



DOMESTIC HOMICIDE REVIEW

OVERVIEW REPORT

REVIEW REPORT INTO THE DEATH OF

Jane

Date of Death February 2012

Report produced by:

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1 INTRODUCTION

- 1.1 In February 2012, Northumbria Police attended Address 4. The body of Jane, a 42 year old female was found. She had suffered fatal stab wounds.
- 1.2 This began a Police investigation which established that Jane had been attacked by Gary, her partner of 18 months. Gary was subsequently arrested, charged and convicted of her murder.
- 1.3 The victim was known to the Police, health services and specialist domestic violence agencies and had previously been subject of a Newcastle Multi Agency Risk Assessment Conference (MARAC).
- 1.4 Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004), which came into force on 13th April 2011.

The purpose of a DHR is to:

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

These reviews are not inquiries into how the victim died, that remains a matter for the judicial system to determine.

- 1.5 Northumbria Police referred Jane's death to the Chair of Safe Newcastle for the case to be considered for a Domestic Homicide Review. The Chair confirmed with the Home Office that this case met the criteria and that a DHR would be undertaken.

2 DOMESTIC HOMICIDE REVIEW PROCESS

Terms of Reference and Scope

- 2.1 The terms of reference for the DHR were formulated and agreed. It set out in detail the areas required to be addressed within the Individual Management Reviews (IMRs). The category headings were:

- Agency Context;
- Policy and Procedure;
- Information Recording and Sharing;
- Victims /Perpetrators;
- Supervision;
- Assessment;
- MARAC ;
- Training/Awareness;

- Action Plans;
- Good Practice;
- Ethnic, Cultural, Linguistic Issues; and
- Lessons Learnt.

2.2 The agreed period of time subject to review was between August 2009 to February 2012. This covered the period from Jane's arrival in Newcastle, up until the time of her death.

2.3 **Domestic Homicide Review Panel**

Safe Newcastle set up a DHR panel to oversee the process. The panel consisted of the following individuals:

- Cllr Linda Hobson, Newcastle City Council;
- Steve Barron / Max Black, Northumbria Police;
- Sheila Breslin / Neil Scott, Your Homes Newcastle (YHN);
- Dr Stephen Blades, NHS North of Tyne;
- Frances Blackburn, The Newcastle upon Tyne Hospitals NHS Foundation Trust;
- Vida Morris, Newcastle Primary Care Trust;
- Jan Grey, Northumberland Tyne and Wear NHS Foundation Trust;
- Liz Jarvis, Victim Support;
- Jackie Johnson, North East Council Addictions (NECA);
- Elaine Langshaw, Newcastle Women's Aid;
- Jane Mackintosh / Maggie Stephenson, Northumbria Probation Trust;
- Karen Simmons, Children's Services, Newcastle City Council;
- Robyn Thomas / Lesley Storey, Safe Newcastle Unit, Newcastle City Council; and
- Linda Gray / Sheila Winter, Adult and Culture Services, Newcastle City Council.

Vera Baird the Police and Crime Commissioner for Northumbria became a member of the panel during the latter stage in the process.

2.4 The DHR panel met on the following occasions:

27th March 2012;
15th May 2012;
3rd July 2012;
11th September 2012;
3rd December 2012;
8th February 2013;
11th April 2013; and
12th July 2013.

2.5 In addition, Brian Boxall, a retired Detective Superintendent who had served with Surrey Police, was commissioned by Safe Newcastle to independently Chair the panel and write the overview report. He was the lead for public protection, including domestic violence and a member of the Association of Chief Police Officers (ACPO) domestic violence group. He was responsible for the introduction of the Surrey Multi Agency Risk Assessment Conference (MARAC) in 2006. He is currently the Chair of both Children and Adult Safeguarding Boards. He has acted as Chair and author for a number Serious Case Review panels and has completed the accredited Government of London/Tavistock training for Chairs of Serious Case Review panels and Overview Report Authors.

Individual Management Reviews

2.6 Individual Management Reviews (IMRs) were requested from the following agencies:

- Newcastle Primary Care Trust;
- Newcastle Upon Tyne Hospitals NHS Foundation Trust;
- Your Homes Newcastle (YHN);
- North East Council on Addictions (NECA);
- Newcastle Women's Aid;
- Northumbria Police;
- Northumbria Probation Trust;
- Victim Support;
- North East Ambulance Service; and
- Crown Prosecution Service.

2.7 The panel Chair met with the IMR authors at the start of the process to explain what was required. The authors were then invited to a number of the subsequent panel meetings, to discuss their considerations whilst compiling their initial narrative and later, to present their final analysis, findings and recommendations. The panel reviewed the Individual Management Reviews (IMRs) and challenged accordingly. This approach ensured that the IMR quality was good and the findings appropriate.

2.8 The panel Chair contacted individual authors in order to seek clarification whilst writing the overview.

2.9 The author was provided with a number of additional documents including:

- The MARAC meeting minutes and linked referral and assessments forms;
- Statements of evidence from friends and work colleges used at the criminal trial;
- The Independent Police Complaints Commission (IPCC) investigation report;
- Crown Prosecution Service (CPS) guidance documents;
- Independent Domestic Violence Advisor (IDVA) job descriptions;
- Police procedures; and
- Evaluation of the Integrated Victim Support Service, December 2012.

Family Involvement

2.10 Jane's family was informed of the DHR by Police Family Liaison Officers, which were assigned to them following Jane's death. This was supported with a letter from the Chair at the start of the review and followed up on completion of the criminal trial. Only one family member wished to contribute.

Other person's Involvement

2.11 Furthermore, the author had access to statements supplied by friends and work colleagues for the Police investigation. The author, with the agreement of the DHR panel, also interviewed Gary following his conviction.

Linked investigations

2.12 At the same time as the review, an on-going Police investigation and subsequent criminal trial occurred in November 2012. An Independent Police Complaints Commission (IPCC) investigation also took place, which focused on the Police officers' actions on the day of the incident. The review author made contact with IPCC investigator and was given access to the full report upon its completion. Some of the issues raised in the report have been considered in this review.

The Chair established and maintained contact with both the Police Senior Investigating Officer and the IPCC Investigating Officer, in order to ensure that the review did not compromise these processes and the rules of disclosure were adhered to.

Review Timings

2.13 The criminal trial began in November 2012. This review started before the completion of the criminal trial so immediate lessons could be identified and put into practice prior to the completion of the report. However, there were a number of important actions that could not be considered until after the trial. These included:

- Consideration of the IPCC review findings, published December 2012;
- Production of an IMR covering the role of the CPS, completed February 2012;
- Consideration of the role of work colleagues, friends and the employer; and
- Statements of evidence not available until the completion of the trial.

2.14 Therefore, it was not possible to complete the review in the six month time period as set out in guidance. The Board of Safe Newcastle were continually updated as to the progress of the review.

Implementation of Change

2.15 Significant change in agency practice, identified in the IMRs, has either commenced or been completed prior to this overview report. The nature and progress of these actions can be identified in the individual agency action plans.

3 SUMMARY OF SIGNIFICANT AGENCY INVOLVEMENT

3.1 As part of the review process, individual agencies produced detailed chronologies of their contact with both Jane and Gary. These chronologies were combined to produce a comprehensive chronology of all contacts. The purpose of this section is not to replicate this, but rather to highlight the significant contact agencies had with Jane and Gary.

This report has been anonymised including the names of the victim, perpetrator and professionals involved. The following will assist the reader with regard to the addresses referred to throughout the report:

- Address 1: owned by Gary's parents;
- Address 2: friend of Jane;
- Address 3: rented from Your Homes Newcastle (YHN); and
- Address 4: owned by Gary.

Family background and History prior to 2010

3.2 During the summer of 2009, Jane moved away from her husband and two children, aged 12 and nine, to live with Gary in Newcastle. Her children remained with their father in another part of the country. Jane and Gary lived at Gary's father's house (Address 1). Gary's father died soon after Jane's arrival.

3.3 Jane saw the General Practice (GP) nurse on the 26th November 2009 for a new patient check.

Agency involvement from 2010

3.4 The first recorded contact with an agency took place on 2nd February 2010 when Jane attended her GP (GP1) for a pregnancy test. The test result was negative.

3.5 On the 6th June 2010, Jane attended a Newcastle upon Tyne hospital Emergency Department with abdominal pains. She left the department prior to the completion of her treatment and before her full details could be obtained. The Police were informed that she had left. She had given her address as no fixed abode.

3.6 In October 2010, Jane began working at a local supermarket. She was employed on the night shift team.

3.7 On the 17th November 2010, Northumbria Police received a call from Gary. He alleged that Jane had stolen his mobile phone and that they had been violent towards each other. Jane was arrested for common assault. No further action was taken, but a Domestic Violence Notification was completed. This recorded Gary as the victim. The risk to Gary was assessed as 'standard risk'.

3.8 On the 27th November 2010, Jane contacted the Police. She reported that Gary had assaulted her by hitting her on the knee with a torch. Gary was arrested and interviewed. He stated that he had been drinking and could not recall what had happened. Jane refused to support her original statement, but said that the argument was about her visiting her children.

A Domestic Violence Notification was completed. It was risk assessed at 'medium risk'. A warning marker was placed on the address (Address1) and the Neighbourhood Policing teams were informed. Jane was referred, by the Victim Support Service, to the Independent Domestic Violence Advocacy (IDVA) Service.

- 3.9 On 30th November 2010, an IDVA (IDVA 1) made contact with Jane by telephone. Jane confirmed that she had withdrawn her complaint and that Gary was now back at home. She clarified that her ex-husband did not want Gary to have any contact with her two children.

She informed the advisor that she had moved in with Gary about 16 months earlier, following her move away from her family. She stated that he had assaulted her the previous year but that these assaults had become worse. She believed that he was sorry for what he had done and would not assault her again. She also stated that Gary went through her mobile phone records.

Jane was advised about:

- Making a housing application;
- Considering a non-molestation order; and
- Keeping the IDVAs phone number in separate place.

- 3.10 IDVA 1 made further telephone contact with Jane on the 3rd December 2010. Jane confirmed that further arguments had taken place. She had a housing application form that had been sent to Address 1. Gary had seen the housing application and Jane was concerned that something would happen over the weekend. She was advised to ring the Police if anything happened and to take the housing form to the housing office.
- 3.11 Your Homes Newcastle (YHN) received her housing application on the 10th December 2010. The 'domestic violence harassment or racial harassment' box had been ticked as a reason for the application.
- 3.12 On the 14th December 2010, IDVA 1 contacted Jane again. Jane stated that everything had settled down and that they were sorting themselves out. They agreed to close the case, with an option to recontact IDVA 1 if the situation changed.
- 3.13 The following day YHN sent Jane a letter confirming that her housing application had been accepted. It was sent to her home address.
- 3.14 On the 18th December 2010, Jane called the Police. She stated that there had been a verbal argument between Gary and her but no threats. The argument was again linked to her contact with her children. Police attended and Gary was asked to leave the premises. Jane made no formal complaint.

A Domestic Violence Notification was completed with a 'medium risk' assessment. Jane was referred to the IDVA Service again.

- 3.15 On the 21st December 2010, IDVA 1 made contact with Jane. Jane explained that the argument was about contact with her children and she feared that Gary was jealous of this contact. She believed that he loved her but they could not live together. She informed IDVA 1 that she had made a housing application. A safety plan was discussed including the possibility of a refuge place. Jane was informed that unless she was entitled to claim housing benefit, she would be required to pay rent to a refuge because she was employed.
- 3.16 On the 25th December 2010, the Ambulance Service attended Address 1. Ambulance staff informed the Police that during an argument Jane had received a head injury caused by Gary and that he had kicked, punched and hit her over the head with a bottle.

Gary had sustained a finger injury. He was arrested and stated that he had hit her in

self defence after she had punched and bitten him. Jane refused to make any formal complaint. A domestic violence form was submitted and assessed at 'high risk'. The warning markers on the address were updated.

Both Jane and Gary received treatment at a Newcastle hospital. Jane disclosed that she had taken an overdose of tablets two days prior to the assault.

- 3.17 On the 29th December 2010, IDVA 1 contacted Jane by telephone. She stated that she was fine but that Gary was with her at that time. Jane said she was going to Leeds and thought she was safe. They agreed that the IDVA would contact her the following week.

2011

- 3.18 On the 5th January 2011, Jane was interviewed by YHN regarding her housing application. The address of her employer was used as her postal address for correspondence. Jane was recommended for priority housing. This request was authorised on the 27th January 2011.
- 3.19 On the 8th January 2011, a Northumbria Police Protecting Vulnerable People (PVP) officer contacted Jane to discuss safety planning. Refuges were discussed, as was a non-molestation order. Jane confirmed that she had made a housing application and that she did not feel a non-molestation order was necessary as she was living at the same address as Gary. She also confirmed that she had been in contact with an IDVA.
- 3.20 On the 13th January 2011, Northumbria Police made an indirect referral to the IDVA service following the contact they had received from Jane on the 11th January 2011. She had received an abusive text from Gary following an argument. She did not feel she was in any danger but wanted advice regarding a non-molestation order. She wanted further advice from an officer in the Public Protection Unit (PPU). An officer contacted her the following day. Jane stated that she did not want to make any complaint. The previous safety options were discussed and again declined by Jane.
- 3.21 A Multi Agency Risk Assessment Conference (MARAC) meeting took place on the 18th January 2011 to consider Jane's case. Comprehensive background information was shared including the following:
- The victim's children resided in another part of the country with their father and she had limited contact with the children;
 - The victim suffered from a long history of depression and anxiety;
 - She had attended YHN disclosing domestic violence, therefore priority would be applied;
 - She had disclosed that Gary was jealous and controlling;
 - Gary did not like her having contact with her children;
 - Safety plan had been discussed and she said that she would move out if the situation had got worse;
 - She had agreed to emotional support; and
 - She was being supported by a male friend.

As a result the following action plan was agreed:

Children Social Care

- To flag systems and alert once children's information received.

IDVA

- To continue to be a proactive contact;
- To relay MARAC information to victim; and
- To offer housing support.

Police

- To identify children and update relevant agencies.

YHN

- YHN to review application and see if priority will be awarded.

3.22 On the 19th January 2011, YHN recorded that there had been contact between a domestic violence officer from the Protecting Vulnerable People Unit (PVP) and YHN. It was confirmed that Jane was a 'high risk' case and that she had been subject to a further attack on the 11th January 2011.

3.23 On the 20th January 2011, Gary reported to the Police that Jane had stolen his car and laptop. The Police attended but no offences were recorded as it was established that the use of the car and the removal of the laptop were legal. A domestic violence notification was completed with Gary recorded as the victim. He was risk assessed as 'standard risk'.

Jane disclosed that she had moved in with a friend (Address 2). A domestic violence marker was placed on this new address showing that a 'high risk' victim lived there.

3.24 On the 21st January 2011, IDVA 1 telephoned Jane. Jane stated that she had moved out, but would not disclose her new address. She felt she was safe and that Gary did not know her new location. Jane was informed of the MARAC meeting. She stated that she wanted some long term emotional support and on 24th January 2011, a referral was made by the IDVA to the Newcastle Women's Aid Domestic Outreach Service. Jane's case was allocated to one of the outreach workers.

3.25 On the 27th January 2011, Jane attended her GP surgery (Dr 2). She described her current situation and stated that she was depressed. Her arm injury was examined. Safety was discussed and it was identified that she was getting support at work. A referral was made to a counsellor based within the GP practice.

3.26 On the 3rd February 2011, Newcastle Women's Aid (NWA) outreach worker (OW 1) had a one to one meeting with Jane. On the 7th February, Jane telephoned NWA for support. As a result, with Jane's consent, a referral was made to a North East Council on Addictions (NECA) counsellor (NECA 1).

3.27 Jane attended a NECA counselling appointment on the 8th February 2011. She disclosed the following:

- She drank everyday for the past three years, up to ten cans of cider per day, less when she was working;
- She was working three night shifts per week at a supermarket;
- At times she could not remember things due to her drinking;
- She stated that she had bitten the top of her partner's finger to stop him

abusing her but she was not aware of what she had done until the following morning;

- Her partner also drank;
- She was living with a friend;
- She had a daughter and son living with their father;
- She was dependent on alcohol;
- She was working with Women's Aid;
- She has been referred into MARAC; and
- She had emotional difficulties due to the combination of her marriage break up, the way she had found out she had been adopted, the death of the love of her life when she was 17 years old and because of the domestic abuse.

3.28 On the 9th February 2011, Northumbria Police downgraded the MARAC risk assessment to medium. The case was discharged from MARAC on the following basis:

- That there had been no reported incidents within the previous four weeks;
- There was no intelligence to indicate concern; and
- There was no ongoing court case.

3.29 On 11th February 2011, YHN identified possible accommodation for Jane (Address 3). They sent a letter to her employer's address.

3.30 On the 14th February 2011, there was a further one to one meeting between Jane and OW 1. The worker followed up this meeting with contact with YHN and Money Matters.

3.31 Jane had a further consultation with NECA 1 on the 18th February 2011. She disclosed that she had stayed with her partner and that she wanted the relationship to work. NECA 1 contacted OW1 at Women's Aid to update her about this meeting.

3.32 On the 20th February 2011, Northumbria Police contacted Jane regarding the domestic violence safety plan. They were able to confirm where she was living (Address 2), and that she was using Women's Aid postal address.

3.33 On the 22nd February 2011, Jane visited her GP (Dr 3). They were able to confirm that she was receiving counselling from NECA.

3.34 The following day Jane had a further session with NECA. She stated that she had fallen out with her partner again and that friends were trying to persuade her to leave him as they were concerned about her. She had a meeting with Women's Aid the same day.

3.35 On the 28th February 2011, Northumbria Police again contacted Jane. She informed them that she was back in a relationship with Gary and spending time with him. She also confirmed that she would be living alone at Address 3 from the end of March.

3.36 On the 1st and 2nd March 2011, Jane failed to attend her appointments with NECA and Women's Aid. It was recorded that on the 4th March 2011, Northumbria Police received an abandoned telephone call from a female. Police attended Address 1. Gary stated that he had ended the relationship with Jane that she had become verbally aggressive and he wanted her removed from his property.

She was removed but continued to swear at Gary and throw an object at him. She was

arrested and was issued with a fixed penalty notice for being drunk and disorderly.

A domestic violence notification was completed in relation to Gary. He was assessed to be at 'standard risk'.

- 3.37 On the 14th March 2011, Jane signed a tenancy agreement for Address 4. The agreement was to commence on the 28th March 2011. She provided Gary's details as her next of kin.
- 3.38 Jane had another counselling session with NECA on the 24th March 2011. She stated that she had moved back with her partner but would be moving out to her new place soon. She stated that she felt in more control and was attending court regarding her divorce the following day.
- 3.39 She had a further meeting with Women's Aid on the 29th March and 1st April 2011. The latter was a joint appointment with Money Matters, where a credit plan was devised. During the March meeting, she disclosed further physical abuse and had visible injuries. Safety planning was also revisited.
- 3.40 On the 5th April 2011, Jane had a counselling session with NECA. She disclosed that her partner had hit her on the previous Thursday. She was still drinking and was considering moving to Skegness. She had a meeting with Women's Aid on the same day and disclosed the same information.
- 3.41 On the 18th April 2011, YHN sent Jane the first rent arrears warning letter. It was for £138.30. It offered access to YHN's advice service.
- 3.42 On the 21st April 2011, OW 1 Women's Aid contacted NECA 1 to arrange appointments for Jane. She also informed NECA 1 that there had been an incident on Saturday and that Jane had suffered a black eye. Jane had not informed the Police. As a result OW 1 made a MARAC referral.
- 3.43 On the 26th April 2011, Northumbria Police received a referral from Women's Aid. Police assessed Jane to be 'high risk' and a notification was sent to Victim Support. IDVA 2 was allocated the case. IDVA 2 contacted Jane by telephone. Jane confirmed that she was receiving support from Women's Aid. She also stated that she was still living with Gary, but was planning to leave him. She stated that she felt safe.
- 3.44 A second rent arrears warning letter was sent by YHN to Jane on the 2nd May 2011. The arrears were for £276.60 at this time. No contact had been made with Jane.
- 3.45 A MARAC took place on the 12 May 2011. Jane was classified as a '*repeat case without children*'. The information included the fact that she had not moved into Address 4 provided by YHN, as discussed at the initial meeting.

The following action plan was agreed:

Police

- To increase patrols during relevant times at victim's current property; and
- To instigate non consensual cocoon watch.

Your Homes Newcastle

- To arrange a joint meeting with Women's Aid and the victim or Victim Support; and

- To feedback the MARAC information to the local housing manager and to discuss tenancy issues.

Women's Aid

- To accompany victim to YHN meeting to discuss housing issues;
 - To provide Police with further information in relation to the pattern of offending;
 - To feedback the MARAC information to the victim; and
 - To continue proactive contact.
- 3.46 On the same day Jane had a counselling session with NECA. She stated that things were good at present and although Gary and her argued, there was no violence. She had obtained a motorbike and that was helping her reduce her alcohol consumption.
- 3.47 YHN records were updated with the MARAC information. On the 13th May 2011, a second arrears visit was undertaken to Address 4. It was recorded that no one was in and a card was left. The arrears were now £345.75.
- There was a meeting on the 17th May 2011, between the YHN Housing Service Manager, Jane and Women's Aid. Jane signed a termination notice. The reason given for ending the tenancy was 'domestic reasons'. A four week notice period was included.
- 3.48 On the 19th May 2011, Jane attended a counselling appointment with NECA. She described that she felt angry and anger management was discussed.
- 3.49 On the 26th May 2011, Jane attended a further NECA counselling session. She stated that her mother had died and that her drinking had increased. NECA 1 worked with Jane around the bereavement. On the 3rd June 2011, Jane had a meeting with Women's Aid and the following day, Jane had a NECA session. She presented a positive picture, including a new target of only drinking three cans of cider a day.
- 3.50 Jane cancelled appointments with Women's Aid and the Freedom Programme on the 14th and 15th June 2011.
- 3.51 On the 21st June 2011, Northumbria Police reviewed Jane's risk assessment. It was amended to 'medium risk' based on no new reported incidents, no current intelligence and no ongoing court cases. The case was discharged from MARAC.
- 3.52 In July 2011, Jane failed to attend appointments with Women's Aid and NECA.
- 3.53 On the 11th August 2011, Jane attended GP (Dr 4). She thought she might be pregnant but the tests results were negative. She had an injury to her back. She stated that she had fallen on a sharp object.
- 3.54 On the 11th August 2011, Jane cancelled her NECA appointment. The following day she rang NECA and stated that she and her partner were getting on much better. They had been on holiday but she had managed to stab herself in her back with a BBQ knife. She stated that her partner was not present. She had been to her GP and been told that she had had a miscarriage.
- 3.55 Jane attended an appointment with Women's Aid on the 31st August 2011. The following day she contacted NECA having failed to attend her latest appointment. She stated that she had had a reaction to her medication and that her eye and lips were swollen. She said she had fallen out with her partner and they were due to go on holiday. She was signed off sick with depression.

On the 2nd September 2011 she attended a GP (Dr 5). She requested a course of antidepressants. She was signed off for four weeks. There was no discussion about domestic violence.

- 3.56 On the 17th September 2011, Northumbria Police undertook a risk assessment review and reduced Jane's risk to 'standard'. The warning marker on her address was amended accordingly.
- 3.57 Jane cancelled her NECA appointment on the 22nd September 2011. This was done by text. She stated "*Just woke up seen this sorry don't think I can make it*" The following day a NECA counsellor left a message with Women's Aid regarding possibly discharging Jane. It is recorded that they tried again on the 30th September 2011.
- 3.58 On the 26th and 28th September 2011, Jane failed to attend appointments with Women's Aid.
- 3.59 On the 5th October 2011, NECA closed their file due to lack of engagement by Jane. The file would be re-opened if requested by Jane or Women's Aid. Women's Aid were not aware that the file had been closed.
- 3.60 On the 6th October 2011 Jane attended GP (Dr 5). She reported that a domestic violence incident had occurred and that the Police were aware. She was in pain after being grabbed around the chest. There was no record of any consideration of further referral in relation to the incident.
- 3.61 On the 8th October 2011, Police received a 999 call from a female who was being attacked. The Police attended but each party stated that they had been drinking and that this had only been a verbal argument. No injuries or assaults were recorded.

A domestic violence notification was completed and Jane was assessed at 'medium risk'. On the same day Police received a call from Gary requesting removal of Jane. On arrival, Gary was aggressive towards the Police. Jane was found cowering behind bedroom door with dry blood on her forehead and hand.

Gary was arrested and charged with breach of the peace. Jane refused to confirm what had happened. A place was located at a refuge but Jane did not want to move to a refuge. The domestic violence notification was completed and Jane was recorded as medium risk. Gary appeared at court on 10th October 2011 and was bound over for six months.

- 3.62 Jane was contacted on the 24th October 2011, having failed to attend appointments with Women's Aid on the 12th and 19th October 2011. She stated that she did not need any further support. The case was closed.
- 3.63 On the 3rd November 2011, Police received a call from a friend of Jane's stating that Jane had called and they could hear a disturbance in the background, arguing and shouting. They believed that Jane had been assaulted. Officers attended and spoke to Jane and Gary. They stated they had been in bed and nothing had occurred. Jane stated that she had spoken to a friend earlier but could not understand why they thought there was a domestic incident. No further action was taken. The informant was not updated. The incident was not recorded as a domestic violence incident.

3.64 On the 22nd December 2011, the Newcastle Psychology Service sent an invitation letter to Jane. This was following referral from her GP. This was followed up on the 4th January 2012. On the 5th January Jane had an appointment with GP (Dr 5). They advised her to respond to the letter.

3.65 On the 19th January 2012, Northumbria Police received an abandoned 999 call from female on Jane's phone number. Officers attended Address 2 and found that Jane had been struck with a rolling pin. She had a deep laceration on her head. Gary was arrested and admitted the assault stating that "*she would not shut up*". Although officers at the time encouraged Jane to support a prosecution, she did not wish to, or did not feel able to do so at that time.

The Police sought a victimless prosecution with a Section 20 charge being recommended. The Crown Prosecution Service (CPS) prosecutor authorised a Section 39 common assault charge.

3.66 On the 20th January 2012, Gary appeared at the magistrate's court and pleaded guilty to the charge. Gary was bailed until 14th February 2012 to allow for the preparation of a pre-sentence report by the Probation Trust.

3.67 On the 23rd January 2012, Victim Support received a referral from the Police related to the serious assault on Jane. Jane was graded as 'medium risk'.

The IDVA Service contacted Jane by telephone the following day. Jane stated that this was a '*one off*'. She said she was upstairs sleeping when Gary started to assault her. She stated that she was not living with Gary, but that she was living in a flat he owned (Address 4). She also said that this was a temporary situation and that he would be returning to his other property.

She disclosed that Gary had been in contact with her and had stayed at her flat since the last incident. Jane agreed to call in a week or so.

3.68 Jane attended a second session with the Psychology Service, on the 30th January 2012. She cancelled her third session on the 6th February 2012.

On the same day the IDVA made telephone contact with Jane. This was to complete the CAADA DASH assessment. This was assessed at 'medium risk'. Jane stated that she was not frightened of Gary and was not supporting the prosecution.

Again information was provided that evidenced a breach of bail by Gary. The IDVA contacted Northumbria Police and had the bail conditions confirmed.

3.69 On the 6th February 2012, the Probation Trust informed the Police that Gary was being assessed for suitability to attend a Domestic Violence perpetrator programme. This information also contained Gary's new address (Address 4). Police provided the Probation Trust with information but it did not include reference to a second MARAC in May 2011. They also did not update Address 4 on Gary's records.

3.70 On the 9th February 2012, Northumbria Police recorded that as the case had taken place within 12 months of the previous MARAC the case would be referred for MARAC but was not listed.

3.71 On the 14th February 2012, the case was referred to the IDVA service.

- 3.72 On 22nd February 2012, an officer from the Neighbourhood Policing Team visited Jane to discuss safety planning. She informed them that she was living at a separate address. Gary's address, Address 4 was updated on Jane's records.
- 3.73 At 5.39pm on 25th February 2012, Police received a call from a member of the public who reported that a male at Address 4 had been in the street using obscene language in front of their daughter. He had then started to throw paper and books into the street.
- Police officers attended and spoke to both Gary and Jane, although no names were recorded. Advice was given and no further action was taken. The officers were not aware of the history between the two and no domestic violence notification was made.
- 3.74 At 8.02pm on the same day, a call was received by Police from Gary stating that he had stabbed Jane. The Police attended Address 4 and found Jane injured. She later died of her injuries.

4 AREA PROFILE AND ORGANISATIONAL CONTEXT

Area Profile

- 4.1 In order to provide geographical, social and environmental context the following has been taken from the Newcastle Joint Strategic Needs Assessment¹ (JSNA):
- 4.2 *'There are 277,800 people living in Newcastle. The annual Office for National Statistics (ONS) population estimates indicate that population decline was halted in 2001 and that the population grew in 2005, 2006, and 2007 and is projected to continue growing. About 12% of the Newcastle population is aged between 20 and 24 reflecting the large student population at the cities (sic) universities. Along with the rest of England, the population in Newcastle is ageing with 83,800 people aged 50+ and according to ONS projections, the number of people aged 65-74 will grow by a third between 2008 - 2028. But the biggest percentage increase is in the oldest people. There are currently 5,400 people living in Newcastle aged over 85. By 2029 this will increase by over two thirds to 9,000. Since 2003 however, there has been a recent and unexplained return to an excess of births over deaths. The number of births leapt from 2,920 in 2005, to 3,150 in 2006 and from this 2006 baseline, Newcastle is projected to experience a 12.8% rise in the number of births by 2016. The latest estimates show 6.9% of the population as being from BME groups; an increase from 4.1% in 1991. In 2005/06, 15,300 children were living in out of work families – approximately 30% of all children living in Newcastle, compared with 20% in England. Of these 10,000 live with out of work lone parents – approximately 20% of all children living in Newcastle.'*
- 4.3 The following section gives an overview of the social and environmental context in Newcastle. It focuses on deprivation in the City and issues around housing, employment and qualifications.

Summary

- Newcastle is ranked 37th most deprived of 354 local authority areas in the 2007 Indices of Deprivation. It was ranked 20th in 2004.
- According to the 2007 IMD, a quarter of Newcastle's Lower Level Super Output Areas (LLSOAs) are in the 10% most deprived nationally. Less people are living in

these areas than in 2004 - 66,300 compared to 81,500.

- *Over a third of children and young people aged 0-18 years live in the 10% most deprived areas nationally. Over 5% live in the 1% most deprived.*
- *The employment rate in Newcastle is low - only 66.7% compared to 74.4% nationally. This has increased from 64% at the turn of the century.*
- *17.9% of the working age population claimed one or more benefit in February 2008 compared with 14.1% nationally.*
- *On average, people in Newcastle earn less than the GB average. This figure has remained similar since 2004 and the gap in average earnings between Newcastle and GB widened between 2002 and 2006.*
- *In 2005/06, 15,300 children lived in out of work families - approximately 30% of all children living in Newcastle compared to a 20% England average. Of these 10,000 live with out of work lone parents - approximately 20% of all children living in Newcastle.*
- *Levels of statutory homelessness have fallen from 1,038 in 2003/4 to 751 in 2006/7.*

Organisational Context

4.4 Newcastle Women's Aid

Newcastle Women's Aid (NWA) is a registered charity. Each NWA outreach worker has a capacity caseload of 15 cases. A waiting list is only operated if they can guarantee a short waiting time. Priority is given to any outreach referral for a client who is subject to MARAC.

At the time of the homicide, NWA used the CAADA (Coordinated Action Against Domestic Abuse) Risk Identification Checklist (RIC).

4.5 Northumbria Police

The Northumbria Police force comprises six command areas. During the period of the review, the Protecting Vulnerable People (PVP) team moved from six area based teams to two centralised teams; one based in north of the Tyne and the other based south of the Tyne. At the time of Jane's case, the Police used a 20 question risk assessment.

4.6 Your Homes Newcastle

Your Homes Newcastle (YHN) is responsible for the management of Newcastle City Council housing stock. They are responsible for the management of 29,000 Council homes as well as rent collection, recovery and estate management including anti-social behaviour.

YHN have a network of 12 local estate based housing offices.

4.7 Victim Support

Victim Support manages the IDVA service, covering Newcastle. The service consists of one manager and 4.4 full time staff. This includes two specialist IDVAs; one who works with victims with drug and alcohol issues and one IDVA who spends 15 hours a week at the local Emergency Department. Prior to Autumn 2011, the IDVAs were co-located with specialist DV Police officers in the local Police station. This allowed for regular joint visits to victims. The IDVA's now have a desk at the Police Public Protection Unit in the north of Tyne offices. This covers a larger area so joint visits with the Police are less frequent.

4.8 The Newcastle Upon Tyne Hospitals NHS Foundation Trust

The Trust is a large acute teaching Trust, it includes over 1,800 beds and manages over one million patient engagements every year. The Trust provides clinical services to the residents of Newcastle and to a much wider population due to its region and tertiary specialities. It employs 13,000 members of staff.

There is a provision for assessment of acute injury/illness through the Trust Emergency Department. The Trust receives over 102,000 attendances per annum.

On 01/04/2011 the Trust took over responsibility for community based services in Newcastle including The Primary Care Mental Health Service.

5 ANALYSIS OF AGENCY INVOLVMENT

- 5.1 IMRs aim to critically examine the involvement of a specific agency involved with the victim, with issues being identified and recommendations made for that agency. Some recommendations have been fully or partially implemented by agencies prior to the completion of this overview report. Each agency also produced an action plan linked to their recommendations set out at section 8.
- 5.2 The function of the overview report is to consider the findings of the IMRs, and to critically examine how agencies worked together to support Jane as a victim of domestic violence and abuse. Some of the lessons learnt, as set out in the agency IMRs, will be highlighted in the appropriate section of this main report. This report will not re-examine all the issues raised in IMRs, but will focus on the multi-agency working in order to identify lessons that can be learnt for future improvement.
- 5.3 In order to assist the reader to place events described in the proceeding section in context of time, references to the corresponding paragraph in the chronology of significant events have been included.

Agency Involvement

- 5.4 Jane's contact with agencies can be split into three distinctive time periods.
- 1) Initial contact and support; November 2010 through to July 2011.
 - 2) Disengagement period; July 2011 to October 2011.
 - 3) Reported Serious Assaults; December 2011 to February 2012.
- 5.5 Jane moved to Newcastle to be with Gary in August 2009. She had met him on Facebook. She left her husband and her two children to move in with Gary.
- 5.6 Neither Jane nor Gary had any previous significant history recorded with agencies. They first came to the attention of Newcastle agencies in November 2010, after which Jane had significant contact with a number of agencies up until the time of her death (ref 3.7).
- 5.7 As evidenced with information from friends and work colleagues, it would appear that Jane had been experiencing domestic violence and abuse for at least a year prior to coming into direct contact with statutory agencies. When the level of violence became known to agencies, she was provided with a number of support options. However, during this period she was unable to make a complete break from Gary.

Jane was an individual with significant problems of her own that made her very vulnerable. This vulnerability, together with the domestic violence, alcohol use and the depression she was experiencing, impacted on her ability to make safe choices, or to make choices which professionals may have considered to be against her best interest.

This section will examine these time periods and the options available to Jane, accepting that the outcome may not have changed, even if these alternative options had been taken up by Jane.

- 5.8 Prior to reviewing the agency interventions, it is important to consider background

information obtained for the DHR, but unknown to agencies at the time.

Perpetrator's Interview

- 5.9 As part of the DHR, the panel agreed that the author would interview the perpetrator. This took place in June 2013. There was no appeal pending and he fully accepted the offence he had committed. Some of the background information he provided is detailed below to add to the understanding of the issues in this case.
- 5.10 Gary initially made contact with Jane in March 2009 on Facebook within a group for individuals interested in motorcycles. They first met face to face during July 2009, in Lincolnshire.
- 5.11 At that time, Gary joint owned a flat with his ex-partner of 17 years (Address 4). In May 2009, his father who owned a house (Address 1) became ill and Gary moved into this property to look after it when his father was in hospital. His father later died and Jane moved in with Gary (Address 1) in early July 2009. He said that Jane's solicitor advised her against this move.
- 5.12 Gary stated that the arguments between Jane and himself were often about Jane not seeing her children regularly. Gary never met the children. He also mentioned the financially expensive visits to her children which were, as he put it, 'crippling her.'
- 5.13 Until Jane started work in 2010, she was totally financially dependent on Gary. This is an important issue that will be considered later (ref 5.151).
- 5.14 It is of note that whilst alcohol played an important part in the couple's problems, prior to June 2010 most of their drinking was undertaken at local pubs, which controlled their drinking to a certain extent due to the cost. In June 2010 Gary was barred from his local pub (due to a fight about the World Cup) resulting in the couple drinking more at home.
- 5.15 Studies have shown that there is an increase in domestic violence and abuse during some big sporting events. This was examined in a case study by Brimicombe and Cafe (2012)². It concluded:
- 'Violence in the home on big match days certainly increases if England lose. It certainly also goes up on big match days if England win. Win or lose there will be a significant increase in the rate of reported domestic abuse'*
- 5.16 Gary was a big football fan, Jane was not. Gary was asked about the impact of the World Cup on his violence. However, he did not feel that this was an issue and neither was it linked to his violence.
- 5.17 Whilst he minimised the level of violence taking place prior to December 2010, he states that on reflection he believes that his behaviour towards other women, which consisted of flirting both face to face and on Facebook, gave Jane genuine reasons to be upset with him. This behaviour led to a number of the incidents.

He believes that all the arguments and assaults took place when they had been drinking. The Police incident reports support this view.

² Brimicombe A ,Cafe R (2012) ²*Beware, win or lose, Domestic violence and the World Cup*. Significance Volume 9, Issue 5, pages 32–35, October 2012

- 5.18 On 20th January 2011, Jane moved out, Gary believed, to a hostel. He was unaware that she was actually staying with a friend at that time. He was also unaware that she was involved with an IDVA or Women's Aid. Jane had told him she was attending Alcoholics Anonymous meetings. He was aware that she was looking at being rehoused and he tried to put her off the area she was being offered. He believed that it was the cost of the rent that influenced her not to move.
- 5.19 When she was living away from him, Jane still came to the house to shower while he was out. On the 3rd March 2011, Gary asked her to move back in with him.
- 5.20 Gary had no previous record of violence and it was discussed with him what might have prevented his violence towards Jane. However, Gary was not able to provide a clear answer. He had expected to go to prison in December 2011 and was surprised when he did not receive a custodial sentence and believed that this may have made a difference. Many of the reported incidents were alcohol driven and Gary felt that his alcohol use also needed to be addressed.

Gary never considered that their relationship could be classified as domestic violence and abuse.

Friends and Work Colleagues

- 5.21 Prior to examining the role of the agencies, it is important to identify what additional information was potentially available to professionals. Family, friends and work colleagues are often individuals in whom victims confide, which is evident in this case.
- 5.22 As part of the review, access to the evidence provided by witnesses for the criminal trial was available. This showed that Jane had confided in a number of individuals, including neighbours, work colleagues and friends. Her contact with these people included contact both face to face and through social media sites such as Facebook.
- 5.23 A summary of the information that they provided, highlights the contrast between the information Jane was sharing with friends and work colleagues, and the information she disclosed to the agencies she was in contact with at the time.
- 5.24 Jane showed photographs of her injuries to some of her friends and she was known to call another friend during assaults, so they could hear what she was being subjected to.
- 5.25 A neighbour of Address 1, started to hear arguments between Jane and Gary in the spring of 2010 and heard shouting and doors banging. The neighbour said that both Gary and Jane were drinking heavily. At one stage, Jane informed the neighbour that she was pregnant. She later stated that she had lost the baby. The neighbour also said that the Police were regular callers to this address.
- 5.26 Jane started working night shifts in October 2010. She informed some of her work colleagues that she was having problems at home with her partner that the problems were drink related and that they would argue a lot when they were drunk.
- 5.27 Jane's local managers were aware of some of the violence she was facing:
- She informed her manager that Gary had tried to strangle her and she showed him bruising on her neck;
 - The manager was also shown a black eye, which she said she had received during an argument in a pub; and
 - Jane had an injured back and said that Gary had kicked her in the back.

- 5.28 When Jane came into work impaired, apparently by alcohol, her manager informed the Human Resource Manager. In July 2011, Jane was on sick leave due to a back injury and informed the manager that Gary had stabbed her.
- 5.29 Jane had one particular friend who was close to her, and had been prior to her moving away from her family home. The friend visited Jane in Newcastle and had stayed with Jane and Gary in April 2010. In May/July 2010 the friend met her and noticed she had a black eye, which she said was an accident.
- 5.30 In April 2011, Jane contacted this friend by telephone. She informed them that Gary had hit her and that he had started hitting her within three weeks of her moving up to Newcastle. It had started with backhanders and then punches, kicks, assaults with a rolling pin and bottles. She rang the friend up regularly and sent photographs of her injuries including a black eye, broken nose, bruises to neck and arms and a stab wound to her kidney areas. It seems likely that these injuries, other than the stab wound, were probably a result of assaults that Jane later reported to Women's Aid in April 2011.

The friend's last meeting with Jane was in July 2011. At that time, Jane could hardly move as she said that Gary had kicked her in her back and kidney. Around this time Jane sent this friend the password to her Facebook and email accounts. The Facebook account and the emails she had sent were used in the subsequent court case. Jane told this friend:

'I can't get out of this. I'm fairly sure he's going to kill me'.

She was asked why she would not leave Gary. She stated:

'I'm trying but I can't leave him, I love him so much, the only way out for me is in a body bag'.

In August 2011, she told a friend that Gary had stabbed her.

- 5.31 As can be seen from the information gained from friends, neighbours and work colleagues, it is clear that Jane had been subject to a substantial level of violence and abuse. She appears to have been aware of the danger she was in and made sure that some of these individuals had the evidence of the abuse through photographs and emails. These documents were later used as evidence in the case against Gary.
- 5.32 It seems apparent that it is important to continually reinforce, through publicity and other methods the role that friends and family can play to support victims of domestic violence and abuse.

Role of the Employer

- 5.33 The author of the review approached the company concerned. They stated that they had no record in Jane's file of any of the injuries described. They responded by stating the following:

'.....the Company has in place various support mechanisms to assist in cases such as this, for example referral to Occupational Health and the availability of the Retail Trust helpline. Should we become aware of any issues regarding domestic violence we would where possible with the individual's approval, seek to enlist the assistance of these bodies. In this particular case (Jane) was referred to our Occupational Health team in December 2011. Where we are concerned that a colleague is at risk we would of course balance our duty of care

to the individual with their right to privacy, but it is possible by exception that we

might notify the relevant authorities even if that was without the colleague's express consent.

I am not aware of any examples of the Company using one of the external agencies that you refer to, however I do not envisage that we would not do so in appropriate circumstances – we do utilise the assistance of various support bodies such as Remploy and Shaw Trust for issues relating to disabled colleagues so I see no reason why we would not do so in principle for domestic violence related matters. However, as indicated, I am not aware of having to do so to date'.

- 5.34 There appears to be a difference between information disclosed to work colleagues and managers and information recorded. This highlights the need for employers to have in place clear policy and procedures, so that any potential support they can provide results in information being recorded, action being taken and referrals being made to appropriate agencies if required. Employers are often in a position to become aware of domestic violence and abuse against their staff early on in the increasing spiral of abusive events. Effective support and intervention at this early stage may help reduce the likelihood of violence escalating.

Agencies Response

- 5.35 It is important that friends, work colleagues and employers fully understand the impact of domestic violence on victims and what they can do if they receive a disclosure. Outside agencies could provide additional support, if they are aware of the information known to family, friends, neighbours and work colleagues.

In Jane's case, there was an opportunity for the Police to have made further contact with the friend who had witnessed, via the telephone, a number of incidents of violence. This friend could have provided the Police with additional information around the level of risk Jane was under.

- 5.36 In November 2011, a month after Gary had been bound over to keep the peace, Jane's friend rang Northumbria Police and informed them that he had heard shouting and arguing on the telephone and that he believed Jane had been assaulted. This friend had previously heard a number of arguments and had photographs of her injuries. After receiving this report, Police attended the address and gained entry. Jane reassured them that there had been no argument and that they were both asleep. She agreed that she had spoken to her friend but was not aware of why he would have thought there was an argument. The incident was not recorded as a domestic violence incident and no further action was taken.

- 5.37 There is no evidence that the Police went back to the informant to update them. If they had done so, the friend may have been willing and able to provide evidence of previous assaults to inform Jane's risk assessment. The incident was not recorded as a domestic violence incident and as a result, no risk assessment or referral was made to other services. The officers should have been aware that this was a couple who had a history of domestic violence on the Police system, including a recent conviction. Whilst there was little they could do at the scene that day, this incident should have at least been recorded as a violence incident.

Had this incident had been recorded as a domestic violence incident, follow up enquiries may have been made in line with the Northumbria Police Investigation of Domestic Abuse Procedures which requires officers to consider all witnesses and lines of enquiry.

The failure that day to recognise that domestic violence was an issue for this couple was similarly identified by the IPCC in their investigation of the Police response on the date of Jane's death.

- 5.38 Agencies also need to identify individuals who may be aware of what is taking place. In this case, Jane had a friend who was identified in the January 2011 MARAC, but was not followed up.

Agency Support

- 5.39 It is now evident that Jane had been subject to domestic violence and abuse for a significant period of time before she came to the attention of agencies. This is not unusual and there is limited evidence to indicate that intervention could have taken place prior to Jane contacting the Police in November 2010. Examination of the chronology produced for this review evidences that once Jane made this disclosure, there was a significant amount of agency involvement.
- 5.40 What emerges is a story of appropriate referrals to specialist services, initial contact from those services, followed by offers of support, including housing and counselling. Despite the number of agencies involved and Jane's contact with professionals, her exposure to violence and abuse continued.

The initial contact and support from November 2010 through to July 2011

- 5.41 The first incident that identified domestic violence and abuse in this relationship was on the 17th November 2010. It is of note that it was Gary who made contact with the Police when he reported that Jane and he had been violent towards each other, and that Jane had stolen his mobile phone. When officers attended they witnessed that Jane had a cut to her nose and that Gary had marks on his arm. Jane was arrested for common assault but later released with 'no further action' being taken (ref 3.7).
- 5.42 The officers completed the required Domestic Violence Notification at this point and identified Gary as the victim with the completed MARAC risk assessment relating only to Gary. Despite the injuries she displayed, there was no recognition or assessment of any possible risks to Jane, or any evidenced consideration that she may also have been subject to domestic violence and abuse. It appears that the subsequent investigation was focused on the offences Gary originally disclosed. This focus on one person as a victim was evident on subsequent occasions.

On the 25th December 2010, the risk assessment was only carried out for Jane, although Gary had also been injured (ref 3.16). On the 20th January 2011 (ref 3.23) and the 4th March 2011 (ref 3.36), risk assessments were undertaken with Gary despite the previous incidents where Jane was injured. However, on 20th January 2011, a high risk domestic violence flag was also placed on Jane's friend's address.

- 5.43 Hester (2009)³ looks at the issue of identifying the primary perpetrator in cases where both parties are identifying as a victim of domestic violence:

....'Dual perpetrator cases also included the greatest number of instances where both partners were heavy drinker or alcoholics and where the circumstances appeared quite chaotic. Alcohol abuse by partners in some instances made it unclear who the perpetrator was'.

³ Hester M 2009, *Research Who Does What To Whom? Gender and Domestic Violence Perpetrators*. University of Bristol in association with the Northern Rock Foundation.

'.....This example shows some of the difficulties in identifying the main perpetrator, especially when the focus by Police is on definable crimes'.

This research emphasises the importance of building a longitudinal picture of the relationship, rather than taking a snapshot view focusing on single incidents of violence or abuse.

These findings are applicable to Jane and Gary's situation with alcohol use, chaotic presentations to officers and a focus on the identification of one victim and one perpetrator for each single incident rather than taking a view of the relationship over time.

- 5.44 In most incidents it will be clear to officers who the victim is, as it was on some occasions in this case and subsequent risk assessments should rightly focus on that identified victim. However, in some incidents distinctions between acts of domestic violence and self-defence can be confusing and determining the perpetrator and victim can be difficult. This is particularly true if there is evidence of abusive behaviour on both sides, with both parties making reports to Police. In these circumstances it is appropriate for officers not to make assumptions as to which party is the legitimate victim but to look at the dynamics of the relationship alongside information such as records of past incidents reported to the Police and referrals into MARAC.

In this case, Jane and Gary had both been risk assessed and recorded as victims and each had visible injuries. However, if their relationship had been looked at in terms of power, control and coercive dynamics rather than focusing solely on incidents of violence, a better understanding of what was taking place may have been gained. Whilst it is agreed that the majority of victims are female, this process may also help to identify male victims who might otherwise be identified as a perpetrator.

Supporting Victim's Decision Making.

- 5.45 The second reported incident occurred a few days later on the 27th November 2010, when Jane reported to the Police that Gary had hit her on the knee with a torch and he was subsequently arrested. Gary stated that he could not recall what had taken place due to his alcohol intake and Jane did not agree to support a prosecution. Police completed a Domestic Violence Notification for Jane and she was considered to be at 'medium risk' (ref 3.8). This level of risk triggered a notification to the Neighbourhood Policing Team, a warning marker on Address 1 and a referral to the IDVA service, all of which were positive actions.
- 5.46 The Domestic Violence Victim Support Northumbria Procedures for specialist Domestic Violence Service/IDVA Services states:

'.....in most cases initial contact with the victim will generally be by telephone, and a minimum of 2 attempts on different days within a 48 hour period should be made'.

This principle applies once the referral has been received. Jane was not contacted by the IDVA service for three days. When spoken to, Jane confirmed that she had withdrawn her complaint, and that no prosecution would take place.

- 5.47 Whether or not to support a prosecution is a difficult decision for victims. In this case, a victimless prosecution was undertaken in 2012, but there had been a number of previous

incidents when Jane might have supported a prosecution. She declined in every case and each time her decision was taken prior to any contact with agencies that were supporting her.

Hester (2009) points out that victims who have been drinking are often reluctant or incapable of providing a statement or later withdraw their statement. Other victims subsequently deny the violence where their partner is very threatening or controlling.

- 5.48 The IDVA, as an independent victim advocate, has an important role to play. It assists the support process if the final decision to charge or not, is delayed until after the victim has had contact with an IDVA. At this point safe planning options can be considered, alongside any decision the victim may make around supporting a prosecution.

This might be difficult to achieve within a 24 hour time scale, so the use of Police bail with conditions could provide time for this interaction to be undertaken.

Although this may not have changed Jane's mind to prosecute, if this was in place she would have been provided with additional options. Section 10 and Schedule 6 (Police bail) amended the Police and Criminal Evidence Act 1984 (PACE) to extend the power to attach conditions to Police bail before charge to attend a Police station to include bail granted⁴:

(a) to a detained person at a Police station by the custody officer under section 37(2) of PACE for further investigation or under 37(7)(b) to consider action other than a charging decision; and (b) to an arrested person not at a Police station ("street bail") by the arresting officer under section 30A of PACE.

These amendments allow the officer granting bail to impose conditions only if they appear necessary:

(a) to secure that the person; (i) surrenders to custody; (ii) does not commit an offence while on bail, or (iii) does not interfere with witnesses or otherwise obstruct the course of justice; (b) for the person's own protection or, if they are under 17, for their own welfare, or own interests.

- 5.49 Although Northumbria Police do not at this time have a specific policy in respect of pre-charge bail conditions, its use, as part of their domestic abuse investigative option could be helpful, particularly in cases where the victim is unsure about supporting a prosecution. An example of its implementation can be found in the Sussex Police ⁵ policy for use of bail in domestic violence incidents. This is partially reproduced below:

DOMESTIC VIOLENCE - INVESTIGATIVE BAIL (37/2)

4.1 The primary consideration of an officer determining bail conditions should be the safety and protection of the complainant, children and the suspect.

4.2 A suspect granted investigative bail under section 37(2) should be bailed for no longer than is reasonably required to complete the investigative action. The ACPO 2008 Guidance on Investigating Domestic Violence states that unless a protracted investigation or other compelling consideration is involved, the period should be no more

⁴ www.legislation.gov.uk

⁵ Sussex Police Bail Policy Reference: 2/2009

than three weeks.

4.3 Officers should use the established risk factors listed in The ACPO 2008 Guidance on Investigating Domestic Violence document in making any decision in relation to Police bail. A list of the risk factors can be found in (Appendix A - ACPO domestic abuse guidance document sec 3.11)

4.4 The following bail conditions should be considered when granting bail pre-charge or after charge for domestic violence suspects to afford the maximum protection to complainants, children and other witnesses:

- Not contacting the complainant either directly or indirectly;
- Not going within a specified distance of the complainant's home or workplace;
- Not going within a specified distance of schools or other places the complainant or complainant's children attend, such as shopping areas, leisure or social facilities, childminders, family, friends;
- To live at a specified address, not that of the complainant;
- To report to a named Police station on specific days of the week at specified times ;
- To obey curfews as applied;

MARAC and Risk Assessment

5.50 The Multi Agency Risk Assessment Conference (MARAC) is nationally recognised as the main process by which victims can be supported through a multi-agency process.

5.51 The function of the MARAC is set out in the Coordinated Action Against Domestic Abuse (CAADA) website⁶

'Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented by the IDVA, a risk focused, coordinated safety plan can be drawn up to support the victim. There are currently over 260 MARACs are operating across England, Wales and Northern Ireland managing over 57,000 cases a year'.

5.52 The Newcastle area MARAC has been in place since 2008. It is underpinned by MARAC procedures protocol (2011). The intention of the MARAC is to deal with a "high risk" case at a single meeting. The aim, as set out in the policy and procedure, is to:

- To share information to increase the safety, health and wellbeing of victims – adults and their children;
- To determine whether the perpetrator poses a significant risk to any particular individual or to the general community;

⁶ www.caada.org.uk

- To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- To reduce repeat victimisation;
- To improve agency accountability;
- Improve support for staff involved in high risk domestic abuse cases; and
- To identify those situations that indicate a need to for the Local Safeguarding Children Board's Child Protection Procedures to be initiate.

5.53 Jane's case was referred to MARAC on three occasions. The author has had the opportunity to review the MARAC papers related to this case. The following will briefly describe each referral and consider the MARAC process.

5.54 The first MARAC took place on the 18 January 2011. This highlighted the recent history of incidents. It also identified the following:

- The victim's children resided in another part of the county with their father and she had limited contact with them;
- The victim suffered from a long history of depression and anxiety;
- She had disclosed domestic violence and abuse to YHN, therefore priority would be applied to her housing application;
- She had disclosed that Gary was jealous and controlling;
- Gary did not like her having contact with her children;
- Safety plan had been discussed and Jane said that she would move out if situation had got worse;
- She had agreed to emotional support; and
- She was being supported by a friend

The following action plans were agreed:

Children Social Care

- To flag systems and alert once children's information received.

IDVA

- To continue to have a proactive contact;
- To relay MARAC information to victim; and
- To offer housing support.

Police

- To identify children and update relevant agencies.

YHN

- To review application and see if priority will be awarded (ref 3.21).

5.55 The MARAC minutes evidence detailed information sharing. It was identified that children involved that Jane was being supported to move into a new address and that emotional support would be provided by Women's Aid. Gary was identified as very controlling and jealous. It was of note that Jane had informed the IDVA that a friend was supporting her. This was the same friend who contacted the Police later in the year. The information about this friend was not followed up on after this meeting

5.56 A MARAC is intended as a single meeting, which reviews actions and plans to ensure that they are completed. It is not intended, like other systems such as MAPPA, to

continually review each case. A case will only be brought back to MARAC if there is a further incident which makes it a repeat case.

- 5.57 The second MARAC for Jane took place following a referral from Women's Aid. This was as a result of Jane disclosing a number of assaults that she had not previously reported to Police. These included an attempted strangulation and a number of assaults by punching. Jane had also disclosed that she had attempted suicide.
- 5.58 This MARAC took place on the 12 May 2011. It was classified as a 'repeat case without children'. The information included the fact that Jane had not moved into the Address 3 provided by YHN as discussed at the earlier MARAC meeting.

The following actions were agreed:

Police

- To increase patrols during relevant times at victim's current property
- To instigate non consensual cocoon watch

YHN

- To arrange a joint meeting with Women's Aid and Victim Support; and
- To feedback the MARAC information to the local housing manager to discuss tenancy issues.

Women's Aid

- To accompany victim to YHN meeting to discuss housing issues;
- To provide Police with further information in relation to the perpetrator's pattern of offending;
- To feedback the MARAC information to the victim; and
- To continue proactive contact.
(ref 3.45)

- 5.59 The listing for the May MARAC occurred as a result of Women's Aid identifying a number of incidents of violence that Jane had not previously disclosed to the Police. The IPCC review considered this situation in their investigation and concluded:

'Although some action by Northumbria Police was agreed, no action to investigate the alleged assaults was discussed or subsequently taken.

Consequently a potential opportunity to deal effectively with the case at that time was missed, and a clear breach of Northumbria Police policy occurred.'

- 5.60 This review would endorse the need to investigate thoroughly any disclosed offences, whether by the victim or a third party. This has been identified in the Police IMR as a lesson learnt.

Northumbria Police IMR identified the following:

- Undertaking to investigate the historic allegations of domestic violence referred by partners.

MARAC Action Planning

- 5.61 Whilst action plans were developed and assigned to the relevant agency after each MARAC, it is not implicitly clear what risks each individual action was aimed at reducing, leading to the question of what was being measured to make them SMART (Specific, Measurable, Attainable, Relevant, Time bound) actions.

Although developing SMART actions is not always easy, clearly identifying and recording the specific risk factors in each case can assist the panel in identifying actions that are aimed at each individual risk and then actions can be allocated accordingly. The risk each output was trying to reduce and how it intended do that, would then become clearer.

In this case there were a number of clear risks including:

- Risk of discovery by Gary of her application for housing;
- Gary's jealousy of her seeing her children;
- His controlling behaviour, for example, not letting her sleep;
- Jane was unsure about leaving him;
- Jane not moving into her new accommodation;
- Her consideration of staying in the relationship if he changed;
- Their joint alcohol abuse; and
- Jane's attempted suicide.

During each of these MARACs, actions were identified that would assist in reducing the risk to Jane, but they lacked clarity. This may be due to the method of recording used. CAADA have a MARAC minute template, which includes a risk based action plan. If this were adopted by the Newcastle MARAC, then the above list of risks would have been separated and linked to specific actions aimed at reducing the risk to Jane.

- 5.62 In light of what is now known about friends, and work colleagues knowledge of the abuse experienced by Jane, it would be appropriate to consider employer involvement in a MARAC, if the victim has given permission. In this case, this would have possibly assisted her employer to support her and would also have provided the employer with a process through which they could have disclosed incidents.

Jane had also openly disclosed that a friend was supporting her. An action to follow this up with Jane and the friend could have been considered, especially in light of what we now know she was telling her friend.

- 5.63 Whilst the process was correctly focused on the victim, there was no consideration given as to how the perpetrator's behaviour might be addressed.

- 5.64 The third occasion, when Jane was again referred into MARAC was in February 2012, after a serious assault on her in January 2012. The case fitted the criteria for inclusion at a MARAC as a repeat victim, being within 12 months of a previous MARAC referral.

- 5.65 In this case, the MARAC Chair, a Police officer, made a judgment that the case should be circulated for information only.

The Police IMR states that this judgment was made having taken into consideration a number of factors:

- Gary was at the time the subject of criminal charges and on conditional bail;
- There were no children involved in the relationship and consequently no safeguarding issues; and
- Jane had a history of not engaging with Police or other services.

The Chair made a judgement that there were unlikely to be further practical measures which partners could reasonably have agreed to undertake at MARAC which were not already being undertaken.

5.66 The judgment applied by the Chair, like the previous processes applied by the Police, were again from a single agency position and did not take into account all relevant available information.

5.67 This process has been reviewed, as a result of this DHR, and as from April 2013 all “high risk” victims and repeat victims are referred for formal MARAC discussion. No secondary application of professional judgment to triage risk will now take place.

MARAC Capacity

5.68 The Home Office 2011⁷ review of the MARAC process highlighted a concern about the capacity of the MARAC stating that:

‘... practitioners in the case study sites indicated that one of the key concerns for MARACs in relation to volume was linked to capacity, that is achieving a balance between having sufficient time available to examine and review all cases appropriately and prioritising the highest risk cases. Linked to this there is some evidence to suggest that a minority of MARACs have recently increased the threshold for referral in order to manage the volume of cases being heard at MARAC. Approximately one in five respondents to the national survey² reported that the threshold at their MARAC had been increased in the last 12 months. Whilst in some cases – where the reasons for the change were reported – this was to bring their MARACs in line with best practice, respondents also commonly reported that the criteria had changed in order to manage the volume of cases coming to MARAC due to capacity issues, a finding that was echoed in the case study sites’.

5.69 This review has not examined in detail the current MARAC capacity, but there is evidence that there are concerns about the MARAC case numbers. This was highlighted in the Police IMR. When considering the review of Jane’s case by the MARAC chair in January 2012, it states that in that month there were more than 50 referrals of ‘high risk’ victims even though MARAC only has capacity to discuss between 30 to 36 cases. The review concluded that:

‘An assessment had to be made to refer into MARAC those victims most at risk of harm who would benefit most from the MARAC process’.

5.70 If agencies are to be encouraged to make referrals, then the numbers could increase even further. If this was to occur, consideration would need to be given as to whether the capacity, either in the number of days, or length of time for each MARAC, needed to be increased.

If the capacity of the Newcastle MARAC cannot be increased, then the situation, as highlighted in the Home Office review, may come to apply to Newcastle with the threshold being increased in an effort to manage numbers which will result in victims who do not reach this threshold continuing to be at risk of further violence.

⁷

N Steel, L Blakeborough and S Nicholas 2011
*Supporting high-risk victims of domestic violence: a review of
Multi-Agency Risk Assessment Conferences (MARACs): Research Report 55 Home Office*

Agencies Response to MARAC

5.71 It is evident from the minutes that the MARAC has maintained good engagement and attendance from across agencies. This review has enabled agencies, through their IMR, to consider their involvement, including the application and understanding of the MARAC process. This has led to a number of issues, set out below, that need to be considered in order to make the MARAC even more effective.

5.72 Agency IMR Identified lessons:

YHN

- YHN will now refer any case that is accepted as priority housing due to domestic violence, unless it is confirmed that a MARAC referral is in place.

Health

- GPs should have clear process in place for timely completion of MARAC requests; and
- Records to be highlighted with MARAC flags.

Primary Care Mental Health Services

- Urgent frontline practitioner training required in relation to domestic violence awareness and MARAC procedures.

Probation Trust/Police

- Problem with identification of perpetrators involved in a MARAC prior to them becoming involved with the Probation Trust. Work is being undertaken to ensure complete information from MARACs is shared with Probation Officers preparing pre-sentence reports.

Information Sharing Post MARAC

5.73 Accepting that MARAC cases are only reviewed at one meeting, the DHR examined who had responsibility for the subsequent coordination of a case which has been to MARAC

5.74 This review identified that Northumbria Police undertakes reviews of cases that have been subject to MARAC.

The Northumbria Police IMR states at 6.6.3:

‘That risk assessments will be periodically reviewed. The purpose of the review is to establish whether the risk level can be reduced’.

The IMR set out the criteria used for the assessment at each level, i.e. review of high risk, medium risk.

5.75 On the 9th February 2011, Northumbria Police downgraded the risk assessment from ‘high risk’ to ‘medium.’ This was on the basis that:

- There had been no reported incidents within the previous 4 weeks;
- No intelligence to indicate concern; and
- There was no on-going court case.

Whilst the three tests set out above are included, there are a further three which do not appear to have been recorded in this case. These are:

- All MARAC actions are completed and discharged;

- There is no current intelligence of concern; and
- Relevant partner agency information shows no concern.

There is no evidence that indicates that agencies were proactively contacted prior to the review. At the time of the Police review, Women's Aid were heavily involved with Jane, so would have been best placed to advise about ongoing risks to her (ref 3.28).

- 5.76 The case was reviewed again on the 24th May 2011, following the May MARAC, and the risk remained 'high'. The case was discharged from MARAC on the 26th May 2011. The risk assessment was downgraded to 'medium' on the 21st June 2011 using the same criteria detailed above (ref 3.51).

On the 17th September 2011, Jane's risk level was reduced further to 'standard risk'. Once again this assessment did not take into account all available information. The following information available to agencies at the time of the review, demonstrates the failing of this Police risk review process (ref 3.56).

- 5.77 As from the 14th June 2011, prior to the downgrading of her risk level Jane started to cancel appointments with Women's Aid. She also failed to attend the Freedom Programme stating that she wanted to remain with Gary (ref 3.50).

In July 2011, Jane disclosed that Gary wanted her out of the house and he had removed her car. She was planning to leave, had put together an emergency bag and was going to stay at a friend's. However, she did not leave, and she stated that she was going to stay in the house and that Gary would move to his flat. She requested a refuge place but one was not available at that time. This information was passed to the Police PVP unit.

- 5.78 Jane then stated that Gary and her were going on holiday and that Gary did not want to be in a relationship anymore but that she did. Jane agreed to commence the Freedom Programme in September.

- 5.79 This was in August 2011 and was the last face to face contact Women's Aid had with Jane. Jane never attended the Freedom Programme and Women's Aid had minimal further contact with her. In October she stated everything was good and that she no longer needed support from Women's Aid. Women's Aid closed the case.

- 5.80 The Freedom Programme aims are set out in the Women's Aid website⁸ as a 10 week programme which aims to empower women to make informed choices about their future:

- Explores a range of abusive behaviours, how they are used and the effects domestic violence and abuse has on both women and children;
- Aims to reduce isolation and raise women's confidence and self-esteem;
- Assists women to recognise abusive behaviours and, its effects, so they may choose to make changes in order to improve their safety and quality of life;
- Identifies early warning signs so women may recognise future potential abusers/perpetrators; and
- Provides opportunity for women to break the silence that surrounds domestic violence and abuse, access support and develop support networks.

⁸ www.newcastlewomensaid.org.uk/Freedom-Programme

- 5.81 In August 2011, Jane presented to her GP with an injury to her back which she said was caused by her falling on a sharp object. On the same day she cancelled her NECA appointment. She informed NECA that she was getting on better with her partner. She said that they had been on holiday, and that she had stabbed herself in the back with a BBQ knife. She stated that her partner was not present at the time. Jane also told them that she had been to her GP and had been told that she had had a miscarriage. Evidence provided to this review by health agencies indicates that she had not been pregnant or told by her GP that she had miscarried (ref 3.54).
- 5.82 The role of the GP is examined later in this report, but these incidents highlights the need for all professionals to fully explore all circumstances, especially in cases that had been subject MARAC and to refer as per policy when the stated reason for injuries presented appear questionable.
- 5.83 In July 2011, Jane was signed off from work and in September she requested anti-depressants from her GP. We are now also aware that she had informed her manager that Gary had stabbed her in the back (ref 3.55).
- 5.84 From this point Jane disengaged from agencies and from work. This disengagement increased her vulnerability. She had become depressed, was subsequently signed off work and began taking anti-depressants.
- 5.85 If the Police, during their risk assessment review in September, had been aware of this additional information they may not have assessed the risk as 'standard'. It could have led to the risk being raised back to 'high' and the case, therefore, brought back to MARAC.
- 5.86 When this was examined at a panel meeting, it was identified that the Police had assumed that agencies were aware of their MARAC case review process and that if an agency had any relevant information they would have proactively inform the MARAC unit.

Risk Assessment Process

- 5.87 It has become evident that different risk assessment processes were being applied by different agencies over the review period. Some agencies used the CAADA RIC and others the CADDA DASH RIC. The IMRs indicate that that Northumbria Police plan to commence using the DASH RIC in 2013 and that Women's Aid who previously used the RIC have also commenced using the DASH RIC. Alongside this, it appears that other agencies such as health agencies do not generally complete any risk assessments with victims of domestic violence.

There are two lessons to be learnt:

- 1) All agencies should carry out risk assessments when they receive a disclosure of domestic violence.
- 2) All agencies should use the same risk assessment process when they receive a disclosure of domestic violence.

Safety Planning: The role of IDVA, Women's Aid and Police

- 5.88 Up until October 2011, Jane was being supported by a number of professionals from the IDVA service, Women's Aid, and her GP's counselling service. From October, Jane continued to be involved with these services but she had also had started to disengage.

The DHR examined information sharing following MARAC and looked at who was

responsible for the coordination of safety planning and the reviewing and recording of victims' risks.

- 5.89 In order to answer these questions, there is a need to consider the journey that Jane went through in terms of agency support, and where, when and by whom safety planning was being undertaken.
- 5.90 Northumbria Victim Support manages the Newcastle IDVA Service. This is a division within the Northern locality of Victim Support.
- 5.91 The role of the IDVA service is pivotal in making the initial contact with victims and the implementation of safety planning.
- 5.92 The role of the IDVA is set out by CAADA⁹

*'The main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at **high risk** of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients **from the point of crisis** to assess the level of risk, discuss the range of suitable options and develop safety plans.*

*They are **pro-active** in implementing the plans, which address immediate safety, including practical steps to protect themselves and their children, as well as longer-term solutions. These plans will include actions from the MARAC as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations. IDVAs support and work over the short- to medium-term to put them on the path to **long-term safety**. They receive specialist accredited training and hold a nationally recognised qualification.*

Since they work with the highest risk cases, IDVAs are most effective as part of an IDVA service and within a multi-agency framework. The IDVA's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings.

*Studies have shown that when 'high risk' clients engage with an IDVA, there are **clear and measurable improvements in safety**, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse¹⁰.*

- 5.93 As the Victim Support IMR identified, the IDVA service's contact with Jane was only ever by telephone. There is no record of any request being made to meet face to face. The IDVA, when interviewed, stated that offers to meet in safe venues are made. The IMR has identified that this needs to be reinforced and correctly recorded if refused.

Victim Support was challenged as to whether telephone contact rather than face to face contact was the norm. They were able to produce a breakdown of contact methods used and these indicate a significant level of personal contact with victims.

The Victim Support IMR identified the following as lessons:

⁹ www.caada.org

¹⁰ http://www.caada.org.uk/research/Safety_in_Numbers_16pp.pdf

- There is a need to be clearer about the roles and boundaries of all supporting agencies working with victims of domestic violence;
- Options for meeting with victims to be fully recorded;
- Referrals to Newcastle IDVA service need to be scrutinised to ensure that staff caseloads are not too high; and
- Northumbria Police and all IDVA providers across Northumbria should use the same risk assessment.

5.94 Jane was referred to Women's Aid on the 24th January 2011. This was after the first MARAC meeting and following a request by Jane for long term emotional support (ref 3.24).

5.95 One of the questions considered by the review panel was around the appropriateness of this referral and when an IDVA should hand over a case. The IDVA role indicates that they are there to:

'work over the short to medium term to put victims on the path to long term safety'.

5.96 In this case the initial work had been undertaken, including contact with housing and the MARAC. Whilst the referral for long term support is reasonable, this review poses the question of whether the IDVA should have retained contact or a coordination role until Jane was considered to be on the path to long term safety. This was commented upon in the Victim Support IMR:

'In my interview with the IDVA team manager, she suggested that at this stage, the IDVA service should have maintained closer contact with Women's Aid. At times, there seems to be some confusion over the boundaries of the two services'.

5.97 Following the referral to Women's Aid, no further contact was made with Jane by an IDVA until a further MARAC referral was received in April 2011 (ref 3.43). It is of note that the majority of contact Jane had with Women's Aid was face to face. This may be due to the approach they had towards Jane or, as will be considered later in this report, a matter of capacity and time.

5.98 Whilst it is evident that Women's Aid had significant contact with Jane and provided good support, there should have been followed up by the IDVA service to ensure that Jane was satisfied with, and was receiving this support. She was clearly at risk and may have required both short-term and long-term support.

IDVA Service Capacity

5.99 There is no question that the local IDVA service provides a good service to victims, but it is apparent that the level of service they can provide is limited due to the number of 'high risk' referrals against current staffing levels.

5.100 CAADA recommends that each IDVA should have a caseload of around 100 cases per year. Victim Support's system records referrals rather than the number of victims. Taking into account repeat victims, the estimate of the number of victims supported per annum is between 150 and 200 per IDVA.

5.101 The author has been supplied with the referral figures for the eight month time period January to August 2012:

Standard Risk :	213
Medium Risk:	213
High Risk :	803
Total	1,084

5.102 High risk cases always are referred to an IDVA. It is accepted that a number of these may be repeat referrals. Even if that is the case, there is, on average, around 100 high risk cases per month or 1,200 per year. When applying the CAADA caseload criteria, it is evident that there is a significant shortage of IDVAs to deal with this workload. Using the above figures, in order to provide intensive support to victims the number of IDVAs should be 10, rather than the current four.

5.103 In November 2012, Consilium Research and Consultancy Limited were appointed by Safe Newcastle to undertake an evaluation of the Integrated Victim Support Service (IVSS). They reviewed the full remit of the Victim Support Service contracted by Newcastle City Council in 2011. It included: support for victims of domestic and sexual violence through an integrated Independent Sexual Violence Advisor (ISVA) and Independent Domestic Violence Advisor (IDVA);

5.104 The review concluded:

'During the first year of the service contract the service received 1,456 referrals of which 1,082 were classified as 'high risk'. The volume of 'high risk' referrals has remained relatively consistent from quarter to quarter throughout the first year (see Appendix 7 for detail). A total of 889 victims were engaged over this period by the IDVAs which far exceeds the maximum caseload of 80 to 100 victims outlined in the service specification.'

'This highlights the significant capacity pressure that the service has been operating under and an urgent need to review referral criteria, caseload management and case closure protocols. As recognised in research reports that have assessed other IDVA services (27), the IDVA Workers need to have the capacity to offer an 'intensive' level of support. If IDVAs do not have the time to offer intensive support, the outcomes for victims and their children will suffer'.

5.105 It is of note that the Women's Aid Outreach Worker was able to provide a high level of support but they have a case load capacity of 15 working on average with 45 clients per year, which is significantly less than the Victim Support IDVAs. Women's Aid has pointed out that a caseload of 15 does not always reflect the level of work done including advice/telephone work. They have adopted a qualitative rather than quantitative approach to caseloads whilst still responding to crisis situations.

5.106 The Victim Support IMR sets out some of the other functions that IDVAs have been undertaking, including one IDVA spending 15 hours per week within the local Emergency Department. This is good practice which the hospital IMR acknowledges. The IMR sets out how the IDVA post could be best utilised within the department, indicating that rather than being able to expand and provide the support for victims within the department, the IDVA post will be reduced due to the workload demands.

5.107 The IDVA service is currently funded and contracted by Newcastle City Council and supported with additional funding secured by Victim Support from the Northern Rock Foundation and the Home Office. It needs to be recognised that an IDVA's support for victims reduces repeat violence and, therefore, has potential financial saving across all

the agencies including the local authority, health service and Police. Therefore, it seems appropriate that all services should consider providing funding towards the IDVA service. This would potentially enable the employment of an increased number of IDVAs, which would enable more intensive support to be provided for more victims, thereby greatly reducing repeat incidents.

Women's Aid.

- 5.108 Women's Aid outreach workers are CAADA trained so in this case they effectively became the IDVA for Jane when they took up the referral. Whilst a further referral to the Victim Support IDVA service was made following the MARAC referral in April 2011, the IDVA service made contact with Jane and was able to confirm with Women's Aid that they were supporting Jane. This remained the case until October 2011, when the case was closed by Newcastle Women's Aid at Jane's request.
- 5.109 Women's Aid provided safety planning and support to Jane. They worked well with NECA and until the last set of contacts, there is evidence of good information sharing between these two agencies.
- 5.110 Women's Aid was the lead agency and the point of coordination for Jane's case. Because of this, it would have been useful if all intelligence related to Jane was shared with Women's Aid.
- 5.111 As was evidenced in the previous section on risk assessments, this was not the case. The health service, Jane's employers and around the time of the case being closed the Police all had information about Jane. None of these agencies recognised or understood who was coordinating support for Jane and therefore who needed to be in receipt of this soft intelligence. This equally applied to Women's Aid.
- 5.112 Women's Aid IMR identified this as a concern.

'A concern about the MARAC process in this case is that when the client ended her support with NWA there was no forum within MARAC to inform or advise MARAC. This client was engaged or known to various agencies, but there was no formally confirmed, designated lead.'

- 5.113 As well as these NWA and NECA , the officers from the PVP at Northumbria Police also made number of contacts with Jane to discuss her domestic violence safety plan; two in January 2011 and two in February 2011. These officers continued to contact Jane after she was discharged from MARAC. Jane provided information to these officers, but there is no indication that the PVP officers liaised with either the IDVA service or Women's Aid to ensure that they were providing coordinated support using the same information. Again, agencies were working with good intentions but in isolation.

5.114 **CAADA Comments**

Follow up after the meeting

'.....Agencies should liaise with each other outside the MARAC meeting to ensure they are monitoring the situation and updating one another about completed actions. Risk levels can change at any time so it is vital that the case is managed outside the meeting by the relevant agency partners.'

Representatives are responsible for updating Coordinators when they complete their actions. All agencies should be able to identify further incidents and refer the

victim back to MARAC as a repeat case'.

5.115 The Women's Aid IMR identified a number of lessons:

- A need to have a citywide coordinated approach to providing services and partnership working; and
- MARAC protocol training is required.

Options for the enhancement of case coordination following MARAC

5.116 Three possible options, which could help to enhance coordination, are set out below.

(a) Central Recording/referral

In some local authority areas, a central recording or referral process has been developed to include adult safeguarding and domestic violence and abuse referrals. This approach would ensure that any enquiry or referral is checked against all available information and information shared across the relevant agencies. This then ensures that the risk assessment process has the most up to date information.

Such a system, could be located within the current MARAC administration however, this could create a significant amount of work for that team. Another option is the implementation of a Multi- agency Safeguarding Hub (MASH) or referral HUB. The author understands that this is being considered in the Newcastle area, initially to support safeguarding children referrals, which could then be expanded to also include victims of domestic violence not linked to children's services.

(b) Lead Agency

The current Common Assessment Framework (CAF) process operated within child protection uses the concept of a lead agency for cases that do not reach the threshold for children's service intervention. The lead agency is the one which has the most contact with the child or family at any given time. As the child or family's circumstances change, over the period of engagement, the lead agency role can also change.

A similar approach could be adopted following a MARAC. A record on the MARAC system identifying the lead agency would allow agencies with additional information to be signposted to this lead agency. Should the lead agency change, then this responsibility can be moved accordingly. In Jane's case, the lead agency role would have passed from the IDVA Service to Women's Aid and possibly back to the IDVA Service. Any Police assessment could then been undertaken jointly with the lead agency.

(c) IDVA as Case Coordinator

A third option is for the IDVA to remain the case co-coordinator regardless of where else the victim has been referred. This would ensure that there was clarity as to who is the - coordinator at any given time. However, this option would need to be considered in light of capacity issues within the IDVA Service as previously discussed above.

Criminal Justice Intervention: October 2011 to February 2012

5.117 This report has so far considered the response by agencies up until September 2011, including the MARAC. At this time, the Police risk assessment had been reduced to 'standard risk'. The subsequent period of time from October 2011 until the time of Jane's death, needs to be examined as it introduces specific issues with regard to criminal justice interventions.

5.118 Up to October 2011, both Jane and Gary had been subject to arrest on a number of occasions. In Gary's case, arrest did not lead to any prosecutions until the latter stages

of 2011, when he was charged with offences on two separate occasions.

5.119 In October 2011, Gary contacted the Police to have Jane removed from the property. Gary was aggressive towards the Police and Jane was found cowering behind a bedroom door with dry blood smeared on her forehead. Neither of them would state what had happened but Jane appeared terrified. Gary was arrested for breach of the peace and subsequently charged. He appeared at Newcastle Magistrates Court where he was bound over to keep the peace for 6 months and fined the sum of £100 (ref 3.61).

5.120 At this time, the Police assessed Jane's risk as 'medium risk' and state that they submitted a Domestic Violence Notification. The notification was not referred to the IDVA service as the risk was not 'high'. There is no indication from either the IDVA service or Women's Aid that they were made aware of the incident or the subsequent arrest and resulting bind over of Gary. Failure to inform either or both of these services is of concern, as it would have enabled them to contact Jane to discuss the incident and the impact of the bind over.

5.121 On the 3rd November 2011, a month after the bind over, the Police attended Address 1 following contact by Jane's friend. As previously stated, this was a missed opportunity for the Police to contact the friend and obtain further details about Jane's situation. Unfortunately, the officers who attended did not recognise this as a domestic violence incident and therefore no notification was sent (ref 3.63).

The issue of officers failing to recognise domestic violence and to look at the history of the relationship was identified by the IPPC report when looking at the actions of officers on the day of the fatal attack.

5.122 On the 19th January 2012, Police attended the Address 1 and found that Jane had been struck on the head with a rolling pin causing a deep laceration (ref 3.65).

Gary was arrested and when interviewed admitted hitting her with the rolling pin. He stated that they had argued and "*She would not shut up*". Jane was taken to hospital, but refused to make a statement. She also did not give Police access to her medical records. It is noted in the Police IMR that Domestic Violence Officers spent a considerable amount of time trying to persuade Jane to support a prosecution.

Unlike the previous offences of violence, at this point the Police considered that a victimless prosecution should be undertaken. They sought permission from the Crown Prosecution Service (CPS) to charge a Section 20 offence of wounding. The CPS authorised a lesser charge of common assault. Gary was presented at court the following day and pleaded guilty to the offence charged.

5.123 Once again, it is noted that the IDVA Service did not receive a referral until the 23rd January, (four days after the offence). It is also of note that the risk was assessed at 'medium' level (ref 3.67).

5.124 The Police action was appropriate and the level of charge they requested was correct. However, the authorisation of a charge of common assault limited the sentencing options available to the court and the proposals probation could make regarding sentence.

5.125 This was subject to examination in both the Probation Trust IMR and CPS IMR.

5.126 The CPS IMR examined how the decision to charge this offence was reached. The IMR notes that the prosecutor initially considered that the appropriate charge was

Section 47 Actual Bodily Harm. This offence can be tried in either Magistrates or Crown Court and given the level of injury, would have been an appropriate charge. However, their final decision communicated to the Police was to charge with a Section 39 offence, which can only be tried at a Magistrate's Court and carries a maximum penalty of 6 months.

- 5.127 The review found no indications that the Police actively challenged the decision. Gary pleaded guilty the following day and was granted bail with condition not to unlawfully interfere with Jane.

On the 14th February he was sentenced to a two year community sentence, with a requirement to participate in the Community Domestic Violence Programme and to live at Address 3 for 6 months.

The October incident was not included in the file and as a result was not presented at the court.

- 5.128 The CPS IMR author, having applied the various guidance, concludes that:

'Whilst it could be argued that the injury was not the most serious in the context of the offence, it was a nasty cut, and as such could be placed in the category of greater harm. As regards culpability, the use of the rolling pin suggests that the case would fall in this category. Arguably, therefore, the case could have been treated for the purposes of the charging decision as having fallen into the highest category. The range of sentences here clearly indicates that the case would not be one suitable to be dealt with in the magistrate's court. Applying the charging standard that would suggest the case should have been charged as ABH'.

'I am satisfied that the prosecutor selected a charge which was too low a level for the circumstances of the case. There was, therefore, a failure to apply not only the CPS policy on domestic violence properly, but also the Code for Crown Prosecutors. 9.36'

- 5.129 The decision to charge a Section 39 common assault impacted on the work of the Probation Trust. It limited the sentencing options available in the case. The probation officer, in preparing a pre-sentence report had to propose the most appropriate sentence taking into account the charge and risk assessment. They assessed the risk as medium using the Offender Assessment System (OASys), indicating that it was the higher end of medium. The proposal was for the court to impose a Community Order with a Community Domestic Violence Programme (CDVP) requirement, a supervision requirement and a residence requirement. CDVP is the most intensive and restrictive domestic violence programme requirement available as part of a Community Order.

The Probation Trust however, appears to have been concerned about the level of charge as they queried the charge with the Police.

- 5.130 The offence, charge and guilty plea all took place within a 48 hour period. This was a very positive response to the incident. However, it can reasonably be assumed that Gary probably pleaded guilty at first appearance due to the charge level. Since a lesser offence was charged, the court was limited as to the sentence that they could apply. This was in fact a serious assault with a weapon; a rolling pin and Gary had previously committed similar assaults using weapons such as a bottle and a torch.

- 5.131 Northumbria Police IMR identified the following lesson:

- The use of the CPS appeals procedure where the authorised charge does not reflect the severity of the circumstances.

5.132 It is of concern that when considering sentencing, the details of the bind over were not presented and the probation officer was not aware of the second MARAC in May 2013 when undertaking a pre-sentence report. It cannot be assumed that if the court had access to this information that the sentence would have drastically changed given the nature of the charge but background information in domestic violence cases is always important and should not be missed.

**Inhibitors to Moving:
Housing and Financial Implications.**

5.133 Over the time she lived in Newcastle, Jane had a number of opportunities to move out of Gary's home including moving in with friends, offers of refuge places and local housing options. However, she never moved out for any significant period of time.

5.134 When looking at the reasons why Jane was reluctant to move to either the house offered by Your Homes Newcastle or the refuge, the cost and affordability of the rent was always an issue.

Housing Options

5.135 YHN played a full part in this serious case review including the production of a comprehensive IMR.

Jane made a housing application to YHN in early December 2010. This was after her referral to the IDVA, but prior to the domestic violence incident on Christmas day. The application form at the time indicated that the reason for application was '*domestic violence, harassment or racial harassment*'

It has been identified in the IMR that the YHN application form provided little indication of the details of the circumstances faced by the applicant since the categories are too wide.

Jane's YHN application led to a letter being sent to her home address and led to subsequent difficulties with Gary, when he saw the letter (ref 3.10, 3.11).

5.136 Both of these issues have now been addressed through new regional letting procedures introduced in 2012.

5.137 Jane was interviewed by a housing officer on the 6th January 2011. A number of concerns have since been identified in relation to the interview. The housing service officer did not record that Jane had a black eye, although the officer, when interviewed for this review, recalled Jane having such an injury. All internal YHN forms were completed for Jane, recommending priority housing, but no MARAC referral form was completed, or checks made with the YHN MARAC lead to establish if Jane had been referred into MARAC (ref 3.18).

Jane presented evidence of domestic abuse to the housing officer. It is important that any agency receiving such information makes relevant checks either directly with the MARAC Coordinator, or through their own organisation's MARAC representative. Had this taken place, discussions with the IDVA might have assisted the process and provided support to Jane.

It is recorded that contact between the Police and YHN took place on the 19th January 2011, so the information gap was filled soon after the initial interview. However,

agencies must not make assumptions that other agencies are involved but should take steps to confirm other agency involvement (ref 3.22).

- 5.138 YHN dealt with the initial application in a timely way. They also played a full part in the MARAC process. However, they have identified in their IMR that whilst the recommendation for priority housing was made after the initial interview, it was not authorised for a further three weeks. Given that the application was deemed a priority, this delay was not appropriate.
- 5.139 YHN made Jane an offer of a property (Address 3) and the tenancy agreement was signed on the 14th March 2011. It is notable that despite the knowledge that YHN had regarding the domestic violence and abuse, they did not question Jane placing Gary as her next of kin. YHN needs to ensure that, when dealing with a victim of domestic violence such an action by a victim should be queried in terms of the victims safety (ref 3.37).
- 5.140 Jane never actually moved into the property allocated to her by YHN. She spoke about wanting to decorate but was reluctant to move in. It may have helped her safety if she could have moved into this property but she clearly needed support to take that step. YHN operates an advice and support service to tenants, which can assist in a number of ways, including practical issues such as decoration and furnishing. YHN have now identified that this service, should proactively engage with vulnerable, tenants to try and address some of the issues causing delays in moving into properties.

Rent Arrears

- 5.141 When Women's Aid first started to work with Jane, it became apparent that Jane had significant financial difficulties. Women's Aid connected Jane with Money Matters, an organisation which offers a face to face support service for vulnerable people with complex needs who are experiencing financial problems.
- Although Jane never moved into the premises, she was sent rent arrears letters as early as April 2011. Subsequent letters were sent out as the arrears escalated. These letters continued until the tenancy agreement was terminated in May following a meeting between YHN, Jane and Women's Aid (ref 3.41, 3.44, 3.47).
- 5.142 The YHN IMR has identified that there was a missing link between the housing officers who were trying to support Jane and the rent collection process. The debt recovery team does not appear to have been aware, or have considered the issue of domestic violence and the impact the arrears letters may have had on the victim.

This is evidenced further when in February 2012, the debt recovery team launched a campaign to encourage additional payments to reduce former tenants' arrears. Jane still had rent arrears at this point and was contacted by telephone as part of this process. She told them that she was unable to increase payments as her circumstances had become worse because she was now on long term sick.

The officer from the Debt Recovery Team who made contact with Jane was interviewed as part of the YNH IMR. She stated that whilst she could not remember her conversation with Jane, she confirmed that Debt Recovery staff did not have access to detailed information about tenants available in the YHN files, but did have access to electronic risk indicators and vulnerability flags. However, the debt recovery staff did not, at that time, routinely check these flags unless they planned to carry out a home visit.

In this case Jane had vulnerability flag: *MARAC – victim assessed as high risk and PR02*

suspected alcohol/drug abuse.

The YHN IMR identified this weakness and recommended that staff should research systems to identify vulnerability flags or risk indicators prior to contacting tenants.

5.143 Gary, when interviewed, admitted that he was aware that she had an address and that he tried to persuade her not to move. He believes that it was the financial cost of moving, that prevented Jane taking up the accommodation.

5.144 The YHN IMR identified a number of lessons including:

- YHN review the time scales for awarding priority housing;
- YHN review the new tenancy procedure to include an introduction to the Advice and Support Services for all tenants meeting prevention of eviction vulnerability criteria (which would include domestic violence and abuse);
- Housing Service Officers are encouraged to use alternative methods of contact where a person does not respond to letters;
- IT system is configured for management of domestic violence and abuse cases to ensure any anti-social behaviour is recorded, managed and escalated to the Housing Anti-Social Behavioural Team (HASBET) in line with YHN's new approach to personal harm; and
- Debt Recovery Team attend MARAC training.

Refuge Placements

5.145 The proposal of a place in a refuge was raised with Jane on a number of occasions. The first time was when she was initially referred to the IDVA service. The IDVA and Jane, discussed moving to a refuge but indicated that because Jane was employed, she may have to pay rent to the refuge.

5.146 The Victim Support IMR states that when they interviewed the IDVA, she reported that she had sensed that cost implications of a refuge place were discouraging Jane from taking up a place.

5.147 It is important for professionals to recognise that one of the issues that may be influencing a victim's decision is finance. The emphasis must be on encouraging victims to move to a refuge or other accommodation away from their abuser. Although important, financial considerations should not be raised during the initial stage. If it is later identified that a victim is unable to provide the required financial contributions they can be supported to access financial support and services such as those provided by Money Matters. These options should be explored as part of the safety planning.

5.148 In this case, it was identified that Jane was facing a difficult financial situation so the mention of cost in respect of a refuge place and the issue of rent arrears may not have helped her situation. Jane may have moved to a refuge if financial implications had not been raised.

5.149 In July 2011, Jane made a request to Women's Aid for somewhere to stay. This would have been an ideal opportunity to have her move into a refuge but unfortunately there was no place available at that time. This was the only time recorded that she pro-actively made a request for a refuge place. The IMR highlights the difficulty:

'NWA is a small charitable organisation and demand for our refuge and outreach services from clients and other agencies far outweighs our resources'.

Women's Aid, in a follow up to their IMR, made the following important observation:

'Accessing refuge or other temporary accommodation in order to secure a victims safety will have a cost implication for any victim who is not in receipt of benefits. For example, any victim in employment, as was Jane. This issue is a huge barrier to accessing services, and cost can be very high, this issue could literally decide the outcome of a victim's safety. This issue is becoming more common.'

Role of the Health Service

5.150 Domestic violence and abuse is often a hidden crime and as the level of violence increases the victim typically has more injuries which require treatment. Therefore, victims will often present at either a GP's practice or Emergency Department. In this case, Jane presented at both.

5.151 IMR's were completed in respect of the primary and acute services, including the community counselling service. It should be acknowledged that these IMRs were very detailed and have led to a number of recommendations and changes taking place or being progressed prior to the completion of this report.

GPs and MARAC

5.152 The role of the GP is important as they may be in a position to identify issues not immediately apparent to other agencies. Jane registered with a GP in November 2009 and the GP supplied a report to the MARAC on the 14th January 2011. This report contained minimal information, as Jane had not attended the surgery for some period of time.

However, Jane did attend on the 27th January 2011 when she disclosed domestic abuse. She also disclosed information about her current living arrangements and employment situation. The GP examined her arm that had been wrenched in the December 2010 incident. It appears that it was assumed that her partner caused it but this was not clearly recorded. She was prescribed with anti-depressants and referred to the practice counsellor (ref 3.25).

A MARAC had taken place on the 20th January 2011 prior to this consultation. The additional information provided by Jane on the 27th January was not shared by the GP with the MARAC Coordinator. This may have been due to an assumption that it was already known, since Jane was, at that stage, within the MARAC process (ref 3.21).

This additional information should have been passed to the MARAC Coordinator by the GP. The intelligence in the MARAC process needs to be continually updated if a true picture of the victim's situation is to be gained and assessed.

5.153 Jane attended her GP again on the 22nd February 2011. She disclosed that she was seeing a NECA counsellor and was being supported by Women's Aid (ref 3.33).

On the 4th March 2011, Women's Aid informed the GP that Jane had disclosed that she had taken an overdose. There is no record of any action being taken following this report and Women's Aid was not contacted again to request further information (ref 5.57).

5.154 It would appear that there was no GP contribution to the May 2011 MARAC. It is not clear whether they were asked to attend and declined, or were not invited. The GP received the MARAC minutes, which were placed on file, but there is no indication that the records were highlighted/ flagged or that any other action was taken.

Jane was a vulnerable individual and GPs in the practice needed to be aware of her vulnerability when she consulted them. Jane attended her GP in July 2011 and had three consultations with regard to gynaecological problems. In August, she complained of back pains, which she stated had been caused by falling on a sharp object. There is no evidence provided to the IMR author to indicate that domestic violence was discussed or considered at this point by the GP and no action was taken to check or share information.

- 5.155 This was a critical time in Jane's life. It was around this time that she started to disengage from support services at Women's Aid and NECA. It is now clear from the evidence given by friends and colleagues that she had disclosed that the back injury, which was a very serious assault, had been caused by Gary.
- 5.156 Jane continued to consult with her GP. She was depressed and was signed off sick. Again, there was no recorded consideration that the cause may be related to domestic violence.
- 5.157 In October 2010, she attended her GP and reported that Gary had grabbed her around the chest. She also disclosed that that Police were aware of this incident. No discussion or risk assessment was documented by the GP at this time. In January 2012, she attended her GP and had staples removed from her head. This followed an assault by Gary, the details of which had been sent to the GP from the Emergency Department, but this had not been filed in the patient's records (ref 3.60).
- 5.158 Jane had a couple of further consultations at her GPs, which looked at her mood problems and depression. This led to further time off work, but again no consideration was given that domestic violence and abuse might be an issue.
- 5.159 The Primary Care IMR author reaches the following conclusion:

'The initial assessment of Jane was comprehensive but during review consultations the same systematic approach does not appear to have been taken to consider issues such as domestic violence, alcohol use, risk of harm etc. This meant that questions about topics such as these were not routinely discussed and recorded'.

The NHS IMR author has explored the issues in respect of this practice and highlighted that:

- The practice did not have a domestic violence policy;
- There was a passive approach to domestic violence;
- The GPs were reassured as there was no children involved, the victim spoke about leaving the offender and that other agencies were involved; and
- Flagging and record recording was poor.

The flagging of records is important so that everyone with access to the records has an accurate and up to date picture of what is going on in the patients' life. Whilst the information was within the patient record, it may have been buried or not read by a GP. Flagging would have at least highlighted that the patient was subject to domestic violence and abuse. This could have given an indication of the causes of or contributing factors to the presenting issues.

Emergency Department

- 5.160 Jane attended the Emergency Department on three occasions over the review period.

Two of the occasions were following incidents of violence. The Newcastle Upon Tyne Hospitals NHS Foundation Trust IMR has identified a number of issues.

'The focus was on her clinical assessment and health care plan. That is very understandable but when domestic abuse was apparent no risk assessment tool was used. There was also an assumption that because Police had attended that they would be dealing with the on-going support. Again one can understand the logic behind this assumption but it does not take into account that the victim might respond differently to non-Police enquiries'.

- 5.161 As a direct result of this review, a number of actions have already been undertaken. They include:
1. Key staff in the emergency department have received training in relation to the CAADA DASH risk assessment. This has been linked to the pilot of an IDVA to work in the department to follow up identified victims, which in turn, led to an increased number of referrals.
 2. The current domestic violence policy, which has been in place since 2009, is under review and in future will include the Community Health service, which has now incorporated within the Trust.

- 5.162 Gary also attended the Emergency Department when Jane had bitten his finger and was treated by the plastic surgery team. There appears to have been no exploration as to how the injury occurred, again the focus was entirely on the clinical treatment.

Counselling Services

- 5.163 Jane was supported by two separate counselling services; NECA which is the largest regional charity working in the area of substance use/misuse and the Primary Care Mental Health Counselling service.
- 5.164 NECA commenced their sessions with Jane in February 2011 after a referral in relation to her alcohol problems by Women's Aid. Jane engaged well with the service up until June 2011. During this time, it is evidenced that NECA and Women's Aid worked closely together to support Jane including the sharing of information about Jane's disclosures of previously unreported assaults (ref 3.27,3.31, 3.34, 3.38, 3.40, 3.46, 3.49).
- 5.165 However, it is apparent that there is one point of dispute between NECA and Women's Aid. In October 2011, NECA closed Jane's file due to her lack of engagement. The NECA IMR indicates that messages were left for Women's Aid when the case was closed but that Women's Aid did not respond. Women's Aid have no record of receiving this communication. It is evident that both agencies had worked well together to support Jane up to this point. Nevertheless, it is of concern that the time of Jane's disengagement, Women's Aid were not aware of NECA's decision to close the case. Women's Aid also closed Jane's case soon after this, leaving her with no other source of support (ref 3.59).

This highlights the need to ensure that when supporting victims, agencies go back to the referring service to confirm the action taken, ensure contact is made and such contact accurately recorded rather than leaving messages.

The following has been identified in the NECA IMR but equally applies to all services:

At discharge attempts to contact Women's Aid should have been followed up to ensure the information was passed onto MARAC.

- 5.166 Jane's GP made a referral to Primary Care Mental Health Service in December 2011. The referral omitted to share information that Jane was a 'high risk' domestic violence victim and as a result she was allocated a trainee counsellor (ref 3.64).

Jane had two sessions with the counsellor in January 2012 during which she disclosed the difficulties she was experiencing. She had two further appointments in February 2012, a short period of time before her death. However, both of these were cancelled; one by Jane and the other by Gary (ref 3.68).

- 5.167 The Newcastle Upon Tyne Hospitals (NUTH) IMR highlighted a number of concerns about the counselling service. An internal review focused on the knowledge and skills of the student and case recording, but the IMR identified other more basic concerns. They stated that:

'The team as a whole seem to lack knowledge regarding Domestic Violence in terms of recognising and responding appropriately. The managers and Practitioners contacted seemed vague in relation to MARAC procedures and not aware of the CAADA-Dash [Sic] checklist as a relevant tool. The incidence of Domestic Violence as an issue they came across in their work was reported as low, despite a lot of the patients having anxiety, depression and stress in their presentation'.

Jane was in a very violent relationship and was experiencing a number of difficulties. The counsellor and their supervisor's lack of knowledge around domestic violence resulted in missed opportunities to make referrals or to introduce other support services. Also, since the team are not routinely informed of domestic violence concerns when receiving referrals, they would not be aware of patients like Jane, who do not openly disclose domestic violence, when they are in an abusive relationship.

- 5.168 In January 2012 Jane was subject to a serious assault while Gary was on bail, and on the 13th February, it is noted that Jane's partner cancelled her appointment allegedly on her behalf.

Her GP was informed about the cancelled appointment, and having recognised the possible risk, the GP attempted to make contact with Jane but without success. This was not followed up because Jane had a further appointment. The information was not shared with any other agency.

- 5.169 The Newcastle Upon Tyne Hospitals NHS Foundation Trust IMR identified the following lessons:

- Promotion of the revised Domestic Violence Policy to be completed with findings from this review;
- Improvement of the promotion of Domestic violence via existing Safeguarding Training including use of risk assessment tool;
- The Trust need to finalise plans to implement electronic "flag and tag of victims and perpetrators in relation to domestic violence; and
- It may not be recognised by all staff that they should aim to identify how injuries come about.

There would appear to be a correlation between Jane's failure to attend appointments, during June and July 2011, and the significant injuries inflicted on her around that time, specifically the back injury that she suffered. Research shows that victims are often

unable to disengage from a relationship due to extreme fear and because intervention by agencies are not making them safe (Hester, 2009).

Independent Police Complaints Commission Investigation

- 5.170 The IPCC undertook an investigation into Northumbria Police's involvement in this case. It focused on the action of officers on the day of the fatal attack. The IPCC report did highlight a number of issues that are pertinent to this review.

Due to an administrative error, there was no flagged link between the address officers attended and Gary's other addresses. The report states the following:

'Consequently when, at 5.39pm on 25 February 2012 the incident between [Jane and Gary] occurred at the [Address 3], and with neither of their names being available to enter onto the NPICCS system which would have revealed the domestic abuse history, the history was not shown'.

'Indeed, a review of the transcript of the deployment confirms that no information or intelligence regarding the domestic abuse history between [Jane and Gary] was passed to the attending officers'.

- 5.171 This hampered the officers in identifying that this incident, which had been classed as a neighbour dispute, could have been linked to domestic violence.

The attending officers dealt with the situation with which they were confronted, but did not undertake any checks on the names of the individual involved. Had they done so, they would have been better informed. The officers thought that they were dealing with an anti-social behaviour issue and although Jane had a bruised eye she did not report any concerns.

Had the officers undertaken name checks or had the address been flagged, they may have identified that this was a domestic situation and undertaken the appropriate risk assessments and notifications they could have fully considered, in the context of domestic abuse, the evidence of an injury. This was the second time that officers had attended this couple and had not identified that domestic violence may have been an issue. The first occasion being in November 2011 when Jane's friend rang the Police. (ref 3.63).

- 5.172 Northumbria Police responded to the IPCC report following its publication in late 2012.

Children

- 5.173 Jane had two children who remained in the care of their father. The review identified that the children were referred to their local Children Services in August 2009, due to their father's concern regarding the children's reaction to their mother leaving. They were not known to the local children's services prior to this time.

Jane's contact with her children was sporadic and this unsettled the children. They were subject to a Common Assessment Framework (CAF) from 2009 until May 2011 when the case was closed as the children's needs were deemed as having been met.

- 5.174 The Children's Services where the children live completed a report for this review. There is no evidence that Jane had been subject to any domestic violence while in her previous relationship where the children and their father live. There was also no indication that Gary was a risk to the children. Furthermore, there was no record of any contact with children services or any other support services in Newcastle.

- 5.175 The children were identified in the initial Newcastle MARAC referral. An action was allocated for the Police to identify the children and for Newcastle Children's Services to *'flag on system an alert once children's information received'*.

Electronic records were created for the children and the records were linked.

There is no record that Newcastle Children's Services contacted the Children's Services where the children live. This would explain why that Local Authority's Children's Services had no record of the domestic violence or that Jane was 'high risk and subject to MARAC'.

- 5.176 Whilst it was good practice to acknowledge the children in the original MARAC meeting, the resulting lack of contact between the two children's services was a missed opportunity to exchange information which could have shed a better light on Jane's background and problems. This would have also ensured that the local children's services were fully aware of Jane's home situation and therefore better able to monitor any visits and potential impact on the children.

- 5.177 There appears to have been an assumption that the children were not involved, because they did not live with their mother. However, they were indirectly involved because Jane's contact with the children was said to have caused tension between Jane and Gary and there was always the potential for Gary to have met the children at some point.

Ethnic, Cultural, Linguistic Issues

- 5.178 No ethnic, cultural or linguistic issues have been identified in this case. Both individuals were white British, English speakers.

6 CONCLUSION

6.1 This review has identified that there was a number of examples of good practice some of which has been acknowledged in the main report. This included the individual support Jane received from a number of agencies, as a result of the initial referrals and the longer term support provided by Women's Aid, including their referral back to MARAC in April 2011. The latter followed Jane's disclosure of further abuse which she had not previously reported to Police.

Good practice includes the domestic abuse support processes in place in the Newcastle area such as the MARAC which is well supported by all agencies and the funded IDVA service provided by Victim Support. There are also links to the Specialist Domestic Violence Court.

6.2 It is evident that Jane was a troubled individual who moved to Newcastle in July 2009 to be with Gary, who she had met on Facebook. Their relationship was characterised by violence and alcohol consumption. However, the support offered to Jane, did not bring her to a position where she felt able, or safe, to disengage herself from her relationship with Gary and the increasing risk of violence.

6.3 This DHR has identified that whilst there are good services in place, in order to be fully effective they need to be resourced appropriately. The IDVA service is an essential link in the process, as they independently support victims and therefore should be the overseer of safety plans and risk. Newcastle City Council currently provides the funding for four IDVAs. They have very high caseloads that are well above the CAADA recommendations. The IDVA service supports the work of other agencies through their pro-active work with victims, and when effective, these save money for a lot of other services, both statutory and voluntary, by reducing repeat victimisation. To be effective, the current IDVA numbers need to increase. This will require a significant funding commitment and joint funding approaches, by all statutory agencies, should be explored.

6.4 In this specific case, the impact of the limited number of IDVAs was mitigated by the early referral to Women's Aid. They provided Jane with good intensive face to face support, including assistance around housing, financial advice and a referral into NECA for her significant alcohol problem. It is of note that the Women's Aid outreach workers have a significantly smaller workloads and that is reflected in the level of contact they were able to maintain.

6.5 This review identified that there was a significant level of information known to friends and work colleagues as well as to Jane's employers. Unfortunately, they did not share their knowledge with any of the agencies. Although this is not unusual, as the victim may not have wanted the information shared, publicity and other awareness raising activities aimed at members of the public can advise them on the role they can play to support victims. In addition, the role of the employer is also very important, since domestic violence will affect an employer through absence at work and underperformance. Moreover, employers are in a position to offer support and referrals to their employees.

6.6 Jane was subject to the MARAC process as a result of appropriate referrals from the Police and later from Women's Aid. Action plans were produced, but the review has highlighted that directly linking these actions to identified risks would help to focus the actions and allow them to be measured against the ongoing risk level.

6.7 The MARAC is an effective tool in reducing repeat domestic violence and abuse, and Newcastle has a significant number of 'High Risk' referrals. These all need to be considered at a MARAC. However, the current capacity of the MARAC makes it difficult to consider them at any length. As has been evidenced in this case, it is not effective to put in place processes that look to filter out cases e.g. the non-return of 'high risk' repeat cases to the MARAC. This particular situation has been addressed as a result of this review, but the capacity of the Newcastle MARAC needs to be under continued review to ensure that it remains an effective tool.

6.8 This DHR asked the following questions:

- After a MARAC who took the role of lead agency?
- How was intelligence gathered by agencies shared in order that on-going risk assessments are based on complete knowledge?

The review identified that the Police undertake risk reviews based on the assumption that all agencies would inform them of any on-going issues. The assumption was incorrect because agencies did not understand what reviews the Police undertook following a MARAC and as a result were unaware of the need to supply information. The Police did not pro-actively seek information and the agencies did not pro-actively supply new information.

6.9 Following a MARAC meeting, each MARAC case should be assigned an identified coordinator or lead agency. Potential options for this approach have been identified earlier in this review (ref 5.142).

6.10 The criminal justice process played an important part in this case in late 2011. Unfortunately, opportunities to deal with the perpetrator in a way that might have provided Jane with space to make decisions were not taken. Following a serious assault, Gary was charged with a lesser offence which then limited the court's and the probation trust's options to deal with him.

6.11 Despite the level of abuse that Jane was subject to, she never felt able to support prosecutions following assaults by Gary, or to leave him. The exact reasons are unknown but were probably due to a combination of factors including the control Gary had over Jane, her concerns regarding her financial situation she found herself in and as she stated to friends: she loved him and believed that he would stop his behaviour.

The May 2005¹¹ 'View from the Victims' research by Cardiff University provides a good understanding of why these interventions failed in this case:

'From the victims' perspectives, there are several benefits of taking a multiagency approach when responding to domestic violence. For example, they were aware that agencies were sharing information about their circumstances, and were positive about the consistency of information held across different agencies. Women valued agencies having the 'big picture' about what was happening in their lives and subsequently the types of support they required from all types of agencies (criminal justice, voluntary sector, housing, health care, etc.). Furthermore, victims felt that they needed the support and assistance they received as a result of the MARACs before they could successfully move on following an often lengthy history of domestic violence; however they felt that the MARACs could only work once they had made up

¹¹ Robinson, A Tregidga J May, 2005 *Multi Agency Risk Assessment Conferences) for Very High Risk Victims in Cardiff, Wales: Views from the Victims* School of Social Sciences Cardiff University

their own minds and felt strong enough to distance themselves from their abusive partners. In this way both the agency representatives (interviewed in the first report) and the victims corroborate the idea that outside intervention works best in combination with victims who are motivated and determined to change their circumstances.'

- 6.12 To ensure a successful outcome for victims, there is a need for both support for a victim and the victim feeling safe enough to leave the relationship. In the case of Jane, whilst she was being supported, she was unable to leave the relationship making the final tragic outcome difficult to prevent.

7 REVIEW RECOMMENDATIONS

The overview sets out two levels of recommendations:

- 1) Recommendations for the Safe Newcastle covering multi agency involvement.
- 2) Recommendations for individual agencies not captured within the agency IMR.

Safe Newcastle

Safe Newcastle to ensure the implementation and monitoring of the following recommendations:

1 **Raising Public Awareness**

- Increase public awareness of the important role of friends, family and work colleagues of victims of domestic violence and abuse; and
- Raise awareness with local employers of domestic violence and abuse through publicity and local input into business groups. To include the need for larger employers to have a domestic abuse policy.

2 **MARAC Process/Capacity**

To review the current MARAC process, in light of this case, examining specifically:

- The current number of 'high risk' and repeat MARAC referrals, against current and future capacity to be able to review case each effectively;
- To enhance clarity around risk identification with action plans clearly linked to the reduction of risk;
- Explore the use of the CAADA minute template; and
- Explore how victims' employers can be better engaged in the MARAC process.

3 **Risk Assessments**

- Identify how risk assessment processes can continue to be developed and improved ensuring that when new risk assessment procedures are being considered that they are introduced across all agencies within a short time scale; and
- To ensure that there is clarity/reinforcement amongst all agencies about the post MARAC risk assessment processes, ensuring that all agencies know they have a responsibility post MARAC to share any further information about the victim.

4 **IDVA Capacity**

- On the back of this review and the Council's review into local IDVA provision, to undertake a multi-agency discussion to identify how increased funding can be secured to increase IDVA capacity in line with national recommendations.

5 **Central Referral**

- To review, in light of this case, possible options for centrally recording referrals and lead agency responsibility for the coordination of subsequent intelligence in respect of domestic violence and abuse.

6 **Accommodation Funding**

- To identify sources of funding that can be made available to support immediate accommodation requirements such as refuge placements or other option.

Individual Agency Recommendations

1 Northumbria Police

Northumbria Police to review and amend their Investigation of Domestic Abuse Procedure in light of this case, specifically with regard to:

- Recontacting informants in cases of possible on-going or previous domestic violence to establish if they have any further relevant information;
- The use of bail with conditions to enable victims of domestic violence to be supported by a service such as an IDVA prior to a final decision about supporting a prosecution is made;
- Risk assessing both parties when there is a lack of clarity as to who is the victim of abuse; and
- Reiteration of the charging decisions appeal process.

2 Children's Services

- When victims of domestic violence and abuse referred into MARAC are identified as parents with children living in another local authority area, that area should be contacted to establish if the children are known to the local children service. If they are, that area to be informed about the MARAC.

3 Health Agencies

- For a patient subject to MARAC, referring services must be informed, when engagement concludes or there is disengagement;
- Cancelling of appointments by partners in known domestic abuse cases, subject to MARAC, must be followed up immediately and information shared with other agencies; and
- Background information and history of domestic violence, should be shared in a referral for commissioned services for victims of domestic abuse and particularly those in MARAC.

INDIVIDUAL AGENCY RECOMMENDATIONS

Presented below are a list of the recommendations and outcomes taken from the agency IMR:

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

Safeguarding Teams

- 1** Develop a pathway “aide memoire” poster for staff across the Trust to build awareness of domestic violence across the organisation. Increased knowledge of referral and support available.

Emergency Department

- 2** Improve initial triage/information gathering in Emergency Department in order to enhance information gathering regarding domestic violence. Recording to occur in a timely manner so all staff are aware of the circumstances, for example in cases of assault or overdose.
- 3** Explore the potential to review all incidents of recorded assault by Independent Domestic Violence Advisor - IDVA. To Improved identification of domestic violence. Especially those who are repeat and high risk victims.
- 4** Ascertain formal feedback from the Police on effectiveness of information sharing, to improve information sharing with the Police.
- 5** Improve coding of assaults by clinical staff to reference domestic violence by clinical staff in Emergency Department, to ensure appropriate support and referral to other agencies for victims.
- 6** Raise profile of IDVA service in Emergency Department. To enable cooperation and increase IDVA expertise being utilised more readily in the department and elsewhere in the Trust.
- 7** Improve local induction in Emergency Department in relation to domestic violence victims, to increase identification of victims and referrals for support.
- 8** Improve utilisation of information from North East Ambulance service to Emergency Department team.
- 9** Review domestic violence training needs in Emergency Department in relation to, recognising and responding to domestic violence and referral to IDVA.
- 10** Increased reporting to safeguarding teams and referrals to MARAC procedures.

Primary Care Mental Health Service

- 1** Ensure a working knowledge and awareness across the Primary Care Mental Health service of issues associated with domestic violence. To increase awareness of issues linked to domestic violence, knowledge of MARAC and multi-agency procedures including introducing CAADA DASH c h e c k l i s t .
- 2** To implement changes planned in relation to student induction, supervision and mentoring, to provide more robust information about safeguarding and domestic violence for students prior to commencing clinical work.

- 3 Take a more pro-active role as practitioners in relation to domestic violence and safeguarding using established mechanisms in the organisation. In order to increase activity from primary care mental health services in relation to recognition and response to the victim.
- 4 Consider implementation of specialist supervision and training update sessions for practitioners in order to support for staff, especially in relation to information sharing and appropriate referrals.
- 5 Proactive enquiry by staff regarding injuries sustained and identification of domestic violence victims.
- 6 To improve the identification of situations where domestic violence has caused significant injury.

Offer support to victims and undertake referrals to support services and other procedures, e.g. MARAC.

- 7 Consider availability of IDVA service in trauma clinic sessions.
- 8 Improved information sharing with the Police using existing Trust policy by senior medical staff in cases of serious injury.

NHS North of Tyne: General Practitioners

- 1 Safeguarding alert to all GP practices highlighting importance of using standard codes for domestic abuse and MARAC.
- 2 Practice to consider standards for record keeping and conduct an audit.
- 3 Safeguarding alert to all GP practices highlighting importance of recording all patient contacts, failed contacts and third party contacts.
- 4 Training in domestic violence to be offered to all GPs by enhancing the domestic abuse component of single agency safeguarding children training and by offering standalone training. RCGP online module "Violence against Women and Children" to be promoted as an alternative.

The training should include:

- Awareness of the CAADA-DASH risk assessment tool; and
 - MARAC process and GP role within it.
- 5 Safeguarding alert to all GP practices highlighting CAADA/RCGP guidance on responding to domestic abuse.
 - 6 Safeguarding alert to all GP practices to highlight the need for clear process for timely completion of MARAC requests and to deal with MARAC reports including the highlighting of records.
 - 7 Safeguarding alert to all GP practices to highlight the importance of contacting Children's Social Care about children at risk of domestic violence even if they are not within the household or even the same city. This may involve contacting Children's

Social Care in another area or making contact through local Children's Services.

Your Homes Newcastle

- 1 YHN to review the number of staff that have contact with customers who receive MARAC / domestic abuse training. To provide broader range of YHN staff equipped with skills to recognise domestic abuse cases and to respond to, or advise the customer accordingly.
- 2 YHN to review the housing application form to ensure it is clear when an applicant is applying for re-housing due to domestic abuse, and to also highlight a preferred method of contact, so YHN staff can identify rehousing requests for domestic abuse more easily. Customers can highlight their preferred method of contact more easily to help protect their welfare.
- 3 YHN staff are reminded of YHN's Information Policy, the importance of accurate record keeping and date stamping customer information on receipt, that clearly indicates when and where it was received, and by whom.
- 4 YHN to review the current 'sign up check list' to clearly indicate where the advice and support service has been offered. In order to improve record keeping and consistency of support services being offered to new tenants.
- 5 YHN to review the timescales for awarding priority housing bands to ensure that, where there is a priority need and/or it is an urgent case, this process is completed within a reasonable timescale, including any back office checks. This is in order to ensure that priority housing awards are made within a reasonable timescale.
- 6 Through YHN's Welfare Reform Project to review the new tenancy sign up procedure in order to improve the identification of vulnerable tenants at the start of their tenancy.
- 7 The tenancy notice period could be reduced if the property is still in the same condition as it was when let, given the domestic abuse circumstances.
- 8 Housing priority awards for domestic abuse do not always involve a referral to MARAC. This should occur to ensure all appropriate cases are considered by MARAC.
- 9 The research feedback about MARAC cases should be provided to housing office based staff for all cases including private residents, not just where the person is a tenant. This is to capture any intelligence from the local neighbourhood teams are based on cross tenure estates.
- 10 Role of the IDVA is not clear from YHN's internal procedures on domestic abuse. Staff should be clear about the role of the IDVAs and when to refer to MARAC and refer to the IDVA.

Women's Aid

- 1 Newcastle Women's Aid and IDVA Service to clarify roles in order to ensure clearer routes to safety and greater understanding of what support options are available to victims
- 2 Newcastle Women's Aid to seek guidance from Newcastle MARAC regarding which risk assessment tool to use.
- 3 Newcastle Women's Aid to review the case management system they use. To ensure

and clarify accurate and essential information is collected, recorded and shared.

- 4 Newcastle Women's Aid to inform the referring agency (if there is one) in the event of a victim subject to MARAC stops engaging with their service. This would provide an opportunity for continuous monitoring of a victim at high risk.

Victim Support

- 1 Victim Support to ensure that an offer of face to face contact and any reason for refusal/reluctance is recorded on the case management system. This will ensure that information held is accurate and that a consistently pro-active approach has been adopted.
- 2 Pilot new way of recording safety plans to make them faster and easier to view, resulting in greater clarity.
- 3 Clarify roles and responsibilities of support agencies working with victims of domestic abuse and develop clearer referral pathways to reduce risk of duplication and make best use of depleting resources.

Probation Trust

- 1 Pre-Sentence Report (PSR) writers should be instructed to contact MARAC for full information on cases which had not previously been known to the Trust but are now the subject of a PSR. Full information will enable the report writer to assess risk more accurately, thereby ensuring that the proposal in the report is best suited to risk management of the offender.

North East Council On Addictions (NECA)

- 1 Amend NECA comprehensive assessment documentation to include more specific details of domestic violence and MARAC status for clients. NECA assessment documentation to collect and record on the data base MARAC and domestic violence information.
- 2 Improve contact and communication with GPs and partner agencies through email contact when telephone contact fails, to ensure that information shared in a timely way.

Northumbria Police

- 1 Domestic violence training package to be delivered to all front line staff by March 2013.
- 2 Use the appeal procedure regarding charging decisions with the CPS where the Police think the charge authorised by the CPS does not reflect the severity of the circumstances.
- 3 To implement the DASH risk assessment model.
- 4 Ensure that all high risk and repeat MARAC victims are discussed at MARAC, regardless of volume by April 2013.

List of Acronyms

CAADA	Coordinated Action Against Domestic Abuse
CAF	Common Assessment Framework
CDVP	Community Domestic Violence Programme
CPS	Crown Prosecution Service
DHR	Domestic Homicide Review
GP	General Practitioner
IDVA	Independent Domestic Violence Advisor
IMR	Individual Management Review
IPCC	Independent Police Complaints Commission
ISVA	Integrated Independent Sexual Violence Advisor
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
NECA	North East Council Addictions
NWA	Newcastle Women's Aid
NUTH	The Newcastle Upon Tyne Hospitals NHS Foundation Trust
OASys	Offender Assessment System
PPU	Public Protection Unit
PSR	Pre-Sentence Report
PVP	Protecting Vulnerable People
RIC	Risk Identification Checklist
YHN	Your Homes Newcastle