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REPORT INTO THE DEATH OF 'Henry'

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PREFACE

This Domestic Homicide Review (DHR) was carried out following the death of 'Henry' in December 2014. This was the eighth statutory homicide review carried out in Newcastle. It was carried out in accordance with the Home Office guidance and section 9 (3) of the Domestic Violence Crime and Victims Act 2004.

We would like to convey our profound sympathy to the family and friends of Henry and assure them that in undertaking this review we are seeking to learn lessons from this tragedy, and to improve the response of agencies in cases of domestic violence.

We would also like to express gratitude to Safe Newcastle and all those who have given of their time and co-operation through this review process as Review Panel members, Individual Management Review (IMR) authors, and staff members of participating agencies who were interviewed as part of the preparation of IMRs.

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1. INTRODUCTION

1.1 Background to the Review

1.1.1 This review relates to the homicide of ‘Henry’ (aged 71) at his home in December 2014. Following his death, Northumbria Police commenced an investigation and his son Graham (aged 45) was charged with his murder. Due to the nature of the homicide, having been committed by the victim’s son, the case met the criteria for a statutory Domestic Homicide Review.

1.1.1 This report of a Domestic Homicide Review (DHR) examines agency responses and support given to Henry prior to the point of his death, as well as agency contact with Graham.

1.2 Purpose of the Review

1.2.1 The purpose of a Domestic Homicide Review, as set out in the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews, is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is to change as a result.
- Apply these lessons to service responses including changes to policies and procedures as appropriate; and
- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter agency working.

1.2.2 DHRs are not inquiries into how the victim died or who is culpable; this is a matter for the criminal courts.

1.2.3 DHRs are not specifically part of any disciplinary enquiry or process. Where information emerges in the course of a DHR indicating that disciplinary action would be initiated, the established agency disciplinary procedures would be undertaken separate to the DHR process. Alternatively, some DHRs may be conducted concurrently, but separately to, disciplinary action.

1.2.4 As far as is possible, DHRs should be conducted in such a way that the process is seen as a learning exercise and not as a way of apportioning blame.

1.2.5 The rationale for the review process is to ensure agencies are responding appropriately to victims of domestic violence by offering and putting in place appropriate support mechanisms, procedures, resources and interventions

with an aim to avoid future incidents of domestic homicide and violence.

- 1.2.6 The review also assesses whether agencies have sufficient and robust procedures and protocols in place, which are understood and adhered to by their staff.

1.3 Terms of Reference

- 1.3.1 The specific terms of reference agreed for this review were:

- Was there any history or indicators of abuse by Graham towards his father, or towards others, including his mother or his ex-partner?
- Was there any history or indicators of abuse within the family in general, including any elements of coercive control?
- Consider any relevant historical information dating from the birth of the perpetrator that assists in considering the nature and extent of any endemic abuse within the family home that may have contributed to the dynamics and context in which the murder occurred.
- Where there were incidents of abuse involving Henry, consider whether the gender of the victim, or the circumstances of it being familial abuse, impacted up the response including the assessment of risk and/or actions taken.
- Were there any concerns relating to substance use or mental health issues (including self-harm) in the case of either the victim or alleged perpetrator? Were these acted upon appropriately? In what way may these have impacted in relation to any domestic abuse, or the responses by agencies? *Consider if the interplay between domestic violence or abuse, substance use and/or mental health issues, may have led to any 'narrowing of focus' and the failure to explore other issues.*

In addition to the above, IMR authors were asked to give consideration to the questions included within Appendix 1 of the Home Office's Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews.

- 1.3.2 The Panel agreed that the primary time period over which events should be reviewed should be from 01/01/02 to the day of the homicide; this extended time period was due to the complex family background. In addition, due to issues identified within the initial chronology, it was agreed that IMRs should also summarise and address any **relevant and significant** events dating back to Graham's birth. These are events that were felt to provide context to the homicide, the risk posed by the alleged perpetrator, the vulnerability of the victim, or information relating to any of the key issues identified within the terms of reference. This included the nature and extent of any endemic abuse within the family home that may have contributed to the dynamics and context in which the murder of Henry occurred.

1.4 The Review Panel

1.4.1 The review Panel membership was as follows:

Kath Albiston	Independent Chair and Overview Report Author
Mary Burns	Newcastle Gateshead Clinical Commissioning Group (CCG)
Linda Gray	Newcastle City Council, Wellbeing Care and Learning Directorate
Jan Grey	Northumbria Tyne and Wear NHS Foundation Trust (NTW)
Peter Walton/Neil Codling	National Probation Service (NPS)
DCI Shelley Hudson	Northumbria Police
Helen Lamont	Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)
Anne Marshall	Northumberland Victim Support Service (VSS)
Christine McManus	North East Ambulance Service NHS Foundation Trust (NEAS)
Neil Scott	Your Homes Newcastle (YHN)
Lesley Storey	Domestic and Sexual Violence Coordinator, Safe Newcastle
Robyn Thomas	Safe Newcastle

1.4.2 The Chair and Overview Report Author is a qualified Probation Officer and prior to leaving the Probation Service worked within a joint Police and Probation unit acting as Chair for Multi-Agency Public Protection (MAPP) meetings. Working independently as a consultant and trainer since 2006 she has undertaken a variety of roles within the domestic violence and Safeguarding arena. This includes working with statutory and voluntary sector agencies around the writing of risk assessment tools, policy and procedure, and the training and clinical supervision of staff. She has also undertaken service reviews and scoping exercises in relation to provision of domestic violence services. Alongside her involvement with a number of Domestic Homicide Reviews, the author also currently acts as an 'expert witness', writing domestic abuse risk and vulnerability assessments for public and private law cases.

1.4.3 The Independent Chair/Overview Report Author had no involvement with the victim or perpetrator, or their family, or any supervisory responsibility for any of the professionals' work being reviewed.

1.5 The Review Process

1.5.1 The review consisted of the following key events:

11/02/15	Initial Panel Meeting at which terms of reference were agreed. This meeting was rearranged from 12/01/15 due to an emergency evacuation of the meeting venue.
09/03/15	Individual Management Review (IMR) authors meeting.
19/06/15	Deadline for submission of agencies' IMRs (extended due to number of ongoing reviews).
02/07/15	Panel and IMR authors meeting – presentation and review of IMRs. Agreed more information needed following outcome of trial.
16/09/15	Panel meeting following Graham being found not guilty at trial. Graham and his mother, Carol, to be retried for manslaughter. Decision made to put review on hold until trial concluded, due to significant impact of these events on the terms of reference. Home Office notified of decision.
January 2016	Trial concluded. Graham found guilty of manslaughter. Carol acquitted.
15/02/16	Panel meeting – final terms of reference set. Date for submission of revised IMRs agreed as end of March 2016. This was then extended to 23/05/16 due to identification of information by the National Probation Service, not previously disclosed, that indicated that an IMR needed to be completed.
13/06/16	Completion and circulation of draft overview report.
24/06/16	Panel meeting to consider the first draft overview report.
July 2016	Further clarification provided from agencies regarding issues raised by overview report.
29/07/16	Final Panel Meeting to review and approved overview report.

1.5.2 Individual Management Review (IMR) reports were completed by the following agencies:

- Northumbria Police
- National Probation Service (NPS)
- Newcastle Gateshead Clinical Commissioning Group (CCG)
- Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)
- Northumberland Tyne and Wear NHS Foundation Trust (NTW)
- Your Homes Newcastle (YHN)

1.5.3 All IMR authors were independent of the case and had no previous contact with the victim or perpetrator, either as a practitioner or through the management of staff involved.

1.5.4 All other Panel members confirmed that their agencies had had no relevant

contact with the victim or perpetrator that would warrant the completion of an IMR. As the perpetrator was known to have children, contact was made with Children’s Services to see if they had any relevant information. Newcastle Children’s Services confirmed that they had no information relevant to this review, other than some basic contact in relation to the child of Graham’s ex-partner Angela, details of which were provided and included within this report. This was not felt sufficient to warrant an IMR. In addition, due to information provided by other agencies, Newcastle Children’s Services completed a full review of historic records to ascertain whether Graham had himself not been known to them as a child; no records were found. Basic summary information was also provided by the North East Ambulance Service (NEAS).

1.5.5 Following the Panel meeting on 24/06/16 it was discussed that the learning and recommendations from the Probation Service IMR would also be relevant to the Community Rehabilitation Company (CRC). The Probation IMR was therefore shared with the CRC, and this has been included as a recommendation.

1.5.6 A number of third sector agencies were also contacted and confirmed that they had had no contact relevant to the review. These were Newcastle PROPS, North East Council on Addictions (NECA), and Women’s Aid.

1.5.7 The review process was not completed within six months, primarily due to the complexities of the criminal trial. Originally Graham was found not guilty of his father’s murder. Following this original trial his mother was arrested and a further trial took place in which both were charged with manslaughter. At this stage, it was decided that the review process needed to be put on hold as the circumstances of Henry’s death remained unclear, and this impacted in relation to the terms of reference, as well as access to relevant information. The review was resumed following conclusion of the trial in January 2016, and the final terms of reference were confirmed at a Panel meeting in February 2016. A full outline of relevant event and dates is provided above in section 1.5.1. This review was concluded within six months of the conclusion of the trial. However, due to the ill health of the Chair, Safe Newcastle decided to delay the final submission of the report and executive summary until the Chair’s return. Learning and actions had already been agreed and this did not therefore result in any delay in these being enacted by agencies.

1.5.8 Prior to publication of this report all those who had input into the review process were given the opportunity to comment upon the report, and any changes considered necessary were made so accordingly.

1.6 Profiles of Agencies Involved and IMR Methodology

1.6.1 **Northumbria Police** serves a population of 1.5 million people and covers an area from the Scottish border down to County Durham, and from the Pennines across to the North East Coast.

- 1.6.2 The IMR for Northumbria Police was undertaken by the Major Crime Review Advisor, who was supervised by the Detective Chief Inspector, Protecting Vulnerable People (PVP). The report was authorised by a Detective Superintendent. In order to complete the IMR the author reviewed all records held on Northumbria Police Integrated Computer and Communications System (NPICCS), as well as the Domestic Violence Database that was in use before the adoption of the MARAC (Multi Agency Risk Assessment Conference) risk assessment model in 2008. Officers from PVP and the Neighbourhood Teams were also interviewed.
- 1.6.3 **National Probation Service (NPS)** is a statutory criminal justice service, created on 1st June 2014, alongside Community Rehabilitation Companies (CRCs). NPS and CRCs replace the previous Probation Trusts. The IMR for NPS was undertaken by a Senior Probation Officer, with support from line management within NPS. In order to complete the IMR the author reviewed records and assessment held on the NPS database, as well as undertaking telephone or face to face contact with three members of staff who previously worked with the perpetrator, and the Offender Manager who currently manages his case.
- 1.6.4 **Newcastle Gateshead Clinical Commissioning Group (CCG)** is the statutory body responsible for planning, purchasing and monitoring the delivery and quality of local NHS healthcare and health services for the people of Newcastle and Gateshead. Their IMR was completed in two stages and by two authors. The original IMR did not include information relating to Graham, due to his lack of consent and the GPs decision not to allow access to records. However, in interview the GP did identify that relevant information did exist and therefore it was felt by the Panel that such information, including historic concerns, needed to be addressed in order to provide context and ensure all relevant matters had been considered. As a result, following conclusion of the trial, the CCG IMR was revised and updated. The original IMR was completed by the CCG's Safeguarding Adults Officer, with supervision and support provided by the Designated Nurse for Adult Safeguarding. As the original IMR author then left their post, the revised IMR was completed by the Designated Nurse for Adult Safeguarding. The final IMR was approved by the CCG's Medical Director and Executive Director of Nursing, Patient Safety and Quality.
- 1.6.5 **Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)** is one of the largest NHS Trusts in the UK and delivers healthcare services from six sites within the Newcastle area. The IMR for NUTH was undertaken by the Head of Therapy Services. Supervision and support during the process of writing the report was provided by Deputy Director of Nursing and Patient Services for Freeman Hospital. The report was approved by the Nursing and Patient Services Director. In order to complete the IMR, medical records of relevant parties were reviewed, and while it was not felt necessary to interview staff interviewed that were involved with the victim or perpetrator, the Matron from the Emergency Department (ED) was interviewed in relation

to the expectations of staff working within the department.

1.6.6 **Northumberland, Tyne and Wear (NTW) NHS Foundation Trust**, is one of the largest mental health and learning disability NHS Trusts in England. The Trust provides services to a local population of 1.4 million people, covering Northumberland, North Tyneside, Newcastle upon Tyne, Gateshead, South Tyneside and Sunderland, a geographic area of approximately 2,200 square miles. The Trust also provides a number of specialist services to a wider regional and national population.

1.6.7 The NTW NHS Foundation Trust's IMR was undertaken by the Head of Safeguarding and Public Protection, with supervision and authorisation by the Nursing Director Specialist Services. In order to prepare the IMR the author reviewed paper health records as well as obtaining information stored in the NTW electronic records computer system. No staff were interviewed in relation to this case due to the historical nature of information provided.

1.6.8 **Your Homes Newcastle (YHN)** is an Arms Length Management Organisation responsible for managing Council Homes on behalf of Newcastle City Council. The IMR for YHN was undertaken by the Income Recovery Manager for the West End area of Newcastle upon Tyne, and was supervised and approved by YHN's Director of Tenancy Services. In order to complete the IMR computer and paper based tenancy records held by YHN were reviewed.

1.7 **Family Input into the Review**

1.7.1 Family members were informed of the review process once it was instigated, however direct contact could not take place due to the complexities of the criminal trial, as outlined above. Following the conclusion of the criminal trial, the victim's wife and daughter were contacted on a number of further occasions by both letter and telephone to seek their input into the review; however, no response was received. As a result, this DHR report was not shared with the family, however a final attempt will be made to contact them prior to publication.

1.7.2 Discussion also took place within the Panel regarding the extent to which it would be useful for agencies to provide information relating to Sylvia's contact with Services, given questions that arose in reviewing the records of Henry and Graham. Unfortunately, due to the lack of contact, it was not possible to get Sylvia's perspective or to obtain her permission to access her records. It was not felt that it would be appropriate to access should records without her consent.

1.8 **Criminal Proceedings**

1.8.1 Graham and his mother Sylvia were both originally arrested on suspicion of

murder. However, charges were only proceeded with against Graham, who was then found not guilty at trial in relation to the murder of his father. Following this both him and Sylvia were tried for the manslaughter of Henry. Sylvia was acquitted, and Graham was found guilty and sentenced to six years imprisonment.

1.9 Involvement of the Perpetrator within the Review Process

1.9.1 Discussion took place within the Panel as to whether contact should be made with Graham in order to inform the review process. It was felt that, given his continuing denial of the homicide, this would not be appropriate. Information was however obtained from his Offender Manager within the National Probation Service, and is referenced within the body of this report.

1.10 Coroner's Inquiry

1.10.1 The Coroner's Inquest did not result in any further information being shared that was felt relevant to this review.

1.11 Other Reviews

1.11.1 No other parallel reviews were identified as taking place in this case.

1.12 Confidential Information

1.12.1 For the purpose of this review Graham was contacted, via his solicitor, requesting his permission for disclosure of confidential records, which was not granted. Each agency therefore had to make a decision around the sharing of relevant information in the public interest.

1.12.2 Full consideration was given to the need to anonymise or redact any necessary information prior to publication, in line with Home Office Guidance for the completion of DHRs.

CONCLUDING REPORT

2 THE FACTS

2.1 Family structure and background

2.1.1 At the time of his death Henry was living with his wife Carol; they had two adult children. Their son Graham was also living with them at the time, this was reported to be following the separation of his own relationship with his most recent partner Angela. The couple's daughter Brenda lived locally.

2.1.2 Information from agencies also indicates that Graham had a child from a previous relationship with whom he had no contact. Angela also had a child from a previous relationship.

2.2 Narrative Chronology of Relevant Agency Involvement

Prior to the review period

Henry

2.2.1 Prior to the review period, Henry had significant medical contact with his GP, Newcastle Hospitals and, intermittently, NTW.

2.2.2 NTW were in contact with Henry between the years of 1972 to 1994, and information from this provides useful context around the family relationships and dynamics. In July 1974, Henry was offered an appointment by the Drug and Alcohol service after being referred by his GP. Information within the referral letter indicated that he was rapidly becoming an alcoholic, drinking eight to nine pints every night after work. He was reported to be very argumentative with his wife, and at times violent. He did not attend the appointment offered and his wife Sylvia contacted NTW and apologised for her husband not attending the previous appointment offered. She also cancelled the rearranged appointment, as Henry had decided not to accept help currently. She wrote to NTW stating that she was having a lot of trouble with Henry's drinking, and that he was still very violent. A response letter was sent to Sylvia, expressing condolences that she was experiencing difficulties with husband's drinking problems and offering for them both to attend in the future should Henry wish for help with his alcohol use. Sylvia was also offered information and contact details for Al-anon, an organisation offering help to relatives of alcoholics.

2.2.3 Henry was diagnosed with laryngeal carcinoma in 1986 and this required surgery, radiotherapy and regular medical involvement until 2001, when he was discharged to GP care. Prior to his illness Henry worked on oil rigs in the Middle East, but the nature of his illness and surgery made it impossible for him to continue to work. In addition to the care Henry received as a result of

the laryngeal carcinoma, he also had a number of other GP and hospital outpatient appointments, including a presentation with fractured ribs, re-dislocation of right shoulder and fracture of left little finger in 1987; and referrals from both the GP and Hospital Services for support around his substance misuse and mental health problems, including suicide attempts.

- 2.2.4 In March 1988 NTW received a GP referral letter for a psychiatric assessment, suggesting that Henry was at potential risk of suicide. The letter made reference to ‘odd episodes in his marital relationship’ involving violence, and possible infidelities on both sides. Henry was assessed over two appointments with NTW and in June 1988 a letter was sent to his GP with a summary of the assessment. The assessment noted a two year history of depressed mood following his diagnosis with carcinoma of the larynx; abuse of sedatives and pain killers; alcohol use of fifty units per week; and convictions for drink related offences including Grievous Bodily Harm. Henry was noted to be recently separated from his wife, and to have little contact with his two children. Henry described his son as an impulsive 19 year old man, who was awaiting trial at Crown Court, and with whom he did not get along. The letter to the GP stated that Henry had a ‘stormy relationship with his wife marked by separation and violence’ and that his son shared his ‘antisocial traits’. In terms of diagnosis it was stated that Henry was suffering from a reactive depression with self-image issues following his laryngectomy. His poor impulse control, relationship issues and substance misuse, were also noted to be indicators of Anti-Social Personality Disorder.
- 2.2.5 In view of the personality problems identified within the assessment a requirement for more specialised intervention from the Drug and Alcohol Service was indicated, beyond that which could be provided in an out-patient clinic. There are no health records from the Drug and Alcohol service after the referral from the Psychiatrist, and the IMR author assumed that Henry did not attend/engage.
- 2.2.6 In July 1988 Henry was admitted to hospital and diagnosed with alcohol and benzodiazepine withdrawal, leading to an acute confused state; he was seen by the duty psychiatrist. The conversation between the psychiatrist and Henry’s wife, Carol, was documented within the notes. Carol had reported that Henry had been very difficult to live with following his operation, didn’t get on with his son, and wanted his son to leave. As Graham was on curfew and unable to leave, Henry moved out in May 1988 but returned after three weeks; Carol reported that he did this ‘off and on’. Carol also indicated that Henry took Temazepam every night as soon as he returned from the pub, and would become aggressive. He was also reported to have started talking to God and imagining that people were talking about him. During his inpatient stay on the medical ward, Henry suffered from paranoid delusions, stealing a knife from the food trolley and keeping it in his locker to defend himself.
- 2.2.7 There are several references within correspondence from Henry’s GP around this time, to alcohol and drug abuse. In a referral letter dated 10/04/89 it was

noted that there was ‘a past history of violence and marital strife and a very disturbed childhood background.’

- 2.2.8 In 1991 an ENT (Ear, Nose and Throat) surgeon referred Henry to the Drug and Alcohol Service, identifying depression and alcohol problems. Henry underwent a two week in-patient alcohol detoxification, but then refused further support including the opportunity of a two week course of group work related to exploring usage of alcohol. During his in-patient stay he was initially low in mood, however, once he overcame his embarrassment of voicing his difficulties, was reported to have interacted well with other clients. There were also reported episodes of marital disharmony when Sylvia would ring the unit in a drunken state, and Henry would say he was going to leave her and live in a caravan.
- 2.2.9 The following year, in 1992, a referral letter was received from the Henry’s GP to NTW’s Drug and Alcohol service; this related to Henry’s alcohol use and the large dose of sedatives he was taking at night. Henry attended an assessment appointment and identified that his son Graham was staying with him and Sylvia following the breakdown of his relationship. Henry described his family as unsupportive but would not expand further. He admitted to a personality change when drinking and stated that he becomes extremely aggressive; he reported having been charged with breaking up a restaurant with an axe. Henry did not want to stop drinking but wished to control the amount he consumed. After discussion with the assessment team it was agreed that he would most likely benefit from low key support services on a one to one basis that could be offered by NECA. Details of the assessment were sent to Henry’s GP with advice that they refer to NECA.
- 2.2.10 Before the period of this review there was also one incident of domestic violence between Henry and Sylvia. A neighbour had reported hearing a violent disturbance. Police records indicate that on arrival Henry and Sylvia were fighting within the house. Both were arrested for Breach of the Peace. Henry had a cut below his right eye and a small lump and scratches to his forehead. It was not recorded what the outcome of this was.

Graham

- 2.2.11 The GP records in relation to Graham commence from 1973 when he was four years old. The initial entry records removal of sutures from his left eye, although there is no cause or explanation of the initial injury recorded. The following entry, when he was aged seven, documents a referral by his GP to Children’s Psychiatry due to his behavioural problems; the notes stated that ‘difficulties in family’ contributed to the problems, but this was not further explained.
- 2.2.12 From 1982 to 1987, between the ages of thirteen to seventeen, GP records indicate that Graham was the victim, and potentially the perpetrator of violence, given a number of significant injuries noted over this period,

including abrasions to his hands and fingers. When he fifteen years old he was noted to have been punched in the nose and to have had glass removed from his fist. Then when Graham was sixteen, there is an entry from a hospital letter, in which it was noted that he had been seriously assaulted and suffered kicks to his ribs, head and face, as well as sustaining a fractured jaw and nose. The entry suggests that there was no indication from Graham as to who assaulted him. Also at this time an ED (Emergency Department) report to the GP suggested use of alcohol by Graham, as well as risky behaviour where he jumped from a double-decker bus and sustained a head injury, but then discharged himself from hospital. No child protection referrals appear to have been made in relation to these incidents.

- 2.2.13 When he was eighteen years old an incident of Self Harm is recorded in GP records from ED. Within this Graham is reported to have taken an overdose, and to have self-inflicted a wound to his wrist. It is recorded that the catalyst was due to his parents arguing. There was no evidence in records available of any follow up or referral to Mental Health services.
- 2.2.14 Over the next few years until 1992 a catalogue of injuries were noted in GP records from both ED notifications and GP consultations. These include Graham being stabbed and injured as a result of fights, and reported accidents relating to alcohol excess. There is no information available regarding perpetrators of this abuse, or information to suggest this was explored successfully with Graham.
- 2.2.15 Within GP records there is a particularly significant period where Graham, aged 26 to 27, suffered frequent serious injuries consistent with assaults and self-inflicted injuries. Sometimes the disclosures to the GP were that the injuries were accidental, falling over the dog and falling from his bike. Graham consistently did not disclose any perpetrators of violence towards him. The self-harm in this period was due to overdoses, and one incident where he suffered a self-inflicted head injury under the influence of alcohol. There is no evidence of any follow up or referral to Mental Health services.
- 2.2.16 In 1998, it is also evident from GP records that Graham was coping less well, presenting with panic attacks associated with previous assaults. He was offered support and Counselling which he declined, stating it did not help to talk about his problems. During this year there were also ongoing episodes where he suffered harm, which he suggested was from falls, and a further assault where he was stabbed in the eye. The GP attempted to discuss this with him but noted that he wouldn't 'be drawn on why he is suffering so many injuries'.
- 2.2.17 From the ages of thirty to thirty two, Graham continued to present to his GP with indicators of anxiety, saying he was frightened, not sleeping etc. These issues were managed in Primary care by the GPs treating him for an Anxiety Disorder with anti-depressants. It was also recorded that he was using strong analgesics for jaw pain. During this time, he continued to present with injuries,

which were recorded as potentially due to alcohol related falls.

Review Period (01/01/02 onwards) – Henry and Graham

- 2.2.18 During the review period Henry had contact with a number of departments within Newcastle Hospitals (NUTH) including ENT (Ear, Nose and Throat), Cardiology, Urology, Radiology, and Respiratory Services. There was nothing of specific significance to this review revealed within these appointments, although they are indicative of his ongoing physical health problems.
- 2.2.19 On 09/02/02 Northumbria Police received a report from Graham's ex-partner stating that he was intoxicated and refusing to leave the home. On attendance it was established that Graham had left the premises. He had attended wanting to take their children out, however due to his intoxication his ex-partner had refused him access. An area search was conducted for Graham during which he was not located. A 10 point domestic violence update was attached to the incident log detailing that a CHAB (now known as a Child Concern Notification) had been submitted for the two children involved, and that a referral for support had been declined. The victim was assessed as Medium Risk as there had been a previous incident within the previous five months, and Graham also had a warning marker due to one previous incident of domestic violence.
- 2.2.20 On 30/08/02 Northumbria Police received a call from the North East Ambulance Service reporting that a male had slashed his wrists, and that a second male was possibly suffering chest pains. On arrival Officers found that Graham had returned home drunk and upset, and following an argument with Henry, had gone into the kitchen and cut his left wrist. On attempting to stop him, Henry reported that he had fallen and banged his head. As no offences were disclosed, both were left in the care of the Ambulance Service. Due to the argument, a domestic violence 10 point update was added to the log, with a note that further referral was declined. As Graham's injury was self inflicted and Henry's reported to be accidental, no further police action was taken.
- 2.2.21 Henry attended Newcastle Hospitals Emergency Department (ED) following the above, with two significant injuries to his head, both requiring staples. He informed staff that his son had hit him with a chair leg or baseball bat. The following day, 31/08/02, he was seen by a GP, whom he informed that his injuries were due to a road traffic accident. The ED report, which contained the account of him having been assaulted, was received by the surgery on 02/09/02.
- 2.2.22 Graham also attended Newcastle Hospitals following this incident, and medical notes document that he presented to the Emergency Department with a self-inflicted laceration on his left wrist following a domestic argument with his father after the consumption of alcohol. It was recorded on the post registration triage/nurse assessment document that the incident apparently

took place after Graham had assaulted his father. Graham was reported as smelling strongly of alcohol. It was noted that Graham was not willing to discuss circumstances of the injury and needed referral to the Self-Harm Team (Liaison Psychiatry), which was made the same day. It was also noted on the Nursing Record that Graham stated that he would self-discharge if he wasn't allowed home the same evening following surgery to repair his arm laceration. His documented past medical history indicated depression and alcoholism. A referral was made to the Self-Harm Team by the trauma team on call, who identified the self-harm and fight with his father within the referral. Graham was seen by liaison Psychiatry the same day.

- 2.2.23 Graham was admitted for surgery the following day and the Nursing Assessment document confirms that the referral was made to the Liaison Psychiatry service. Graham was asked if he had ever done this before, and it was recorded that he said 'no', and that it had a lot to do with drink and longstanding arguments with his father. He questioned whether his father was in hospital, as he knew that he had bumped his head and had a tube in his throat. The nurse offered to ring someone but Graham reported that he couldn't remember mobile numbers. It was documented that a friend visited at lunchtime and assured Graham that his father was 'okay' and at home. Graham insisted on going home following surgery.
- 2.2.24 On 05/10/02 Police received a call from North East Ambulance Service reporting that a male had been stabbed. On attendance the Ambulance Service reported that they had been contacted by students who had found Graham in the street with three minor injuries to his chest. They informed Officers that Graham had disclosed that he had a fight with a friend. On speaking to Graham at hospital it was found that he was intoxicated. He was reported to have been 'extremely unhelpful' but disclosed that he had been assaulted by an unknown male. Due to his intoxication no statement could be taken at the time.
- 2.2.25 NUTH records note that Graham presented to the ED following the alleged attack with stab wounds to the chest, upper arm and a dislocation of his left thumb. ED records reported that he was attacked by unknown assailant with knives. Nursing records indicate that on admission to the ward he appeared to be very intoxicated and reluctant to communicate.
- 2.2.26 When Police Officers attended his home the following day Graham was again uncooperative and refused to disclose any details, signing to say that that he did not want any action taken.
- 2.2.27 On 07/09/03 Graham reported to Police that he had been assaulted by a nightclub doorman. On attendance, Graham had minor facial injuries and was intoxicated. He agreed that he would attend the local police station to make a statement when he was sober. When he did not attend, repeated efforts were made both in person and by phone to contact him but were

unsuccessful. On 21/10/03 a letter was sent by Police advising Graham that if he did not respond, then the crime report would be finalised as undetected. As no response was received the crime was finalised on 01/11/03.

- 2.2.28 On 15/05/04 Police received a call from an address reporting that their neighbour was playing loud music. Officers attended the address and found a group of males including Graham. They were asked to turn the music down, which they did. However there was a further report of excessive noise and on police re-attendance Graham and another male became aggressive. Both were arrested for Breach of the Peace, although later released without charge.
- 2.2.29 On 20/07/04 Police received a call from a Public House requesting assistance. On attendance it was found that there had been an altercation between Graham, his sister Brenda, and a male customer who had been bitten on the ear, resulting in a laceration. All parties were under the influence of alcohol and Graham and his sister were both arrested on suspicion of Section 18 Assault. The file of evidence was reviewed by CPS and they decided that there was no realistic chance of conviction, as there was no viable forensic evidence; no independent witnesses; the victim was unable to remember what happened; and the only witness was the victim's girlfriend, who first identified Graham, then later Brenda, as the offender.
- 2.2.30 On 23/08/04 Graham presented at the Newcastle Walk-In Centre. It is documented within the medical records that he had sustained a cut to his hand from a tooth (bite) four days previously, and also that he had been involved in a fight two days before and had been hit over the cut with a piece of wood, as well as being struck over the left kidney area. Upon examination his hand was swollen and inflamed with an infected wound, and his loin area was tender. Graham attended the Plastic Surgery Department the following day where it is documented in the notes that the tooth injury was sustained whilst 'carrying on' with his nephew, and that the same site suffered further injury when he had been involved in a fight where someone had tried to hit him with a stick. It was reported that Graham had tried to apply 'butterfly stiches' himself. Graham was invited to attend the Plastic Surgery Department for review, but did not attend the appointment and was discharged back to the care of his GP.
- 2.2.31 On 22/10/04 Sylvia reported to Police that Graham had threatened Henry, then tried to 'push her eyes out'. When police attended they could not get a reply at the address. When officers re-attended the following morning Sylvia refused to disclose what had happened and insisted everything was fine. No further action was taken.
- 2.2.32 On 08/04/05 Police received a report from Graham's niece that he (Graham) and Sylvia were arguing. On Police attendance both were under the influence of alcohol. They had had a verbal altercation and Sylvia wanted him to leave. He did so on police request, and no offences were disclosed. A risk

assessment was attached to the incident log with a referral being declined by Sylvia, who was assessed as Standard Risk.

- 2.2.33 On 23/12/05 Sylvia reported having problems with Graham. On Police attendance, both parties were under the influence of alcohol and suitable advice was given to both parties. No further information was recorded on the incident log.
- 2.2.34 Towards the end of 2005 Graham discussed worries about how much he was drinking with his GP. However, he refused referral to support services, stating that he may meet people there with whom he had previous confrontations.
- 2.2.35 On 31/12/05 a neighbour reported to Police that Graham was 'kicking off' and had cut his ears. The Ambulance Service were alerted, and Police also attended the address. Once in attendance it was established that Graham was intoxicated and had cut off part of his left ear. As Paramedics were in attendance he was left in their care. As the injuries were self inflicted no offences were disclosed and no further action was taken by the Police.
- 2.2.36 On his presentation to the ED, Graham was recorded as having sliced both ears with a Stanley knife. It was recorded within the ED notes that he also threatened to cut off his head. On examination it was noted that Graham smelt of alcohol, had scratches around his neck, and was unkempt. ED notes indicate in the Summary/Management Plan input from CAT team (Crisis Assessment Team), following a presenting complaint of deliberate self-harm. He was discharged back to the care of his GP following the washout and suture of both ears.
- 2.2.37 The referral assessment request was received from ED to NTW's Crisis Assessment and Treatment service (CRT). Within the referral Graham was described as threatening and intimidating, a potential absconder, having a history of deliberate self-harm and attempted suicide, and not previously known to NTW services. Within the Crisis Assessment and Treatment service assessment, Graham was accompanied by his mother, and he gave an account of current problems. These included that he used to be a 'hard bastard' when younger and couldn't get away from it; that he 'cut ear off after copying someone in a film'; and that he didn't 'want anyone knowing my business, want my own place'. He was currently living with his parents and volunteered that he had a drink problem, but refused help from Drug and Alcohol or any other services. He stated that he had used opiates in the past but not currently. Within the assessment he also stated that he went to special schools, and was regularly beaten up as a child by his father. He identified that he was not currently in a relationship. Graham's mother informed the worker that her own sister had been in a psychiatric hospital for a year and had later killed herself as she did not want to go back. She then indicated that Graham 'needs to be rehoused', and said that 'if he (had) to go to psychiatric hospital' she would 'kill him instead'. Graham described domestic problems with family arguments being the major precipitant to his

behaviour, usually exacerbated with alcohol. He suggested that he received help from his GP, and said he would contact them in January for a detox. He identified that he had anger problems that decrease when he reduces alcohol. The assessment advised that the GP refer to NECA and support a housing application. No further assessment or treatment was identified as required from NTW and Graham was discharged.

- 2.2.38 On 15/03/06 Sylvia called the Police, and on attendance Graham was under the influence of alcohol and refusing to leave following a verbal altercation. He was verbally aggressive to Officers and was punching doors and walls, although no actual damage was caused. He finally agreed to leave the premises, however no suitable address could be agreed and he was subsequently arrested for Breach of the Peace. It was noted on the Domestic Violence (DV) update that there were tensions within the household due to Henry having recently been treated for cancer, and extensive renovations being made to the house. Sylvia refused a referral for support and was assessed as Standard Risk. When Graham was taken to the police station and searched, a quantity of cannabis resin was found in his sock and he was charged with possession, for which he subsequently received a fine.
- 2.2.39 On 24/04/06 Sylvia reported that Graham had returned home drunk and was causing problems. On Police attendance Graham had left the address. It was established that there had been a verbal altercation over Graham's drinking, although no offences were disclosed. Both Henry and Sylvia informed officers that they were afraid of his temper. A DV update was added to the log and Sylvia was assessed as Standard Risk. A referral for support was again declined.
- 2.2.40 On 14/11/06 Sylvia reported to Police that Graham had assaulted her whilst under the influence of alcohol. She was reporting from a neighbour's house. On Police attendance Sylvia was also intoxicated and unable to provide a statement. It was observed that she had a swelling and marks to her ear. Sylvia disclosed that what had began as a verbal argument had escalated, and Graham had bitten her ear and eyebrow before holding a knife to her throat. She was taken to her granddaughter's as a place of safety. Upon Police attending the home address, a search was conducted and it was discovered that Graham had already left. A wider area search was conducted but was unsuccessful. Sylvia called police again later that night stating that she had seen Graham going into the home address. Officers re-attended, however Graham was not located. From the crime report it appears that Graham was not charged with any offence; this was a police decision that the evidence did not pass the threshold test for submission to CPS. A ten point dv update was also added to the incident and Sylvia accepted a referral for support.
- 2.2.41 On 17/11/06 Sylvia reported further problems with Graham to the Police. A disturbance could be heard in the background. On attendance this was noted to be a verbal argument and no offences were disclosed. Graham had left the

house and an area search proved negative. A DV update was added to the log and Sylvia was assessed as High Risk, although limited recording at this time does not indicate what happened as a result.

- 2.2.42 On 30/11/06 Police received a call from a neighbour stating Sylvia had knocked on his door and informed him that Graham had hit both her and Henry with a golf club. On attendance it was found that all three were intoxicated. There was reported to have been an argument over money. Sylvia appeared to have an injury to her knee and both Henry and Graham had minor head injuries. All refused medical assistance. Graham was arrested on suspicion of Section 47 Assault. Due to Henry and Sylvia being under the influence of alcohol officers were unable to take statements from them at that time. When Police re-attended the following day, neither Sylvia nor Henry would co-operate and refused to make any complaints. Graham was released with no further action. There was no DV update attached to the log.
- 2.2.43 On 16/03/07 Sylvia was contacted by the Police to discuss safety planning. She refused to see an Officer or agree to a referral to victim support. She stated that everything had been sorted out and she was having no further problems with Graham. The only thing she agreed to was that a letter could be sent giving contact details of support organisations.
- 2.2.44 On 07/04/07 Graham and other family members were stopped by Police in the rear lane behind their home address. On speaking to the parties involved, it appeared that there had been some kind of verbal altercation and all parties were under the influence of alcohol. No offences were disclosed. No incident log was created and there was no record made of the names of all parties present.
- 2.2.45 On 24/08/07 Sylvia attended the police station reporting that Graham was drunk and being verbally aggressive. When Police officers attended, Graham had already left. Sylvia did not disclose any offences. A DV update was added to the incident log and Sylvia was assessed as High Risk. She again refused a referral for support. It was noted that there appeared to be an increase in arguments, which could lead to violence due to Graham's unpredictable nature when under the influence of alcohol.
- 2.2.46 On 08/09/07 Sylvia reported that Graham was being aggressive and making threats towards her. On Police attendance, both were under the influences of alcohol. Graham left on police request, and no offences were disclosed. A DV update was attached to the log. Sylvia remained as High Risk and again refused a referral for support.
- 2.2.47 Further injuries are documented in Graham's GP records in 2008 and 2009, however it was unclear how these occurred and they were generally portrayed as accidents.

- 2.2.48 On 05/03/10 a Police officer reported hearing a disturbance in the street. Graham was stopped nearby carrying a metal pole. Subsequently, a third party reported that a male had been assaulted. Graham was arrested for Possession of an Offensive Weapon. The male victim of the alleged assault in question was located, and whilst he was seen to have bruising to his eye, he refused to disclose what had happened or make any complaint. When Graham was searched, he was found to be in possession of a quantity of cannabis bush, and was further arrested for this offence. He subsequently received a fixed penalty notice for the offence of Possession.
- 2.2.49 On 17/04/09 Graham was made subject to a Community Order, with requirements of 12 Months Supervision and a programme requirement to attend the Drink Impaired Drivers Programme, following conviction for the offences of Driving with Excess Alcohol and Driving whilst Disqualified. He completed the programme and his Order was terminated on 11/01/10 for good progress. During his supervision there was evidence of ongoing alcohol use, including his attendance at some appointments under the influence.
- 2.2.50 On 20/08/10 Sylvia reported that Graham was acting aggressively and had accused her of stealing two cans of lager. On Police arrival, both parties were under the influence of alcohol, but there was no incident on-going. Graham left on police request, and Sylvia refused to make any complaints. A DVN was raised and Sylvia was assessed as Standard Risk. She did agree to a referral to an IDVA and this was made; however it does not appear she took up such support.
- 2.2.51 On 19/01/12 Sylvia reported that Graham was verbally aggressive and he had bullied her for years. She stated that she was calling from a friend's house. Police Officers attended Sylvia's home address. Graham was present and under the influence of alcohol. He agreed to stay with his sister and his house keys were taken from him; he was strongly advised against returning. Officers then attended the friend's house to speak to Sylvia but she had returned home. When she was spoken to she showed officers her arm which was heavily scarred, and stated that Graham had burned her 20 years ago. Sylvia was recorded as being intoxicated and verbally abusive to officers; refusing to co-operate; not disclosing any new offences; and refusing to sign the MARAC (Multi Agency Risk Assessment Conference)¹ risk assessment form. A referral for support was declined. A DVN was raised and a MARAC risk assessment completed in which Sylvia was assessed as a Standard Risk.
- 2.2.52 A significant disclosure was made by Graham to his GP in 2012, when he claimed to have been tortured as a child. The GP reported that an offer of a referral to Counselling services was made, but Graham declined; the GP

¹ MARAC (Multi Agency Risk Assessment Conference) is a multi agency procedure to discuss and manage the risk to those identified at high risk in cases of domestic violence.

stated that Graham would not be drawn further on the torture comments.

- 2.2.53 On 15/08/14 Graham's ex-partner Angela called police reporting that her ex-partner was under the influence of alcohol and had been aggressive, although he had now left the address. Initially she did not want to name him or have a uniformed officer attend, as she stated that she was concerned regarding the repercussions. She agreed to a call back, however when officers attempted to contact her they were unsuccessful. On Officers' attendance the following morning Angela stated that Graham had been verbally aggressive and had thrown a can of alcohol in the back yard, although no damage or injuries had been caused and she did not perceive herself as a victim of crime. She stated that her teenage child (from a previous relationship) had been asleep upstairs and had not witnessed any abuse. A DVN was raised for Angela and she was assessed as Medium Risk. A Child Concern Notification was raised for her child as they had been in the premises. This was received by Children's Services and a letter of support was sent to Angela.
- 2.2.54 In September 2014 Graham attended the ED having fallen 20 to 25 feet downstairs. It was reported by Graham within the ED notes that the stair bannister gave way. A bleed from his left ear, a headache, and the inability to weight bear were recorded as presenting complaint. Following examination, Graham was discharged home with analgesia and asked to return if problems did not settle.
- 2.2.55 On 01/10/14 Angela reported to Police via telephone that Graham was drunk and had become verbally aggressive after she had challenged him for making a racist comment. He was refusing to leave her home. A male could be heard shouting in the background. On Police attendance Graham had gone to his mother's address. Angela stated that they had been discussing world affairs when he had made racist comments and she had challenged him. This had been a verbal argument only and no offences were disclosed. A DVN was raised and Angela remained as a Medium Risk. No CCN was submitted.
- 2.2.56 On 14/10/14 Angela was contacted by Neighbourhood Police Officers to discuss safety planning. Angela stated that all was well and she was attending sessions with a relationship counsellor. She refused any safeguarding measures.
- 2.2.57 On 31/10/2014 Angela made a request for information to Northumbria Police under the Domestic Violence Disclosure Scheme. The outcome of this was the decision not to disclose information to Angela regarding Graham's history of domestic violence.
- 2.2.58 Graham saw his GP four times in the five weeks prior to the homicide (23/10/14; 6/11/14; 07/11/14; and 12/11/14) presenting with issues of chronic pain and anxiety related to previous disclosures of assaults and his report of having been tortured as a child. While it was noted that he would not be

'drawn further' on 23/10 regarding the disclosure of torture as a child, there is little further evidence of any follow up or referral resulting from his repeated presentations with anxiety at this time.

- 2.2.59 On 22/12/14 Police received a report from Angela that Graham was being verbally aggressive and refusing to leave; although he did so on police attendance. Angela confirmed that this had been a verbal argument only and no offences were disclosed. Her child was present and the child informed officers that although he had not been threatened he was concerned regarding Graham's behaviour. A DVN was raised for Angela and she remained assessed as a medium risk. A CCN was sent to Children's Social Care (CSC) in relation to her child. Within CSC records it was noted that the referral stated that Angela and Graham were no longer in a relationship, and thus a letter of Support was sent to Angela. Police gave Angela overnight to consider whether she would like a PIN (Police Information Notice) served regarding Harassment. It is not clear whether this happened.
- 2.2.60 On 28/12/14 Angela was contacted by Neighbourhood Officers to discuss safety planning. She confirmed that the relationship was over and stated that she was in contact with Victim Support therefore did not require a referral. She declined any safety measures. Angela was given advice regarding blocking calls on her mobile phone or possibly changing the number. The Officer's details were left with Angela if she required any further contact.
- 2.2.61 **Day of the homicide – 29/12/14**
- 2.2.62 On the day of the homicide a call was received via NEAS control from Henry's daughter Brenda stating that there was 'blood everywhere', and to advise of a head injury arising from an assault which had possibly been by her brother.
- 2.2.63 Records of the call indicate that Graham had contacted Brenda and stated that he had an altercation with Henry's neighbour the previous night. Brenda had called round in the morning to check on her parents, and in getting no response went to see the neighbour who advised that they had heard the brother 'beating up' their parents that morning. Brenda was unaware where her brother was at the time of the call, and also advised that her mother was unable to recall the events due to intoxication. The call was triaged via NHS Pathways and an Ambulance was dispatched.
- 2.2.64 The attending crew documented that Henry was unconscious and had sustained a severe head trauma following an assault. Henry had lain on the floor most of the night and was hypothermic. It was noted that his wife had slept in the room next door and had apparently left him lying in the room all night. Henry was later declared dead.

3 **ADDITIONAL INFORMATION**

- 3.1.1 Information was also provided to the review by Graham's current Offender Manager with the National Probation Service, following her visit to him in custody. While Graham continued to deny the homicide, he did disclose that his father had been very violent towards him throughout his childhood and that he witnessed domestic violence between his parents on a regular basis.

4 **ANALYSIS OF AGENCY INVOLVEMENT**

- 4.1 Detailed below is the analysis of agencies' involvement with Henry and Graham. This is taken both from individual agency IMRs, as well as consideration given by the author of this report to each agency's involvement within the broader context of this review.

4.2 **Northumbria Police**

- 4.2.1 Within Northumbria Police's contact with the family three known direct victims of Graham's abuse can be identified, namely his mother and father, and his ex-partner Angela. Within this the primary victim would appear to be Sylvia, and from 2002 to 2012 twelve incidents of abuse towards her were reported. Many of these were recorded as verbal aggression but also included the following, which were of particular note:

- 22/10/04: Sylvia reported that Graham had threatened Henry then tried to 'push her eyes out'.
- 24/04/06: Both Sylvia and Henry reported that they were afraid of Graham's temper.
- 14/11/06: In reporting an assault by Graham Sylvia stated he had bitten her ear and eyebrow before holding a knife to her throat.
- 30/11/06: Sylvia informed a neighbour that Graham had hit both her and Henry with a golf club. Sylvia appeared to have an injury to her knee and both Henry and Graham had minor head injuries.
- On 19/01/12 Sylvia reported that Graham was verbally aggressive and he had bullied her for years; she also showed officers her heavily scarred arm and reported that Graham had burnt her twenty years ago.

The IMR identified that in all instances of Police call out it was reported that Sylvia was offered referral for support but declined. However, there is mention on 14/11/06 that she accepted referral, although as this was prior to the MARAC process, the Police at this time did not record, as standard, any more detail regarding this. The introduction of MARAC, the DASH risk assessment form, IDVAs and, more recently, the Safeguarding Team has addressed such gaps around referrals and all such information would now be recorded. In addition, on 20/08/10 Sylvia was reported to have agreed to an

IDVA referral, although does not appear to have taken up such support.

- 4.2.2 In some instances, when Sylvia was under the influence of alcohol, she was recorded as being abusive and uncooperative towards Police officers and the IMR author identified it was therefore not always possible to ascertain her wishes and feeling. However, it is not clear as to what extent her behaviour was recognised by Officers as a potential response to her experience of abuse, and there are occasions when it does not appear that Officers attended the following day to speak to Sylvia once she was sober, which would be best practice in cases of domestic abuse. This was of particular note on 19/01/12 when having made a disclosure of having been abused for a number of years Sylvia was noted to be uncooperative with Officers. A visit the following day when sober may have been an opportunity to engage Sylvia further.
- 4.2.3 In relation to issues about recognising the impact abusive situation may have upon victims of domestic abuse, Northumbria Police recently delivered training sessions for all officers and staff with regard to recognising signs of coercive control. Guidance has also been recently circulated to all officers reminding them of all the options that are now available. This is particularly pertinent in light of earlier responses to Sylvia, where it can be seen that her own level of intoxication, or response to Officers, may have masked the potential risk and resulted in limited follow up being undertaken.
- 4.2.4 In two of the key events identified in which crimes were alleged involving the use of weapons and/or threats, namely the incidents on 14/11/06 and 30/11/06, no charges were pursued as it was a police decision that the evidence did not pass the threshold test for submission to the Crown Prosecution Service. In the former incident this was due to the absence of witnesses or CCTV evidence, Sylvia not providing a statement, and Graham giving no reply during interview. In the latter incident, as Henry and Sylvia being under the influence of alcohol officers were unable to take statements, and the following day they refused to make any complaints; Graham also once more gave a no reply interview. Due to changes in police and CPS procedures a no reply interview, injuries witnessed by police, and comments by the victim (enhanced by the introduction of body worn cameras) would all now be taken into account when applying the CPS threshold test for a victimless prosecution; this increases the possibility that should similar circumstances occur now, charges would be pursued.
- 4.2.5 As regards the assessment and management of any risk to Sylvia, it can be seen that while there were a number of incidents over the period of the review, many of them were spread out, although a particular period of escalation can be seen in 2006. Sylvia was not however subject to MARAC, as while she was assessed as high risk in 2006 and 2007, this pre dated the MARAC process within Newcastle. During this period, no details were recorded of what actions were taken, and Northumbria Police recognised that

there may have been limited actions taken. As already identified changes since this date mean that the case would now be considered within MARAC and a more robust risk management strategy put in place, including referral to the IDVA service.

- 4.2.6 From 2010, when she once more made contact with the Police, Sylvia was assessed as standard then medium risk, as a result of which such did not reach the referral criteria into MARAC. While Northumbria Police moved onto the full DASH risk assessment model² in 2013, the last incident involving Graham and Sylvia was on 19/01/12 and was therefore assessed under the previous MARAC risk assessment model. This was a nationally accredited risk assessment tool and consisted of a twenty point checklist providing a quantitative element to the overall risk assessment. There was also a section within the document for the victim to consent by means of a signature for a referral to support services, although in the case of a high risk victim referral would be automatic, irrespective of consent.
- 4.2.7 Once the checklist was completed with the victim it would have been quality assured by the sergeant before the end of the shift. The record was then passed to the PVP Central Referral Unit (CRU) where a definitive risk assessment of High, Medium or Standard would have been assigned by a trained risk assessor. In assessing the risk level in 2012, the assessor would consider the objective check list and escalation. Now under the full DASH model professional judgement would also be considered, allowing greater consideration of any history of behaviour of particular concern. The level of risk assessed dictates the level of intervention. Procedure in 2012 was that the Neighbourhood Policing Team (NPT) would intervene and manage medium risk victims, offering support and safety planning, and high risk victims would be managed through the MARAC process. In 2012 Sylvia was assessed as standard risk, which meant that no intervention took place. If the same incident was reported currently, the IMR author identified that the NPT would be allocated the concern as they are now responsible for the safety planning for all standard and medium risk victims. In line with this, contact would be made either by phone or in person to offer support and safety planning, which would have addressed the point raised previously that follow up contact should ideally have been made with Sylvia.
- 4.2.8 In addition to the incidents involving Sylvia, there were three call outs by the Police in 2014 to Graham's ex-partner Angela. These occurred on 15/08/14, 01/10/14 and 22/12/14. All of these related to verbal abuse or Graham's refusal to leave the home. More thorough risk assessments were carried out under the DASH model. After each incident in 2014 Angela was assessed as a medium risk due to the number of risk indicators highlighted. As such the NPT were correctly allocated and follow up took place. During this however

² Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Identification, Assessment and Management Model

Angela refused any safety planning or further referral, although she was correctly signposted to other agencies. She also agreed to consider a PIN being served on Graham.

- 4.2.9 It is of note however that despite being recorded as refusing further support, on 31/10/2014 Angela did make a request under the Domestic Violence Disclosure Scheme (commonly known as Clare's Law). This scheme was launched on 01/04/2014 and introduced a framework to enable police to disclose information to a member of the public about the previous violent offending history of a new, existing or previous partner with a view to safeguarding them from violent offending/risk of harm. The scheme is split into the Right to Ask and the Right to Know. The Right to Ask allows a member of the public to request information from police either to protect themselves or a third party, although pertinent information would only be disclosed to the person best placed to protect the subject. The Right to Know places an obligation on the police to consider making a disclosure when a situation comes to their attention and a risk of domestic violence is perceived.

In this instance the IMR author concluded that the application was processed correctly with all of Graham's previous domestic and violent history researched. This was then sent to the PVP (Protecting Vulnerable People) Inspector for a decision regarding disclosure. At Inspector level, only information regarding criminal convictions resulting in a custodial sentence for violent offences can be disclosed. Any intelligence led information has to be assessed by the Command Team and agreement for disclosure rests with them. The IMR author noted that the domestic violence history with Graham and Sylvia were all verbal arguments effected by the use of alcohol, and the decision was therefore made not to disclose any information. Incident where assaults were alleged did not result in convictions, and therefore no custodial sentences for violence offences could be disclosed.

- 4.2.10 Further rationale for the decision was that Angela was disclosing domestic violence related behaviours, for which she could receive assistance from partner agencies should she so wish. Also, given the existing knowledge disclosed by Angela regarding Graham's violence, this decision was deemed by the IMR author to be justified and in line with police policy and procedure.
- 4.2.11 As identified, Child Concern Notifications (CCNs) were also submitted by Officers in August and December 2014, however there is no evidence of this having occurred following the incident on 01/10/14. Northumbria Police identified this was because the child was not present in the house, and at that time the procedure was only to refer if a child was present. This has now changed and a referral would be made if a child was known to be living in the home, regardless of whether or not they were present during the incident. In addition, in the follow up by the NPT team Angela identified that she was attending relationship counselling, suggesting the potential for the relationship to be ongoing, which would further place any child present at risk.

- 4.2.12 There was only one incident of direct abuse by Graham towards Henry that was known by Police, that which occurred on 30/11/06 and which has been discussed above. The IMR author identified that following this incident a DV update should have been added to the incident log, as per policy of the time, but this was omitted. The IMR author also concluded that if an incident of this kind happened in 2015, then current procedures would mean that a full DASH assessment would have been carried out for both Henry and Sylvia, irrespective of gender or the family relationship.
- 4.2.13 It is also of note that information from other IMRs has revealed that the incident in which Graham slashed his wrist in August 2002, and in which Henry reported to Officers that he had fallen and hit his head in trying to stop him, was later reported by Henry to hospital staff as having been an assault by Graham. However, the Police will have remained unaware of this.
- 4.2.14 In addition to the above, in the incident on 22/10/04 Sylvia reported to Police that Graham had threatened Henry then tried to 'push her eyes out'. However, on Police attendance the following day no disclosures were made and therefore no further action taken. Furthermore, on 24/04/06 both Sylvia and Henry reported that they were afraid of Graham's temper. This was the last mention in Police contact of any specific threat towards Henry from Graham and occurred eight years before the homicide. In each case, while the pertinent information relating to Henry was recorded, as he refused any referrals and was not assessed as high risk at the time, no information was shared with other organisations.
- 4.2.15 As well as Graham's behaviour towards other there were also two incidents of self harm involving Graham to which Officers were called, one on 30/08/2002, when he had cut his wrist, and the other on 31/12/2005 when he attempted to cut his ear off. In each case Graham was believed to be under the influence of alcohol. On both occasions no offences were disclosed and he was left in the care of health professionals. The IMR author noted that in 2002 and 2005 there was no requirement within Northumbria police to record vulnerable adults and therefore the only action was to record the incidents within Graham's intelligence record and add warning markers for self harm, which was done. Under current practice an Adult Concern Notification would be submitted.

Conclusions regarding Northumbria Police's involvement

- The majority of incidents involving Graham were against his mother Sylvia rather than his father Henry. Henry was never perceived to be in any danger of substantial harm from his son. Although three historic incidents or concerns have been noted relating to Graham's behaviour towards Henry, the last of these dated back to 2006.
- As regards Graham's abuse towards his mother, there were a significant number of call outs between 2002 and 2012, with the last taking place nearly three years prior to the homicide. These did not lead to any convictions in relation to domestic abuse. Concerns from Sylvia regarding escalating abuse and the use of weapons were noted in 2006, although not managed or shared under Multi-Agency procedures due to the lack of such processes at this time.
- Criminal charges were not pursued in 2006, although it was identified that current practices for the pursuance of evidence led prosecution are now more robust. Therefore, should the same situation occur today the potential for charges being pursued is greater.
- Similarly, in 2006 there was little evidence of any risk management measures being put in place when Sylvia was identified as high risk. This would now be managed under the MARAC process.
- Sylvia was often noted to have refused further referral for support, however she is also noted to have been intoxicated and/or uncooperative on a number of occasions. There is little evidence of Officers following up visits the next day when she would be sober.
- The IMR author noted that since the the majority of the incidents relating to Sylvia, the management of standard and medium risk victims (which Sylvia was often assessed as) has moved forward. One such improvement is the allocation of Standard and Medium Risk cases to Neighbourhood Police Inspectors to manage, which would automatically result in follow up taking place.
- Child Concern Notifications were submitted appropriately on 3 occasions, however there appears to have been one occasion in October 2014 when this did not occur due to Angela's child not being present in the home. Practice has now changed and a CCN would be submitted regardless of whether the child was in the home at the time of the incident.
- In the months prior to the homicide three calls out to Graham's ex-partner took place. These appear to have been managed appropriately based on presenting concerns and there is nothing within these suggestive of the level of violence that was to occur in the homicide or, indeed indicative that the victim of such violence would be Henry.
- Angela also made a request for information via the Domestic Violence Disclosure Scheme, however the decision was taken not to disclose background information

Recommendations identified within Northumbria Police's IMR:

- Further input needs to be given to 24/7 and Neighbourhood Officers regarding fully updating the electronic DV screens with regard to actions taken and the rationale behind those actions. This could be achieved by way of an internal communication circulation.

4.3 **National Probation Service**

4.3.1 Prior to the commission of this homicide, Graham's last contact with the Probation Service was in 2010. Between 1985 and 2010 he had been subject to five separate community based sentences imposed upon him by the courts and one period of imprisonment of under 12 months. He also appeared before the courts in 2004 and 2006 for offences involving the possession of Cannabis for which he was fined. Out of the five occasions that Graham was subject to community based orders, two of these only required him to conduct Community Punishment/Unpaid Work, and thus would not have involved regular offence focussed work being implemented to determine the underlying causes of his offending behaviour.

4.3.2 Probation Records were retrieved from his involvement with the service between 17/11/09 and 11/01/10. Within these there were no indications that Graham was either the perpetrator or victim of any form of abuse, either within his family or his personal intimate relationships. This demonstrates that indicates that Police intelligence regarding the history of call outs in relation to his mother was not known to the Probation Service. The IMR author noted however that the changes to the Probation Service since 2010 include that assessments and checks that now take place at the pre sentence stage are more thorough, and involve information being shared between agencies. This includes a recent change in which all Police domestic abuse call out information would be requested and shared as standard procedure, regardless of whether there was any known history of abuse. Therefore, should the circumstances of Graham's contact in 2009 have occurred currently, the history of concerns would have been known to the Probation Service.

4.3.3 Information obtained from the court entry relating to the preparation of a Pre Sentence Report in April 2009 indicates that Graham described living with his parents in 'stable accommodation'. The OAsys³ assessment completed at the commencement of the Community Order in 2009 indicates that he reported no problems with regards his accommodation and described a good relationship with both his parents and his sister. He described at that time being single, and the father to a son with whom he had no contact.

³ OAsys is the Offender Assessment System, used by the National Probation Service from 2002 to measure the risks and needs of criminal offenders under their supervision.

- 4.3.4 The resounding theme within both the court entry relating to the sentencing hearing in April 2009, and the subsequent period of supervision until January 2010, is that of alcohol abuse. Records indicate that throughout this period of involvement with the Probation Service Graham's level of alcohol intake was the primary, if not sole, concern for staff working with him and delivering interventions. Graham readily disclosed that he had a problem with alcohol at the pre sentence stage, and despite him regularly attending supervision appointments under the influence of alcohol, it would seem that the focus of interventions implemented have been primarily aimed at achieving a successful completion of the Drink Impaired Drivers programme.
- 4.3.5 There is nothing to evidence that any specific interventions were undertaken to identify if there were any other underlying issues within his life or lifestyle that may have been impacting upon his level of alcohol abuse. However, from the outset of his involvement during this period, Graham did disclose a history of depression and panic attacks linked to a previous serious violent assault against him. Graham linked his depression and poor emotional well being to his alcohol abuse. The IMR author identified that despite this link being identified by Graham himself, the focus of interventions heavily revolved around addressing the index offence of Driving with Excess Alcohol, and in doing so perhaps missed an opportunity to explore in more detail the links between his emotional well being, the management of his thoughts and feelings, and the links to his abuse of alcohol. There was evidence that he was provided with information and assistance to seek help from local agencies such as NECA to examine his use of alcohol, however Graham never accepted such help, mainly because he never viewed his alcohol use as problematic. The IMR author felt that the lack of further exploration of these issues reflected a culture of target driven performance during the the time that Graham was involved with the Probation Service, between 2009 and 2010. It was once again identified that changes to the Probation Service since 2010, meant that a greater focus would now be placed on addressing these underlying issues.
- 4.3.6 As outlined, Graham was not identified as someone who had a history of perpetrating abusive behaviour towards others. However, in terms of gathering a broader picture, the IMR author did identify one relevant entry on records where the Treatment Manager for the Drink Impaired Drivers Programme contacted Graham's Offender Manager. This entry was made on 03/07/09 and expressed concerns from the Treatment Manager that Graham had arrived to attend a group session heavily under the influence of alcohol. The Treatment Manager then indicated that there may be some underlying issues linked to Graham's alcohol abuse and invited the Offender Manager to consider suspending Graham from the group until these could be further explored. A reply email sent from the Offender Manager to the Treatment Manager on the same day, accepts that he had arrived previously to supervision appointments smelling of alcohol, but never drunk. The Offender

Manager then indicated that they would consider the option of a home visit to help ascertain further information before considering suspending Graham from the group, but there is no record of a home visit being conducted. Had such a visit at this time been considered the IMR author felt it could have presented an opportunity to examine in more detail the dynamics of family life, and may have highlighted indicators of abuse within the family home.

- 4.3.7 As regards Graham's period of supervision between 2009 and 2010, and his attendance with the Drink Impaired Drivers programme, within the IMR it was identified that that he was regularly seen by his Offender Manager/s. He successfully completed an intensive programme of interventions specifically aimed at identifying the negative impact that alcohol has upon driving skills, and recognising the danger and risks associated with drink driving and the impact that such actions have upon others. The IMR author also identified evidence of effective co working and communication between Graham's Offender Manager and Group Workers conducting the Programme, however other than the initial OAsys risk assessment being countersigned there is little evidence of management oversight or consultation regarding his case. At the time that the order was imposed upon Graham in April 2009, the case was initially allocated to a then trainee Probation Officer. As such the initial OAsys risk assessment was viewed and countersigned by this officers Practice Development Assessor (PDA), and no concerns were raised at this point about the possibility of any form of domestic abuse. The case was later transferred to another Offender Manager. Such management of the case was appropriate given the presenting and known issues and levels of risk.
- 4.3.8 Graham's period of involvement with the Probation Service was relatively short and was returned to court at the request of the Probation Service after a period of nine months, to be considered for early revocation on the grounds of good progress. An application was processed, and on the 11/01/10 the Order was revoked three months early by Newcastle upon Tyne Magistrates. Graham had been assessed as doing well on the order and had successfully completed the Drink Impaired Drivers Programme within a reasonably short time frame. However, given that there were still concerns towards the end of this order regarding his ongoing alcohol abuse, the IMR author felt that an application to revoke the order on the grounds of good progress was a little premature, and the full period of time could have allowed for specific alcohol abuse interventions to be implemented. With regards to the decision to apply for early revocation of the order, there does not appear to have been any consultation between the Offender Manager and the line manager, something that could have perhaps led to other alternative interventions being considered or implemented.

<i>Conclusions regarding NPS' involvement</i>
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- Graham appears to have been managed by the Probation Service in line with his assessed level of risk. This assessment of risk was appropriate assessed based on information known by the Probation Service at that time.
- There was no history of domestic abuse known to the Probation Service and Graham never indicated any problems with regard to his home life and/or relationships with family members. There were no other indications that domestic abuse was prevalent within the household.
- Police intelligence regarding abuse by Graham towards his mother was not known, and therefore could not be considered in relation to the assessment of risk or management of Graham's supervision. However recent changes mean that such information would now be shared at the pre-sentence report stage.
- The primary focus of intervention appears to have been to prepare Graham to attend, and then successfully complete, the Drink Impaired Drivers Programme. Once this was achieved the Order was submitted to court for early revocation, leaving no further time for further work to be conducted to address the underlying issues linked to Graham's level of alcohol misuse. With changes since 2010, it was identified that this should not occur in current practice.
- While it was not required by procedure, the absence of a home visit in this case was potentially a missed opportunity to gain further information regarding home circumstances, which may potentially of highlighted any indicators of abuse.

Recommendations identified within NPS' IMR:

- The author identified that they believed the case highlights the importance of conducting at least one home visit to an offender, and that this should where possible be conducted regardless of the level of assessed risk. Clearly operational commitments dictate the feasibility of home visits being conducted on every case, however if such visits can give even the slightest indication of abusive behaviour within a family home, then this in itself could prove an effective method of protecting others from serious harm or even death.

Further recommendation:

- Learning and actions for National Probation Service to be shared with Northumbria Community Rehabilitation Company for consideration in relation to ongoing practice.

- 4.4.1 The extensive information available from GP records relating to Graham, presents a concerning picture from an early age. At age four he was brought to the GP surgery to have sutures removed from his eye, although there is no record or apparent exploration of how the original injury occurred. At the age of seven, he is then referred to Child Psychiatry due to behavioural difficulties, and a reference to ‘difficulties in family’ is made, although again there is no further explanation for this. Graham then continued to present with injuries throughout child, including those indicative of him having been the victim of a serious assault when he was sixteen. It is of note that throughout this time Henry was also known to the practice to have issues in relation to substance misuse, as well as a history of violence within the home. Despite this, no consideration appears to have been given to any issues of child protection or risk to Graham, although it is noted that practice at this time (1970 and 80s) was significantly different from the present day.
- 4.4.2 Graham himself went on to present with risky behaviours and early alcohol use in his teenage years. Issues of violence, assault and significant harm sustained by Graham, was a feature that persisted throughout his life, as well as alcohol use and self-harm. Throughout his contact with GP services he presented on numerous occasions with injuries consistent with him being either the victim or perpetrator of assaults. The impact of this is demonstrated later in his presentation with anxiety disorder, flashbacks and sleep disturbance. Throughout this, the exact context of the harm was unclear as he would not disclose any information regarding perpetrators of assaults. It is not however always clear as to the extent that this was explored further, but there was evidence in a number of consultations of the information being sought and Graham refusing to disclose. The IMR author identified that GPs dealt with the presenting issue during consultations, and as the subject would not disclose further information regarding assaults this was accepted. The author felt however that consideration was not given to the wider picture, including a pattern of presenting with injuries, his alcohol use and self-harm, or how this might be managed and Graham supported more appropriately. There were a number of incidences of self-harm and overdoses referenced within Graham’s records, although it does not appear that referrals to mental health services were made. Similarly, in relation to other concerning presentation, such as injuries or disclosures of anxiety it is not always clear as to whether support options were address with Graham.
- 4.4.3 A significant disclosure was made by Graham to to his GP in 2012, when he claimed to have been tortured as a child. As outlined however, despite attempts made by the GP to gather more information around this, Graham would not be drawn further either at this point, or later in 2014. However, once again it is not clear to what extent further options of support were offered to Graham, particularly when he presented three times over the period of a week within the month leading up to the homicide with issues of anxiety.

- 4.4.4 The IMR author felt that under current Safeguarding Adults procedures, had further consideration been given to Graham's history and greater exploration and scrutiny taken place regarding his presentation, one option would have been consideration of a referral into Safeguarding Adults. In considering why this did not occur, the author identified that given that the pattern of concerns developed early and was ongoing throughout Graham's life, it was possible that in more recent years it accepted by staff this was his lifestyle and therefore not questioned.
- 4.4.5 The IMR author identified that the pattern of concerns around Graham when scrutinised in hindsight present a worrying picture, but as they presented on and off over a substantial time period, and were dealt with individually, such patterns appears not to have been fully recognised or responded to. The author concluded that there were lessons to be learned from this case in relation to GPs contact with Graham, namely the for Practices/GPs to be more curious regarding presentations and to explore presenting concerns further; as well as and a need to look at patient's situations more holistically and not just the clinical issue presenting at the time. This has arisen as a learning point for GPs in previous Domestic Homicide reviews and recommendations implemented by the CCG to alert GPs to this through training and inclusion, where relevant, in practices' policies and procedures. The IMR author clarified that staff within the practice involved in this review do access the domestic violence training provided by Newcastle Gateshead CCG and do have policies in place they can access easily. However, the recent report written identifying Key Lessons Learned from recent local DHRs had not reached them, though it had been circulated to all Newcastle Surgeries; this was to be followed up by the Practice.
- 4.4.6 In relation to Henry, review of GP records showed Henry to have a complex history of physical and mental health problems as well as substance misuse. There is significant evidence of referral to mental health and substance misuse services between 1991 and 1993. The pattern appeared to suggest Henry would engage in initial assessments, but would then withdraw at the suggestion of group work or talking therapies and often disengage. There were several attempts made to discuss coming off prescribed Benzodiazepines and prescription painkillers but he was seen to actively resist. These attempts go as far back as his referrals to NECA in 1991. Records do seem to indicate a significant drop in his alcohol consumption, although he did not stop drinking entirely, to between 10 and 12 units per week (entry dated 11/04/12). Whilst there was strong evidence that he had historically self-medicate, he also seemed to become more compliant when told his prescriptions would cease if he continued to abuse the prescribed dose.
- 4.4.7 There was clear evidence of a series of referrals and ongoing correspondence between a range of specialist secondary healthcare and mental health/substance misuse services in relation to Henry. The IMR author

felt that in his case GPs were very proactive in responding to his physical health care needs, particular around his fears his cancer had returned or developed in other areas. They would often follow up when he did not attend outpatient appointments and required re-referral. Henry seemed to have ongoing anxiety that his Cancer of the Larynx would return or he would develop other forms of cancer. Despite this overall positive response to his needs, there was however no evidence of referral to psychological therapies for his underlying anxiety around his cancer returning. The IMR author identified that this may have been due to him seeing several different GPs over many years for separate concerns, and this mirrors the issues identified in relation to Graham's contact of presenting concerns being dealt with in isolation and not seen as part of a larger picture.

- 4.4.8 At no stage does it appear that Henry was perceived as a potential victim of abuse, but was more known as the perpetrator of violence, although this was primarily an issue historically. The IMR author noted that there was evidence in his younger life that he could be violent in social situation as well as at home.
- 4.4.9 The only direct indicator of violence by Graham towards his father Henry was that on 30/08/02, where Henry disclosed on attendance at ED that his son had hit him with a chair leg or baseball bat. When he was seen in the GP surgery the following day he informed the GP that his injuries were due to a road traffic accident. The ED report was not received until after this on 02/09/02. The IMR author identified that ED reports are not routinely screened to ensure they give a similar account, as the GP would have had no reason to disbelieve Henry's initial version of events. However, while it would not be feasible to cross reference all ED reports with accounts given, it nevertheless raises whether ED reports are being effectively screened for any information of note or concern. Had this been done, this would have flagged the issue of domestic abuse within the family, which may in turn have presented both Henry and Graham's contact with the GP service in a different light.
- 4.4.10 The IMR author identified that in interview with GPs involved it was clear that Henry was not seen as the potential victim of domestic violence, and indeed he had not directly disclosed any other information to the GP which would have led to such a conclusion. A such, domestic violence issues were not discussed with him. The IMR author also raised that even had the assault been identified in 2002, the definition of domestic violence may not have been as broad as it is now and was seen as between partners, not parents and siblings. The national definition was amended in 2012 to include wider family relationships. Given Henry's complex physical and mental health problems, the IMR author identified that had Henry been recognised as a potential victim of abuse he would currently fit the for referral into the Safeguarding Adults process.

Conclusions regarding CCG's involvement

- It is clear when GP records are reviewed retrospectively and together that there were complex issues within the Chester family, including a combination of poor physical health of Henry, heavy alcohol use by both Henry and Graham, associated mental health concerns, and a history of abuse within the family.
- Henry had many appointments with his GP practice over a forty year period and they were proactive in referring him on to specialist secondary services for assessment and treatment. As regards his complex history of alcohol and prescribed drug addiction, attempts made to tackle these issues were of limited success, though his alcohol intake did appear to reduce significantly.
- There was historic reference to Henry's perpetration of domestic abuse within the family, which does not appear to have been actively addressed, although it is recognised that practice has changed considerably since this date.
- Graham frequented presented with injuries that appeared to be a result of him being either a perpetrator or victim of abuse. While he was resistant to discussing the cause of these injuries, these do not always appear to have been fully explored or acted upon is clear. It has been identified that there appeared to be a focus on presenting concerns with little consideration given to the broader circumstances and the historic pattern of concerns. Had this wider picture been considered this may have resulted in consideration of Safeguarding procedures.
- The above can also be seen in relation to Graham's repeated presentations with self harm, anxiety and his disclosure of historic abuse. While it is recognised that he would not be drawn further on this there is limited evidence of consideration being given to any referrals for further assessment or support.
- While information was provided by the hospital in 2002 that indicated an assault by Graham, of which Henry was the victim, this does not seem to have been considered or highlighted on records.
- As the complexities of the family situation do not seem to have been identified and considered as a whole, there is no evidence of this complex case being discussed as part of peer supervision sessions.

Recommendations identified within CCG IMR:

- All GP's and clinical Staff at the GP practice should attend Domestic Violence Training sessions. Such training is available from Newcastle City Council or via NHS Newcastle Gateshead Safeguarding Adults Team. A register should be kept of those attending training and refresher training should be booked in accordance with the safeguarding adults policy.
- The findings of local research around the outcomes of DHR should be recirculated to all GPs to ensure lessons learned are disseminated as this may allay genuine anxieties for GPs when asked to share information and participate in future review. This has already been incorporated into Domestic Violence Training materials in a recent revision. The report will be recirculated via Practice Managers and Safeguarding Leads.
- GPs and clinical staff to access Safeguarding Adults and Mental Capacity Act training to enhance risk assessment and support decision making
- Practices should regularly discuss at internal meetings individuals or families who present with complex, worrying factors such as substance misuse and associated violence. Factors such as vulnerability and cognitive ability should be considered.
- Consideration of how more proactive working with partners and agencies can support GPs work with particularly difficult complex patients.

Further recommendations arising as a result of the DHR:

- GP surgery to ensure systems are in place to review information received from sources such as hospitals and flag any concerns appropriately on patient records.
- CCG to identify actions that can be taken to ensure that repeated learning from homicide reviews around the need to consider historical information and fully explore presenting concerns, is being actively addressed within practices.

The DHR process was also delayed further due to GPs reluctance to allow access to records regarding Graham. This is an issue that has arisen previously within other reviews within the Newcastle area, as such the following recommendation has been identified:

- *Safe Newcastle to notify Home Office of ongoing difficulties impacting on review process when GPs feel unable to fully engage in the sharing of information.*

4.5 **Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)**

- 4.5.1 Relevant contact by Newcastle Hospitals within the review period relates to Graham, as Henry's contact was primarily linked to his physical health needs and review of this contact revealed nothing of relevance to this review.

- 4.5.2 The IMR for NUTH identified that no childhood records were available for review in relation to Graham, as such records are only retained until the child's 25th birthday, or 26th birthday if receiving treatment within their 17th year. As a result, it was not possible to cross reference this with incidents raised within the IMR completed on behalf of the CCG. While such historical contact provides context to the family relationship, this does not however have any significant impact in relation to lessons to be learnt for current practice.
- 4.5.3 Within medical and nursing notes for the review period it was identified that there was only one known incident of abuse by Graham towards his father. This was that which occurred in August 2002. Graham presented to ED with a self-inflicted laceration of his wrist and it was reported that his argument with his father followed the consumption of alcohol, and Graham appeared drunk to the staff at ED. Graham was unwilling to discuss the circumstances of the injury but it is documented on the post registration triage/nurse assessment that the event apparently took place after he had assaulted his father, and this was also disclosed by Henry in his contact with ED. The North East Ambulance Service Patient Report Form stated that the police were in attendance upon their arrival, so from the perspective of hospital staff it would appear that police were aware of any concerns. Graham gave a past medical history of depression and alcoholism and was referred to the self-harm team the same day. The disclosure regarding the assault was subsequently shared with the GP practice.
- 4.5.4 Apart from the incident above, the IMR author did not identify any other confirmed history or indicators of abuse by Graham towards his father or others, documented within his own or his father's notes. There were however several occasions when Graham presented to ED where it was alleged that he had been assaulted, or inflicted self-harm. There was nothing documented within the notes to suspect domestic abuse, however the IMR author noted that his reluctance to discuss the circumstances of some of his injuries could perhaps be seen an indicator. Particular incidents of note during the time frame of the review were:
- 30/08/02: Incident outlined above involving self-harm and disclosed assault.
 - 05/10/02: Presentation to ED with stab wounds to his chest.
 - 23/08/04: Attendance at walk in centre with a cut from a tooth bite. He also reported he had been involved in a fight two days before where he was hit over the cut with a piece of wood, and also struck over the left kidney area. At the Plastic Surgery Department the following day it is documented that the tooth injury was sustained whilst 'carrying on' with his nephew, and that the same site suffered further injury when he had been involved in a fight where someone had tried to hit him with a stick.

- 01/01/06: Attendance at ED having sliced both ears with a Stanley knife.
- September 2014: Attendance at ED having fallen 20-25 feet downstairs.

4.5.5 In relation to the incident on 30/08/02, there does not appear to have been any further exploration of Graham's disclosures that he had sustained the tooth injury while 'carrying on with his nephew, or that he had been involved in a fight where someone had tried to hit him with a stick. In this instance the need for further exploration of the bite mark and how it occurred, can be seen as particularly important given the reference to his nephew, the age of whom was unknown, as it may have been indicative of potential child Safeguarding. In addition, Graham's own history of substance misuse, and mental health issues, alongside his disclosure of him being hit during a fight, should have prompted more exploration and potential consideration of whether there were any Adult Safeguarding issues. Similarly, this can be seen to be the case when he sustained significant injuries falling down stairs in September 2014. As was identified in relation to GP contact, the need to explore presenting issues further is a learning point for hospitals which has come out of previous reviews locally.

4.5.6 These issues were explored further by the IMR author with the Matron for the Emergency Department, who confirmed that patients who presented with alleged assaults would be asked about the circumstances surrounding the incident, but also noted that excessive alcohol consumption could make this difficult as they are often unable to recall the details. More specifically, in relation to the incident in August 2002 involving Graham's father, the Matron from ED was asked 'if a patient turned up at ED having been hit over the head with a chair leg or baseball bat, would this trigger an alert?', and responded that the degree of further questioning and probing would depend upon the patient and circumstances surrounding the incident. In addition, when asked about the response to a tooth injury (bite), and whether a referral would be triggered, the Matron responded that if the bite was as a result of an assault, staff would check whether it had been reported to the police (as was the case with the stab wounds on 05/10/12) and question the circumstances surrounding the incident. She also stated that the response from staff today would be different from 2002 due to staff's increased awareness of Safeguarding especially in Adults.

4.5.7 It was noted that on each of the occasions when Graham presented to ED having been allegedly assaulted, or self-harmed, it is documented that he smelt of alcohol, appeared intoxicated and at times reluctant to communicate. The reluctance to communicate due to alcohol intoxication may have prohibited further probing into the circumstances around incidents, although conversely should be seen as an indicator of vulnerability in itself, that should in turn prompt consideration of whether there may be Safeguarding issues.

- 4.5.8 On the two occasions when Graham presented with declared self-harm in August 2002 and January 2006 appropriate referrals was made to the Self-Harm Team (2002) and Crisis Assessment Team (2006).

Conclusions regarding Newcastle Hospital's involvement

- Most relevant contact by Newcastle Hospitals was in relation to Graham and his presentation with injuries and self harm.
- Outside of the incident in 2002, there was nothing to suggest any recent risk posed to Henry from Graham.
- There is evidence of historic presentation by Graham in which while presenting concerns were dealt with appropriately, there was little further exploration regarding injuries or consideration given to the broader picture, including the potential Safeguarding issues.
- It is recognised that this may have been impacted upon by the level of Graham's intoxication, however this in itself should have led to further consideration in relation to his vulnerability.
- Appropriate mental health referrals took place regarding concerns relating to self-harm.

Recommendations identified within Newcastle Hospital's IMR:

- To maintain levels of training and awareness of Domestic Abuse for staff within the Trust.
- To continue to raise awareness of the Adult Safeguarding Team who are available to offer support and advice to staff, and their role within the organisation.
- To continue to raise the profile of Adult Safeguarding within the organisation, ensuring that staff have a clear understanding of partnership working with internal and external agencies which achieves best practice and outcomes for patients.

4.6 **Northumberland, Tyne and Wear NHS Foundation Trust (NTW)**

- 4.6.1 NTW's contact with Henry was significantly historical, ending in 1996. This did however provide a context in which it can be seen that he had extensive problems linked to alcohol and drug use. There was also violence within the home reported by his wife Sylvia, and referred to within referrals from his GP. The IMR author identified that, as early as 1974, the GP indicated that Henry was violent to his wife. Sylvia also wrote to the Psychiatrist regarding her husband's violence. The psychiatrist wrote back to Sylvia and suggested she attend Al anon, which the IMR author identified as good practice for this time. No specific support was offered in relation to the domestic abuse, although the IMR author was unable to comment on what relevant services may have been available to Sylvia at the time. Within the assessments between 1974

and 1992 there were no recorded self-disclosures of violence from Henry to family members, or any indicators that further exploration around this took place.

- 4.6.2 As regards NTW's contact with Graham, this was also historical, and although within the time frame of the review, the sole and last contact took place in 2006, eight years prior to the homicide. This was a psychiatric assessment after a self-harm incident. At this time, it was deemed that he did not have a major mental health problem, his self-harm and previous aggression was assessed as being reactive to his alcohol problem. He identified that his anger reduced when he did not abuse alcohol. He refused a referral to NTW drug and alcohol service, and advised the worker that his GP would commence a detox for him. He also volunteered that he wanted to be living on his own, instead of living with his mam and dad. The IMR author identified that with the absence of a mental health issue and refusal of support from drug and alcohol services, encouraging Graham to seek help for his alcohol misuse and to share this with the GP was appropriate.
- 4.6.3 In 2006 Graham also disclosed that he had been the victim of violence from his father as a child, however there is no evidence of any further exploration of this or signposting to support to specifically address this. Within this assessment he also described having anger problems fuelled by alcohol, and at that time he was living with his parents and identified family arguments. There is no evidence of any any assessment of risk being undertaken in relation to this, which may in turn have resulting in the seeking or sharing of further information from other sources. The IMR author identified that since this date both practice and policy has changed within NTW. Should a similar situation present today the clinician would refer to the "Adult at risk policy" to assess the vulnerability of the patient and refer to other agencies where necessary. The FACE risk assessment would also be completed and includes specific assessment of domestic abuse as well as identifying what actions have been taken to reduce the risk. Since 2010, NTW has had a Safeguarding and Public Protection Team that provide daily advice, supervision and support to all staff in relation to all safeguarding and public protection concerns. Staff would also automatically refer cases similar to this one to Children's Social Care in respect of any reported historical abuse; this would be to identify if the alleged perpetrator is a carer for any other children.
- 4.6.4 Finally, the IMR author identified that there was no information within self-reported assessments or received by any other agency of Graham being violent to partners or his family, although as identified above he did identify 'arguments' within the family home, where he was living at the time with his parents.

Conclusions regarding NTW's involvement

- NTW's contact with both Henry and Graham was historic, ending in 1996 and 2006 respectively.
- Information from Henry's contact with NTW does indicate a history of domestic abuse against his wife Sylvia.
- Graham had just one assessment appointment. Within this no mental health diagnosis was identified and the primary issue appeared to be his alcohol use.
- Graham refused referral to NTW's drug and alcohol services and, in closing the case, it was agreed for Graham to access support from NECA with the support of his GP, who was also notified.
- Graham did disclose historic violence towards him as a child from his father. This does not appear to have been explored further or considered in relation to his subsequent disclosure that he was living with his parents and there was tension within the home.

Recommendations identified within NTW's IMR:

No recommendations were identified in this case specific to NTW, due to the historical nature of involvement and policies and processes regarding Domestic Abuse that are now in place for staff. However it was noted that consideration of a multi-agency learning event on 'working with family members in a household who abuse alcohol and the impact this has on relationships and their vulnerability' maybe of benefit for agencies to learn from each other.

4.7 Your Homes Newcastle (YHN)

4.7.1 The IMR author for Your Homes Newcastle did not identify any involvement which was relevant to the terms of reference and the time period agreed within these. YHN had only one recorded personal contact with Graham and this was when he visited Shieldfield Housing Office with Henry on 29/01/02 to discuss repairs issues.

4.7.2 In reviewing YHN's contact the author confirmed that YHN did not have any record of any history or indicators of abuse by Graham towards his father, or towards others, nor any history or indicators of abuse within the family in general, including any elements of coercive control.

4.8 Equality and diversity issues

4.8.1 As part of the review process consideration was also given throughout to issues of equality and diversity. In the cases of Henry, Graham and their family there were no specific issues identified in relation to race, religion, age, sexual orientation, or gender reassignment that were seen to be relevant to the review process. As a male victim of domestic violence, consideration was

given within agencies' IMRs, and throughout this review, as to the impact of gender, although this was not seen to be a significant issue in this case.

5 LESSONS LEARNED AND CONCLUSIONS

5.1 The undertaking of this review has revealed a concerning and complex history within the Chester family. While regular contact with agencies can be seen over a prolonged period, the information held by agencies nevertheless presents an incomplete picture, raising a number of questions around the nature of the family relationships and the dynamics of the abuse. Difficulties in obtaining a fuller picture also arose due to a lack of full information regarding Sylvia, the victim's wife and the perpetrator's mother; although some information relating to her has been revealed through Henry and Graham's records. This lack of contact was discussed in some detail within the Panel and while it was recognised that no further steps could be taken to gather information in relation to Sylvia, the Panel felt that this left a considerable gap and raised questions around what level of contact Sylvia may have had with services over the years, and within this what response she received.

5.2 What has emerged, once all agencies information is considered as a whole, is significant evidence of a history of abuse within the family home. While there was only one historic call out to the Police by Sylvia in relation to Henry, she had previously disclosed his violence towards her to health services, and in addition Graham himself told NTW of having being 'beaten' as a child by his father. This was further indicated in Graham's recent contact with the Probation Service, when he disclosed having been both subject of, and witness to, severe domestic abuse within the family home. This also raised the question of whether it is to this that he was referring when he spoke to his GP of having been 'tortured' as a child, and whether such abuse may also account for at least some of his presentations over the years with injuries. Research indicates that there is a common link between domestic violence and child abuse, and also that violence and threats to a child's main carer may have worse effects on the child's emotional and psychological wellbeing than direct assaults on the child. The impact of exposure to such violence and abuse has been shown to be wide-ranging and correlations have been shown between problems in later life with substance use, criminality and perpetration of abuse.

5.3 In more recent years, and during the time period of the review, there was no reported incidents of ongoing abuse by Henry within the home. However, it should be stressed that lack of report does not necessarily mean absence of abuse, particularly in light of lack of access to information relating solely to Sylvia. Henry's contact with services in more recent years was primarily in relation to his own physical health needs and concerns around his substance misuse and associated mental health needs appear to have diminished.

- 5.4 During this same period however concerns regarding Graham continued. This was in relation to his own substance misuse, anxiety issues and self harm, as well as his continuing presentation with injuries indicative of him being both the victim and perpetrator of violence. Such concerns were often of a significant level and included stab injuries. His own use of violence was also apparent in relation to Police contact, and the primary victim of this appears to have been his mother. Such concerns were spread out over the time period of the review but there were also ‘clusters’ of escalation, particularly around 2006. Within his reported behaviour was a concerning level of violence including attempts to ‘push out’ his mother’s eyes, holding a knife to her throat, biting her ear and eyebrow, assaulting her with a golf club, and a report that he had historically burnt her arm causing scarring.
- 5.5 While Sylvia was the primary focus of Graham’s domestic abuse, there were also incidents of reported violence towards Henry in 2002 and 2006, and again these notably involved the use of weapons including a golf club and either a chair leg or a baseball bat. A further question can perhaps also be posed as to whether abuse towards Henry by Graham may have been masked, if it was Sylvia who was most likely to call the police in these circumstances.
- 5.6 What can be concluded from the information known is that Graham’s previous levels of violence and use of weapons, are indicative of the fatal level of harm he was capable of causing. However, the target of such violence and the time at which it occurred would have been very difficult to predict based on the information known to each agency at the time. The last report of family violence was in 2012 and related to Sylvia, with no known direct violence towards Henry since 2006. Just prior to the homicide however, Graham’s abusive behaviour can also be seen to escalate towards his ex-partner Angela, although, on the basis of disclosure, this related primarily to verbal abuse. He also reported increased anxiety and health issues to his GP, which he related to him having been the previous victim of assaults.
- 5.7 Within the complex and abusive family dynamic that has been revealed, Sylvia can be seen to have been the victim of violence from both her husband and son over a significant number of years yet, despite periods where she actively reported this, had no known contact with ongoing support services. Henry was a man with a history of both physical and mental health issues, as well as substance misuse issues. His identification as the perpetrator of violence previously, raises the question of whether, as his own health declined, his vulnerability increased in relation to those he had previously abused. In his presentation to services in more recent years however there was nothing to suggest him to be at risk of abuse. Against this background, Graham has emerged as an individual who has had a high level of exposure to violence, as both a victim and a perpetrator, and whose experiences in early life may well have impacted upon his own use of violence. These experiences may also have links to difficulties in relation to alcohol use,

anxiety, and self-harm. Despite this however he appears to have had very limited engagement with services in terms of addressing these underlying issues in any depth.

5.8 **Limited exploration or consideration of issues beyond presenting concerns.**

5.8.1 It has been identified by a number of agencies, that while dealing appropriately with the issues presented to them, they did not always fully explore these or consider them within a broader context. This can be seen in relation to Graham's repeated presentation to health agencies with injuries, his alcohol use and his repeated self-harm. While it is acknowledged that Graham's own reluctance to explore issues further or disclose, or his level of intoxication at the time, may have impacted on this, there is also evidence that attempts were not always made to pursue issues. There is also limited evidence that the history and pattern of his presentations was considered, or his own reluctance to engage taken as an indicator for concern in itself.

5.8.2 While there is recognition that much of agencies key contact was historic and thus practice will have changed, this is a learning point that has also emerged in a number of other recent reviews and therefore suggests that work is still needed to embed a culture of professional curiosity, particularly within health agencies. The Panel discussed how despite attempts to introduce policies and procedures such as those around selective enquiry, practitioners do now always identify prompts and continue to work at a 'face value' with presenting issues.

5.8.3 This can also be seen in examining the Police response to Sylvia. While procedures were followed, there is little evidence of Officers given greater consideration to why Sylvia herself may have often presented as intoxicated and uncooperative to Officers, why allegations were later withdrawn, or support refused. An understanding of the dynamics of abuse and the extent to which this may impact on the way victims present, including under the influence of alcohol, is critical in responding pro-actively to such situations.

5.9 **Lack of follow up and multi agency working**

5.9.1 Expanding upon the previous point, there can also be seen to be a lack of follow up to presentations, and within this multi-agency working. While points of good practice can be identified in the sharing of information between hospitals and GPs and some referrals being made, there were however other areas where opportunities for further follow up were not taken. These included NPS' lack of exploration with Graham of his alcohol problems and ways to support him in addressing these; and evidence that following incidences of self-harm or reports of increasing anxiety, referrals for assessment or support were not always offered or undertaken. Once again

Graham's own reluctance to engage may have impacted on this, but there also remains the question of whether such reluctance, alongside his alcohol use and repeated presentations, may have led to his situation and presentation becoming 'accepted', without full consideration being given to causal or underlying issues and steps that could be taken to address or explore these further.

5.9.2 Such multiple presentations at his GP and hospitals, had they been considered as part of a pattern, should in more recent practice have prompted consideration of Safeguarding Adults. Had this been considered this would have been one avenue by which information could have been shared in a multi-agency setting, which may have assisted in bringing to light the wider picture. It should be noted however that the impact that the Safeguarding procedure may have had is impossible to know, including the extent to which the family may have engaged with it.

5.10 **Impact of focus on alcohol use in relation to identifying the full extent of the problem.**

5.10.1 It was demonstrated throughout the review, that alcohol use was a significant factor in the lives of Graham, Henry and Sylvia, and there were multiple reports of presentations when they were highly intoxicated. Discussion took place regarding the extent to which the presentation of Graham, Henry and Sylvia to services, in relation to their alcohol use may have 'masked' underlying problems and caused a narrowing of focus in addressing wider issues. It was discussed how multiple presentations under the influence of alcohol may contribute to an acceptance by practitioners that the accompanying presentations were 'normal' and thus an element of acceptance. This was demonstrated in relation to the Police's lack of follow up in relation to Sylvia's reports of domestic abuse, and health services response to Graham's presentation with injuries.

5.10.2 The Panel also discussed how the family may have been viewed by neighbours and the extent to which 'disturbances' may have been considered part of their presentation that came to be accepted and thus not alerted or reported. This was starkly demonstrated in relation to the day of the homicide when a neighbour reported to Graham's sister that they had heard the brother 'beating up' their parents that morning, yet they had not contacted any services in relation to this.

5.11 **'Think Family'**

5.11.1 One further final area of concern is the extent to which this review, even with the benefit of hindsight and the sharing of information by all agencies, had difficulty in identifying the children involved in the situation. There is reference within Police and Probation records to Graham having had a child or children

in previous relationships, and to his ex-partner having a child, however it appears that this was not known, or at least recorded, in relation to his contact with most agencies. In light of this any presenting concerns were not then considered in relation to any risk he may pose to children he was having contact with. Once again this is a learning point identified recently in other local reviews. As such recommendations have recently been made for all agencies to sure that full information is gather regarding social and family histories, so that any risk can be considered within this context. All agencies should therefore ensure that actions arising from these previous recommendations are being enacted.

5.12 **Could the homicide have been predicted or prevented**

5.13 Given the information available to agencies it would have been difficult to predict that the above situation would have led to the homicide of Henry at the hands of Graham. However, in hindsight and with all the available information, it can be seen that given the volatile family situation, the dynamics of abuse identified within this, and the level of alcohol use, it was highly probable that that this would result in serious harm to someone within the family. At no point however did any agency have sufficient information available to them that would have allowed them to predict the homicide. What has been seen is that had further exploration taken place that may have led to multi-agency consideration, this may have provided a more complete picture in which the risk within the family may have been more evident. While the risk to Henry from Graham would not have necessarily been apparent in relation to this, due to the limited history, had the dynamics of abuse within the family been considered against Henry's declining health and therefore increasing vulnerability this may have at least raised some concerns.

5.14 As regards preventability, the timescales over which agencies' contact has taken place make it difficult to identify any specific actions that would have definitively prevented the homicide from occurring. However lessons to be learned have been identified that may have improved the responses of agencies, increased opportunities for engagement and possibly greater revealed the extent of the situation and the risk within this.

6.1 **Summary of recommendations arising from this review**

National:

- Safe Newcastle to notify Home Office of ongoing difficulties impacting on review process when GPs feel unable to fully engage in the sharing of information.

Regional:

- Learning and actions for National Probation Service to be shared with Northumbria Community Rehabilitation Company for consideration in relation to ongoing practice.

Northumbria Police

None identified.

National Probation Service

None identified.

Newcastle Gateshead Clinical Commissioning Group

- GP surgery to ensure systems are in place to review information received from sources such as hospitals and flag any concerns appropriately on patient records.
- CCG to identify actions that can be taken to ensure that repeated learning from homicide reviews around the need to consider historical information and fully explore presenting concerns, is being actively addressed within practices.

Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)

None identified.

Northumberland, Tyne and Wear NHS Foundation Trust (NTW)

None identified.

Your Homes Newcastle (YHN)

None identified.

6.2 **Individual agency recommendation identified within IMRs**

Northumbria Police

- Further input needs to be given to 24/7 and Neighbourhood Officers regarding fully updating the electronic DV screens with regard to actions taken and the rationale behind those actions. This could be achieved by way of an internal communication circulation.

National Probation Service

- The author identified that they believed the case highlights the importance of conducting at least one home visit to an offender, and that this should where possible be conducted regardless of the level of assessed risk. Clearly operational commitments dictate the feasibility of home visits being conducted on every case, however if such visits can give even the slightest indication of abusive behaviour within a family home, then this in itself could prove an effective method of protecting others from serious harm or even death.

Newcastle Gateshead Clinical Commissioning Group

- All GP's and clinical Staff at the GP practice should attend Domestic Violence Training sessions. Such training is available from Newcastle City Council or via NHS Newcastle Gateshead Safeguarding Adults Team. A register should be kept of those attending training and refresher training should be booked in accordance with the safeguarding adults policy.
- The findings of local research around the outcomes of DHR should be recirculated to all GPs to ensure lessons learned are disseminated as this may allay genuine anxieties for GPs when asked to share information and participate in future review. This has already been incorporated into Domestic Violence Training materials in a recent revision. The report will be recirculated via Practice Managers and Safeguarding Leads.

Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)

- To maintain levels of training and awareness of Domestic Abuse for staff within the Trust.
- To continue to raise awareness of the Adult Safeguarding Team who are available to offer support and advice to staff, and their role within the organisation,
- To continue to raise the profile of Adult Safeguarding within the organisation, ensuring that staff have a clear understanding of partnership working with internal and external agencies which achieves best practice and outcomes for patients.

Northumberland, Tyne and Wear NHS Foundation Trust (NTW)

No recommendations were identified in this case specific to NTW, due to the historical nature of involvement and policies and processes regarding Domestic Abuse that are now in place for staff. However it was noted that consideration of a multi-agency learning event on “working with family members in a household who abuse alcohol and the impact this has on relationships and their vulnerability” maybe of benefit for agencies to learn from each other.

Your Homes Newcastle (YHN)

None identified.

Restricted until publication