DOMESTIC HOMICIDE REVIEW

Into the circumstances of the
death of Marjorie aged 78 years
in August 2019

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THE SAFER WAVERLEY PARTNERSHIP

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Marjorie aged 78 years

In August 2019.

The Domestic Homicide Review Panel express their sincere condolences to the family of Marjorie and Herbert who both died in tragic circumstances.

The family have chosen the name Marjorie for the person who was unlawfully killed and Herbert for the person who took his own life. This reflects the Coroner's designation of the parties involved in this DHR.

Daughter's testimony to Marjorie and Herbert

Mum grew up in Surrey. After finishing school, her first job was as a trainee Milliner. She also loved dressmaking, which she did in her spare time. She then worked in a large grocery store where she spent many happy years.

Mum met Dad around 1961, as he was their Postman, their own story together had just begun.

Dad was also born in Surrey. He was the oldest of four brothers. His first job was with the Forestry Commission. He then did his National Service in the RAF, where he was stationed in Cornwall. He had very fond memories of his time in the RAF and would often recount stories of swimming and rowing the pilot gigs up and down on the coast. When he returned from National Service, he went back to the Forestry Commission and later moved to the Post Office, where he was a postman for over 20 years.

Shortly after meeting Mum, during their early years together, they spent lots of time at various grass track race meetings, where Dad used to race sidecar with his brother. Dad was the driver and his brother rode sidecar. After the first year of racing, they returned for the second season, however during the first race of the season they had an accident.

Dad suffered extensive injuries and was very lucky to survive. They were taken to hospital in Salisbury, where he spent a long time recovering.

Not long after coming out of hospital Dad asked Mum to marry him, they got married in March 1965.

After Mum and Dad married, they moved into their first house, which they lovingly renovated. Mum left the grocery store and worked at the local shop.

Dad, as well as being a postman, used to do all sorts of odd jobs, including contract grass cutting and garden machinery repairs. In the mid 80's he left the Post Office to work full time on his garden machinery business.

My older sister was born and I followed four years later.

Mum and Dad moved to their house in the village where Dad continued his garden machinery repair business from the garage at the bottom of the garden, which he still did to this day.

Dogs were always a big part of Mum and Dad's lives. When Fred passed away, Dudley and Teal came on the scene, followed by Tess and Barney, then finally Sam and Gilly.

Their dogs gave them huge pleasure, and I'm sure they filled that gap when my sister and I left home. I remember the dogs so fondly throughout our childhood and Dad would often say the dogs got treated better than he did.

When we were kids we spent many wonderful family holidays at the beach, at some of Mum and Dad's favourite places, in Wales, Devon, Cornwall and Norfolk. Anywhere that we could take the dogs and that had a wonderful beach.

Dad started clay pigeon shooting in the late 70's and later also took up fly-fishing, initially with friends at a local fishery, and mum was often by his side, sat on the bank, reading her book (or in the nearby hut if it was wet or cold). I remember as a child, when we went on holiday, as soon as we arrived, Dad would go digging for worms (or wigglers as we called them), before heading out fishing. Dad could never sit still, he was a doer.

Another of Dad's hobbies was motorbikes. Although he raced sidecars, his passion was bikes. He had motorbikes for years, including a Honda 50 he would use on his post round, although he wasn't supposed to, but that never stopped him.

My sister and I would sometimes ride pillion with Dad, when we went on holiday and mum would drive down with the dogs.

As a kid I remember Dad watching lots of different sports and he continued to watch sport throughout his life. His favourites were cricket, motorbike racing, snooker and darts. I can still remember the theme tunes playing on a Saturday afternoon.

They used to take the dogs to Selsy every Friday, which was one of their favourite places. They would drive down, have lunch, dad would fall asleep and mum would take the dogs for a walk.

Having spoken to a number of Mum and Dad's neighbours and Dad's customers recently, I wanted to share some of the lovely comments about how they remembered them - a lovely couple, always saw them out with the dogs and would stop for a chat, we will miss his stories, lovely neighbours who will be greatly missed, special residents, neighbours and friends.

Dad was a proud family man who wanted to take care of Mum and his family; he never wanted to be a burden to anyone. Which makes us immensely proud of him, for being that man who cared so much. He

worked so hard throughout his life and provided a very happy life for us all, for which we are so grateful.

I will miss Dad's passion for life and the way he would always push himself to learn new things. He was an engineer and struggled with modern technology but worked hard to try and make it work for him. I'd often get a call, because something had disappeared off his laptop and he couldn't find it, only to get a call back a few minutes later, to say he'd worked it out. He loved the challenge.

I will miss Mum's kindness, love and support. She was the most loving, caring and gentle person that I knew. She absolutely adored my dad and us. All mum wanted was a family, and to be happy, and she was so very happy with her life. There is a lot to be said about a person, who finds that kind of happiness and contentment and is happy with their lot.

Mum and dad were married for 54 very happy years. They were only ever apart once; they really were inseparable. They adored each other and would have done anything for one another. A love like that is something so very precious that maybe, only those who have that kind of love fully understand.

When you look back at our parents' lives, you can sense just how happy and content they were, and what great parents, grandparents, friends and relatives, and what a kind and loving couple they were.

If they mattered to you, then you mattered to them.

I feel incredibly lucky to have had them as my parents. They were loving, kind, generous and such a big part of my life, I just can't imagine them not being here anymore.

List of Abbreviations

A&E -	Accident and Emergency Dept. (Hospital)
ASC -	Adult Social Care
CCG -	Clinical Commissioning Group
CT Scan	Computed Tomography Scan
DHR -	Domestic Homicide Review
FLO -	Family Liaison Officer (Police)
GP -	General Practitioner
GPCOG -	General Practitioner assessment of Cognition
IMR -	Individual Management Report
NHS -	National Health Service
RAF -	Royal Air Force
SIO -	Senior Investigating Officer (Police)
SWP -	Safer Waverley Partnership
UTI -	Urinary Tract Infection

1 Introduction

1.1.1 This Domestic Homicide Review deals with the death of a 78 year old woman, Marjorie, who was found fatally injured at her home in August 2019. Next to her lay the body of her 84 year old husband, Herbert. Two pet dogs were found in the shed. All had been fatally injured by a shot gun apart from one dog which had to be put down by a Veterinary Surgeon.

1.1.2 A Police Investigation commenced during which it appeared that both Herbert and Marjorie, who had been married for 54 years, were known locally in the village to be a devoted couple. They had two daughters who lived fairly close by.

1.1.3 Initial investigation showed that Herbert, Marjorie and the dogs had been shot with a shotgun which was registered to Herbert.

1.1.4 Enquiries revealed that Marjorie had been suffering from memory loss. HM Assistant Coroner for Woking, Surrey was informed and held an inquest into both deaths in May 2020. The Assistant Coroner returned a determination that Marjorie had been unlawfully killed and Herbert took his own life.

1.2 Purpose of the Review

1.2.1 The Domestic Violence, Crime and Victims Act 2004, establishes at Section 9(3), a statutory basis for a Domestic Homicide Review, which was implemented with due guidance[1] on 13th April 2011 and reviewed in December 2016[2.] Under this section, a domestic homicide review means a review "*of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—*

> *(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or*
> *(b)a member of the same house hold as himself, held with a view to identifying the lessons to be learnt from the death"*

1.2.2 Where the definition set out in this paragraph has been met, then a Domestic Homicide Review must be undertaken.

1.2.3 It should be noted that an intimate personal relationship includes relationships between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

1.2.4 In March 2013, the Government introduced a new cross-government definition of domestic violence and abuse[3], which is designed to ensure a common approach to

[1] Multi-Agency Statutory Guidance For The Conduct of Domestic Homicide Reviews - Home Office 2011 *www.homeoffice.gov.uk/publications/crime/DHR-guidance*
[2] Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews – Home Office 2016
[3] Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews Revised August 2013 Home Office now revised again by 2016 guidance.

tackling domestic violence and abuse by different agencies. The new definition states that domestic violence and abuse is:

> *"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:*
>
> - *psychological*
> - *physical*
> - *sexual*
> - *financial*
> - *emotional*

1.2.5 In December 2016, the Government again issued updated guidance on Domestic Homicide Reviews especially with regard to deaths resulting from suicide. The guidance[4] states:

> 'Where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted.'

1.2.6 The circumstances of Marjorie's death meet the criteria under the guidance in that her death was caused by an act of violence by a person to whom she was related.

1.2.7 Such reviews are not inquiries into how a victim died or who is to blame. These are matters for Coroners and Criminal Courts. Neither are they part of any disciplinary process. The purpose of a review is to:

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

[4] Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews Revised August 2013 Home Office revised again by 2016 guidance paragraph 18 page 8

1.3 Process of the Review

1.3.1 The Safer Waverley Partnership (SWP) was notified of the death of the couple in August 2019. The SWP reviewed the circumstances of this case against the criteria set out in Government Guidance[5] and decided that a Review should be undertaken.

1.3.2 The Home Office was notified of the intention to conduct a DHR in August 2019. An independent Chair and Author was commissioned and appointed and a DHR Panel was appointed. At the first review panel meeting terms of reference were drafted. On 27 January 2021, the SWP considered the Overview Report and its recommendations. Their comments were incorporated into the final version dated February 2021.

1.3.3 Home Office Guidance[6] recommends that reviews should be completed within 6 months of the date of the decision to proceed with the review. The Home Office has been notified of the reason for a delay in the process.

1.4 Independent Chair and Author

1.4.1 Home Office Guidance[7] requires that;

"The Review Panel should appoint an independent Chair of the Panel who is responsible for managing and coordinating the review process and for producing the final Overview Report based on IMRs and any other evidence the Review Panel decides is relevant", and "…The Review Panel Chair should, where possible, be an experienced individual who is not directly associated with any of the agencies involved in the review."

1.4.2 The Independent Author, Mr Malcolm Ross, was appointed at an early stage, to carry out this function. He is a former Senior Detective Officer with West Midlands Police and since retiring, he has 22 years' experience in writing over 80 Serious Case Reviews and chairing that process and, since 2011, performing both functions in relation to over 60 Domestic Homicide Reviews. The author completed Home Office DHR training in April 2011 and has attended 2 AAFDA DHR Chairs training courses in recent years to support the AAFDA charity. Prior to this review process he had no involvement either directly or indirectly with the members of the family concerned or the delivery or management of services by any of the agencies. He is independent from Waverley Borough Council. He has chaired the meetings of the panel, the members of which have contributed to the process of the preparation of the Report and have helpfully commented upon it.

1.5 Review Panel

1.5.1 In accordance with the statutory guidance, a Panel was established to oversee the process of the review. Mr Ross chaired the Panel and also attended as the author of the Overview Report. Other members of the panel and their professional responsibilities were:

- Andrew Pope - Surrey Police Statutory Review Lead, Public Protection Support Unit
- Andrew Smith - Waverley Borough Council Head of Housing Delivery and Communities

[5] Home Office Guidance 2016 Page 9
[6] Home Office Guidance 2016 pages 16 and 35
[7] Home Office Guidance 2016 page 12

- Rebecca Eells - Surrey Wide CCG's Surrey wide CCG Safeguarding Nurse Advisor for Adults and Children
- Teresa Hawkins - Surrey County Council Senior Manager, Waverley Locality Team & Royal Surrey County Hospital Social Care Team.
- Jo H - Service Manager, SW Surrey Domestic Abuse Outreach Service [8]
- Katrina Burns (Observer) - Community Safety Officer, Waverley Borough Council
- Clare Arnold (Administration) – Community Services Support Officer, Waverley Borough Council
- Malcolm Ross - Independent Chair and Author

1.5.2 The Panel members confirmed they were independent from and had no direct involvement in the case, nor had line management responsibility for any of those involved. The Panel was supported by the DHR Administration Officer. The business of the Panel was conducted in an open and thorough manner. The meetings lacked defensiveness and sought to identify lessons and recommended appropriate actions to ensure that better outcomes for vulnerable people in these circumstances are more likely to occur as a result of this review having been undertaken. The DHR panel met on the following occasions:

13th January 2020, 9th March 2020, 24 July 2020 (via Zoom), 7 September 2020(via Zoom), 12th October 2020, (via Zoom) with the daughter in attendance.

1.6 Parallel enquiries

1.6.1 Surrey Police investigated the death of Marjorie and have submitted a file to HM Coroner. There are no criminal proceedings involved with this DHR.

1.7 Time Period

1.7.1 The period of this review will be from 1st April 2016 (the time of the shotgun renewal was issued to Herbert by Surrey Police) until the date of deaths in 2019.

1.8 Scoping the Review

1.8.1 The process began with an initial scoping exercise prior to the first panel meeting on 13th January 2020. The scoping exercise was completed by the SWP to identify agencies that had involvement with the family. Where there was no involvement or insignificant involvement, agencies were requested to inform the Review by a statement of information.

1.9 Individual Management Reviews

1.9.1 An Individual Management Review (IMR) and comprehensive chronology was received from the following organisations:

[8] The **South West Surrey Domestic Abuse Outreach Service** is a member of the Surrey Domestic Abuse Partnership (SDAP) which is a group of independent charities who work together across the whole of Surrey to support survivors of domestic abuse.

1.9.2 IMRs produced by

- GP
- Hospital A&E

1.9.3 Statements of Information provided by

- Waverley Borough Council
- South East Coast Ambulance Service
- Surrey Police
- Adult Social Care , Surrey County Council
- Virgin Care

1.9.4 Guidance[9] was provided to IMR Authors through local and statutory guidance and through an author's briefing. Statutory guidance determines that the aim of an IMR is to:

- Allow agencies to look openly and critically at individual and organisational practice and the context within which professionals were working (culture, leadership, supervision, training, etc.) to see whether the homicide indicates that practice needs to be changed or improved to support professionals to carry out their work to the highest standard.
- To identify how those changes will be brought about.
- To identify examples of good practice within agencies.

1.9.5 Agencies were encouraged to make recommendations within their IMRs and these were accepted and adopted by the agencies that commissioned the reports. The recommendations are supported by the Overview Author and the Panel.

1.9.6 The majority of the IMR Reports were of a high standard providing a full and comprehensive review of the agencies' involvement and the lessons to be learnt.

2 Terms of Reference

2.1 Supporting Framework

- The Domestic Homicide Review (DHR) is being conducted in accordance with Section 9(3) of the Domestic Violence Crime and Victims Act 2004.

- In this section "domestic homicide review" means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by
  - A person to whom he was related or with whom he was or had been in an intimate relationship; or
  - A member of the same household as himself,

  Held with a view to identifying the lessons to be learnt from the death.

- Where the definition, set out in this paragraph has been met, then a Domestic Homicide Review should be undertaken.

2.2 Purpose of Domestic Homicide Review

[9] Home Office Guidance 2016 Page 20

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

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

Apply these lessons to service responses, including changes to inform national and local policies and procedures as appropriate;

Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a coordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;

Contribute to a better understanding of the nature of domestic violence and abuse; and

Highlight good practice.

2.3 Methodology

This DHR will primarily use an investigative, systems focused and Individual Management Review (IMR) approach. This will ensure a full analysis by the IMR author to show comprehensive overview and alignment of actions.

This will ensure that practical and meaningful engagement of key frontline staff and managers will be carried out by the IMR author on a more experiential basis than solely being asked to respond to written conclusions or recommendations.

This is more likely to embed learning into practice and support cultural change where required.

2.4 Scope of the Domestic Homicide Review

- Victim: Marjorie
- Perpetrator: Herbert

Timeframe

The scope of the DHR will be from 1st April 2016, (the month when the Herbert's shot gun licence was renewed) to the date of death of both Marjorie and Herbert in August 2019.

In addition agencies are asked to provide a brief background of any significant events and safeguarding issues in respect of this adult and include information around wider practice at the time of the incident as well as the practice in the case.

The Terms of Reference will be a standing item on the agenda of every panel meeting in order that we can remain flexible in our approach to identify learning opportunities.

2.5 Agency Reports

Agency Individual Management reports will be commissioned from:

- GP,
- Hospital,

and reports will be requested from:

- Surrey Police
- Waverley County Borough Council
- South East Coast Ambulance Service

- Surrey County Council, Adult Social Care
- Virgin Care

Agencies where IMRs have been requested will be expected to complete a chronology and IMR. Template and guidance attached.

Any references to the adult, their family or individual members of staff must be in full and later redacted before submission to the Home Office or published.

Any reasons for non-cooperation must be reported and explained.

All agency reports must be quality assured and signed off by a senior manager within the agency prior to submission.

It is requested that any additional information requested from agencies by the DHR Independent Author is submitted on an updated version of the original IMR in red text and dated.

It is requested that timescales are strictly adhered to and it should be noted that failure to do so may have a direct impact on the content of the DHR and may be referred to in the final Overview Report to the Home Office.

Agencies will be asked to update on any actions identified in the IMR prior to completion of the DHR which will be fed into the final report. Updates will then be requested until all actions are completed.

2.6 Areas for consideration

Marjorie:

- Was Marjorie recognised or considered to be a victim of abuse and did Marjorie recognise herself as being an object of abuse?
- Did Marjorie disclose to anyone and if so, was the response appropriate?
- Was this information recorded and shared where appropriate?
- Were services sensitive to the protected characteristics within the Equality Act 2010 in respect of Marjorie and her family?
- When, and in what way, were Marjorie's wishes and feelings ascertained and considered?
- Is it reasonable to assume that the wishes of Marjorie should have been known?
- Was Marjorie informed of options/choices to make informed decisions?
- Was Marjorie signposted to other agencies?
- Was consideration of vulnerability or disability made by professionals in respect of Marjorie?
- How accessible were the services for Marjorie?
- Was Marjorie or Herbert subject to a Multi-agency Risk Assessment Conference (MARAC) or any other multiagency forum?
- Did Marjorie have any contact with a domestic abuse organisation, charity or helpline?

Herbert:

- Was Herbert recognised or considered to be a victim of abuse and did Herbert recognise himself as being a perpetrator of abuse?
- Did Herbert disclose to anyone, and if so, was the response appropriate?
- Was this information recorded and shared where appropriate?
- Was anything known about Herbert? For example, did he require services, did he have access to services?

- Were services sensitive to the protected characteristics within the Equality Act 2010 in respect of Herbert and his family?
- Were services accessible for Herbert and was he signposted to services?
- Was consideration of vulnerability or disability made by professionals in respect of Herbert?
- Did Herbert have contact with any domestic abuse organisation, charity or helpline?
- Was the issue of Herbert's shotgun certificate, and subsequent renewal, in line with current guidance?

Practitioners:

- Were practitioners sensitive to the needs of Marjorie and Herbert, knowledgeable about potential indicators of domestic violence and abuse and aware of what to do if they had concerns about Marjorie or Herbert?
- Was it reasonable to expect them, given their level of training and knowledge, to fulfil these expectations?

Policy and Procedure:

- Did the agency have policies and procedures in place for dealing with concerns about safeguarding and domestic abuse?
- Did the agency have policy and procedures for risk assessment and risk management for domestic abuse for Marjorie or Herbert (e.g. DASH) and were those assessments correctly used in the case of Marjorie/Herbert?
- Were these assessment tools, procedures and policies accepted as being effective?

2.7 Engagement with the individual/family

While the primary purpose of the DHR is to set out how professionals and agencies worked together, including how learning and accountability can be reinforced both in, and across, agencies and services, it is imperative that the views of the individual/family and details of their involvement with the DHR are included in this.

The Safer Waverley Partnership, through the Independent Chair, are responsible for informing the family that a DHR has been commissioned and an Independent Chair has been appointed. The DHR process means that agency records will be reviewed and reported upon, this includes medical records of both Marjorie and Herbert.

Firstly, this is in recognition of the impact of the death of Marjorie giving family members the opportunity to meet the review panel if they wish and be given the opportunity to influence the scope, content and impact of the review. Their contributions, whenever given in the review journey, must be afforded the same status as other contributions. Participation by the family also humanises the deceased helping the process focus on Marjorie's and Herbert's perspectives rather than just agency views.

All IMRs are to include details of any family engagement that has taken place, or that is planned.

2.8 Media Reporting

In the event of media interest, all agencies are to use a statement approved and provided by The Safer Waverley Partnership.

2.9 Publishing

It should be noted by all agencies that the DHR Overview Report will be published once completed, unless it would adversely impact on the adult or the family. Publication cannot take place without the permission of the DHR Home Office Quality Assurance Panel.

The media strategy around publishing will be managed by the DHR Panel in consultation with the chair of The Safer Waverley Partnership and communicated to all relevant parties as appropriate.

Consideration should be given by all agencies involved in regards to the potential impact publishing may have on their staff and ensure that suitable support is offered and that staff are aware, in advance, of the intended publishing date.

Whenever appropriate and 'Easy Read' version of the report will be published.

2.10 Administration

It is essential that all correspondence with identifiable information is sent via secure methods only. Failure to do so may result in a data breach and must be reported to the Data Protection Commissioner.

The Domestic Homicide Review Officer will act as a conduit for all information moving between the Chair, IMR Authors, Panel Members and the DHR Panel.

3 Individual Needs / Equality

3.1 Home Office Guidance[10] requires consideration of individual needs and specifically:

> 'Address the nine protected characteristics under the Equality Act 2010 if relevant to the review. Include examining barriers to accessing services in addition to wider consideration as to whether service delivery was impacted'

3.2 Section 149 of the Equality Act 2010 introduced a public sector duty which is incumbent upon all organisations participating in this review, namely to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

3.3 The review gave due consideration to all of the protected characteristics under the Act.

3.4 The protected characteristics are: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Both Marjorie and Herbert were white British citizens.

3.5 There was nothing to indicate that there was any discrimination in this case that was contrary to the Act whilst appreciating that Marjorie and Herbert had significant medical needs of their own. The Panel gave due consideration to Marjorie and Herbert's age, Marjorie's gender, their access to services and the absence of any history of domestic abuse within the marriage. The Panel were of the opinion that the only barrier to access to services was from Marjorie and Herbert who did not seek or accept it.

4 Contact with family and friends

[10] Home Office Guidance 2016 page 36

4.1 Home Office Guidance[11] requires that:

> "Consideration should also be given at an early stage to working with family liaison officers and senior investigating officers involved in any related police investigation to identify any existing advocates and the position of the family in relation to coming to terms with the homicide."

4.2 The 2016 Guidance[12] illustrates the benefits of involving family members, friends and other support networks as:

a) assisting the family with the healing process which links in with Ministry of Justice objectives of supporting victims of crime to cope and recover for as long as they need after the homicide;

b) giving family members the opportunity to meet the review panel if they wish and be given the opportunity to influence the scope, content and impact of the review. Their contributions, whenever given in the review journey, must be afforded the same status as other contributions. Participation by the family also humanises the deceased helping the process to focus on victim's and perpetrator's perspectives rather than just agency views.

c) helping families satisfy the often expressed need to contribute to the prevention of other domestic homicides.

d) enabling families to inform the review constructively, by allowing the review panel to get a more complete view of the lives of the victim and/or perpetrator in order to see the homicide through the eyes of the victim and/or perpetrator. This approach can help the panel understand the decisions and choices the victim and/or perpetrator made.

e) obtaining relevant information held by family members, friends and colleagues which is not recorded in official records. Although witness statements and evidence given in court can be useful sources of information for the review, separate and substantive interaction with families and friends may reveal different information to that set out in official documents. Families should be able to provide factual information as well as testimony to the emotional effect of the homicide. The review panel should also be aware of the risk of ascribing a 'hierarchy of testimony' regarding the weight they give to statutory sector, voluntary sector and family and friends contributions.

f) revealing different perspectives of the case, enabling agencies to improve service design and processes.

g) enabling families to choose, if they wish, a suitable pseudonym for the victim to be used in the report. Choosing a name rather than the common practice of using initials, letters and numbers, nouns or symbols, humanises the review and allows the reader to more easily follow the narrative. It would be helpful if reports could outline where families have declined the use of a pseudonym.

4.3 Early into the review process, family members were written to by the Author inviting them to engage. The letters included an AAFDA leaflet setting out the support that was available to them if they wished. Comments made by the family members have been

[11] Home Office Guidance 2016 page 18
[12] Home Office Guidance 2016 Pages 17 - 18

included but the family have not indicated to the Panel whether they sought the support from AAFDA that was offered or any other support agency. Details of their accounts are referred to in this report. Please see section 'Views of the Family'. The family have been of great assistance to the review process.

Dissemination

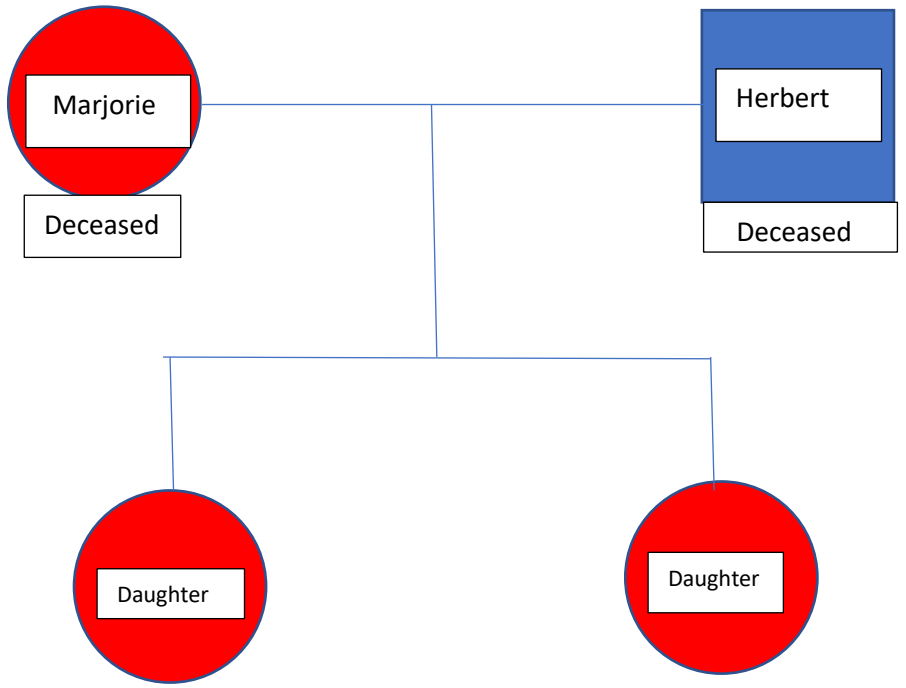
4.4 Family members have been supplied with a redacted copy of the Overview Report and the Executive Summary of this report in the medium of their choice and with sufficient time to digest the reports in their own time at their leisure.

Subjects of the Review

4.5 The following genogram identifies the family members, friends and colleagues in this case, as represented by the following key:

Victim, Marjorie	Deceased wife of Herbert
Perpetrator Herbert	Deceased husband of Marjorie
Daughter	Daughter of Marjorie and Herbert
Daughter	Daughter of Marjorie and Herbert

Genogram



5 Summary

5.1 This Domestic Homicide Review concerns the death of two elderly people, who were a much loved married couple. Marjorie was 78 years of age at the time of her death and Herbert was 84 years of age. Both were white British citizens. They met in 1961 and they married in March 1965 and lived in a rural part of Surrey, in a tight-knit community. They were well known to all of the neighbours in the village where they lived. They had little contact with agencies outside the local hospital and GP surgery and in order to obtain information for this report, the author has contacted numerous neighbours who readily gave their views of both Marjorie and Herbert. In addition, the author has had regular contact with one of the daughters. The views of the daughter and the neighbours are contained in the section of this report, 'Views of family and friends'.

5.2 In the weeks before the deaths, Herbert was admitted to hospital following a stroke. It was clear that he was uneasy leaving Marjorie at home alone. She had been showing signs of slight dementia, although she had not been diagnosed with the illness. She relied heavily on her husband albeit she was physically capable of walking the family dogs in the lanes around their house. She loved her family and looking after her husband. She was passionate about dressmaking when she was younger and she loved going on holidays. Neither of them were particularly religious. They used to attend church occasionally.

5.3 Herbert initially worked for the Forestry Commission and then joined the RAF. On leaving the service he returned to the Forestry Commission and then became a post man for a number of years in the mid 80's. Following that he would repair and service lawn mowers and garden machinery for people in the local area. He worked from a shed at the bottom of his garden. He also had a passion for motor bikes, fly fishing and clay pigeon shooting. He was a registered shot gun holder and had been for many years. He had 3 shot guns.

5.4 As far as the health of the couple is concerned, the daughter gave the Author a summary of both her mother's and her father's medical history. Apparently Herbert had a history of high blood pressure and was on medication which thinned his blood. He had hearing problems which stemmed from a motorcycle accident he had years before. He had been admitted to hospital with blood in his urine in July 2019 and this resulted in a referral to the Urology Department. He had suffered a stroke previously and had been admitted to hospital for treatment followed by 2 weeks of recuperation.

5.5 Marjorie was usually quite well, although she had become very forgetful, hence the suggestion that she had the onset of dementia. She was never diagnosed with dementia. As a younger woman, Marjorie had a long period of depression, especially when the two daughters left home, but she had stopped taking medication for that some years ago.

5.6 Numerous people in the area saw Marjorie either on the day of her death or just before that day. Marjorie was seen in the garden laughing and joking on the day before her death. Another neighbour saw her in the garden during that afternoon, while a third neighbour saw her at her kitchen sink that evening.

5.7 A neighbour saw Marjorie walking the family dogs between 07.45 and 08.50 on the day of the deaths. Another neighbour heard gun shots not long after that. A man delivered newspapers to the house at about 11.30am and thought it strange that the

dogs didn't bark. A physiotherapist arrived at the house at 12.20pm for an appointment with Herbert, but did not get a reply. As she was trying to call the daughter, one of Marjorie's neighbours came out to help. At about the same time a delivery man called at the house at 12.26pm to deliver a parcel. He got no reply and left the parcel in the porch area. At 12.39pm, the physiotherapist and the neighbour went into Marjorie's house and found Marjorie and Herbert dead on the kitchen floor. They raised the alarm and the emergency services attended.

5.8 Police officers and ambulance medics attended but were unable to save either Marjorie or Herbert. Both had died of shot gun wounds to the head. In a lean to shed were the two family dogs. One was dead and the other so seriously injured it had to be put down. Both dogs had been shot with one cartridge.

5.9 Subsequent searches and forensic examination of the scene indicated that it appeared the deaths had been planned. One gun was used and the barrel of the gun had been sawn off to 12 inches. The cut off piece of barrel was found in Herbert's shed together with a suitable metal saw. Forensic examination proved the saw to have been used to cut the shot gun barrel. Shot found at the scene was proved to have been fired by the gun. A sheet had been placed on the kitchen floor and the bodies lay together.

5.10 A police investigation ensued. H.M. Assistant Coroner for Surrey was informed. He opened the inquest into both deaths and adjourned until May 2020. The police investigation revealed that it is likely that Herbert shot the dogs in the shed, shot his wife, and then shot himself. There were three discharged cartridges found at the scenes.

6 Chronology

6.1 Police records indicate that their only contact with Herbert was in relation to his applications to renew his shotgun licence. The records show his last certificate running from 2011 -2016 and then being renewed in June 2016 year for another 5 years so due to expire in 2021. At the time of renewal all the appropriate checks/inspections were completed although his GP didn't respond (but had no legal duty to do so). Records do not indicate when Herbert first held a shotgun licence. There was no contact with Marjorie.

6.2 Health records indicate both Marjorie and Herbert were registered at a local GP surgery and had been since September 1974. Marjorie had limited contact with the GP during the period of this review although she had annual flu vaccinations and the like. Surgery records indicate she was treated for depression and/or anxiety in 2005, 2008 and 2013. Her last GP consultation was in February 2018 where she was prescribed medication for high cholesterol and her last visit to the practice was on 25th September 2018, for her annual flu vaccine.

6.2 With regards to Herbert he had considerably more contact with his GP and there are 25 records of consultations either face to face or by telephone in the 18 months leading up to the date of his death. In July 2019, he suffered a stroke and was admitted to hospital. He had no apparent history of mental illness however, in July 2019, a GPCOG

dementia screen[13] gave him a score of 6/9 which suggested a mild degree of cognitive impairment (memory change) however no formal diagnoses had been made by the time of his hospital admission for his stroke. Also contained in his GP records is a note saying 'renewal of shotgun/firearms certificate'

6.3 Records from Frimley Park Acute Hospital indicate that only Herbert had been seen there. Records dating back to October 2016 indicate that his GP had informed the hospital that he had a shotgun licence. Ten days after this entry, records indicate that Herbert was admitted for a urological procedure and a multidisciplinary team meeting was held regarding his treatment plan. A CT scan[14] showed everything was normal and his GP was informed.

6.4 In May 2018, he was taken to hospital after being stuck in the bath and unable to get out for two days. After being given fluids and an examination, he was discharged two days later.

6.5 On 14th July 2019, Herbert was taken to the emergency department of the hospital with blood in his urine following a 111 call from his daughter who was concerned he was also displaying symptoms of a stroke. It was noticed that he had a decline in his memory. He was able to state time and place but could not recall the year or the date. The ambulance crew reported he was slurring his words. He was discharged the following day with an out-patient appointment.

6.6 On 20th July 2019, the daughter called for an ambulance as her father was not feeling well. He was taken to hospital and readmitted after being unsteady on his feet and with slurred speech. A CT scan showed he had an intra-cerebral bleed. He was in hospital for five days and then transferred to Virgin Care[15] for rehabilitation.

6.7 Herbert had a stroke assessment which again showed some memory impairment. Whilst at this hospital he had a urological procedure and the management plan was to increase his fluids and for antibiotics to be prescribed. He also had a consultation with a physiotherapist and Herbert described himself as being 'back to normal' with the exception of his memory being a little poor. He also stated that he was an engine mechanic and his wife's carer. At that time he was with his daughter who asked the therapist whether support was available for her mother. The therapist suggested that she contacted Social Services for further discussion. He was discharged home on the 2nd August 2019 with a follow up appointment with the stroke team and with ongoing rehabilitation with regards to vocational rehabilitation, community integration and higher-level cognition.

6.8 Herbert told his therapist that his wife was managing the cleaning and laundry at their house as well as managing the finances. Overall it was noted that there were no concerns about Herbert's mood and no indication that he was troubled or depressed during his stay at the hospital. It is noted that whilst Herbert was asked about his leisure

[13] The General Practitioner assessment of Cognition (GPCOG) is a screening tool for cognitive impairment. It has been designed for general practitioners, primary care physicians, and family doctors

[14] A computerized tomography (CT) scan combines a series of X-ray images taken from different angles around the body and uses computer processing to create cross-sectional images (slices) of the bones, blood vessels and soft tissues inside the body.

[15] Virgin Care provide some adult community services across parts of Surrey and North East Hampshire. They provide a wide range of services including community nursing and wheelchair services.

activities which included walking and fishing there is no suggestion that his shotgun licence was mentioned, and the hospital staff had no reason to bring that up in conversation.

6.9 Adult Social Care (ASC) did not have contact with Herbert or Marjorie prior to their deaths. They completed Safeguarding Adults Enquiry Plans for both Herbert and Marjorie which formed part of their Section 42 enquiries to determine whether a Safeguarding Adult Review (SAR) should take place. They determined it did not fit the criteria for a SAR.

6.10 In relation to Marjorie, ASC notes indicate that the family have been of the opinion that for a number of years Marjorie had been suffering a degree of cognitive impairment predominately short-term memory issues. The daughter had told ASC that because her father was always with her mother, he would help her in any way he could which included answering questions for her when he could see was struggling to answer them herself. The daughter described her father as being incredibly supportive of her mother and by being with her all of the time she believed the father managed to disguise her mother's difficulties. It is noted that during one of the stays in hospital it was clear that he felt that he would be a burden to anyone if anything happened to him and that his wife would be a burden if he passed away.

6.11 ASC notes indicate that the daughter had expressed an opinion that her father had decided to take his own and her mother's life to prevent them from being a burden to anyone and to ensure that they would never be apart. The daughter suspected that he had planned this when he was in hospital but had not disclosed this to anyone as he was a very private man.

6.12 The ASC review in relation to Herbert contains much the same information to that of Marjorie but does describe how on the day of the deaths, the Community Physiotherapist attended to the home address on a pre-arranged appointment to see Herbert. There was no answer and the physiotherapist tried to contact the daughter. In the meantime, a neighbour approached the address and both the neighbour, and the physiotherapist entered through the unlocked front door and found the couple on the kitchen floor.

6.13 The emergency services were notified and attended, and it was apparent that Marjorie and Herbert were dead due to shotgun wounds. In a lean-to shed they found two dogs, one dead and one so badly injured it had to be put down. A Police investigation has described earlier in this report commenced and forensic examinations would indicate a degree of preparation.

7 Views of the family and friends

7.1 With the help of the Police Senior Investigating Officer (SIO) and the Family Liaison Officer (FLO), 11 neighbours and friends were identified and letters were sent to them all at an early stage inviting them to engage with the review process. Some replied that they did not wish to engage as they felt it was too sensitive to do so. Three neighbours were willing to engage and were spoken to by the Overview Author. Unfortunately, the Covid-19 virus prevented the Author visiting these neighbours but significant telephone conversations took place with each of them. This was also the case with the daughter

of Marjorie and Herbert. The second daughter does not wish to be seen or spoken to at this stage.

7.2 The conversation with the first neighbour was extremely useful. This neighbour had known both Marjorie and Herbert for over 10 years and would see them both almost every day, usually walking the dogs. She described how Herbert was the more outgoing of the two people and thought that Marjorie had slight dementia. As this progressed, both Marjorie and her husband tried to get out more and this was good for Marjorie. The neighbour described them as the most devoted couple, but they were very private people. They rarely socialised with others but notwithstanding that, they appeared to be very friendly to those who they did have contact with.

7.3 The neighbour's husband liked motor cycles and he would spend quite a lot of time with Herbert talking about motor cycles. She described Herbert as being a very practical man, who could fix anything and how people would come from all around the area to bring their lawn mowers for Herbert to service and repair. She described how Marjorie and her husband would do everything together and they had excursions to the coast every week.

7.4 The neighbour went on to describe an incident when Herbert fell in the bath and was unable to get out. It was clear that both Marjorie and Herbert were both vulnerable people and neighbours volunteered to help, especially when Herbert was admitted to hospital with his stroke. The neighbour said that when Herbert was in hospital, Marjorie became confused, wondering where her husband was and during this period of time the neighbour got to know the daughter more than she had before. She described how Herbert was buoyant after he came out of hospital, but underneath all of that he was concerned about Marjorie's health as he knew that she was not well. Most of the neighbours knew that Herbert had a gun which was properly licenced but none of them had seen it. This neighbour was aware that it was locked away.

7.5 The second neighbour stated her recently late husband knew Marjorie and Herbert well. They used to see Marjorie and Herbert in their garden. The neighbour had known Marjorie and Herbert for 33 years but her husband had known them longer. The neighbour described how both of the deceased were a lovely couple, always very friendly and they would be seen walking their dogs on a regular basis. During the week before the deaths, both of them were seen around and appeared to be perfectly normal. Marjorie's husband visited the neighbour on the Sunday before the deaths and he stated that he was worried about his wife when he was not at home as she found it difficult to manage. When Herbert was in hospital, and because Marjorie was known to have difficulty managing the use of the phone, the neighbours would go to see her and help her if she needed anything. She described how the community were all very close, which she demonstrated by saying that when her own husband had a fall outside their house, several of the neighbours went to assist and waited whilst the ambulance attended. She too describes the shock of learning what had happened.

7.6 The third neighbour had known the deceased for nearly 20 years, since July 2000, when he moved there with his family. Marjorie and Herbert were already living in the lane. He would see the deceased walking their dogs every day and also see Herbert pottering about in his shed. He saw more of Herbert than Marjorie. He described how neither of the deceased socialised very much, but explained that he had two young children so he and his wife were in a different social group to the deceased. He described how Marjorie and Herbert always asked after the children and Herbert was

always there if there were any odd jobs that needed to do like clipping the hedges. This neighbour lived in the house adjoining the deceased. He described how he could hear the clock ticking and, because Herbert was hard of hearing, the neighbour could hear the speedway and cricket on Herbert's television.

7.7 This neighbour recalls that Marjorie had a breakdown some time ago which resulted in depression and mental health problems for which Herbert cared for her, but found it difficult. On the day of the deaths, this neighbour heard two shots in the morning about 7.30am. He said that the shots woke him up. He thought his electrics had fused or the sound was a crop scaring machine. He actually went to check his garage and the children but all was in order in the garage and the children were still asleep. In a conversation with Herbert after he had come out of hospital, the neighbour said that Herbert did not want to be ill or to go back to hospital and that he was worried about his ability to take care of Marjorie. He said that during the previous 18 months Herbert's health had deteriorated and he needed more support.

7.8 The report Author spoke at length with one of the two daughters. In addition to the information contained in the summary of this report, the daughter spoke about her father's admissions to hospital and that it took 3 visits before his stroke was diagnosed. His UTI (Urinary Tract Infection) treatment meant that he was in and out of hospital.

7.9 She said that her parents were a devoted couple and her father would look after her mother. Her father didn't think that her mother had dementia to start with but she got worse. The daughter raised concerns about her mother's forgetfulness with her father but he insisted that he was managing. She said that her mother needed some structure to her days and her father provided that structure. Her mother would be able to cook dinner for them each day.

7.10 The daughter said that there was never any reason to be concerned about the relationship between her mother and father and describes it as being always a loving, caring relationship. There were never any indications of any kind of domestic violence exhibited by either her mother or father. She has the view that when her father was diagnosed with his stroke he was told, according to him, that he could 'drop down at any time' as he was not fit and healthy any more. This made him worry about what would happen to Marjorie when he would not be responsible for taking care of her. He was also concerned that whilst he was in hospital and the neighbours had been helping with Marjorie, they had somehow got to know their business, which was contrary to his persona of them being a very private couple.

7.11 Regarding her father's stroke, the daughter's view is she had raised concerns about symptoms of a stroke, however this was never investigated. This for her is a crucial point. Herbert displayed a classic symptom (slurred speech) on admission but no one picked this up and did anything about it. She is not sure if Herbert told her that he had been to the GPs and seen a nurse when it first happened and they saw him and said he was fine. The daughter is not sure if this actually happened (she can only go on what Herbert told her), but she feels that this is an area that was not well handled by either the GP (if he attended) or the hospital, nor does it appear to have been picked up adequately.

7.12 The daughter said that her father hated asking for help. He was self-sufficient and led a simple working life but since his hospital admission their lives had been exposed. He expressed that he would hate it if Marjorie ended in a home of any kind. He looked

after her as much as he could, even going with her when she saw the GP. The daughter was quick to assert that this was not in any way coercive behaviour by her father and that her mother wanted him to be there in any event. They wanted to be together and each of them wanted that. They were inseparable. She described her father as being an old fashioned, proud family man with old fashioned values. They were totally content with their lives apart from their respective illnesses and his worry about the future of Marjorie.

7.13 The daughter's opinion of what happened was that her father would have thought about this for some time and that the decisions would not have been made in isolation. The daughter wants to be clear that there was no indication of domestic abuse between her parents whatsoever, but she appreciates why this review has had to be commissioned.

7.14 The Overview Author and the Panel Administrator met with the daughter (with due regard to Covid-19 Social Distancing) on 24th September 2020 and went through the report with her. She was given a copy for her to digest the findings in her own time. On 12th October 2020, the daughter attended a virtual panel meeting and met the panel members.

8 Analysis and Recommendations

8.1 This Domestic Homicide Review concerns the death of two elderly, devoted people, who had been married for some 54 years. They were both well respected within a small community in the village where they lived. They were known to many other residents in the immediate area, often seen either in their garden or walking their much loved pet dogs.

8.2 Both Marjorie's and Herbert's health deteriorated in recent times and visits to GPs and admissions to hospital became more regular, especially for Herbert. This caused him great concern and anxiety, not knowing how his wife would cope without him being there to look after and provide for her.

8.3 It had been clear to the daughter, that for a number of years that Marjorie was suffering from a degree of cognitive impairment, predominantly short term memory issues. Herbert was always with her and would very much help her however he could by answering questions she had been asked that he could see she was struggling to answer. He was incredibly supportive of her and by being with her all of the time he managed to disguise her difficulties. The question was raised with the GP as to whether either Marjorie or Herbert attended GP appointments with each other. From GP records it appears that the only reference of Herbert being present at his wife's appointment with her GP was in January 2018, when Marjorie complained of dizziness. He did not attend with her at two subsequent appointments. The last contact Marjorie had with her GP was for a flu injection in September 2018.There is no record of Marjorie attending any of Herbert's appointments with his GP. There is no record that Herbert had or raised any concerns about his wife with any of the medical or nursing staff at the GP's surgery when he attended for his own appointments.

8.4 With regard to Marjorie's medication, GP records show that she was prescribed anti-depressants, but in the summer of 2017, she stopped taking them. The GP was aware of this and gave appropriate advice about seeking a review and recommencing them if her mood deteriorated. There is no evidence recorded to suggest that this was

the case and she did not re-start any medication related to her mental health prior to her death in August 2019.

8.5 However, Marjorie did stop taking her prescribed medication of Atorvastatin, used to lower cholesterol. The only contact with the GP's surgery was for her flu injection in September 2018 and therefore there was no opportunity to discuss the reasons for her stopping the medication. According to the GP, it would not be routine practice to have follow up mechanisms for medication repeats not being requested, unless for a high risk patient and/or for a drug where sudden discontinuation posed a significant risk to the patient. Neither of these were appropriate in Marjorie's case.

8.6 The couple had the benefit of loving daughters who did what they could for them. In addition they had the support of a group of caring neighbours that watched over the couple when needed.

8.7 It is clear however, that the couple were very private and did not share details about their lives with many people, and whilst being sociable with neighbours and those they met, they preferred to keep themselves to themselves. The daughter describes how her father disliked asking for help and hated the thought of him or Marjorie being a burden to anyone, especially if he passed away and it would be left to the daughters to look after Marjorie.

8.8 There is no suggestion whatsoever that there was a history of any form of domestic abuse known to exist between the couple. However, as a warning, Safer Later Lives[16] states:

> 'As a consequence of so few older victims accessing domestic abuse services, professionals tend to believe that domestic abuse does not occur amongst older people. …….. These assumptions may encourage health professionals to link injuries, confusion or depression to age related concerns rather than domestic abuse.'

8.9 There were a number of agencies that had regular contact with Marjorie and Herbert. It is important that each agency is confident that such contacts are viewed as an opportunity to apply the best practice of "routine enquiry" into the possibilities of domestic abuse. Routine enquiry was established in 2008 as part of Domestic Abuse Guidelines for health care workers in Scotland and adopted nationally in the same year. It involves asking all patients at assessment about abuse regardless of whether there are any indicators or suspicions of abuse in maternity, sexual health, health visiting, substance misuse and mental health settings.

8.10 Whilst frontline staff are not expected to be experts in dealing with abuse, through implementing routine enquiries they can

- provide a supportive environment to help disclosure
- gather information on the health problems associated with the abuse
- assess immediate and long-term health and safety needs
- provide information/signpost and refer on where appropriate
- document disclosure of abuse and action taken in case files.

Recommendation No 1.

[16] Safer Later Lives: Older People and Domestic Abuse Sage Lives October 2016 0. Safe Later Lives - Older people and domestic abuse.pdf (safelives.org.uk)

All Surrey Clinical Commissioning Groups and all Surrey Health Services assure the Safer Waverley Partnership, that Routine Enquiries into possible domestic abuse is embedded into training, policies and procedures.

8.11 It is a recognised fact that older people are less likely to report incidents of domestic abuse and in addition professionals tend to believe that domestic abuse does not occur amongst older people. Safer Later Lives states:

> "This lack of recognition amongst some professionals is crucial given disclosure of abuse is more likely if victims are offered repeated opportunities to do so. This is particularly the case for older people who are less likely to access services through self-referral" (page11),

8.12 In order to enhance the awareness of the older population to the support that is available to victims of domestic abuse it is recommended that a County wide structured publicity campaign be introduced by the Surrey County Council Adult Social Services aimed specifically at the older population. This could be done in tandem with voluntary agencies such as Age UK Surrey.

Recommendation No 2.

Surrey County Council Adult Social Services together with all Surrey Clinical Commissioning Groups and all Surrey Health Services, Domestic Abuse Outreach Services and Surrey Police, embark on a publicity campaign advertising with posters and seminars etc., the opportunities for older victims of domestic abuse, their friends and family members in Surrey to locate help, support and advice about domestic abuse.

8.13 In addition, and in accordance with the findings of Safer Later Lives, training of professionals with specific regards to older adult abuse should be reviewed, to ensure that the following quote from Safer Later Lives is addressed;

> "The current lack of training on the specific issues faced by older victims of domestic abuse may mean that practitioners lack the skills and knowledge to respond to it confidently" (page 12).

Recommendation No 3

Surrey County Council Adult Social Services, together with all Surrey Clinical Commissioning Groups and all Surrey Health Services review domestic abuse training to ensure that professionals have the skills and knowledge to respond to abuse of the elderly confidently and professionally.

8.14 As stated previously, Herbert was a registered shot gun holder. He had three shotguns and ammunition at his home. Police records do not go back far enough to establish when he first held a Shotgun Certificate however his renewal application in 2001 indicates he had held a license since at least 1996 without any problems or concerns in the way that he used or stored his weapons and ammunition. In 2016, his shot gun certificate was due for renewal. The Firearms Licensing section of Surrey Police sent a letter to Herbert's GP asking for information of the current state of Herbert's health to inform his renewal application. In 2016, and indeed to the present day, there was no obligation on GPs to provide such information and the letter from the police was not

responded to. As was the practice nationwide at that time, the certificate was renewed without any report from the GP.

8.15 Between 2016 and the time of the couple's death in August 2019, Herbert's health deteriorated considerably. During that period he was also the carer for Marjorie, who had dementia and other ailments. In May 2018, he got stuck in the bath for two days and received hospital treatment requiring fluids. Until July 2019, Herbert was able to drive and work whilst he cared for his wife. His mobility was good. However in July 2019, whilst receiving treatment for urinary problems it was noticed that his memory was poor and he was having trouble finding some words. Marjorie reported that he was slurring his words.

8.16 On 14th July 2019, the daughter called an ambulance as her father was displaying signs of a stroke. On 21st July 2019, he was again admitted to hospital with slurred speech and he was diagnosed with an intra-cerebral bleed. In August 2019, he was discharged from hospital for follow up by the Stroke Team.

8.17 As current legislation stands, there is no requirement for GP or hospitals to notify the Police Firearms Department of the deterioration of a person's health. Consequently the health problems that Herbert had between the time of renewal of his shot gun certificate and the time of his death were not know to the police and therefore no consideration could be given to revoke his licence on health grounds.

8.18 In December 2015, Reigate and Banstead Borough Council with East Surrey Community Safety Partnership commissioned a Domestic Homicide Review into the death of an elderly couple, where the husband, a registered firearm holder, shot and killed his wife and himself. His wife was in the initial stages for investigation into a possible dementia diagnosis. The review made the following recommendations:

Recommendation Five

East Surrey Community Safety Partnership

To recommend to the Home Office that it should implement recommendation 11 within the HMIC report "Target the Risk" which is as follows; Immediately, and with a view to implementation within 18 months, the Home Office should ensure that the current proposals for the sharing of medical information between medical professionals and the police for the purpose of firearms licensing, allow the police effectively to discharge their duty to assess the medical suitability of an applicant for a Section 1 firearms or shotgun certificate. Since this report was originally drafted, further guidance has been issued (Home Office Guide on Firearms Licensing Law 2016) which addresses many of the issues raised in this report, although concerns remain that at present, as there is no statutory duty for GPs to comply.

Recommendation Six

East Surrey Community Safety Partnership

To recommend to the Home Office that it considers reducing the period for a firearms licence renewal from five years to three years, particularly in older people, which will ensure a more frequent medical review report to the police.

8.19 A similar situation arose in a DHR in Durham[17] and the following recommendation was made in that review report:

> *'Recommendation 6:*
>
> *a) The Police firearms licencing departments explore the feasibility of carrying out checks both internally and externally with other agencies in particular primary health care i.e. GP's, to help them make decisions in relation to the granting of either a shotgun or firearm's licences. In order to help them to do this and risk assess appropriately, consideration should be given to establishing a system so that consent is sought for the disclosure of information from every person in that household from primary care services. This will enable information to be shared relevant to domestic abuse, substance miss-use, physical harm and mental health issues.*
>
> *b) Once a firearm or shotgun certificate has been awarded, the police firearms licencing department should notify the individual's GP so that they are proactive in their information sharing if they have concerns about the certificate holder and their appropriateness to continue to hold these certificates.*
>
> *c) During the course of those discussions the police representative should also seek permission for a 'flag' to be placed upon the individuals medical record which identifies that if granted a licence it is clearly visible to those accessing the record.*

8.20 The Durham recommendation was repeated in a very similar Herefordshire DHR[18] in 2016:

> *West Mercia and Warwickshire Police Firearms Licencing Departments to consider the feasibility of implementing the wording of the Recommendation 6 of Durham DHR re Adults A-F (February 2013) and report back to the Hereford Community Safety Partnership within 3 months.*

8.21 In September 2015, Her Majesty's Inspector of Constabulary (HMIC) published "Targeting the risk."[19] This extensive inspection report made some 18 recommendations to Chief Constables, the Home Office, and to the National Police Lead for firearms licensing. Recommendation No 11 of that report concerned the suggestion that GPs should contribute to the licensing process by responding to letters sent by the police on application or renewal of a licence asking if the applicant is of sufficient good health to be granted a licence. The recommendation reads:

> "*Immediately, and with a view to implementation within 18 months, the Home Office should ensure that the current proposals for the sharing of medical information between medical professionals and the police for the purpose of firearms licensing, allow the police effectively to discharge their duty to assess the medical suitability of an applicant for a section 1 firearms or shotgun certificate. This should have due regard to ensuring the system:*

[17] Durham Community Safety Partnership DHR re Adults A-F (February 2013)
[18] Herefordshire Community Safety Partnership DHR AEK (February 2016)
[19] Targeting the Risk – An Inspection of the efficiency and effectiveness of firearms licensing in police forces in England and Wales. Sept 2019 HMIC

• does not allow licensing to take place without a current medical report from the applicant's GP, obtained and paid for by the applicant in advance of an application for the granting or renewal of a certificate, and which meets requirements prescribed by law; and

• is supported by a process whereby GPs are required, during the currency of a certificate, to notify the police of any changes to the medical circumstances (including mental health) of the certificate holder which are relevant to the police assessment of suitability for such a certificate, and within which the certificate holder is statutorily required to notify the police of any such changes.

8.22 A further consultation document[20] issued in July 2019, includes a suggested section on medical checks for licensing and points towards the draft guidance[21]. The draft guidance (para 2.26) states:

Medical information required by the police

When a person applies for a firearm or shotgun certificate the police will ask the applicant's GP to:

(i) confirm whether or not the applicant is or has been treated for any relevant medical condition which could affect their ability to possess a firearm safely; and

(ii) place a firearm reminder code on the applicant's patient record and confirm that they have done so.

GPs should not be asked to give general access to an applicant's medical record. Nor should they be asked to either endorse or oppose applications. Responsibility for the decision about whether a person is suitable to be granted a certificate lies with the police, not the GP.

8.23 The Overview Author of this report has communicated with the National Police Chief's Lead on Firearm Licensing to discuss whether the recommendation in the draft guidance or indeed recommendation 11, are to be implemented in the near future. The Police Chief's Lead says that consultations are ongoing and the Home Office are working closely with the Department of Health and Social Care as well as the British Medical Association and the Royal College of General Practitioners.

8.24 Notwithstanding the consultations within the Home Office, it is felt necessary that this DHR endorses the action being taken and supports the principle that relevant medical information should be provided by the medical profession to the police for consideration of an application or renewal of a firearm or shot gun certificate.

Recommendation No 4

The Safer Waverley Partnership endorses and supports the recommendation suggested in the draft guidance "Firearms Licensing

[20] Statutory Guidance to police on firearms licensing Government consultation July 2019 Home Office
[21] Firearms Licensing Statutory Guidance For Chief Officers of Police First Edition July 2019 Home Office

Statutory Guidance for Chief Officers of Police", and recommends that the circumstances of this review are shared with those within the Home Office responsible for those consultation, to assist in the continuance with the consultations with other professional bodies and to reach a positive conclusion as soon as possible.

8.25 It is important that all NHS Trusts ensure practitioners establish if the patient being admitted has care and support responsibilities for any dependants at home to gain assurance that the care needs of the person at home have been addressed and they are not at risk due to the admission of the carer. Where concerns have been expressed by the patient and or family members regarding the support for a dependant, this should be followed through with discussion with the hospital Social Worker, GP and consideration for referral to Adult Social Care for a section 9 assessment. As this may have a direct impact on the emotional needs and recovery of the patient.

Recommendation No 5

The CCG and NHS Trust must ensure that practitioners make enquiries with patients, particularly those who are admitted to hospital, as to their home circumstances to establish if they have responsibility to care for another who is at home and who may be at risk due to the patients admission.

Frimley Health NHS Foundation Trust

8.26 Frimley Health NHS Foundation Trust have examined their dealings with Marjorie and Herbert and have not identified any risk indicators in health records for the family. Mental health was routinely assessed during Herbert's in-patient stays and there was nothing to indicate that he may take his own life or indeed the life of Marjorie. However, in light of the outcome of the events, the home visiting risk assessment used by the Early Stroke Discharge Team has been updated to include firearms as a risk indicator. Since its implementation this has been working successfully and first visits are no longer carried out alone. With that in mind, a Lone Visiting specialist working group has been established, led by the Local Security Management Specialist. There was no reasons to suggest that Herbert was in possession of a shot gun or other weapon.

8.27 The Frimley Health NHS Foundation Trust make the following recommendation within their IMR:

- To consider reviewing the Home Visiting Risk Assessment for the ESD team.
- Consider the creation of a Trust-wide Lone Working Policy.

8.28 The Rehabilitation Hospital (Virgin Care) were not aware of Marjorie, but had dealings with Herbert as outlined in this report. The Virgin Care summary report concludes with the facts that staff were unaware of the fact that Herbert was a licensed shot gun holder as this was not a usual line of enquiry. However records do indicate that Herbert was asked about his leisure activities to which he indicated that walking and fishing is how he spent his leisure time.

9 Conclusions

9.1 There is no suggestion whatsoever that there were any concerns of domestic abuse between Herbert and Marjorie prior to this incident in 2019. This case shows the desperate situation that Herbert and Marjorie were in. Herbert was worrying about the future care of Marjorie should anything happen to him, who would look after her and not wanting to burden anyone with the responsibility of looking after either of them should one of them die.

9.2 Herbert and Marjorie are described as a loving devoted couple by their daughter and neighbours, all of whom would see Herbert and Marjorie on a regular basis.

9.3 The daughter's view was that Herbert was so concerned about who would look after Marjorie if his health deteriorated to such a degree that he either died or became incapacitated and that ending both of their lives would mean that no one would be burdened and that they would be together. The recommendations regarding routine enquiries, public awareness of opportunities for the older population to report domestic abuse and a review of training of professionals emanate from the information supplied by agencies and the purpose of the recommendations is to raise awareness and hopefully plug a gap that may exist among Social Services and health agencies in particular.

9.4 The main concern in this review is the present situation regarding the issue and renewal of firearms certificates by the police without a mandatory involvement from health professionals. Negotiations have been ongoing for some time now between the Home Office, the department of Health and other professional bodies but until there is a firm agreement and a change in legislation these sorts of incidents will continue. As demonstrated in the report, there are a list of almost identical deaths recorded and recommendations made to try to improve the situation. Without a positive conclusion to the negotiations improvements and change cannot take place. This has to be considered a joint venture between the police and health professionals.

9.5 The recommendations regarding training and information with respect of elder abuse are relatively simple to achieve and work is already underway to implement those into practise.

10 List of Recommendations

Overview Recommendations

Recommendation No 1.

All Surrey Clinical Commissioning Groups and all Surrey Health Services assure the Safer Waverley Partnership that Routine Enquiries into possible domestic abuse is embedded into training, policies and procedures.

Recommendation No 2.

Surrey County Council Adult Social Services together with all Surrey Clinical Commissioning Groups and all Surrey Health Services, Domestic Abuse Outreach Services and Surrey Police, embark on a publicity campaign advertising with posters and seminars etc., the opportunities for older victims of domestic abuse, their friends and family members in Surrey to locate help, support and advice about domestic abuse.

Recommendation No 3.

Surrey County Council Adult Social Services, together with all Surrey Clinical Commissioning Groups and all Surrey Health Services, review domestic abuse training to ensure that professionals have the skills and knowledge to respond to abuse of the elderly confidently and professionally.

Recommendation No 4.

The Safer Waverley Partnership endorses and supports the recommendation suggested in the draft guidance "Firearms Licensing Statutory Guidance For Chief Officers of Police", and recommends that the circumstances of this review are shared with those within the Home Office responsible for the consultation, to assist in the continuance with those consultations with other professional bodies and to reach a positive conclusion as soon as possible.

Recommendation No 5

The CCG and NHS Trust must ensure that practitioners make enquiries with patients, particularly those who are admitted to hospital, as to their home circumstances to establish if they have responsibility to care for another who is at home and who may be at risk due to the patients admission.

<u>Frimley Health NHS Foundation Trust</u>

Recommendation No 1

To consider reviewing the Home Visiting Risk Assessment for the Early Stroke Discharge team.

Recommendation No 2

To consider the creation of a Trust-wide Lone Working Policy.

Bibliography

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