about what constitutes success for drug and alcohol services. Nevertheless, agencies should consider whether it is appropriate to continue the same approach with a client for many years with limited evidence of significant change and whether it would be better to refer them to other agencies or put in place additional/different supports which might be more effective.

#### Domestic Violence Policy, Procedures and Protocols

770. Agencies failed to recognise and address the extent of Ian's controlling and manipulative behaviour. He abused and controlled Christine in a number of different ways. He used self-harm, suicide threats/attempts and both real and exaggerated health issues as a means of controlling her, particularly at times where she sought to end the relationship. He manipulated her into allowing him to stay in her flat after their relationship was over. He claimed to have nowhere else to go but refused offers of alternative housing. He was physically violent to her, had attempted to strangle/suffocate her and threatened and abused her dog. He flushed away her drugs and also stole her drugs to overdose with. He may have raped her while she was unconscious. At times she appeared fearful of him and she asked social workers to lie on her behalf because she was worried about his response.
771. Christine's experiences of domestic abuse were relatively unexplored by agencies. As set out previously, drug and alcohol agencies barely addressed domestic abuse in their responses to Christine and Ian despite being aware of it. Although Leeds Addiction Unit staff have access to the DASH risk assessment tool, it was never used with Christine. Instead Leeds Addiction Unit gave weight to the fact that Christine on occasion referred to Ian as "her rock" and that she said he supported her as well as causing her distress.
772. There is a need for greater awareness of domestic abuse among staff in drugs and alcohol services, especially as many women's addiction issues are rooted in self-medication as a result of previous/ongoing violence. There is also a need to develop approaches for working with addicts who are also perpetrators of domestic abuse.
773. No DASH risk assessment was conducted as part of the child protection process despite awareness of domestic abuse. As set out previously, Children's Social Care wrongly considered that substance misuse was the root cause of the problems in the relationship and that addressing it would "reduce or stop the domestic violence". It appears that domestic abuse was understood as incidents of physical violence rather than an ongoing dynamic of control, coercion and manipulation (the initial child protection conference agreed that

Christine and Ian should tell the allocated social worker if any “incidents of domestic violence took place”). Christine was not referred to any specialist domestic abuse service.

774. In August 2011, Leeds Children’s Social Work Service required Christine and Hope to move in with Christine’s father after Ian assaulted Christine. Whilst there was understandable concern about the safety of Hope, the response to the assault itself appears heavy-handed but reflected wider concerns about both Christine and Ian’s continued drug/alcohol use. These concerns were underestimated in the child protection review meeting a few days earlier and the assault appears to have triggered a review of the handling of the case within Children’s Social Work Service. Christine was required to end her relationship with Ian in order to avoid Hope being taken into care. It is always difficult to end a relationship with a partner who is controlling and manipulative and intermittently suicidal. It is even more difficult to do so when the decision has not been made by the victim herself. Christine was not referred to any specialist domestic abuse service at this time. She was not offered additional emotional support nor was the support for her to deal with her problematic drug/alcohol abuse reviewed. Children’s Social Work Service has indicated that a standard written agreement will be used in future which will indicate what levels and types of support will be provided by the agencies involved to assist individuals in achieving expectations and goals.
775. West Yorkshire Police had extensive contact with Christine and Ian in relation to domestic violence. Until late August 2013, the police dealt with the calls as a set of individual disconnected incidents rather than recognising a pattern of domestic abuse. On occasion Christine was viewed by the police as the perpetrator. This is considered further below in *Identity and Equality*.
776. The police were called out to Address 1 on fifteen occasions in the month prior to Christine’s death. Given the frequency of incidents and escalating pattern by August 2013, police should have identified the need for action and considered a MARAC referral. Instead their response was to suggest that Christine was “wasting police time” and refer her to the Anti-Social Behaviour Unit to investigate whether she could be made the subject of an ASBO with the threat of losing her tenancy. Anti-social behaviour units may become involved in responses to domestic abuse but this should be to address the behaviour of the perpetrator not the victim.
777. The police conducted risk assessments on most occasions when they attended but these were often poorly completed with risk factors not always identified and other details of the form not filled in. The quality of risk assessment was generally better towards the end of the police period of involvement, with risk factors more likely to be identified and recorded but it did not lead to action to protect Christine. Christine consented to being referred to other agencies for support on at least five occasions but there is no evidence that any such referrals were made.

778. Ian was never charged with assaulting Christine until the time of the final callout in September 2013 when Christine was fatally injured.<sup>40</sup> The closest he came to being charged prior to this was in June 2010, when the assault was witnessed by Christine's sister. Although Christine later indicated that she wished to withdraw her complaint, Ian was arrested and interviewed. The police sought the advice of the Crown Prosecution Service (CPS) who instructed that there was insufficient evidence to sustain a charge and that the matter should be finalised as no further action.
779. Police attempted to get Christine to make a statement on a number of occasions after Ian assaulted her in August 2011 resulting in bruising to her face. However it appears that her disclosure of attempted strangulation was not investigated. In November 2011, the report was finalised as 'no crime' as the police believed there was no credible information to confirm what had taken place. This was a questionable decision.
780. During July to September 2013, police relied on breach of the peace arrests to deal with callouts to Address 1. Ian was bound over to keep the peace on two occasions but he was never charged with assaulting Christine. Christine was also arrested for breach of the peace on a number of occasions. The Stella Project has documented that some women with drug and alcohol misuse issues see the arrival of the police as a safe opportunity to challenge their partner and become more aggressive themselves when the police are there.<sup>41</sup> This can then impact on the victim being seen as the aggressor and taken less seriously. Christine repeatedly told the police at this time that she wanted to end the relationship and for Ian to leave her flat but he continued to return there. The police's approach failed to deal with the underlying issues and to recognise that Christine was the primary victim. There is no evidence of safety planning.
781. A number of health services were aware that Christine was experiencing domestic abuse but, as with other services, this did not trigger exploration of the issues, risk assessment or referral. Health visitors from Leeds Community Healthcare and Christine's GP practice were aware of domestic abuse as a result of the Initial Child Protection Conference. Following Hope's birth, Christine told a health visitor from Leeds Community Health that she felt Ian had a hold over her as every time they had an argument he threatened to kill himself. It does not appear that this was explored as a means of controlling Christine and she was not referred for specialist support. Christine attended her GP on several occasions in circumstances that suggested that she might be experiencing domestic abuse but there is no record that it was ever explored with her. Christine also reported Ian's manipulative and abusive behaviour on a

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<sup>40</sup> Ian Gordon was subsequently found not guilty of manslaughter. It appears that the forensic evidence could not establish beyond all reasonable doubt that the fatal blow had been delivered that day.

<sup>41</sup> Stella Project, *Risk management: what it means for the domestic violence and the substance misuse sectors*  
<http://www.avaproject.org.uk/media/39351/Idan%20risk%20management%20briefing.pdf>

number of occasions. The patient records were not coded to indicate a history of domestic abuse.

782. LTHT Emergency department did not explore with Christine whether a perforated tympanic membrane had been caused by a physical assault by Ian. This was after LTHT had been made aware of previous domestic violence but it was not possible to flag this on her records. LTHT does not have a domestic violence policy.
783. Ambulance staff did not refer Christine to a domestic violence service after they attended because she had slit her wrists. She reported that Ian had told her to do it. She was also noted to have extensive bruising. It may have been that the ambulance crew assumed that the police would pick up any required referral as they also attended. This is a reasonable assumption if the police are in attendance.
784. Routine screening for domestic abuse was carried out by both LTHT Maternity Services and the health visiting service, which met expected practice.

#### Safeguarding Children policy, procedures and protocols

785. As set out previously, there is evidence that women who struggle to be abstinent during pregnancy are particularly likely to have experienced violence.<sup>42</sup> Although Christine was referred to the specialist midwife at the Leeds Addiction Unit, previous and ongoing experiences of violence were not addressed as part of the support she was offered.
786. Christine's continued drinking put the developing foetus at risk of foetal alcohol syndrome but she was not referred to Children's Social Care until late in pregnancy. This gave little time for Children's Social Care to respond prior to the birth with the Initial Child Protection Conference taking place the day before Hope was born. Although domestic abuse was noted, no interventions were put in place to address it. No additional or alternative support to address either Ian or Christine's ongoing problematic drug/alcohol issues were identified. As such the child protection plan was inadequate.
787. Christine and Ian split up two months later, in April 2011, and Ian took an overdose. The couple reunited. A few days later Christine told the Leeds Community Healthcare health visitor that she felt Ian had a hold over her as every time they had an argument he threatened to kill himself. Despite this manipulative behaviour and Christine's expressed concerns about the future, the child protection review did not make any changes to the child protection plan and no support in relation to domestic abuse was offered. Christine suffered another family bereavement soon after. There is no evidence that she was offered bereavement counselling but the health visitor did refer her to Leeds Floating Support Service the following week.

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<sup>42</sup> Pregnancy, Alcohol, and Trauma-Informed Practice: Information for Service Providers, [http://bccewh.bc.ca/wp-content/uploads/2014/08/FASD-Sheet-5\\_Alcohol-Pregnancy-Violence-TIP-Dec-6.pdf](http://bccewh.bc.ca/wp-content/uploads/2014/08/FASD-Sheet-5_Alcohol-Pregnancy-Violence-TIP-Dec-6.pdf)

788. Christine ended the relationship again in June 2011 and Ian made another suicide attempt after attending her flat with Stanley knife blades in his possession. She told police that she no longer wanted to be in a relationship with Ian. She requested support in relation to her housing at the child protection review meeting the following day but no support was suggested regarding domestic abuse. Ian's suicidal threats were not recognised as a form of manipulation. They may also have been a means of diverting Christine's attention from the baby to himself.
789. Christine and Ian reunited but he took an overdose of her anti-depressants in July 2011 after an argument. Despite Ian's erratic and manipulative behaviour and Christine's admission that she had taken amphetamines and alcohol in the period since Hope's birth, a child protection review meeting in August 2011 concluded that progress was being made and noted the lack of salient concerns and the possibility of removal from a Child Protection Plan. Decision-making at this meeting was questionable at best.
790. The approach of Children's Social Services changed significantly soon afterwards when Ian assaulted Christine causing bruising to her face and then took an overdose for the second time that month. Children's Social Care asked Christine to agree to have Hope taken into care, which she refused. Instead Christine was required to go and live with her father and to stop seeing Ian. From this point onwards, Children's Social Care placed more emphasis on Christine being abstinent under threat of having Hope taken into care. No additional support was put in place to help her to achieve this. The outcome of the hair strand test appears to have been given a great deal of weight and fear of the consequences triggered Christine's attempted suicide. This resulted in Hope being taken into care.
791. In interview for the review, Christine's brother questioned why Christine was allowed to keep her daughter in the first place, only for her to be taken into care later. He felt that as Christine was not able to give up drugs/alcohol during the pregnancy, then it was clear she would not be able to give them up once the baby was born and that this would affect her capacity to parent. Accounts of Christine's relationship with Hope by the health visitors who worked with them were overwhelmingly positive. She clearly loved her daughter and bonded well with her. The GP practice also recorded positive interactions between Christine and her daughter. Nevertheless, problematic drug and alcohol use can present risks to children and Children's Social Care's concerns were understandable. These concerns were recognised at the Initial Child Protection Conference but the response to them was inconsistent, with no consequences for Christine's admitted drug and alcohol consumption during the first five months of Hope's life and a suggestion that Hope would soon be removed from the child protection plan. This switched to a strong emphasis on abstinence following Ian's assault on Christine in August 2011. No additional support was offered to help Christine to achieve abstinence. By this time, Leeds Addiction Unit had been working with Christine for nine years with little evidence of success in achieving abstinence. Rather than looking at whether an alternative was needed, the same approach was kept in place.

792. When Hope was taken into care, she was initially placed with foster carers and then with Christine's brother and his wife. Attending contact was difficult due to the distance, limitations of public transport and Ian's social phobia. There were instances of Christine and Ian being verbally abusive to her brother and his wife during contact visits and by phone and this prompted Children's Social Care to propose letterbox contact only rather than looking at facilitating supported contact visits. The consequences of letterbox contact only for the wider family network do not appear to have been addressed. Children's Social Care would now ensure that a family group conference would take place to enable the family to have a full input into decision-making.

#### Safeguarding Adults policy, procedures and protocols.

793. No safeguarding adult's alerts were made in relation to Christine. This could have been considered but Christine might not have met the definition of an 'adult at risk'<sup>43</sup> that would have been required for a safeguarding alert to have been acted upon.

#### **Referrals and Assessments**

794. Although numerous agencies were aware that Christine was experiencing domestic abuse, she was never referred to a domestic abuse service. Ian was not referred to a specialist perpetrators programme and other agencies that were working with him do not appear to have challenged him about his abusive behaviour.

795. As set out previously, Christine was referred to Children's Social Work Service late in her pregnancy, making it difficult to intervene effectively before the birth. The child protection plan did not result in any referrals for support in relation to domestic abuse or for additional/alternative support in relation to drug/alcohol addiction. After Children's Social Work Service required her to move in with her father and part from Ian in August 2011, she was not referred for additional emotional support or to any domestic abuse service.

796. Christine was referred by the health visitor to Leeds Floating Support Service at the beginning of June 2011 for help in relation to housing. Her assessment took place on 26 July 2011 but it was six weeks before she was allocated to a worker and a further three weeks before face-to-face support began. Her key worker provided Christine with support over September to early December but the worker went on a lengthy period of leave during a critical period when the results of Christine's hair strand test were due and it appears that there was no plan for alternative support. During this time Christine made a serious suicide attempt and Hope was taken into care. Christine was no longer eligible for the

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<sup>43</sup> An 'adult at risk' is defined by the Department of Health as a person aged 18 years or older who is or may be:  
in need of community care services by reason of mental or other disability, age or illness;  
and  
unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation



service after Hope was taken into care and as a result the service was withdrawn leaving Christine without support at a very traumatic time in her life. The issue of post-removal support is discussed below.

797. The police did not notify Children's Social Care when they were called out when Christine was pregnant in July 2010 or following Ian's suicide attempts in April and July 2011 when Hope was the subject of a child protection plan.
798. Christine repeatedly told the police that she wanted to end the relationship during July – September 2013 and on occasion before this. Although she often refused to be referred to outside agencies, she occasionally did agree. These opportunities were not followed up by the police and no referral was ever made. The Leeds police referral practice only generally requires the referral of victims to specialist support services in cases where the victim has been subject of a recorded crime or is otherwise deemed at high risk of harm. This is linked to capacity limits in specialist agencies.
799. In the final weeks of Christine's life, the police contacted the anti-social behaviour unit with the aim of issuing Christine with an anti-social behaviour order. Victims should not be referred for anti-social behaviour in a situation where multiple incidents of domestic violence are recorded. A MARAC referral should have been considered but was not.
800. Although numerous agencies were aware of domestic abuse, the only agency to conduct risk assessments regarding this was West Yorkshire Police. Other agencies should have considered the risk to Christine (and Hope) of Ian's abusive behaviour. In particular, Children's Social Care should have included a DASH risk assessment as part of the child protection process.
801. Leeds Addiction Unit should have addressed domestic abuse within risk assessments conducted with Christine. The Stella Project suggests that drug/alcohol workers incorporate questions about experiences of violence in the risk assessments they already carry out and ask additional questions where they are aware of violence including:
  - Is the violence worsening in nature?
  - Has your partner been more controlling lately and/or attempted to isolate you?
  - Do you feel unsafe to go home?
  - Are you planning to leave your partner or recently separated?
  - Has your partner attempted to choke or strangle you?
  - Has a weapon been used against you? E.g. a household instrument used as a weapon?
  - Has violence occurred whilst you were pregnant?
  - Have you been forced to have sex or perform a sexual act against your will?
  - Have children been injured during a domestic violence incident?
  - Does your partner force you to use drugs/alcohol?
802. Answering yes to any of these questions indicates that a service user is at a high level of risk. On the basis of the information gathered during this review, a

number of these risk factors were present in Christine's life. We cannot be sure what Christine would have answered had the questions been posed to her but at least the opportunity to ask should have been taken.

803. As discussed previously, the quality of the police risk assessments was often poor although this improved towards the end. The quality of West Yorkshire Police's risk assessment was criticised by Her Majesty's Inspectorate of Constabulary (HMIC) in 2014.<sup>44</sup> West Yorkshire Police are in the process of implementing a force action plan to address the issues raised in the HMIC report including a programme of training in DASH risk assessment.
804. Christine was referred to Leeds Addiction Unit because of her heroin addiction in 2001 when she was 21. Twelve years later she was still struggling with problematic drug and alcohol use. Christine had a dual diagnosis of addiction and depression but her depression was not well addressed and the underlying reasons for her problematic drug/alcohol use, including previous and ongoing domestic abuse, were not sufficiently addressed.
805. Ian accessed support in relation to his ongoing problematic drug/alcohol use from the York Street Practice from 2005 onwards. He reported having a good relationship with his drug therapist but was a poor attender. As with Christine, harm reduction appears to have been the primary focus of work with him. Monitoring of his drug/alcohol intake was inadequate and there were delays in making referrals to other agencies, including for assessment regarding his suitability for dialectic behaviour therapy and to Leeds Addiction Unit.

### **Respective awareness of adult-focused and child-focused services**

806. As set out previously, neither Leeds Addiction Unit nor the health visiting service referred Christine to Children's Social Work Service until she was 32 weeks pregnant. Ante-natal services appeared unrealistically optimistic about Christine's drug/alcohol use and to have given insufficient consideration to the risks to the developing foetus.
807. Conversely, although Children's Social Work Service recognised that there were issues in relation to mental health, drug/alcohol misuse and domestic abuse they did not put in any interventions to address domestic abuse and relied on the existing mental health and drug/alcohol misuse interventions which had had limited success in relation to abstinence. Child protection involvement did not effectively address the needs of Christine or Ian, either pre or post removal of Hope.
808. The decision that Christine and Ian should have letterbox only contact when Hope was placed with Christine's brother did not take sufficient account of the impact on the wider family dynamics. Christine's brother had previously been a source of support to her.

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<sup>44</sup> *West Yorkshire Police's approach to tackling domestic abuse*, HMIC, 2014, <http://www.justiceinspectors.gov.uk/hmic/wp-content/uploads/2014/03/west-yorkshire-approach-to-tackling-domestic-abuse.pdf>

809. Since this time, Children's Social Work Service has introduced family group conferencing as standard in kinship placements giving families a greater say about such arrangements. The 'Think Family, Work Family' approach needs to continue to be embedded so that staff assess the needs of the wider family when working with a child or parent.
810. The decision to remove Hope ensured that she was safe and well. However there should have been greater consideration of post-adoption support for Christine and Ian.

### **Thresholds for intervention**

811. As set out previously, both Leeds Addiction Unit and the health visiting service seemed unrealistically optimistic about Christine's abstinence from problematic drug/alcohol use during her pregnancy. The 32-week review was too late in the pregnancy to intervene effectively pre-birth. Although this has been brought forward to 26-weeks, this is still very late and risks significant damage to the developing foetus. Specialist antenatal services and Children's Social Work Services should review the circumstances in which an earlier referral would be appropriate. This should take into consideration the presence of ongoing and previous domestic abuse as a risk factor.
812. The hair strand test appeared to have considerable significance in decision-making by Children's Social Work Service. Fear of the outcome appears to have demoralised Christine reflected in the social worker's comment that Christine already appeared to have given up hope. It also contributed to her suicide attempt. Although the decision by Children's Social Work Service to remove Hope was understandable, and has ensured that she is safe and well, the focus of their decision-making should have been on Christine's capacity to parent her daughter rather than on the hair strand test per se.

### **Identity and equality**

813. Christine was very concerned about being with men on the detox programme provided by St. Anne's Community Service. Her reasons were not recorded but may have been linked to concerns about her safety. Many women with substance misuse issues prefer women only provision<sup>45</sup> but no such women only residential drug/alcohol services are available in Leeds.
814. As set out previously, drug and alcohol services were developed around the needs of men as they formed the vast majority of service users. There has

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<sup>45</sup> *Listening to the voices of women experiencing problematic substance use and gender-based violence*

<http://www.avaproject.org.uk/media/43594/listening%20to%20the%20voices%20of%20women%20experiencing%20sm%20and%20gbv.pdf>

been increasing exploration of women's needs over the past twenty years.<sup>46</sup> Previous and ongoing traumatic experiences impact on women's mental health and risk of addiction. Most women with problematic drug/alcohol use have suffered violence and other forms of abuse<sup>47</sup> and services need to address this.

815. Christine had already experienced domestic abuse in previous relationships when she was referred to Leeds Addiction Unit in 2001. It is not known whether Leeds Addiction Unit were aware of this and how it was explored with her. Leeds Addiction Unit were aware that Christine was experiencing domestic abuse from 2008 onwards but she was not referred for specialist support to address it. As set out previously, women who find it difficult to abstain from drugs/alcohol during pregnancy are particularly likely to have previous/current experiences of violence but again there is little evidence that antenatal services explored Christine's experiences of violence and abuse.
816. Gender awareness, including recognition of the impact of previous/ongoing violence/abuse should be addressed within the process of recommissioning drug/alcohol services in Leeds. Antenatal services should review how they address issues of violence and abuse with women who have histories of problematic drug use.
817. The police may face conflicting accounts and counter-allegations when dealing with situations of domestic abuse and that was the case on a number of callouts involving Christine and Ian. The Association of Chief Police Officers (ACPO) guidance (both that in place at the time and since revised) advises that the primary aggressor should be identified in such situations. Ian was recorded as the sole perpetrator in most callouts and Christine as the victim. However Christine was also recorded by West Yorkshire Police as the sole perpetrator on three occasions with Ian viewed as the victim and on one occasion they were both recorded as being the perpetrator.
818. Most domestic violence perpetrators recorded by the police across England and Wales are male and their victims mainly female. Male perpetrators account for many more recorded repeat incidents than female perpetrators.<sup>48</sup> Cases where both parties are seen as perpetrators (as in this case) generally have many more repeat incidents than those with a sole perpetrator and in the bulk of these incidents the male is the perpetrator.<sup>49</sup> Dual perpetrator cases often involve heavy alcohol use by both parties.
819. Three of the four occasions where Christine was viewed as a perpetrator came during the two weeks before Christine was admitted to hospital with a brain haemorrhage which proved fatal. At this time, she was attempting to end the

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[http://www.academia.edu/4452779/A\\_Brief\\_Feminist\\_Review\\_and\\_Critique\\_of\\_the\\_Sociology\\_of\\_Alcohol-Use\\_and\\_Substance-Abuse\\_Treatment\\_Approaches](http://www.academia.edu/4452779/A_Brief_Feminist_Review_and_Critique_of_the_Sociology_of_Alcohol-Use_and_Substance-Abuse_Treatment_Approaches)

<sup>47</sup> <http://www.avaproject.org.uk/our-resources/statistics/substance-use.aspx>

<sup>48</sup> Hester, M. (2009) *Who Does What to Whom? Gender and Domestic Violence Perpetrators*, Bristol: University of Bristol in association with the Northern Rock Foundation, 2009, <http://www.nr-foundation.org.uk/downloads/Who-Does-What-to-Whom.pdf>

<sup>49</sup> Ibid

relationship with Ian and to get him to leave her flat. On at least two of these occasions it appears that Ian may have been manipulating the police to maintain his control of Christine and his access to her flat. As set out previously, some women with substance misuse issues may be aggressive to their partner once police arrive as it is then safer to do so. Officers need to explore the underlying dynamics and not just deal with each incident as a one-off.

820. The police recorded that both Ian and Christine were medium risk victims. However only Ian was alleged to have made threats to kill, to have attempted to strangle his partner and to have threatened to hurt pets. Only Christine expressed any fear. This history should have been recognised in considering who was the primary perpetrator, who was the primary victim.
821. Both Ian and Christine had ongoing mental health issues. Christine's depression was treated with anti-depressants with little evidence of referrals for other types of therapy. An expert psychiatric report suggested that both Christine and Ian had personality disorders, with Christine considered to have a dependent personality and Ian to have an anti-social personality disorder. *(Author's note: there is debate about the validity and reliability of diagnoses of personality disorders)*. These assessments did not lead to treatment plans for either Christine or Ian.

### **Escalation to senior management or other organisations/professionals**

822. As set out previously, Christine was not referred to domestic violence services when she should have been, nor was she referred to MARAC when the escalation, previous attempted strangulation, threats to kill and ongoing mental health and addiction issues for both the perpetrator and victim would have justified it.

### **Impact of organisational change**

823. Organisational change affected the information available to the review panel in relation to Christine's contact with probation services and its relevance to the review. The review began shortly before the full implementation of the reorganisation of probation services into the National Probation Service for higher risk/serious offences and local community rehabilitation companies for low level offenders. Ian had a criminal record and contact with probation ended shortly before the period covered by the terms of reference. Probation provided a brief report about their contact with him in this earlier period. This report was produced by a member of staff who was part of the National Probation Service but the probation representative on the panel was part of West Yorkshire Community Rehabilitation Services.
824. The probation report made no reference to contact with Christine as an offender. During the scrutiny process it emerged that Christine also had a long criminal record. It was unclear whether she had any convictions within the time

period of the terms of reference due to uncertainty about use of aliases. Probation said they had not identified any contact as an offender as information was linked to an alias. The panel requested an updated report from probation to cover their contact with Christine as an offender. This was not forthcoming, with both the National Probation Service and West Yorkshire Community Rehabilitation Company saying that the other organisation was responsible.

825. There was a lack of continuity of GPs, health visitors and social workers. Ian had contact with fifteen different GPs during the period covered by the review and while Christine had contact with five. At least eight health visitors from Leeds Community Healthcare were involved in antenatal care in a period of eighteen months and at least eight social workers were involved in a period of a year. Staff turnover affected continuity of care and understanding of the complexities of the case.

### **Learning in relation to children**

826. As set out previously, an earlier referral of Christine's pregnancy to Children's Social Work Service would have given more time to prepare in advance of the birth. A greater emphasis on supporting Christine in relation to previous and current domestic abuse may have helped her to be able to abstain from drugs and alcohol during the pregnancy, reducing risk to the developing foetus and strengthening Christine's capacity to parent her child.

### **Support regarding care proceedings**

827. During the period of involvement of Children's Social Work Service, support arrived late and left early. Christine was referred when she was 32-weeks pregnant and the Initial Child Protection Conference took place the day before the birth. It identified domestic abuse but did not put in place any intervention to address it. It also identified that both parents had long-standing mental health and addiction issues. Although services cannot make problematic drug users change, their role is to help to facilitate this process. Children's Social Work Service wanted Christine to become abstinent but left in place the existing service interventions, which had had limited success in supporting abstinence over the previous nine years, rather than considering whether a different approach was needed. Failure to properly address these issues increased the chances of Hope being taken into care.
828. There were further opportunities to reassess the support that was being offered during review meetings but despite Ian's suicide attempts, Christine's disclosure that she felt controlled by his threats to kill himself and her expressed wish to end the relationship, the only referral that was made was for housing support which did not materialize for several months. By the beginning of August 2011, agencies were considering removing Hope from the child protection plan but soon after Ian assaulted Christine and the approach of Children's Social Work Service shifted with a requirement for Christine to live

with her father and abstain from drugs and alcohol. As set out previously, no additional support was provided to help her achieve this.

829. After Hope was taken into care, Christine was no longer eligible for support from Leeds Floating Support and this was withdrawn. No post-removal support was put in place for either Christine or Ian. No support was put in place to facilitate contact with their daughter after she moved to Christine's brothers who lived a significant distance away. No post-removal services are available within Leeds, unless it is post adoption. This is currently under review and a post removal support approach is to be developed. It may have been possible to identify a significant professional relationship in another agency that could have provided support this may be a learning outcome for Children's Social Work Service.

### **The family's questions**

830. Christine's brother raised a number of questions that he wished to be considered as part of the review which are considered below.

#### Why the police had not prosecuted Ian Gordon in relation to repeated domestic violence incidents?

831. On several occasions, Christine withdrew her complaints against Ian. Although victim withdrawal should not prevent police action it can make it more difficult for the police to be able to sustain a charge without other evidence. As set out previously, in the weeks before Christine's death, the police tended to adopt an approach of arresting Ian, and sometimes Christine, for breach of the peace. This was a short-term approach that failed to address the escalating situation. There was a failure to understand and address who was the main perpetrator and provide support for Christine to end the relationship as she repeatedly said she wanted to do.
832. At the time, Domestic Violence Protection Notices (DVPN) and Orders (DVPO) were not available to West Yorkshire Police. These Orders effectively provide a victim with a temporary non-molestation/restraining order and give them a 'breathing space' in which to receive support and consider their situation without the presence of the perpetrator in the household. A key part of obtaining such an order is engagement with the victim by the police and others. West Yorkshire Police went 'live' with these on 2 June 2014. Had this legislation been available at the time it would have had obvious application to Christine's circumstances and provided that period of respite which might have enabled Christine to permanently end her relationship with Ian.

#### Why Christine was allowed to keep her daughter in the first place, only for her to be taken into care later?

833. The late referral to Children's Social Work Service made it difficult to plan for an effective intervention pre-birth. Although the initial approach was to try to support the parents to retain the care of their daughter, Children's Social Work Service acknowledge that Christine and Ian may have benefited from a more intense assessment and support package. Earlier assessment may have

resulted in Hope being removed at an earlier stage given the level of risks posed by their issues with problematic drug/alcohol use.

Why were Christine and Ian not allowed to see their daughter after she was permanently placed with members of the family?

834. In May 2012, Children's Social Care informed Christine and Ian that the local authority care plan was for no direct contact with Hope. Instead letterbox contact (exchange of cards and gifts) was proposed. This was due to Christine being verbally abusive to her brother and both Christine and Ian smelling of alcohol during contact visits and the nature of the contact being considered damaging for Hope. This proposal was subsequently confirmed. There is no record of work to consider how this would impact on the wider family. There is no record of a family group conference being held but this would now be standard practice.

What more could have been done to prevent the spread of heroin on the council estate where Christine grew up and how could drug prevention work be enhanced to try to stop people trying heroin and help them get off it sooner?

835. Most panel members and IMR authors were not able to comment on the spread of heroin use in the 1990s as they were not in post at the time. However West Yorkshire Police noted that the use of heroin grew considerably both nationally and in Leeds during that period. There was a lack of understanding of both the extent and dynamics of heroin use during the 1980s that hampered service provision. Awareness grew in both national and local agencies in the period that followed with more resources being dedicated to it. Police drugs teams operated on both a local east Leeds and also a countywide basis. Initially the emphasis of these teams was almost entirely on enforcement and prosecution and there was limited interagency cooperation. However, this culture changed over the course of the 1990s and the Crime and Disorder Act 1998 required agencies to cooperate to address issues such as drug misuse and gave them the structures and the tools to do so. Interagency work to address drugs misuse continues in the Leeds area. The provision of drug treatment services has recently been reviewed.



## Section Seven: CONCLUSIONS

### LESSONS TO BE LEARNT

836. The review covered a period of less than four years. During that time, Christine and Ian had more than 1500 contacts with services. By the end of that period, their only contact with their daughter was via letterbox and she was being monitored for foetal alcohol syndrome; Ian had taken several life-threatening overdoses; and Christine was dead. Nine months later, Ian was dead too, overdosing within weeks of being acquitted of killing Christine. This is not an agency success story.

837. A number of overarching issues emerge from the analysis:

- Agencies failed to recognise the degree of Ian's controlling and manipulative behaviour and to hold him to account for it. Domestic abuse was viewed as incidents of physical violence rather than as a pattern of controlling behaviour. No referral to domestic abuse services was made;
- The degree of risk that Ian posed to Christine was not recognised and assessed by most agencies. The only agency to conduct risk assessments was the police but the quality of assessment was often poor;
- No effective intervention was put in place to address the escalation of abuse in the weeks before Christine's death at a time when she was trying to end the relationship;
- Leeds Addiction Unit were aware of ongoing domestic abuse but did not seek to address it and how it interacted with Christine's ongoing drug and alcohol misuse. Women only residential services were requested by Christine but were not available;
- The late referral of Christine's pregnancy to Children's Social Work Service impeded an effective child protection response. An earlier referral would have been justified and enabled better planning;
- The Initial Child Protection Conference process identified domestic abuse, substance misuse and mental health issues. Substance misuse was seen as the main issue and there was a mistaken belief that the domestic abuse would be sorted out by addressing the substance misuse;
- Additional/alternative support was not in place as a result of the Initial Child Protection Conference to address substance misuse, relying instead on existing support which had not helped her to achieve abstinence over a period of many years;
- No post-removal support was put in place after Hope was taken into care and existing support was withdrawn as Christine was no longer eligible.

## **Contributory Factors and Root Causes**

838. The following contributory factors and root causes were identified:

- lack of recognition and understanding of Ian's controlling behaviour;
- a focus on dealing with substance misuse without addressing domestic abuse or underlying issues;
- risk assessments were generally poor and a MARAC referral was not considered when it should have been.

839. These issues have been considered above and are addressed within the recommendations in Section Nine below and the action plans attached at Appendix Three.

## **Section Eight: WAS THIS DEATH PREVENTABLE?**

840. As set out above, numerous agencies were aware of domestic abuse but failed to engage with it. No one referred Christine for specialist support. Both Ian and Christine's problematic drug and alcohol use appears to have affected perceptions of his controlling, manipulative and abusive behaviour.
841. In the weeks before Christine's death there was a clear escalation in abuse, reflected in repeated call outs of both police and ambulance services. This coincided with Christine's attempts to end her relationship with Ian and his refusal to accept that the relationship was over and to leave her flat. No effective action was taken to address this escalation, with an over-reliance by police on breach of peace powers and a referral to the anti-social behaviour unit rather than MARAC. Police and ambulance services did not share information so neither was aware of the full extent of the escalation.
842. The quality of risk assessments by West Yorkshire Police was generally poor. Had they been better, a referral to MARAC might have resulted, leading to multi-agency discussions that might have saved Christine's life.
843. As set out above, there were several points, where either agency could have done things differently themselves or where they could have supported Christine to understand the risk she was facing differently so that she could have made different decisions. On this basis, it is at least possible that the overall outcome might have been different and that Christine's' death could have been prevented.
844. The Panel wishes to express its condolences to the daughter, family members and friends of Christine. May she rest in peace.

## **Section Nine: RECOMMENDATIONS**

### **STRATEGIC RECOMMENDATIONS**

The following strategic recommendations have been identified:

#### ***1. Improving understanding of domestic abuse***

- The Safeguarding Children Board, Safeguarding Adults Boards and Safer Leeds Partnership will develop plans for skilling up workers to:
  - explore domestic abuse with service users;
  - recognise controlling and manipulative behaviour as domestic abuse;
  - understand when and how to undertake DASH risk assessments or refer victims to another agency who can conduct such an assessment;
  - understand when to make referrals and to who;
  - have confidence to undertake safety planning.
- The Safeguarding Children Board, Safeguarding Adults Boards and Safer Leeds Partnership will undertake a review of the use of anger management with perpetrators of domestic abuse.

#### ***2. Improving management of perpetrators***

- Safer Leeds will put in place a strategy for a co-ordinated approach to perpetrator and offender management.

#### ***3. Improving services to women with substance misuse issues***

- Leeds health agencies will put in place a strategy for delivering holistic services for women with substance misuse issues that address experiences of violence and abuse.

#### ***4. Improving assessment and risk assessment across agencies***

- The Safeguarding Children Board, Safeguarding Adult Board and Safer Leeds will extend the availability of training for front-line practitioners.

### **AGENCY RECOMMENDATIONS**

#### **Leeds Children's Social Work Service**

- Children's Social Work Service to review with drugs and alcohol agencies the thresholds for when a pregnancy should be referred for substance misusing parents.
- Children's Social Work Service should develop a service which supports parents who have their children removed through care proceedings.

#### **Leeds Community Health – Health Visiting**

None.

### **Leeds Community Health – York Street Practice GP and Drug Treatment Services**

- Feedback learning to team leaders at York St Health Practice – to include information sharing challenges & attendance at child protection meetings.
- Guidelines for urine screening for drugs & alcohol.
- Raise profile of Domestic Abuse; identification of risk factors; triggers; referral for support & referral to MARAC.

### **Leeds Floating Support**

None.

### **Leeds Housing**

None.

### **Leeds Teaching Hospitals NHS Trust**

- The antenatal guidelines in relation to the Domestic Violence Care Pathway should be reviewed in light of the findings of this individual management report. Consideration should be given to include a summary of factors which might indicate domestic violence and risk factors.
- LTHT to undertake a training needs analysis to identify staff requiring training on domestic abuse issues. This analysis should identify high priority specialties and pathways including Emergency Department and maternity Services. This will include types of abuse that are non-physical. It is to be ensured that this training links in with the National Institute for Clinical Excellence (NICE) guidelines on Domestic Abuse.
- Review the current PAS and Symphony Systems to determine whether it is possible and appropriate to include a Domestic Abuse alert flag.
- To explore how relevant clinical information held by mental health services such as a mental health assessments and risk assessments can be communicated to and recorded by LTHT.
- Recommend that the Emergency Department develop a Standard Operating Procedure to inform staff of the procedures when patients attend with cases of suspected and known domestic violence.
- To develop a system to enable to a link of relevant information about domestic abuse between relevant patient records such as family members where there is the same address.

### **Leeds and York Partnership NHS Trust**

- Develop a clear threshold within the Leeds Addiction Unit for safeguarding adult alert/referral.
- For Domestic violence (where any past or present incidents are known) to be routinely noted within the FACE risk document.

- Enhance the knowledge of Domestic Violence within specific Self Harm/Crisis Assessment Teams. That this aims to raise the profile of domestic violence (as related to both victim and perpetrator) in crisis assessments particularly where the individual is subject to repeated assessments over a period of time.
- Share the learning with team involved in this case.
- Leeds Addiction Unit should work with Children's Social Work Service to review the thresholds for when a pregnancy should be referred for substance misusing parents.

## **NHS England**

- General Practice Systems and Procedures
  - The GP practice to access information on Leeds Health Pathways to ensure practice response reflects domestic violence pathway; and ensuring referral information to appropriate agencies is available to those experiencing abuse and practice intervention follows identified guidance
  - Areas of practice relating to the role of the GP in bereavement support are enhanced; identifying links to depression and anxiety in the context of bereavement, coping strategies which can be defined as risk taking or self harming and increasing knowledge of referral sources for specialist services or local bereavement counselling.
  - Learning from the review process is shared to wider GP practices through training and West Yorkshire newsletter.
- Training
  - Evaluate training needs for GPs and ensure this meets professional requirements in relation to areas identified in the review
    - i. Domestic abuse
    - ii. Depression and self harm
    - iii. Bereavement and loss
- Routine and triggered enquiry
  - Safer Leeds to continue to support developments in routine enquiry through opportunities of training for GP clinical and non clinical staff
- Flagging records to indicate risk of domestic abuse
  - Evaluate and identify appropriate systems to identify and flag case notes where domestic abuse is a risk to ensure that any record of domestic abuse can be seen within the context of the whole patient record to evaluate if a wider pattern of repeated consultations for depression, or of any multiple problem, may be connected to the violence.
  - Ensuring a system is effective where adults do not have children under the age of 18
  - Ensuring there is a system of reevaluating risk and removing "flagged" alerts
  - Link to other objectives in Leeds plans to flag domestic abuse.

### **St Anne's Community Services**

- St Anne's community services require their own domestic violence policy and procedure. The policy will explain the need and the procedure will offer guidance and support for those dealing with clients who are suffering from domestic violence.
- For all agencies involved in the treatment and care of a patient/ client, to have access to a standardised passport/ document which includes details of the patients/clients past history and present circumstances. Such information would include, the patient/clients relationship status, their current living situation, family relationships/ history, potential risk factors in detail, details of any ongoing treatment and medical history.
- St Anne's Community Services should ensure that internal training is provided to our colleagues who work in services where domestic violence features. Guidance and ongoing support should also be given to colleagues in relation to domestic violence.
- St Anne's Community services will provide further support, guidance and training provided where applicable in relation to completing risk management plans within Alcohol services.

### **West Yorkshire Police**

- West Yorkshire Police to refresh guidance to staff about the use of powers to arrest for breach of the peace, emphasising the need to identify a substantive offence which can be accompanied by bail conditions;
- West Yorkshire Police to implement its refreshed guidance on the management of Medium and Standard incidents;
- West Yorkshire Police to introduce a formal induction training package for all new police staff entering the Safeguarding Unit as domestic abuse clerks and coordinators;
- West Yorkshire Police to review the requirements on staff to evidence that victim safety has been considered prior to the release of arrested persons where no charges are laid.

### **Yorkshire Ambulance Service**

- A bulletin will be placed in OU to remind staff that Police should be requested to attend 999 calls where children of substance misusing parents & carers are at significant risk from the event (e.g. needle stick injuries, cross-infection, ingestion / Overdose).
- A bulletin will be placed in OU to remind staff that Police presence on scene does not mitigate YAS staff responsibilities to signpost and make an onward referrals to other agencies.
- YAS will ensure the 3 staff that are currently non-compliant in safeguarding level 2 are update within 3 months.
- YAS will remind the local management teams of their responsibility for ensuring frontline staff are up to date with level 2 safeguarding training.

## **Appendix One - GLOSSARY**

**DASH-** Domestic Abuse Stalking and Harassment Risk Assessment Model

**MARAC** – Multi Agency Risk Assessment Conference, (MARACs) are multi-agency meetings, which has the safety of high risk victims of domestic abuse as its focus. It provides a forum for sharing information and taking action that will reduce harm.



## **Appendix Two: TERMS OF REFERENCE OF THE REVIEW**

### **Overarching aim**

The over-arching intention of this review is to increase safety for potential and actual victims by learning lessons from the death in order to change future practice. It will be conducted in an open and consultative fashion bearing in mind the need to retain confidentiality and not apportion blame. Agencies will seek to discover what they could do differently in the future and how they can work more effectively with other partners.

### **Principles of the Review**

1. Objective, independent & evidence-based
2. Guided by humanity, compassion and empathy, with the victim's voice at the heart of the process
3. Asking questions to prevent future harm, learn lessons and not blame individuals or organisations
4. Respecting equality and diversity
5. Openness and transparency whilst safeguarding confidential information where possible

### **Specific areas of enquiry**

The Review Panel (and by extension, IMR authors) will consider the following:

1. Each agency's involvement with the following family members between 1 January 2010 and the death of Christine Brooking on ■ September 2013:
  - a. Christine Brooking 11/07/79
  - b. Ian Gordon - 22/06/66
  - c. Hope Gordon – 22/02/11

It will seek to understand what decisions were taken and what actions were carried out, or not, and establish the reasons.

2. Whether, in relation to the family members, an improvement in any of the following might have led to a different outcome for Christine Brooking:
  - a. Communication between services
  - b. Information sharing between services with regard to both domestic violence and to the safeguarding of children
  - c. The support available in relation to drug and alcohol misuse and domestic violence.
3. Whether the work undertaken by services in this case was consistent with each organisation's:
  - a. Professional standards
  - b. Domestic violence policy, procedures and protocols, including MARAC

- c. Safeguarding children policy, procedures and protocols
  - d. Safeguarding adults policy, procedures and protocols
4. The response of the relevant agencies to any referrals relating to Christine Brooking, Ian Gordon or Hope Gordon concerning domestic violence, drug or alcohol misuse or other significant harm from 01/01/10. In particular, the following areas will be explored:
    - a. Identification of the key opportunities for assessment, decision-making and effective intervention from the point of any first contact onwards
    - b. Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective
    - c. Whether appropriate services were offered/provided and/or relevant enquiries made in the light of any assessments made
    - d. The quality of the risk assessments undertaken by each agency in respect of Christine Brooking, Ian Gordon and Hope Gordon.
  5. Whether adult-focused services ensured that the welfare of any children was promoted and safeguarded and vice-versa.
  6. How services provided to Christine Brooking or Ian Gordon in relation to drug and alcohol misuse addressed their needs in relation to domestic violence (as victim and alleged perpetrator respectively).
  7. Whether responses in relation to domestic violence in this case were affected by Christine Brooking and Ian Gordon's (mis)use of drug and alcohol.
  8. Whether thresholds for intervention were appropriately set and correctly applied in this case.
  9. Whether practices by all agencies were sensitive to the gender, age, disability, ethnic, cultural, linguistic and religious identity of the respective family members and whether any special needs on the part of either of the parents or the child were explored, shared appropriately and recorded.
  10. Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and in a timely manner.
  11. Whether the impact of organisational change over the period covered by the review had been communicated well enough between partners and whether that impacted in any way on partnership agencies' ability to respond effectively.

### **Child's Element of the Domestic Homicide Review**

The Review Panel (and by extension, IMR authors) will also consider the following:

12. Whether there is any learning from this case in relation to Hope which would improve safeguarding practice in relation to domestic violence and its impact on children, particularly in the areas of:

- (a) communication
- (b) information sharing
- (c) risk assessment

13. The support available to Christine Brooking and Ian Gordon to:

- (a) reduce the risk that their daughter would be removed from their care
- (b) deal with the impact once she was removed from their care

### Panel Membership

Name	Organisation
Hilary McCollum	Independent Chair and Report writer
Adele Penfold	Children's Social Work Services
Michelle De Souza	Domestic violence team, Leeds City Council
Lindsay Britton	Leeds and York Partnership NHS Foundation Trust (Psychiatric services & Leeds Addiction Unit)
Harvinder Saimbhi	Leeds Anti-Social Behaviour Team
Susan Lines	Leeds Community Healthcare NHS Trust
Louise Tyne	Leeds Domestic Violence Service
Allyson Parker-Smith	Leeds Teaching Hospitals Trust
Luke Turnbull	NHS England / Leeds Clinical Commissioning Groups
Lisa Parker	Probation Service
Emma Mortimer	Safeguarding Adult Partnership Unit
Jo Denning	St Anne's Community Services
Rob McCartney	Strategic Housing
DI Paul Savage	West Yorkshire Police

Name	Organisation
DCI Lisa Atkinson	West Yorkshire Police Safeguarding
David Blain	Yorkshire Ambulance Service

### **Family involvement and Confidentiality**

The review will seek to involve the family of both the victim and the alleged perpetrator in the review process, taking account of who the family wish to have involved as lead members and to identify other people they think relevant to the review process.

We will seek to agree a communication strategy that keeps the families informed, if they so wish, throughout the process. We will be sensitive to their wishes, their need for support and any existing arrangements that are in place to do this.

We will identify the timescale and process and ensure that the family is able to respond to this review endeavouring to avoid duplication of effort and without undue pressure.

### **Disclosure & Confidentiality**

- Confidentiality should be maintained by organisations whilst undertaking their IMR. However, the achievement of confidentiality and transparency must be balanced against the legal requirements surrounding disclosure.
- The independent chair, on receipt of an IMR, may wish to review an organisation's case records and internal reports personally, or meet with review participants.
- The criminal investigation and trial have been concluded.
- Any lessons learned will be taken forward immediately and not wait for the completion and publication of the Overview Report.
- Individuals will be granted anonymity within the Overview Report and Executive Summary and will be referred to by an alias or by initials.
- Where consent to share information is not forthcoming, agencies should consider whether the information can be disclosed in the public interest.

### **IMRs and Chronologies**

Advice on how to complete IMRs and Chronologies will be issued as necessary to IMR authors by Safer Leeds.

Following the first meeting, Review Panel members will take steps to ensure that their agency's IMR and chronology are completed within agreed timescales. Organisations will commit adequate resources to ensure this happens.

Review Panel members will read all the circulated management reports and chronologies prior to the panel meetings and will consider whether any additional information may be required and whether the findings and recommendations are appropriate.

### **Timescales**

The period under review is 1 January 2010 to ■ September 2013.

The review began on 25 April 2014. The aim is to conclude the review within six months. The criminal trial concluded in May 2014.

### **Parallel Investigations**

Everyone involved in the Domestic Homicide Review process should be mindful of not jeopardising any criminal proceedings.

Any misconduct issues arising during this review will be addressed by the individual agency to ascertain what action, if any, is required. If an IMR author finds information, which indicates malpractice or significant errors of, judgment or practice there is a duty to share this through the appropriate channels.

### **Media strategy**

Any media enquiries should be referred to Safer Leeds.

## Appendix Three – ACTION PLANS

### Strategic recommendations

Strategic Recommendation	Action	Lead	Target date	Evidence of outcome	Date completed
<p><b><i>Improving understanding of domestic abuse</i></b></p> <p>The Safeguarding Children Board, Safeguarding Adults Boards and Safer Leeds Partnership will develop plans for skilling up workers to:</p> <ul style="list-style-type: none"> <li>• explore domestic abuse with service users;</li> <li>• recognise controlling and manipulative behaviour as domestic abuse;</li> <li>• understand when and how to undertake DASH risk assessments or refer victims to another agency who can conduct</li> </ul>					<p>March 2016 (ongoing for foreseeable future)</p>

Strategic Recommendation	Action	Lead	Target date	Evidence of outcome	Date completed
such an assessment; • understand when to make referrals and to who; • have confidence to undertake safety planning.					
The Safeguarding Children Board, Safeguarding Adults Boards and Safer Leeds Partnership will undertake a review of the use of anger management with perpetrators of domestic abuse.					
<b>Improving management of perpetrators</b>  Safer Leeds will put in place a strategy for a co-ordinated approach to perpetrator and					September 2015

Strategic Recommendation	Action	Lead	Target date	Evidence of outcome	Date completed
offender management.					
<p><b><i>Improving services to women with substance misuse issues</i></b></p> <p>Leeds health agencies will put in place a strategy for delivering holistic services for women with substance misuse issues that address experiences of violence and abuse.</p>					July 2015
<p><b><i>Improving assessment and risk assessment across agencies</i></b></p> <p>The Safeguarding Children Board, Safeguarding Adult Board and Safer Leeds will extend the availability of</p>					December 2015



Strategic Recommendation	Action	Lead	Target date	Evidence of outcome	Date completed
training for front-line practitioners.					

### Leeds Children's Social Work Service

Recommendation	Action	Lead	Target date	Evidence of outcome	Date completed
Children's Services should explore the establishment of post removal support services for parents who have had their babies removed from their care.	Children's Services should explore the establishment of post removal support services for parents who have had their babies removed from their care.	Chief Officer for Children's Social Work	Sep-15		Progressing

### Leeds Community Healthcare - York Street Practice

Recommendation	Action	Lead	Target date	Milestones	Date completed
Feedback learning to team leaders at York St Health Practice – to include information	Liaise with head of service to agree best way to	██████████ – Named Nurse	March 2015	Arrange initial meeting with head of service – September 2014. Regular support and supervision provided for practitioners at York Street.	May 2015  August 2016 outcome reviewed with

Recommendation	Action	Lead	Target date	Milestones	Date completed
sharing challenges & attendance at child protection meetings	achieve.				York Street Practice Complete 2016
Guidelines for urine screening for drugs & alcohol	Find out what is currently used & if revision is required	██████████ – Named Nurse  Clinical lead for specialist services	June 2015	Ascertain what current guidelines staff should be following & progress from there	August 2016 outcome reviewed with York Street Practice  Complete 2016
Raise profile of Domestic Abuse; identification of risk factors; triggers; referral for support & referral to MARAC	Review NICE guidance for Domestic Violence  Develop One Minute Guide  Add additional information to safeguarding training packages  Raise awareness about 'think family, work family'	██████████ – Named Nurse  ██████████ – Named Nurse	Jan-March 2015  Feb 2015  June 2015	Make recommendations for training – (multi-agency training to be offered by Leeds City Council)  Send OMG to every clinical practitioner  Health staff at York Street Practice to attend DV training	Progress will be monitored through Safeguarding Committee  August 2016 outcomes reviewed: NICE guidance review complete no further actions for LCH identified  OMG available to all staff via Children Leeds

Recommendation	Action	Lead	Target date	Milestones	Date completed
					<p>website  <a href="http://www.leeds.gov.uk/docs/20-Domestic%20Violence-January_2014.pdf">http://www.leeds.gov.uk/docs/20-Domestic%20Violence-January_2014.pdf</a></p> <p>Think Family disseminated to staff via bespoke training, lunch and learn and via LSCB  <a href="http://www.leeds.lscb.org.uk/Practitioners/Local-protocols/Think-Family-Intro">http://www.leeds.lscb.org.uk/Practitioners/Local-protocols/Think-Family-Intro</a></p> <p>Complete 2016</p>

**Leeds Teaching Hospitals Trust**

Recommendation	Action	Lead	Target Date	Milestone	Date of completion
<p>Review the domestic violence pathway</p> <ul style="list-style-type: none"> <li>Leeds Teaching Hospitals NHS Trust will develop a plan for implementing the NICE guidance (LGB20), Domestic Violence and Abuse, how services can respond effectively</li> </ul>	<p>LTHT will review current processes and Trust pathways in respect of Domestic Violence and abuse in the organisation, by considering and posing key questions and challenge against the key areas within the NICE guidance.</p>	<p>Head of Safeguarding- [REDACTED]</p>	<p>September 2015.</p>	<p>A comprehensive action plan will be produced this will enable LTHT to identify and respond to domestic violence and abuse in LTHT and allow governance and monitoring of areas that will required dedicated focus.</p>	
<p>LTHT to consider developing training needs analysis on domestic violence issues, prioritising this review of current arrangements and pathways in high volume patient areas.</p>	<p>Training Needs Analysis to be progressed and completed by the new Head of Safeguarding</p>	<p>Head of Safeguarding- [REDACTED]</p>	<p>September 2015.</p>	<p>Training Needs analysis available and presented at Trust Wide committee. Training Needs Analysis plan embedded into Organisational Learning training programme.</p>	
<p>Review current patient recording</p>	<p>Discussion with IT in relation to</p>	<p>Previous Head of safeguarding [REDACTED]</p>	<p>Completed 2014</p>	<p>Recorded as completed by previous Head of</p>	<p>Completed</p>

Recommendation	Action	Lead	Target Date	Milestone	Date of completion
systems to determine whether it is possible and appropriate to include a Domestic Abuse alert flag.	identifying different patient information systems.	██████████		safeguarding ██████████.	
LTHT to explore how relevant clinical information held by mental health services such a mental health assessments and risk assessments can be communicated to and recorded by LTHT	The new Head of Safeguarding to agree a process for recording relevant information on LTHT clinical records that relate to risk of domestic violence, harm to self and others.	Head of Safeguarding- ██████████	September 2015.	Trust Process for documentation and recording of risk agreed and presented at Trust Wide committee in October 2015.	
Emergency Department to develop a Standard Operating Procedure to inform staff of the procedures when patients attend ED with cases of suspected and known domestic	The new Head of Safeguarding to determine the status on this action.	Head of Safeguarding- ██████████	September 2015	Production of Standard Operating Procedure available on LTHT Trust intranet.	

Recommendation	Action	Lead	Target Date	Milestone	Date of completion
violence.					
LTHT to develop a system to enable to a link of relevant information about domestic abuse between relevant patient records such as family members where there is the same address	The new Head of Safeguarding is currently working with lead nurse for informatics to identify a system within LTHT that will enable this action and provide a platform to identify the relevant information and risk.	Head of Safeguarding- [REDACTED]	March 2016	Initial meeting has been held with Head of Safeguarding and Head nurse in Informatics on 30th June 2015. A current electronic system has been identified. A plan will now be developed and work stream, time scales identified. Monitoring of this action will form a formal Quarterly update through LTHT governance and reporting mechanisms, as this action is on LTHT risk register and is identified as a priority area of work in safeguarding and LTHT information systems.	

#### Leeds & York Partnership NHS Foundation Trust

Recommendation	Action	Lead	Target date	Evidence of outcome	Date completed
Develop a clear threshold within	Review arrangements for	[REDACTED] Assistant Director	30 Sep 2014	Safeguarding alerts from the LAU can be reviewed	June 15

Recommendation	Action	Lead	Target date	Evidence of outcome	Date completed
the Leeds Addiction Unit for safeguarding adult alert/referral.	providing safeguarding adult advice to the LAU service. Meet with LAU CTM to discuss safeguarding attendance at meetings and offer of direct supervision in high risk cases.			on the Safeguarding Data Base at the end of the reporting period 2014/15. This will show any change in reporting from the previous period.	
For Domestic violence (where any past or present incidents are known) to be routinely noted within the FACE risk document.	Discuss with Risk Assessment Strategy working group. Ensure Domestic violence issues are covered in the Risk Assessment training provided in the LYPFT.	██████████ Deputy Safeguarding Lead LYPFT	30 Oct 2014	All staff will have completed the Risk training and have therefore been made aware of the recommendation. To consider including the presence of domestic violence in any future audit of FACE Risk/Risk Assessment.	30 Oct 14
Enhance the knowledge of Domestic Violence within specific Self Harm/Crisis Assessment Teams. That this aims to raise the profile of domestic violence (as related to both	Organise a training/briefing session facilitated by LDVS to attend Crisis Assessment team meeting.	██████████ Deputy Safeguarding Lead LYPFT	August 15	Crisis Assessment team to have attended the briefing session.	July 15

Recommendation	Action	Lead	Target date	Evidence of outcome	Date completed
victim and perpetrator) in crisis assessments particularly where the individual is subject to repeated assessments over a period of time.					
Share the learning with team involved in this case.	Share report with team involved and attend team meeting to provide a briefing.		Sept 15	Team have access to learning.	Sept 15
Leeds Addiction Unit should work with Children's Social Work Service to review the thresholds for when a pregnancy should be referred for substance misusing parents.	Meet with CSW to develop thresholds for safeguarding review pregnancy and addictions. Identify key agencies and roles to complete the action.		TBC	Pathway/guidance in place for LAU and addiction staff.	

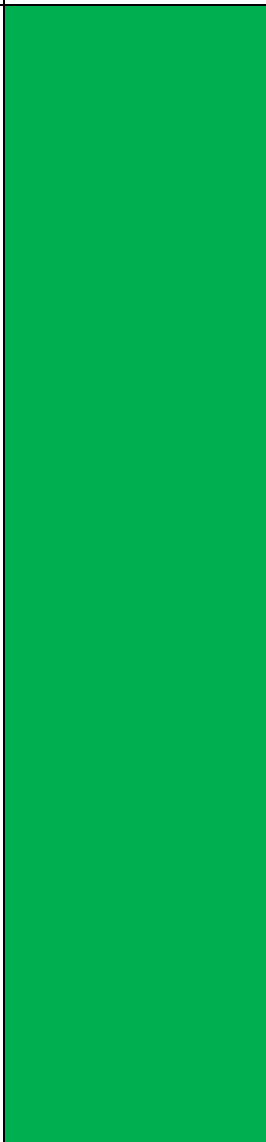
### NHS England

Recommendation	Action	Lead	Target Date	Progress	Date of Completion & outcome
<u>General Practice Systems and</u>	Identified policies and protocols are	NHS England and Leeds CCGs	Complete April 2015	Informed during Target sessions and GP training	



Recommendation	Action	Lead	Target Date	Progress	Date of Completion & outcome
<p><u>Procedures</u> The GP practice to access information on Leeds Health Pathways to ensure practice response reflects domestic violence pathway; and ensuring referral information to appropriate agencies is available to those experiencing abuse and practice intervention follows identified guidance</p> <p>Areas of practice relating to the role of the GP in bereavement support are enhanced; identifying links to depression and anxiety in the context of bereavement,</p>	<p>known to members of the Primary Care Team who can access these documents whenever required</p> <p>Training is in place to support delivery and improve practice</p> <p>Referral sources for specialist services supporting domestic abuse, depression and self harm, bereavement and loss are available in the GP practice</p> <p>The GP practice meets the standards</p>		<p>Oct 2015</p>	<p>of LHP, MoM Safeguarding adults template will also provide pathway details. When “front door” procedures are finalised these will be communicated to GP practices</p> <p>Target training in April 2015. Regular GP safeguarding training includes DV. DV is included in safeguarding newsletter.</p> <p>To discuss with practice when we meet</p> <p>To discuss with practice when we meet</p>	

Recommendation	Action	Lead	Target Date	Progress	Date of Completion & outcome
<p>coping strategies which can be defined as risk taking or self harming and increasing knowledge of referral sources for specialist services or local bereavement counselling</p> <p>Learning from the review process is shared to wider GP practices through training and West Yorkshire newsletter</p>	<p>identified by NICE: PH50 (2014) and CAADA and IRIS in "Responding to domestic abuse": Guidance for general practice (2012)</p> <p>The practice meets current NICE clinical guidance standards for depression and self harm</p> <p>To be included in newsletter summer 2015</p>		Sept 2015	To discuss with practice when we meet	
<p><u>Training</u> Evaluate training needs for GPs and ensure this meets professional</p>	<p>Access and evaluation of practice based training delivered by local specialist</p>	<p>Safer Leeds DV team</p>	<p>Aug 2015</p>	<p>Feedback sheet distributed at Target training in April 2015 – waiting for result to be analysed by SLP DV team. This included GPs,</p>	

Recommendation	Action	Lead	Target Date	Progress	Date of Completion & outcome
<p>requirements in relation to areas identified in the review</p>	<p>- domestic abuse service. Domestic abuse training is available for GP clinical and non clinical staff to promote recognising the signs of domestic abuse; how to enquire safely and sensitively, the importance of confidentiality, practical application of routine enquiry, and the practice response to disclosure and role in MARAC</p> <p>- CCGs to explore options for including domestic violence training requirements in contracts</p> <p>Access is provided to the Royal College of General</p>	<p>NHS England; Leeds CCGs</p>	<p>April 2016</p> <p>April 2015</p>	<p>Practice Nurses and healthcare support workers. Domestic abuse training for non clinical staff in GP practices can be accessed through e-learning. The CCG is no longer able to provide face to face training for non professionals in GP practices.</p> <p>CCGs do not currently hold contracts with GP practices. This action will be considered when Co-commissioning begins</p> <p>This has been published in the NHSE local newsletter (March 2015) and CCG</p>	

Recommendation	Action	Lead	Target Date	Progress	Date of Completion & outcome
	<p>Practitioners e-learning module for domestic abuse (elearning.rcgp.org.uk)</p> <p>Access and evaluation of practice based training delivered by specialist mental health services focused on the delivery of support for patients with depression and/or at risk of self harm</p> <p>-</p> <p>Access and evaluation of practice based training delivered by specialist providers and those providing bereavement support</p>		Dec 2015	<p>newsletter (Winter 2014) to GP practices.</p> <p>Liaison with CCG mental health commissioning colleagues to find out feasibility of the recommendation.</p> <p>Liaison with CCG mental health commissioning colleagues to find out feasibility of the recommendation</p>	
<p><u>Routine and triggered enquiry</u></p> <p>Safer Leeds to</p>	<p>Evaluate and respond to findings from dip sample evaluation (DV</p>	<p>Leeds CCG Safer Leeds</p>	<p>July 2015</p>	<p>Routine enquiry pilot is due to start shortly with small number of GP practices.</p>	

Recommendation	Action	Lead	Target Date	Progress	Date of Completion & outcome
continue to support developments in routine enquiry through opportunities of training for GP clinical and non clinical staff	action plan 2013) Deliver training to primary care service				
<p><u>Flagging records to indicate risk of domestic abuse</u></p> <p>Evaluate and identify appropriate systems to identify and flag case notes where domestic abuse is a risk to ensure that any record of domestic abuse can be seen within the context of the whole patient record to evaluate if a wider pattern of repeated consultations for depression, or of any multiple</p>		NHS England and Leeds CCGs	Sept 2015	A template is currently in draft which will encompass this recommendation. A small number of practices have been recruited to take part in the trial of the template. Once the trial is complete this will be rolled out to other practices.	

Recommendation	Action	Lead	Target Date	Progress	Date of Completion & outcome
<p>problem, may be connected to the violence.</p> <p>Ensuring a system is effective where adults do not have children under the age of 18</p> <p>Ensuring there is a system of re-evaluating risk and removing "flagged" alerts</p> <p>Link to other objectives in Leeds plans to flag domestic abuse</p>				<p>Incorporated into the system</p> <p>Incorporated into the system</p>	

### St Anne's Community Healthcare

Recommendation	Action	Lead	Target date	Evidence of Outcome	Date completed
St Anne's community	The policy requires further amendments	Director, St Anne's Community Services	July 1 <sup>st</sup> 2015	St Anne's SMT minute 15/43 evidence the policy	April 2016.

Recommendation	Action	Lead	Target date	Evidence of Outcome	Date completed
<p>services require their own domestic violence policy and procedure. The policy will explain the need and the procedure will offer guidance and support for those dealing with clients who are suffering from domestic violence.</p>	<p>incorporating elements of the Care Act. The policy will be ready for launch alongside the procedures in readiness for the new substance service on July 1st</p>			<p>acceptance and notes amendments are needed</p> <p>Attached with this is the domestic violence policy</p>	
<p>For all agencies involved in the treatment and care of a patient/ client, to have access to a standardised passport / document which includes details of the patients/clients past history and present circumstances. Such information would include, the patient/clients relationship status, their current living</p>	<p>Passport information is currently been developed along with consent and assessment materials</p>	<p>Director, St Anne's Community Services</p>		<p>All agencies now using system 1. This enables everyone to be aware of client's history and any current issues, risks treatment etc. It was felt that this was a better way of sharing information</p>	<p>July 2015</p>

Recommendation	Action	Lead	Target date	Evidence of Outcome	Date completed
situation, family relationships/ history, potential risk factors in detail , details of any on-going treatment and medical history					
St Anne's Community Services should ensure that internal training is provided to our colleagues who work in services where domestic violence features. Guidance and on-going support should also be given to colleagues in relation to domestic violence	Staff working within these services have all accessed level 1 training and will once the policy is signed off access level 2	Director, St Anne's Community Services		Evidence can be provided of this	September 2016
St Anne's Community services will provide further support, guidance	This has been actioned for staff in Alcohol services	Director, St Anne's Community Services		DAASH risk assessment training has been completed	September 2016



Recommendation	Action	Lead	Target date	Evidence of Outcome	Date completed
and training provided where applicable in relation to completing risk management plans within Alcohol services					

## West Yorkshire Police

West Yorkshire Police to refresh guidance to staff about the use of powers to arrest for breach of the peace, emphasising the need to identify a substantive offence which can be accompanied by bail conditions;	Review and update policy. Communicate policy changes to staff. Review use of breach of the peace arrests.	Safeguarding Delivery Manager	01/09/2015	Briefing item circulated to all 20/03/14 re use of breach of peace arrests and policy amended to provide clearer guidance; <sup>50</sup>	22/07/2015
West Yorkshire Police to implement its refreshed guidance on the management of Medium and Standard incidents;	Updated guidance to be written included in policy and briefed to staff.	Safeguarding Delivery Manager	01/12/2014	Updated guidance written including standards of interventions for victims. Guidance included in policy and circulated to staff for implementation.	01/03/2015

<sup>50</sup> The use of arrest for breach of the peace has consistently decreased in the past four years, figures for the % of all incidents recorded as breach of the peace being: 12/13- 9.6%; 13/14: 6.6%; 14/15: 5.7%; with the figure for June 2015 4.4%. At the same time the number of incidents recorded as violent crime and criminal damage has increased from 12/13- 29.2%; 13/14- 29.7%; 14/15 34.4% and June 15 37.8%. This indicates a reducing use of breach of the peace powers and an increasing use of substantive criminal offences, indicating that this action has been met.

<p>West Yorkshire Police to introduce a formal induction training package for all new police staff entering the Safeguarding Unit as domestic abuse clerks and coordinators;</p>	<p>Preparation of training package; Distribution and briefing to SGU supervisors</p>	<p>Safeguarding Delivery Manager</p>	<p>01/12/2014</p>	<p>Leeds Procedures domestic abuse guidance was completed by Leeds SGU DI October 2013 and circulated to staff at the end of 2013. This document is to be used as a self-brief induction for new staff to the Unit. In April 2015 the Force initiated a series of courses for all SGU staff entitled 'Safeguarding Everyone's Business'. This is attended by SGU coordinator and clerical staff and includes domestic abuse training. This course will run throughout 2015.</p>	<p>01/12/2014</p>
<p>West Yorkshire Police to review the requirements on staff to evidence that victim safety has been considered prior to the release of arrested persons where no charges are laid.</p>	<p>Review of current custody processes and opportunity for amendment to Niche custody model.</p>	<p>Safeguarding Delivery Manager</p>	<p>01/06/2015</p>	<p>Niche custody database amended to include facility to record that victim welfare considered prior to release. Staff briefed by intranet on 20/02/15. Policy explicit about need to address victim safety before suspect released from custody.</p>	<p>20/02/2015</p>

## Yorkshire Ambulance Service

Recommendation	Action	Lead	Target date	Milestones	Date of completion and outcome
A bulletin will be placed in OU to remind staff that Police should be requested to attend 999 calls where children of substance misusing parents & carers are at significant risk from the event (e.g. needle stick injuries, cross-infection, ingestion / Overdose.	Named Professional for Safeguarding Children to write the reminder & send to Corporate Communication Team to publish	Head of Safeguarding	Within 3 months		Article included in Operational Update 15 <sup>th</sup> August 2014 – Issue 395
A bulletin will be placed in OU to remind staff that Police presence on scene does not mitigate YAS staff responsibilities to signpost and make an onward referrals to other agencies	Named Professional for Safeguarding Children to write the reminder & send to Corporate Communication Team to publish	Head of Safeguarding	Within 3 months		Article included in Operational Update of 15 <sup>th</sup> August 2014 – Issue 395

Recommendation	Action	Lead	Target date	Milestones	Date of completion and outcome
YAS will ensure the 3 staff that are currently non-compliant in safeguarding level 2 are update within 3 months.	Named Professional for Safeguarding Children will write to the Clinical Manager responsible for the 3 staff and request they ensure their staff complete their safeguarding level 2 training within 3 months.	Head of Safeguarding	Within 3 months		Email sent to Clinical Manager responsible for staff who are non-compliant – 23/06/14 & reply email received by Safeguarding confirming all 3 staff are compliant on 28/10/14
YAS will remind the local management teams of their responsibility for ensuring frontline staff are up to date with level 2 safeguarding training.	Named Professional for Safeguarding Children to write the local management team reminding them of their responsibilities to ensure all frontline staff are up to date with level 2 safeguarding training.	Head of Safeguarding	Within 3 months		Email sent to local management team on 23/06/14 & reminder on 28/0/14



Home Office

Public Protection Unit  
2 Marsham Street  
London  
SW1P 4DF

T: 020 7035 4848  
[www.gov.uk/homeoffice](http://www.gov.uk/homeoffice)

██████████  
Domestic Homicide Reviews Senior Officer  
Domestic Violence Team  
Safer Leeds  
2 Great George Street  
Leeds LS2 8BA

27 July 2017

Dear Mr ██████████,

Thank you for submitting the Domestic Homicide Review report for Leeds to the Home Office Quality Assurance (QA) Panel. The report was considered at the QA Panel meeting on 20 June 2017.

The QA Panel would like to thank you for conducting this review and for providing them with the final report. The Panel concluded this was a good report which is sensitively framed and which has been enhanced by the contribution of the family. The Panel particularly commended the Community Safety Panel's decision to continue with the review despite the not guilty verdict of the court. Some important lessons have been identified concerning incidents of domestic abuse in the period before the deceased passed away.

There were, however, some aspects of the report which the Panel felt could benefit from further analysis or be revised which you will wish to consider:

- The Panel felt the report may benefit from being made more concise by drawing out the pertinent facts of the case;
- You may wish to review the actions in the report to ensure they have all been reflected in the action plan;

- The Panel queried whether the detailed medical history of the baby set out in the report, e.g. paragraph 210, was relevant or necessary;
- You may wish to consider whether the issues identified in relation to the health visitor and also to housing should translate into recommendations to address the findings;
- There is a discrepancy in the review's conclusion date set out on the front of the report compared to the dates given in paragraphs 42 and 43.

The Panel does not need to review another version of the report, but I would be grateful if you could include our letter as an appendix to the report. I would be grateful if you could email us at [DHREnquiries@homeoffice.gsi.gov.uk](mailto:DHREnquiries@homeoffice.gsi.gov.uk) and provide us with the URL to the report when it is published.

The QA Panel felt it would be helpful to routinely sight Police and Crime Commissioners on DHRs in their local area. I am, accordingly, copying this letter to your PCC for information.

Should you wish to discuss any aspect of this feedback, please do not hesitate to get in touch with [REDACTED] (020 7035 1565) or [REDACTED] (020 7035 3546) who will arrange a mutually convenient time for us to speak.

Yours sincerely

**Christian Papaleontiou**  
Chair of the Home Office DHR Quality Assurance Panel

Christian Papaleontiou  
Public Protection Unit  
2 Marsham Street  
London  
SW1P 4DF

Safer Leeds Partnership  
3<sup>rd</sup> Floor, One Stop Centre  
Leeds City Council  
2 Great George Street  
Leeds  
LS2 8BA

Contact: [REDACTED]  
Tel: [REDACTED]

Date: 29 September 2017

Dear Mr Papaleontiou

## **Leeds Domestic Homicide Review 'E'**

Thank you for your letter dated 27 July 2017 detailing feedback from the Home Office Quality Assurance (QA) Panel. I can confirm that your letter and this response will be included as an appendix to the published DHR 'E' Overview Report.

We have considered the issues raised by the QA Panel and our responses are detailed below.

- *The Panel felt the report may benefit from being made more concise by drawing out the pertinent facts of the case.*

The Independent Chair/Report Author is no longer engaged in this area of work and, whilst we acknowledge the QA Panel's observation, we feel it would be inappropriate for the CSP to change the report when it bears the author's name. This is unlikely to reoccur in future reports as the CSP have a contractual agreement with Independent Chairs/Report Authors to address any issues raised by the QA Panel.

- *You may wish to review the actions in the report to ensure they have all been reflected in the action plan.*

We have reviewed all references to actions in the report and have identified one issue which refers to an action that Leeds Addiction Unit (LAU) should work with Children's Social Work Service to review the thresholds for when a pregnancy should be referred for substance misusing parents. It was listed within the action plan for LYPFT (commissioners of LAU) though not CSWS. However, the two agencies have collaborated as suggested and this action has been completed.



- *The panel queried whether the detailed medical history of the baby set out in the report, e.g. paragraph 210, was relevant or necessary.*

It is the practice of the CSP to provide the QA Panel with an unredacted version in order that they have a clear and comprehensive understanding of all the circumstances of each review. We have anonymised and redacted the report with sensitivity prior to publication.

- *You may wish to consider whether the issues identified in relation to the health visitor and also to housing should translate into recommendations to address the findings.*

Issues relating to health visitors and housing are addressed within the report in paragraphs 541-553 and 661 – 673 respectively. Both organisations are undergoing training sessions as part of their ambition to achieve the Leeds Domestic Violence Quality Mark, which we consider sufficient to address the issues identified within the report.

- *There is a discrepancy in the review's conclusion date set out on the front of the report compared to the dates given in paragraphs 42 and 43.*

The discrepancy has been addressed to reflect the date the report was submitted to the QA Panel.

As soon as the report is published I will email you the URL.

Thank you again for your observations and suggestions.

Yours sincerely

  
Safer Leeds Domestic Violence Team