# SAFER GLOUCESTERSHIRE COMMUNITY SAFETY PARTNERSHIP

# DOMESTIC HOMICIDE REVIEW

## Overview Report into the Death of Scott

## APRIL 2018

**Independent Chair and Author of Report: LAURA CROOM**

**Associate Standing Together Against Domestic Violence**

**Final: July 2020**

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# 1. Preface

The Review Panel expresses its sympathy to the family, and friends of Scott for their loss and thanks them for their contributions and support for this process.

## 1.1 The Homicide

1.1.1 *Homicide:* In April 2018, emergency services received a phone call from Jenny stating that an unknown male had come into the flat and stabbed Scott in the stomach. Police and ambulance attended. Scott was seriously injured and taken to Southmead Hospital where his death was pronounced early the following morning. The post-mortem concluded that the cause of death was a single puncture wound to the abdominal aorta. Jenny was charged with murder.

1.1.2 *Criminal trial outcome*: The original trial started in October 2018, but the trial collapsed when the jury could not reach a majority verdict and the judge discharged the jury. The CPS brought the case again and the second trial started in March 2019. Jenny was found guilty of manslaughter and sentenced in April 2019 to 9 years.

1.1.3 *Summary of judge's sentencing statement*: The judge did not accept that Scott was as violent as Jenny claimed during the trial. He said that though she was drunk on the day she killed Scott she was in control of herself.

1.1.4 The judge accepted that Jenny had been a "victim of violence [for] many months and on an increasing basis". She did not accept that Scott had a knife during the argument that led to his death and therefore she did not accept Jenny's self-defence argument. The judge accepted that Jenny's act was not planned or premeditated, but in the heat of the moment against a background of significant violence. The judge said that Jenny had stabbed and killed an unarmed man and that Scott had suffered. The judge also noted that Jenny had tried to save herself by wrongly blaming another.

## 1.2 Background Information on Victim and Perpetrator

1.2.1 *Background Information relating to the victim:* Scott was a 25-year-old white heterosexual British man. He suffered from mental ill health and was a problematic user of alcohol and

drugs. As a result, Scott was intermittently homeless throughout this review and in supported accommodation for some of it.

1.2.2 *Background Information relating to the perpetrator:* The perpetrator, Jenny, is a white British woman. She was 31 years old when she killed Scott. She was pregnant in the timeframe of this review. Jenny suffered from mental ill health and had issues around her use of substances, particularly alcohol. Jenny was homeless and in supported housing in the timeframe covered here.

1.2.3 *Synopsis of relationship with the perpetrator:* Scott and Jenny had known each other since October 2016 and Scott identified himself to agencies as Jenny's boyfriend from November 2016. Scott was the father of Jenny's child that was born in November 2017.

# 2. Introduction

2.1.1 Domestic Homicide Reviews (DHRs) were established under Section 9(3), Domestic Violence, Crime and Victims Act 2004.

2.1.2 This report of a domestic homicide review examines agency responses and support given to Scott, a resident of Gloucester City prior to his death in April 2018. It also looks at the involvement of agencies with Jenny, the person convicted of the manslaughter of Scott.

2.1.3 The Review examined agency involvement in the past to identify any relevant background or trail of abuse before the homicide, support available and accessed within the community and whether there were any barriers to accessing support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer.

2.1.4 The key purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person is killed as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each homicide, and most importantly, what needs to change to reduce the risk of such tragedies happening in the future.

2.1.5 This Review process does not take the place of the criminal or coroner's courts nor does it take the form of a disciplinary process.

## 2.2 Timescales

2.2.1 The Gloucester City Council's Community Safety Partnership with the support of Safer Gloucestershire, the countywide community safety partnership, and in accordance with the December 2016 Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews commissioned this Domestic Homicide Review (Review). The CSP first discussed the case at a meeting on 9 May 2018 and agreed to undertake a DHR soon after that and between meetings. The Home Office were notified of the decision in writing on 22 May 2018.

2.2.2 Standing Together Against Domestic Violence (STADV) was commissioned to provide an independent Chair for this DHR on 12 June 2018. The completed report was handed to the Gloucester City Community Safety Partnership and Safer Gloucestershire on 17 July 2020.

2.2.3 Home Office guidance states that the review should be completed within six months of the initial decision to establish one. The first Panel meeting took place on 10 August 2018 where initial information was gathered, terms of reference decided on and IMRs and chronologies were commissioned. A delay was anticipated between the first and second Panel meetings as there were a large number of agency staff who had been interviewed by the police for the case and so IMR writers were delayed in interviewing them until after the criminal trial had concluded.

2.2.4 The first trial collapsed and there were further delays as the CPS brought a second case against Jenny. The second Panel was held on 29 May 2019 so that IMR writers would have time to interview staff after the second trial had completed. There were two additional IMR meetings on 4 July 2019 and 20 September 2019. The first draft report was reviewed at the fifth Panel meeting on 21 November 2019.

2.2.5 There were delays tracking down information from prison healthcare and getting responses from the Panel to further questions. The changes in working practices and the demands on key agencies due to the coronavirus slowed some responses. The Chair was also mindful of allowing Scott's family some peace around anniversaries of events, so the AAFDA support worker saw a revised draft of the report after the many changes following the fifth Panel meeting. Amendments were made before circulating the draft again to the Panel.

## 2.3 Confidentiality

2.3.1 The findings of this report are confidential until the Overview Report has been approved for publication by the Home Office Quality Assurance Panel. Information is publicly available only to participating officers/professionals and their line managers.

2.3.2 This Review has been anonymised in accordance to the 2016 guidance. The specific date of death has been removed and the genders of the children. Only the independent Chair and Review Panel members are named.

2.3.3 To protect the identity of the victim, perpetrator, and family members, their names have been anonymised throughout this Review. The table of pseudonyms is found at 3.1.5. These pseudonyms were agreed by the family.

## 2.4 Equality and Diversity

2.4.1 The Chair of the Review and the Review Panel did bear in mind all the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation during the Review process.

2.4.2 At the first Panel meeting, the characteristics of sex and pregnancy were identified.

2.4.3 Scott was a heterosexual white male who was 25 years old at the time of his death. The Panel considered whether his sex affected the support offered to him.

2.4.4 Jenny was a 31-year-old white heterosexual woman at the time of Scott's murder. In the timeframe under review, Jenny was pregnant with her fourth child. The first three children were adopted in the timeframe of this review. The Panel considered whether the support provided to Jenny may have been affected by her sex and her pregnancy.

2.4.5 The Panel was also concerned about the impact of Scott and Jenny's particular vulnerabilities, that is, their substance misuse and mental ill health. Both had also lost contact with their children from previous relationships. In recognition of the trauma experienced by Scott and Jenny as a result of the loss of their children, at the 4th Panel meeting, Pause, an organisation that works with women who have had several children taken into care, addressed the Panel about their work. The Panel also watched a short video about trauma-informed practice.[1]

[1] "Opening Doors: Trauma Informed Practice of the Workforce" is an animation developed by NHS Education for Scotland in partnership with the Scottish Government, 2018. [Accessed at https://vimeo.com/274703693

2.4.6 *Sex*: Sex should always require special consideration. Recent analysis of Domestic Homicide Reviews reveals gendered victimisation across both intimate partner and familial homicides with females representing the majority of victims and males representing the majority of perpetrators.[2] In this case, the victim of the homicide was male and the perpetrator of the homicide was female.

## 2.5 Terms of Reference

2.5.1 The full Terms of Reference are included at **Appendix 1**. This Review aims to identify the learning from this case, and for action to be taken in response to that learning: with a view to preventing homicide and ensuring that individuals and families are better supported.

2.5.2 The Review Panel was comprised of agencies from Gloucestershire, as the victim and perpetrator were living in the area at the time of the homicide. Agencies were contacted as soon as possible after the Review was established to inform them of the Review, their participation and the need to secure their records.

2.5.3 The Review established that the victim may have had contact with agencies in other parts of the country and therefore agencies were contacted for information and involved remotely in the Review. An Out of Area MARAC[3] was contacted and provided information.

2.5.4 At the first meeting, the Review Panel shared brief information about agency contact with the individuals involved. This initial information suggested that Scott and Jenny were together from April 2016 and therefore the timeframe for the review was agreed to be from April 2016 to the time of Scott's death in April 2018. Subsequently the Chair learned from the family that Scott had met Jenny at the beginning of October 2016, but Scott's family thought the timeframe still appropriate as it captured the nature of Scott's and Jenny's lives and their vulnerabilities before they started a relationship as well as the time they

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[2] "In 2014/15 there were 50 male and 107 female domestic homicide victims (which includes intimate partner homicides and familial homicides) aged 16 and over". Home Office, "*Key Findings From Analysis of Domestic Homicide Reviews*" (December 2016), p.3.

"Analysis of the whole STADV DHR sample (n=32) reveals gendered victimisation across both types of homicide with women representing 85 per cent (n=27) of victims and men ninety-seven per cent of perpetrators (n=31)". Sharp-Jeffs, N and Kelly, L. "*Domestic Homicide Review (DHR) Case Analysis Report for Standing Together* " (June 2016), p.69.

[3] MARAC is a Multi-Agency Risk Assessment Conference which is a regular multi-agency safety planning meeting for those assessed as being at high risk of serious harm or death as a result of domestic abuse.

were together. Agencies were asked to summarise any contact before April 2016 in order to ensure that the Panel had all materials that were relevant to this review. Scott's mother reviewed the list of agencies involved.

2.5.5 *Key Lines of Inquiry:* The Review Panel considered both the "generic issues" as set out in 2016 Guidance and identified and considered the following case specific issues:

(a) Analyse the communication, procedures and discussions, which took place within and between agencies.
(b) Analyse the co-operation between different agencies involved with Scott and Jenny [and wider family].
(c) Analyse the opportunity for agencies to identify and assess domestic abuse risk.
(d) Analyse agency responses to any identification of domestic abuse issues.
(e) Analyse organisations' access to specialist domestic abuse agencies.
(f) Analyse the policies, procedures and training available to the agencies involved on domestic abuse issues.

2.5.6 Additional lines of inquiry were suggested at the first meeting:

(a) Review the learning from this review against those of previous DHRs in the area

(b) Explore the options for men suffering domestic abuse

(c) Explore the impact of multiple child removals on the parents

(d) Explore agencies' responses to multiple perpetrators and serial perpetrators, if evidence supports this

(e) Explore agencies' responses to repeat victims of domestic abuse, if evidence supports this

## 2.6 Methodology

2.6.1 Throughout the report the term "domestic abuse" is used interchangeably with "domestic violence", and the report uses the cross government definition of domestic violence and abuse as issued in March 2013 and included here to assist the reader to understand that domestic violence is not only physical violence but a wide range of abusive and controlling behaviours. This definition states that domestic violence and abuse is:

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

2.6.3 Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

2.6.4 Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

2.6.5 This definition, which is not a legal definition, includes so-called “honour” based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

2.6.6 On notification of the homicide, agencies were asked to check for their involvement with any of the parties concerned and secure their records. The approach adopted was to seek Individual Management Reviews (IMRs) for all organisations and agencies that had contact with victim and/or alleged perpetrator. A total of 24 agencies were contacted to check for involvement with the parties concerned with this Review. Three agencies returned a nil-contact, eighteen agencies submitted IMRs and chronologies, and two agencies submitted IMRs only. The Panel reviewed an analysis of the local MARAC’s process and decisions around this case, and an out of area MARAC supplied a summary of their engagement. HMP Bristol provided information about Scott’s healthcare while there in May 2017. The chronologies were combined, and a narrative chronology written by the Chair.

2.6.7 *Independence and Quality of IMRs:* The IMRs were written by authors independent of case management or delivery of the service concerned. The quality of the IMRs was variable with some agencies providing comprehensive, thoughtful and insightful information for the Panel to consider. Other agencies provided more superficial information and little or no analysis. As there was a retrial, the Chair reviewed early IMR

submissions and provided feedback and the Panel then considered the revised IMRs. Not all agencies updated their work. There is a recommendation targeting this.

2.6.8 **Recommendation for Safer Gloucestershire: If there is another DHR in Gloucestershire, Safer Gloucestershire to provide a workshop for agencies on writing clear and analytical IMRs for domestic homicide reviews.**

2.6.9 There were many agencies involved and many contacts with Scott and with Jenny. In compiling the report, the Chair found it interesting and challenging that information from different agencies about the same meeting or event differed. Effort has been made to track down the primary source of information and where inconsistencies remain about substantive issues, this has been noted.

2.6.10 Nine IMRs made recommendations of their own and evidenced that action had already been taken on these. The IMRs have informed the recommendations in this report. The IMRs have helpfully identified changes in practice and policies over time, and highlighted areas for improvement not necessarily linked to the terms of reference for this Review.

2.6.11 Scott's mother was concerned about Scott's care when he was in prison, particularly about whether he was given his depot injections[4] in prison. It took many months, emails and conversations to finally find someone who could provide this information about one of the prisons that Scott was in during the final year of his life. Similarly, getting information from the Out of Area MARAC was time consuming as that MARAC, we understand, does not have a MARAC co-ordinator and so finding the person who held and could share information was a circuitous process.

2.6.12 *Documents Reviewed:* In addition to the IMRs and chronologies, the documents reviewed during the review process have included the judge's sentencing notes from the second trial, research on housing in the coordinated community response to domestic abuse (CCR), and trauma-informed practice, the lessons learned from previous DHRs in area,

[4] From the website, www.mind.org.uk: "a depot injection is a slow-release form of antipsychotic medication. It's the same medication as the antipsychotic that comes in tablet or liquid form. But it is given as an injection in a liquid that releases it slowly, so it lasts a lot longer." [Accessed 23 March 2021]

DHR Case Analyses from Standing Together Against Domestic Violence[5] and the Home Office[6] , and specific health information from HMP Bristol provided by Avon and Wiltshire Mental Health Partnership NHS Trust.

2.6.13 *Interviews Undertaken:* The Chair of the Review has undertaken four interviews in the course of this Review: face to face interviews with Scott's mother and stepfather (with their AAFDA support worker) and with the perpetrator. The Chair had a telephone interview with the manager at Bridge House and with the manager of P3's new Somewhere Safe to Stay.

2.6.14 The AAFDA support worker interviewed Scott's brother, as that was his preference, and supplied the notes of that interview to the Chair.

2.6.15 The Chair is very grateful for the time and assistance given by the family and for all those who contributed to this Review.

## 2.7 Contributors to the Review

2.7.1 The following agencies were contacted, but recorded no involvement with the victim or perpetrator:

- North Bristol NHS Trust
- Great Western Hospitals NHS Foundation Trust
- Gloucester City Council - Education

2.7.2 The following agencies and their contributions to this Review are:

| **Agency** | **Contribution** | | |
|---|---|---|---|
| Gloucestershire Constabulary | IMR and chronology | Scott | Jenny |
| Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company | IMR and chronology | Scott | Jenny |

[5] Sharp-Jeffs, N.,and Kelly, L, "Domestic Homicide Review (DHR) Case Analysis: Report for Standing Together (June 2016), at https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5efb6ce1d305a44006cb5ab9/1593535715616/STADV_DHR_Report_Final.pdf

[6] Home Office, Domestic Homicide Reviews: Key Findings from Analysis of Domestic Homicide Review (December 2016), at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

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|---|---|---|---|
| (BGSW CRC) | | | |
| Change Grow Live (CGL) | IMR and chronology | Scott | Jenny |
| Turning Point | IMR and chronology | | Jenny |
| Gloucestershire Domestic Abuse Support Service (GDASS) | IMR and chronology | | Jenny |
| Nelson Trust (NT) | IMR and chronology | | Jenny |
| 2gether NHS Foundation Trust – part of Gloucester Health and Care NHS Foundation Trust since October 2019 | IMR and chronology | Scott | Jenny |
| South Western Ambulance Service NHS Foundation Trust | IMR | Scott | |
| Gloucestershire Care Services NHS Trust – including health visiting, school nursing, Homeless Healthcare Team<br>-- part of Gloucestershire Health and Care NHS Foundation Trust since October 2019 | IMR and chronology | Scott | Jenny |
| GPs for Scott, prepared by Gloucestershire Clinical Commissioning Group | IMR and chronology | Scott | |
| GPs for Jenny, prepared by Gloucestershire Clinical Commissioning Group | IMR and chronology | | Jenny |
| Gloucestershire Hospitals NHS Foundation Trust | IMR and chronology | Scott | Jenny |
| Gloucestershire Children's Social Care (GCSC) at Gloucestershire County Council | IMR and chronology | Scott | Jenny |
| Adult Social Care at Gloucestershire County Council | IMR and chronology | Scott | Jenny |
| Cotswold District Council Housing | IMR and chronology | Scott | |
| P3 (People, Potential, Possibilities) | IMR | Scott | Jenny |
| The Riverside Group, Newton House | IMR and chronology | | Jenny |
| GreenSquare Housing Support | IMR and chronology | | Jenny |
| Gloucester City Homes (GCH) | IMR and chronology | Scott | Jenny |
| Gloucester City Council Housing (GCCH) | IMR and chronology | Scott | Jenny |
| MARAC | Report | Scott | Jenny |
| Out of area MARAC | Summary of engagement | Scott | |

| | | | |
|---|---|---|---|
| Avon and Wiltshire MH Partnership NHS Trust (AWP) | Information about the mental health care Scott had in HMP Bristol in May 2017 | Scott | |

2.7.3 involved are anonymised and referred to as Blue, Orange, Yellow and Green GP throughout. The Homeless Healthcare Team (HHCT) provided primary care services in this case. They are set within a larger context of Gloucestershire Health and Care NHS Foundation Trust and provide a dedicated service for a particular clientele. HHCT are named explicitly to highlight the use of this dedicated service.

Scott and Jenny attended a number of different primary care services. The GP surgeries

## 2.8 The Review Panel Members

2.8.1 The members of the Review Panel were:

(a) Laura Croom, Independent Chair

(b) Sophie Jarrett, DASV Strategic Coordinator[7], Police, Gloucestershire County Council

(c) Helen Pritchard, seconded into role as DASV Strategic Coordinator[8], Police, Gloucestershire County Council

(d) Paul Ryder, Patient Safety Manager, 2gether NHS Foundation Trust

(e) Alison Feher, Head of Safeguarding, Gloucestershire Health and Care NHS Foundation Trust[9]

(f) Michelle Wheatley, Housing Team Leader, Gloucester City Council

(g) Valerie Power, Senior Probation Officer, BGSW CRC

[7] Ms. Jarrett started this DHR as the DASV Strategic Coordinator and then was seconded to a post in Gloucestershire County Council. She remained on the Panel to continue her oversight of the work. Ms. Jarrett's secondment finished in the course of this DHR.

[8] Ms. Pritchard was seconded to the post of DASV Strategic Coordinator while Ms. Jarrett was seconded elsewhere.

[9] 2gether NHS Foundation Trust and Gloucester Care Services merged into Gloucestershire Health and Care NHS Foundation Trust in the course of this DHR.

(h) Niki Gould, Head of Women's Community Services, The Nelson Trust

(i) Liz Turner, Head of Quality & Compliance and Safeguarding Lead, Riverside Care and Support

(j) David Wainfur, Area Manager, Riverside Care and Support

(k) Juliet Tigwell, Service Manager, GreenSquare Housing Support

(l) Steve O'Neill, Strategic Lead and Commissioner for Drug and Alcohol Services, Gloucestershire County Council

(m) Heather Downer, Service Manager, GDASS

(n) Rachel Hayes, Senior Social Worker, Gloucestershire Adult Social Care

(o) Annette Blackstock, Designated Nurse Safeguarding Children and Safeguarding Adult Manager, Gloucestershire CCG

(p) Caroline Clissold, Housing Manager, Cotswold District Council

(q) Pauline Edwards, designated Nurse for Children in Care Safeguarding Unit, Gloucestershire Care Services NHS Trust

(r) Jessica Gane, Deputy Social Care Manager, Adult Social Care, Gloucestershire County Council

(s) Wendy Merrick, Operations Manager, P3, attended the last two meetings

(t) Matt Gasside, Head of Support and Community Services, P3

(u) Adam Stacey, Detective Inspector, Gloucestershire Constabulary

(v) Jeanette Welsh, Lead for Adult Safeguarding, Gloucestershire Hospitals NHS Foundation Trust

(w) Kanchan Jadeja, Quality, Strategy and Partnership, Gloucestershire Children's Social Care

(x) Andy Dempsey, Director of Partnerships and Strategy, Gloucestershire Children's Social Care

2.8.2 *Independence and expertise:* Agency representatives were appropriate in their seniority and independence. The original Panel member from Gloucester City Council Housing was

not an employee there while Scott and Jenny were accessing services, though he then managed those who were in touch with Scott and Jenny. The Panel member for Nelson Trust had met Jenny but not worked directly with her nor had responsibility for her. The Panel were at the appropriate level of seniority to participate appropriately. They were independent and brought the appropriate level of expertise.

2.8.3 The Review Panel met a total of five times, with the first meeting of the Review Panel on the 10 August 2018. There were subsequent meetings on 29 May 2019, 4 July 2019, 20 September and 21 November 2019. The number of meetings was necessary to share the information in 22 reports from organisations and discuss the interviews.

2.8.4 The Chair of the Review wishes to thank everyone who contributed their time, patience and cooperation to this review.

## 2.9 Involvement of Family

2.9.1 The Gloucester City Community Safety Partnership with the support of Safer Gloucestershire notified the family of Scott in writing of their decision to undertake a review towards the end of May 2018. The Chair of the Review and the Review Panel acknowledged the important role Scott's family could play in the review. From the outset, the Review Panel decided that it was important to take steps to involve Scott's family.

2.9.2 Consideration was initially given to approach Scott's mother and stepfather. A letter was sent to them from the Chair on 16 August 2018 with the Home Office leaflet and information about AAFDA, though they already had an AAFDA support worker. The Chair met Scott's mother and stepfather on 17 May 2019.

2.9.3 Scott's mother and stepfather reviewed the terms of reference and advised the Chair, as noted above.

2.9.4 Scott's mother thought that Scott's siblings might want to be involved. She suggested ways to contact them and the Chair sent letters to them both in the autumn of 2018, inviting them to be part of the review and advising them that they could participate in any way they wanted. Scott's brother was interviewed by the AAFDA support worker and the notes of that interview were provided to the Chair for incorporation in the report.

2.9.5 Time was added to the overall schedule to ensure that the family were not contacted around the anniversary of Scott's death. The AAFDA support worker read a draft during this time. Members of Scott's family were provided with copies of the draft reports on 1 June 2020 and had the reports for over a month to read and comment on it. Scott's parents responded in writing. Regarding the overall report, they said they appreciated the detail and scope of the report and felt it was "far reaching and clearly very comprehensive". However, they felt that the report did not cover the role of the family sufficiently. Scott's stepfather provided additional information which has been added to this report. These excerpts appear in italics.

## 2.10 Involvement of Perpetrator

2.10.1 On 30 July 2019 Jenny was sent a letter from the Chair via her offender supervisor with a Home Office leaflet explaining DHRs and asking if she would consent to being interviewed. She sent back the signed consent form and the Chair and the STADV DHR Support Officer for this DHR met her in prison for interview on 9 August 2019.

2.10.2 A summary of this interview is in the Overview section below.

## 2.11 Parallel Reviews

2.11.1 *Criminal trial:* The first criminal trial began in October 2018 but collapsed when the jury could not come to a conclusion. The second trial began in March 2019 and Jenny was found guilty of manslaughter and sentenced on 12 April 2019 to 9 years in prison.

2.11.2 The police provided a list of potential witnesses and the Chair asked that IMR writers not interview anyone on the list before the trial was concluded. Agencies prepared their IMRs after the first meeting, but the second meeting was delayed until the conclusion of the second trial. The Chair used that time to review draft IMRs and ask for further information.

2.11.3 *Coroner report:* The AAFDA representative, on behalf of the family, asked the coroner to keep the case open until the DHR concluded. However, the Coroner decided no investigation was required and therefore closed the case. The final report will be shared with the coroner.

2.11.4 *Independent Office for Police Conduct:* The police attended Jenny's flat on 22 March 2018 following a 101 call. Jenny and Scott were there but Scott gave false details. By the time that the officers had verified Scott's identity and returned, he had left the flat. The Independent Office for Police Conduct (IOPC) investigated this and found that, "There was no evidence to suggest that had they located Scott successfully, any prosecution for breach of the non-molestation order would have occurred."

2.11.5 The NHS had a local resolution meeting with Scott's mother and stepfather to discuss their concerns about the care he received.

## 2.12 Chair of the Review and Author of Overview Report

2.12.1 The Chair and Author of the Review is Laura Croom, an Associate DHR Chair with Standing Together Against Domestic Violence (STADV). She is an independent consultant who has worked in the domestic abuse sector for eighteen years. After leaving university, Laura was an editor and then completed two post-graduate diplomas in law. She started her work in domestic abuse as a domestic abuse specialist for five Citizens Advice bureaux, then developed the national standards and accreditation process for IDVAs while working at SafeLives. She has assessed 20+ domestic abuse services for SafeLives' Leading Lights accreditation. She has advised more than 20 domestic abuse partnerships on how to improve their effectiveness, both independently and as part of Standing Together's development of the original *In Search of Excellence*, a guide for improving the effectiveness of such partnerships. Laura received Home office DHR Chair training in 2013 and is currently chairing her thirteenth DHR. Laura Croom has no connection with the Gloucester City Council or Gloucestershire County Council or any of the agencies involved in this case.

2.12.2 STADV is a UK charity bringing communities together to end domestic abuse. STADV aims to see every area in the UK adopt the Coordinated Community Response (CCR). The CCR is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse survivor, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase survivors' safety, hold perpetrators to account and ultimately prevent domestic homicides.

2.12.3 STADV has been involved in the Domestic Homicide Review process from its inception, chairing over 70 reviews.

## 2.13 Dissemination

2.13.1 While the statutory Community Safety Partnership responsibility rests with the District Councils and responsible authorities identified within the Crime and Disorder Act 1998, there was a recognition in Gloucestershire of the need for a countywide approach that builds on that capacity. Safer Gloucestershire was established in 2017 with the aim of "ensuring a coherent, strategic approach to the delivery of community safety activity in Gloucestershire". One of its roles is to "develop a consistent multi-agency county wide response to cross cutting themes such as violent crime, domestic abuse, criminal exploitation, child sexual exploitation, radicalisation, FGM, forced marriage, etc."[10] In 2019, the district CSPs agreed for Safer Gloucestershire to have oversight and accountability of the DHR process in Gloucestershire, supporting them in their statutory duty. Therefore, Safer Gloucestershire will be instrumental in the delivery of this action plan.

2.13.2 The following recipients have received/will receive copies of this report:

- Gloucester City Community Safety Partnership
- Safer Gloucestershire Partnership
- Panel members listed
- Family members
- Standing Together Against Domestic Violence DHR Team

[10] Safer Gloucestershire's Community Safety Strategy: 2019 – 2022.p. 1,2.

# 3. Chronology

## 3.1 Chronology from April 2016 to April 2018

3.1.1 The events detailed below have been selected to demonstrate the lives that Jenny and Scott were living both before and during their time together. It does not include all the times that Jenny and Scott came into contact with agencies. They both had lives that were complicated by their poor mental health, use of alcohol and drugs, and their episodic homelessness.

3.1.2 Scott was generally considered by professionals to be easy to work with, but his mental ill health affected his organisation skills which meant that his attendance at appointments was poor, making it difficult to develop and sustain positive changes in his life.

3.1.3 Scott's stepfather, Mr. B, wrote, "*I have written down my understanding of the passage of time that led Scott from being a relatively happy, independent young man of just 19 years old to a desperate, vulnerable individual in need of help in just a few years*." Additional information from the family feedback, written by Mr. B, appears in italics.

3.1.4 Jenny was known to be aggressive with staff who held her to account or told her things that she did not want to hear. This made it difficult for staff to support her.

3.1.5 People involved:

| Name in report | Their relationship to those in this review |
|---|---|
| Scott | The victim |
| Jenny | The perpetrator |
| Mrs. XB | Scott's mother |
| Mr. B | Scott's stepfather |
| Brother | Scott's brother |
| Partner 1 | A previous partner of Jenny's and the father of her older three children |
| Partner 2 | A previous partner of Jenny |

| | |
|---|---|
| Partner 3 | A previous partner of Jenny |
| Partner A | A previous partner of Scott and the mother of his first child |

## 3.2 Background, before timeframe of the review

3.2.1 Scott's background

3.2.1.1 Scott's mother, Mrs. XB, described to GCSC that Scott had grown up in a house where his father had been "nasty and violent". Mrs XB said that Scott's father had been violent to Scott and had mistreated him. They left when Scott was 16.

3.2.1.2 Scott was one of three children and had a brother and a sister. He gained a stepbrother when Mrs. XB married Mr. B.

3.2.1.3 Mrs. XB said that in Scott's previous relationship with the mother of his first child, Scott had behaved like he had seen his father do towards his mother.

3.2.1.4 From Mr. B: "*I first met Scott February 2011 at his mother's house. . . . Over the next 18 months I met Scott a number of times mainly at his girlfriend's flat . . . . Scott was at this time working and attending college. He also took and passed his motorcycle licence test. The first time I became aware of danger for Scott was when he bought a motorcycle in 2012.*

3.2.1.5 *Scott lived with us in [another area] to recover from the psychiatric issues triggered by his first motorcycle accident June 2012. During his stay he was self-admitted to a psychiatric unit in [another area] for 3-4 weeks. As a family we received considerable support from Somerset Social Services. Scott improved considerably whilst he stayed with the family, however, it was apparent he missed his girlfriend and finally left to be with her. We kept in constant contact with him and visited him frequently."*

3.2.1.6 Scott's mother and stepfather said that Scott had had a road accident in 2012 in another area. Soon after that, in October 2012, he was diagnosed with schizophrenia and depression, also in that other area. He later attributed this to regular, heavy use of cannabis from an early age leading to a breakdown at the age of 20 and a diagnosis of psychosis. He later told his probation officer that he no longer used cannabis. He said that this had affected his relationship with a previous partner, Partner A.

3.2.1.7 *"Later in 2013 [Scott] became a father for the first time and he seemed to take his new role very seriously. During this time he had steady work and managed to get on top of his finances, an area of life he found hard to manage."*

3.2.1.8 In 2014*: "Scott continued working but frequently found himself at odds with the responsibilities of being a father and remaining a young man enjoying life. As the year passed his behaviour became steadily more erratic. Late in 2014 Scott had a terrible fight with a supposed friend and was very badly beaten. We collected him . . .and he stayed with us from November to January."*

3.2.1.9 In 2015: "*Scott managed to secure a very good job as a mechanic . . . , however he found the responsibility overwhelming and before long quit. Without our knowledge Scott started sleeping rough . . . which led to him being taken off the beach and housed [in another area]. The accommodation was ideal and we visited him frequently and helped furnish his flat, but Scott found living on his own too hard and often returned to his girlfriend and [child].*

3.2.1.10 *Inevitably, Scott finally lost his flat . . . and his girlfriend was no longer comfortable being with Scott and he came to stay with us. We tried to find accommodation for him but because he was from out of area he failed to qualify. We managed to get him a room . . . in Cirencester but within a fortnight he had lost it due to his general difficult behaviour."*

3.2.1.11 Partner A was granted a restraining order as a result of Scott's behaviour. Between early January 2016 and mid- May 2016, the police in another area were called out several times in response to Scott's harassment of Partner A who had a restraining order against him. Scott was arrested for breaching this restraining order on 12 January 2016.

3.2.2 <u>Jenny's background</u>

3.2.2.1 Jenny described two key events in her life before the timeframe of this review: she miscarried twins in 2007 and was with her father when he died the following year.

3.2.2.2 Jenny had two previous partners that the police were aware of as they were called to incidents.

3.2.2.3 In August 2008, police were called to a domestic abuse-related assault from Partner 1. Partner 1 made counter-allegations and Jenny was arrested for assault. (The police

decided not to take this further.) There was another call-out in Spring 2010 when Partner 1 threatened to burn her car and to kill himself.

3.2.2.4 Jenny had three children by Partner 1. That relationship appears to have ended in 2012.

3.2.2.5 In April 2015, there was a strategy meeting called by GCSC and Jenny's children were put on the child protection register for neglect and concerns about reports by one of Jenny's children that Partner 2 had hit her. A few days later, the children called 999 and then hung up. When police attended as a welfare check, they found the children visibly upset and Jenny said that social services were involved as she was struggling to cope as a single parent.

3.2.2.6 At the end of 30 April 2015, Jenny was advised that Partner 2 had previously been investigated for child sexual abuse offences and had had two of his three children removed due to witnessing domestic violence by Partner 2 against their mother. As a result, Jenny ended her relationship with him. Jenny did not respond to his further efforts to contact her, until a few days later when Partner 2 alleged to police that Jenny had damaged property and hit him in the face following a verbal argument. As there was no evidence to support this allegation, there was no further action (NFA).

3.2.2.7 In July 2015, a report was received by police from Gloucestershire Children's Social Care (GCSC) that Jenny had not picked her eldest child up from school and when GCSC attended the property, they found her unconscious due to alcohol consumption and the younger children in a state of neglect. The home was found to be uninhabitable. The police used a Police Protection Order to take her three children into care. Jenny was arrested and charged with child neglect. She declined a referral for substance misuse and a referral for mental health support. The children became "looked after" on 20 July 2015 and were in foster care until they were adopted in 2017. (The charge against Jenny was dropped when her children were adopted, as the children were no longer in danger from her.)

3.2.2.8 A few weeks later the police were called to an assault on Jenny by Partner 2. Jenny did not make a complaint and the Domestic Abuse, Stalking and Harassment Risk Indicator Checklist[11] (DASH RIC) was graded as medium. Partner 2 was cautioned.

3.2.2.9 A month later, Jenny self-referred to Turning Point and started an alcohol treatment plan. The treatment plan stopped three months later due to Jenny's non-attendance.

3.2.2.10 On 22 January 2016, a full care order was granted for Jenny's children.

3.2.2.11 At the beginning of March 2016, Jenny was detained by the police under S. 136 Mental Health Act (MHA) for a mental health assessment. She was then identified as a person who had been reported to have damaged a car and bitten the car's owner, causing injury. She was not arrested as it appeared that she was suffering a psychotic episode. She was admitted to Wotton Lawn Hospital under S. 2 of the MHA. Jenny said she had smoked cannabis prior to the admission. The mental health team reported that she was very aggressive to staff. No formal diagnosis was made, and she discharged herself the day after the section was lifted on 14 April 2016.

## 3.3 Terms of reference start at 1 April 2016

3.3.1 From Mr. B's feedback for 2016: "*Scott managed to find a room [in Wiltshire] . . . along with a . . . role at a hotel nearby. For a while he seemed content but out of the blue quit and returned to his girlfriend; this led to his first restricted access to his [child] and he came back to live with us. He shared a wooden cabin accommodation with his brother at our house but his behaviour was hard work and finally he went back to [an area near Partner A]. On returning [there], he had a serious motorcycle accident . . . , was stabbed in the leg in a fight, sofa surfed and finally ended up in prison for the first time.*

[11] The DASH RIC is an evidence-based risk indicator checklist designed to be used with victims of domestic abuse. The results identify the risks a client faces and informs the safety planning for that client. It is also used to determine the help the client needs, which can include support by a specialist domestic violence worker and a multi-agency risk assessment conference (MARAC) for multi-agency safety planning.

3.3.2 "*When he came out of prison he returned to us and we started speaking directly with his probation officer. There were regular meetings with housing and from time to time we made contact with Crisis as we found it harder and harder to have Scott staying with us.*

3.3.3 *Mid 2016, Scott moved to Gloucester . . . . Again being on his own was a problem and he came to stay with us repeatedly. Each time we would try and make it work but he found it difficult living a restricted life and would up sticks and head back to Gloucester. Eventually he met [Jenny] and was quick to introduce us to her. They spent time over Christmas . . . at a holiday home we own*.

3.3.4 In mid-April 2016, the foster carer for Jenny's children called the police as Jenny was attempting to gain entry. Jenny had threatened to abduct the children during the planned good-bye contact the day before and the visit had been cancelled. Jenny was arrested (out of area). Over the next few days there were further incidents that raised concerns about her mental health. There were several incidents where Jenny rang the police with confused accounts of disturbing items in the garden and strange accusations against the foster carer. These were responded to with welfare checks until she assaulted a pregnant neighbour of the foster carer's and was arrested for common assault by the police local to the foster carer. She was assessed by the forensic medical examiner who raised no significant concerns.

3.3.5 This and other behaviours raised concerns about her mental health. Following these incidents, the police and the mental health Crisis Home Treatment Team (CRHTT) visited Jenny at home to assess her. She declined support and was provided with numbers to ring if she changed her mind.

3.3.6 On **20 April 2016** Jenny's treatment with Turning Point ended after two appointments. Jenny did not attend subsequent appointments.

3.3.7 On **8 May 2016**, Scott was seen at an Urgent Care Centre in another area. He was handcuffed and accompanied by two police officers. He was under arrest for assault (unrelated to domestic abuse). His injuries were documented and a review with a GP was arranged. He was given head injury advice and discharged.

3.3.8 Scott was sentenced to nine weeks custody in another area for a burglary on **16 May 2016**. He was allocated to a probation officer with the BGSW CRC who described Scott as an unreliable but "likeable" young man. He said Scott generally maintained contact.

Scott's mother was in regular contact regarding Scott's welfare. He was in prison from **16 May to 16 June 2016**.

3.3.9 Jenny's mother told the mental health team on **17 May 2016** that Jenny had not been seen for almost a month. Information was shared with the police.

3.3.10 On **7 June 2016**, Scott and his previous partner were discussed at a MARAC outside the area.

3.3.11 Scott was released on licence on **16 June 2016** and told his offender manager (OM) that prison had not been a good experience for him. His plan was to return to and live at his parents' address. He had a licence condition not to contact Partner A. He was aware that he needed to arrange contact with his child by Partner A through the solicitor or through social services. He had registered with Orange GP and intended to link with the local mental health services. Scott said he used to have regular visits from a CPN when he lived in another area of the country.

3.3.12 A few days later the BGSW CRC officer spoke to P3 noting that Scott was put forward for housing by 2gether Trust.

3.3.13 Scott obtained a Med 3[12] from Orange GP on **28 June 2016** that signed him off work for two months for depression and psychosis.

3.3.14 Scott's mother's advocacy led to Scott being assessed by the Cirencester Recovery Team (mental health) on **1 July**. **2016**. They found no overt signs of mental illness, so Scott did not meet the criteria for casework. They noted his need for accommodation. Scott reported that living at his parents' house was causing tension. He missed his GP appointment that day.

3.3.15 Scott was assessed by a CPN on **5 July 2016**. He brought a signed Rehabilitation Activity Requirement[13] (RAR) card which indicated he was engaging in activities that were designed to minimise his risk and his risk of reoffending.

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[12] A Med 3 is A Statement of Fitness for Work that is required for statutory pay purposes for patients who are either incapable of work or whom may be fit for work with support from their employer.

[13] This card is used to record activities that are required as part of an offender's community order or suspended sentence order.

3.3.16 Scott attended BGSW CRC appointments with his OM on **7 July**, and **14 July 2016.** He reported that he had not used drugs since his release. His RAR targeted his problem solving, drug use and lack of money. Scott decided that if he stopped using drugs, he would not need to commit crimes to get money. After being turned down for housing, he identified 20 needs he had and the BGSW CRC officer made it clear that if Scott got supported housing, he would need to engage with the support offered.

3.3.17 There were a number of discussions between the BGSW CRC housing officer, the 2gether Trust accommodation services, and several housing services. 2gether Trust had attended Scott's suitability for housing assessment by Stonham. Scott had displayed anger management issues and was seen to be difficult with his mother who attended with him. As a result, Stonham were not willing to offer Scott accommodation as they thought his risk was too high for them to manage. The BGSW CRC's assessment of Scott's risk was different, but they acknowledged that Scott was a complex case. This created a conundrum, as Scott was not assessed as needing enough mental health support to get housing through mental health support services but was thought to need more support than the housing provider could offer.

3.3.18 On **13 July 2016,** Scott pleaded guilty to theft and not guilty to common assault against a security officer in another area and a trial was arranged for the 15 and 18 of August.

3.3.19 On **21 July 2016**, the BGSW CRC housing officer in another area confirmed receiving Scott's application. They looked to establish a local connection in order to assess that area's responsibility for housing Scott.

3.3.20 Scott presented to P3 as homeless on **22 July 2016**. He then alerted his OM on 1 August that he had found private accommodation and found work as a roofer.

3.3.21 On **7 August 2016,** Jenny was charged with assaulting a constable, criminal damage, assault, and being drunk and disorderly.

3.3.22 On **10 August 2016,** Scott attended a pre-group session for the Building Better Relationship (BBR) programme, a nationally accredited groupwork programme designed for adult male offenders who use violence in their intimate relationships. Scott was determined that he did not need this programme, despite his offending history, and become hostile and was unwilling to share personal information. Subsequently, he had jobs that stopped him attending and when he did attend, he did not participate.

3.3.23 Scott registered with Blue GP on **12 August 2016.**

3.3.24 Scott was in court on **15 August 2016** for breach of the restraining order preventing him from having contact with his ex-partner. This was adjourned for a pre-sentence report.

3.3.25 Jenny attended GreenSquare Housing Support drop-in for advice on **17 August 2016** as she was about to be evicted by her landlord (who was also her mother).

3.3.26 On **26 August 2016,** the GP at Blue GP provided Scott a Med 3 backdated to when he registered and raised a prescription for his depot.

3.3.27 On **7 September 2016**, Scott reported to his OM that he was working at a bar and the rotating shifts would mean that he would find it difficult to attend the BBR.

3.3.28 On **7 September 2016**, Jenny attended GreenSquare drop-in and referred herself for housing support. She said she was street homeless and was sleeping in a tent. Jenny said she was in debt and was not receiving benefits because there was a benefit fraud allegation pending. She said she used alcohol and cannabis occasionally.

3.3.29 Jenny was assessed by P3 for accommodation on **11 September 2016.**

3.3.30 On **12 September 2016,** Jenny self-referred to Nelson Trust (NT) for help with accommodation, physical health, drug and alcohol misuse, her children being in care, relationships and emotional health and wellbeing. She said she was street homeless and was staying with Partner 3 who had “taken her under his wing”.

3.3.31 Jenny was arrested for theft on **16 September 2016** and was cautioned.

3.3.32 On **21 September 2016**, Scott was sentenced to a standalone Suspended Sentence Order with no supervision for various breaches of the restraining order preventing him contacting Partner A. The pre-sentence report assessed Scott as a medium risk of serious harm with issues around engagement, motivation, mental health, and domestic abuse. He said he was not using substances. The restraining order remained in place as he was seen as a continuing risk to Partner A.

3.3.33 Jenny was assessed for services by Nelson Trust on **22 September 2016**. She spoke in depth about her children and the trauma of miscarrying twins in July 2007. She found the assessment difficult. She was given a food parcel as part of her support.

3.3.34 Scott saw his OM on **23 September 2016.** He reported that he had a new job. They discussed the recent court appearance and Scott asked that the OM text Scott's mother with his next OM appointment.

3.3.35 Jenny dropped into Nelson Trust on **27 September 2016**. She said she was staying with Partner 2 and was being harassed by Partner 3. She asked for someone to go with her to make her homeless application but did not want to go that day as she had taken amphetamines.

3.3.36 Scott failed to attend his OM appointment on **27 September 2016**.

3.3.37 Jenny moved into P3 assessment centre on **28 September 2016**. She self-referred to Turning Point saying that she was drinking a lot daily and occasionally using crack and heroin. She was offered a room on 29 September and expressed a wish to attend the "Emotional Health and Wellbeing" group.

3.3.38 A final warning letter was sent to Scott about his absences from his OM appointments and Scott attended on **30 September 2016**. Scott advised he was working full time collecting refuse. Scott said he could not attend because of his job change. BGSW CRC suggest that it is arguable that he should have had breach actions taken at this time.

3.3.39 Jenny stayed out overnight for several nights in early October. She told P3 that she was staying with Partner 3 to support him as his children had been taken into care. The police called during this time to talk to her about a burglary out of the area. P3 rang her on **8 October 2016** and she said she was staying with Partner 3 and sounded intoxicated. Jenny rang back to say that she had been drinking a lot but was okay.

3.3.40 On **11 October 2016**, the police recorded a crime of malicious communications with Jenny as the alleged perpetrator following a report that she threatened to stab someone. When the complainant was spoken to, he did not wish to make a formal complaint, so the police took No Further Action (NFA) on this.

3.3.41 Scott attended his OM appointment on **12 October 2016**. Scott was attending a mediation session organised by his mother in order for her to gain access to Scott's child by Partner A. He completed motivational work for getting him to participate in the BBR programme.

3.3.42 P3 noted that Jenny refused to address the non-payment of her benefit and had been rude to staff. They therefore issued a warning to Jenny.

3.3.43 On **18 October 2016**, Jenny was re-offered Turning Point. P3 staff reported that Jenny was being moved nearer the office as she was staying out a lot and was behaving poorly to staff members. Jenny had unexplained money and no benefits. When questioned about this, she became defensive. Jenny said she went out at night to manage her mental health. Jenny said she was back with Partner 3 and his poor behaviour was due to others telling Partner 3 that Jenny was just using him for drugs. She was then away several nights after this.

3.3.44 In a phone conversation with a Nelson Trust worker on **25 October 2016,** Jenny reported that she had registered with a GP, thought she might be pregnant, and had applied for benefits. She had an appointment booked at Turning Point. She had missed her probation appointment and a court appearance (for assaulting a police officer). Jenny was perceived to be engaging in risky situations, for instance, she described getting money from an unknown man for driving around in his car with him.

3.3.45 On **26 October 2016** P3 talked to Jenny about her engagement with the support offered there. Unless she engaged, her room was at risk. Jenny said her ex-partner, Partner 3, had firearms and had threatened to stab her. She talked about her children and became emotional. Jenny called her solicitor and her Nelson Trust worker. A meeting was set up with the Homeless Healthcare Team.

3.3.46 The police arrested Jenny on **27 October 2016** for failure to attend court. She appeared in court the next day and was sentenced to a 12-month community order for assaulting a police officer, drunk and disorderly behaviour, common assault and criminal damage. She also had a 20-day RAR and a three-month Alcohol Treatment Requirement (ATR).

3.3.47 *The previous information provides some context of the lives of Scott and Jenny when they started spending more time together.*

3.3.48 Early **November 2016**: OMs for Scott and Jenny note that the relationship between Jenny and Scott commenced around this time.

3.3.49 On **2 November 2016,** Jenny called P3 to say she was locked in a building. She returned later and said she had been drugged over the weekend and asked to be readmitted to Wotton Lawn Hospital. Contact was made with Wotton Lawn but by the time a physician called back, Jenny had left the building. Staff expressed concerns about Jenny “putting herself in vulnerable situations”.

3.3.50 On **6 November 2016**, Jenny reported to the police that she had taken drugs with a man who told her he had had sex with her five times while she was asleep. No further action was taken as Jenny said she did not support a prosecution, did not agree to be medically examined and would not give a video interview.

3.3.51 Jenny missed her first OM appointment on **7 November 2016** and the following one due to illness and then anxiety. She was drinking daily at the time. She told Nelson Trust that she was scared to leave P3 as Partner 3 had made threats against her and she said this was why she had missed her court date. She used the P3 phone to call the police the next day but did not get an answer. P3 noticed bruising around her mouth and encouraged her to report this.

3.3.52 Police arrested Scott on **8 November 2016** for theft. He was charged.

3.3.53 On **9 November 2016**, Scott came to P3 looking for Jenny and described himself as her new boyfriend. No information was given to him regarding Jenny.

3.3.54 Later Partner 3 called P3 to say that Jenny had stolen some things from him. When the police attended about the theft, Jenny returned the goods and confirmed that the rape allegation had been against Partner 3. She said that she did not want to report the rape as she had no memory of it. The Gloucester Rape and Sexual Assault Centre called to provide support, but Jenny would not talk to them. In addition, Jenny told Nelson Trust she had been involved in two physical altercations, one with a woman and one with a man and that she had been injured both times. She confirmed she was not pregnant.

3.3.55 On **11 November 2016** at Nelson Trust support session, Jenny was worried about losing her P3 accommodation and said she would stay in from then on. Her keyworker observed that Jenny had visibly lost weight.

3.3.56 Jenny attended her first appointment with her OM on 14 November 2016. She arrived smelling of alcohol. She disagreed with her sentence and was adamant

3.3.57 that she did not need to go to Turning Point, though an Alcohol Treatment Requirement was part of her sentence.

3.3.58 Concerns about Jenny led to a meeting between P3, Nelson Trust and Jenny's OM. The concerns were: the alleged rape, Jenny being associated with a number of men over a short time, her possession of luxury items but behind in her rent, her desire to go back to

Wotton Lawn, cash and other items going missing or being stolen. The meeting was arranged for **22 November 2016**.

3.3.59 On **18 November 2016**, Scott attended his OM appointment with Jenny. Scott would have to move out of rented accommodation in two months. He was not working. Scott said he had been drinking the night before and smelt of it. He said he had missed two depot injections which was confirmed by the GP. The OM arranged an appointment for Scott to have his depot injection that day and rang Scott's mother to update her. The GP noted that Scott attended that day and received his depot.

3.3.60 On **21 November 2016**, Jenny and another female resident became intoxicated and threatened staff who locked themselves in their office. They flooded the bathroom, causing the electrical wiring to trip and poured baby lotion over the floors. Police were called to remove the women. The other woman was taken to police cells and Jenny went to her room to sleep it off. Jenny apologised the next day but blamed the other woman. Jenny was warned about her behaviour and was told not to return to her accommodation for 24 hours.

3.3.61 A meeting was called the next day with Jenny, her OM, P3 and Nelson Trust to talk to Jenny about the incident and the reason she had been temporarily banned from P3. The OM noted that none of the agencies wanted to meet with her alone due to her threatening behaviour, though Nelson Trust do not recall that being their view. Jenny attended under the influence of alcohol. She did not cooperate during the meeting and was defensive. She said she thought everyone at the meeting was getting at her and therefore would no longer work with the Nelson Trust or P3 workers. A form was completed for Jenny to move to high support accommodation. Relations with key workers deteriorated after this meeting. Jenny posted profanities about her OM on social media and a new Nelson Trust worker was assigned to her in the new year.

3.3.62 On **25 November 2016**, an OASys assessment was completed with Jenny. This assessment determined Jenny was at "low risk" of causing serious harm. Though Jenny was verbally aggressive and uncooperative, this behaviour was not considered sufficient to suggest she presented a risk of serious harm to staff. Jenny was identified as a victim of domestic abuse in several previous relationships. She was not noted as a perpetrator of domestic abuse.

3.3.63 On **29 November 2016**, Scott attended the BBR but left to go outside for a cigarette at the break, knowing this would mean he would not be allowed to re-enter. He did not attend the catch-up session the next week (6 December) as he was instructed to do.

3.3.64 A final warning letter was sent to Jenny for non-attendance at her OM appointment on **29 November 2016**. Jenny went to Stonham to complete the assessment for high support accommodation alone as she did not want P3 at the meeting. Jenny gave limited information to some questions and P3 advised her that she was unlikely to get offered accommodation with them.

3.3.65 On **1 December 2016**, Jenny attended her assessment for Turning Point intoxicated. When the appointment terminated as a result, Jenny became confrontational.

3.3.66 Jenny moved into Taylor House on **6 December 2016**.

3.3.67 On **12 December 2016**, Jenny attended her OM appointment with an unnamed man whom she described as her support person. She was verbally abusive towards the OM, said she disagreed with her sentence and kept returning to the meeting on 22 November 2016 when she said she felt ganged up on.

3.3.68 On the same day, she attended her assessment appointment with Turning Point, apparently intoxicated and was aggressive and swearing in the reception area. Jenny accused the worker of giving information to her OM and continued to swear at her. Turning Point noted a pattern with Jenny becoming aggressive when under the influence of alcohol. It was agreed that Jenny would be managed off-site as this was the second meeting where she had become aggressive.

3.3.69 A final warning letter was issued on **13 December 2016** for Scott's absences at the last two OM sessions. Scott was also notified that he was suspended from the BBR programme.

3.3.70 At a meeting with his OM on **20 December 2016**, Scott said he was working at a pub and therefore unable to attend his OM meetings. He said his split shifts made it difficult for him to get his depot injections and his mental health was consequently poor. He did not want to do the BBR course as he said that groupwork increased his anxiety. The OM agreed to take the BBR order back to court as unworkable in the new year.

3.3.71 On **22 December 2016**, Scott was arrested and charged with assaulting a police officer, use of an offensive weapon and theft. The police took him to Gloucestershire Royal Hospital where he had sutures to a cut to his eyebrow. He disclosed his need for an anti-psychotic injection every two weeks. He said he was drinking eight pints a week.

3.3.72 Jenny registered at Blue GP on **23 December 2016**.

## 3.4 2017

3.4.1 Mr. B's feedback for 2017: "*At the start Scott and [Mr. B] managed to get him accommodation in . . . Gloucester, but this proved to be another difficult place for him as there were a number of recovering individuals.*

3.4.2 *In March we found out [Jenny] was pregnant. Once again Scott started to provoke problems with the police and found himself in prison April 2017. During this time Scott was stabbed by 4 men in Gloucester which put him in hospital.*

3.4.3 *His relationship with [Jenny] developed and they decided they were Bonnie and Clyde and went on the run breaching his licence, sleeping rough in a tent in [three locations]. When Scott went to prison . . . [in] July 2017, he achieved parole and came out for 2 weeks [in] September 2017; he came to us, however once again he found home life too restricting and he went to [Jenny] which led him to return to prison to serve out his full sentence. In November his [child] was born and he and [Jenny] embarked on the FDAC programme. Scott took a job in Cirencester and he stayed with us successfully, vowing he did not want to go back to prison*."

3.4.4 *"He did really well and we noticed that he started to become more like his old self*." The family went away at Christmas and "*Scott . . . lived at our home . . . and managed the time on his own well. Again spending time with other people over Christmas in a similar position to himself would have ensured Scott had company and more importantly regular food.*"

3.4.5 In early **January 2017**, Scott moved to his mother's address to get out of Gloucester.

3.4.6 On **19 January 2017**, Jenny arrived for her OM appointment with the same support person. The OM had asked for a colleague to attend the appointment for support following the last two meetings when Jenny had become abusive. The OM started to talk about the

offences and Jenny got angry and accused the OM of not looking after her and her mental health problems. Jenny told the OM to “shut up” and would not engage in a discussion of her offending. Jenny was advised that she would be getting a new support worker and that it was Jenny’s choice to engage with groups and other programmes, but if she did not attend, she would be returned to court.

3.4.7 On the same day, Jenny was seen at Blue GP for anxiety. She said she had misused alcohol since she was 17 and had been misusing drugs and wanted help to drug detox. Jenny was prescribed a beta-blocker for anxiety.

3.4.8 On **24 January 2017**, the ATR expired without Jenny having engaged. Jenny was annoyed that she was being required to attend Turning Point when she had volunteered to do that already. She did then engage with Turning Point on a voluntary basis.

3.4.9 Scott went to the Emergency Department (ED) at Gloucestershire Royal Hospital saying that he had been involved in a fight on **27 January 2017**. He had a knife cut to his chin. Schizophrenia and depression were noted, and a full examination revealed no further wounds. Scott appeared intoxicated.

3.4.10 The next day he was arrested for burglary of a dwelling and released on bail.

3.4.11 At Scott’s next OM meeting on **30 January 2017**, the complexity of his life was clear. He was still homeless and was sofa-surfing. He was advised that when his housing was sorted, he would need to let his solicitor know so that his bail address could be updated. Scott was due back in court in March for resisting arrest and criminal damage. His solicitor thought he would get a custodial order as he was already subject to a Suspended Sentence Order. Once again, it was noted that it was unlikely that Scott would be able to engage in the BBR programme with all these concerns. Scott was instructed to attend again in two weeks. The BBR requirement would be reviewed when Scott was next in court.

3.4.12 Jenny was served with a Notice to Quit at Taylor House due to having a man stay in her room on 31 January 2017. She did not attend her appointment with her OM (though it is not clear whether she knew about this appointment).

3.4.13 Scott missed his next OM appointment and received a warning letter.

3.4.14 On **2 February 2017**, Jenny came to the NT's Women's Centre and asked to be seen. She appeared to be sober. She was calm and had several concerns: she had been given a 28-day eviction notice for having a male stay in her room. This was Scott and she said they were in a relationship. She was thinking about leaving Gloucester and she also said she did not know what was happening with her children. She said she would never sign anything that allowed her children to be taken from her. She was given advice about the eviction and housing, and about her benefits should she leave Gloucester. She was given another appointment.

3.4.15 On **3 February 2017** Scott was sentenced to a new 12-month Community Order for assault on a police officer (December 2016), a further RAR and an Accredited Programme (on 3 February 2017). He made a homeless application on **6 February 2017** and was placed into temporary accommodation. He reported these changes to his OM who noted that Scott had not had his depot injection for a month and was due to have it that day at Blue GP surgery. The fact that Scott and Jenny are in a relationship was noted in the file.

3.4.16 Scott attended an appointment at his GP on **8 February 2017** and had a conversation with the GP about his missed appointments and reviews. He was advised to attend and reminded of the importance of having regular reviews. The depot was ordered, and an appointment made the next day for the injection, but Scott did not attend.

3.4.17 Jenny was prescribed sertraline, an antidepressant, by the GP when she described severe anxiety and panic attacks. She said that her children had been taken into care and that she could not travel alone due to death threats. She requested particular drugs and the GP explained why sertraline would be better. Jenny had a pregnancy test which was negative.

3.4.18 Scott received a depot injection at his GP on **17 February 2017**. He came back six days later for a Med 3 which was issued for two months for paranoid psychosis.

3.4.19 Jenny missed her OM appointment and one of the groups at the NT's Women's Centre. Breach action was instigated and then withdrawn following a meeting on **2 March 2017**. On this day, she came in and asked to be seen by her OM. She was sober and had Scott with her. She said she wanted to engage with groups and had had difficulty getting her bus pass to come to the last meeting.

3.4.20 Scott also had a meeting with his OM on this day and said he wanted to stop drug and alcohol use and offending. He understood how his drug use had impacted on his association with others and how they have influenced his behaviour. He was under the influence of alcohol at the appointment which limited his engagement. He said he wanted to get his life back on track so he could see his child.

3.4.21 It was clear to Jenny's keyworkers from this point on that Scott was an important person in Jenny's life.

3.4.22 Scott completed a P3 assessment and was accepted onto their waiting list.

3.4.23 Scott attended the ED again on **9 March 2017** with an injury to his hand. He said he had punched a brick wall the previous night while drunk.

3.4.24 Two days later (**11 March 2017**) he was back in the ED. He had been stabbed twice in his right side and was brought in by ambulance. The wounds to his right lower chest and right buttock were closed by the surgical team. X-rays showed no additional damage. Scott said he had been drinking with friends. The surgeon remarked that there had been multiple ED attendances by his group of friends. The incident was reported to the police who investigated and found that Scott was attacked by three unidentified men. Scott did not provide more information to the police and the matter was later closed.

3.4.25 Scott talked to GCC Housing as he was still homeless and was told that no further temporary accommodation would be provided. Scott provided medical records saying that he had been stabbed and received medical care on **11 March 2017**.

3.4.26 On **13 March 2017,** the GP received an Emergency Department discharge for Scott relating to an assault by stabbing on **13 March 2017**. The discharge requested a delayed x-ray for possible fracture, so the GP requested this. Scott did not attend an appointment at the GPs on **14 March 2017** and the hospital sent a letter saying he had missed his hospital appointment for **20 March 2017**.

3.4.27 On **15 March 2017**, Jenny went to the NT's Women's Centre – she had missed her previous OM appointment. It was clear that Jenny was sporadic in her attempts to maintain her housing and attend appointments. Nelson Trust note that this is consistent with her experience of recurring trauma.

3.4.28 Jenny was evicted from the Dorchester Hotel (a B&B and managed by the same person as Bridge House). The manager had had a number of difficulties with Jenny and, following an allegation of theft from another resident, the decision was taken to evict Jenny, and she was banned from the property for three months.

3.4.29 Scott was moved into the P3 assessment centre on **15 March 2017**. That night Jenny attempted to get into his room. She was intoxicated and was not allowed in. Jenny and Scott went out and Scott returned after the midnight curfew. An exception was made for his curfew breach as this was his first night there. He was there until 3 April 2017.

3.4.30 Jenny was told by GCC Housing on **17 March 2017** that she would not be re-housed as she had lost the placement through her own actions. She went to GreenSquare drop-in at City Mission asking for help as she was homeless. She was given a sleeping bag by City Mission and signposted to the Law Centre or Citizens Advice if she wanted to challenge the eviction.

3.4.31 On **18 March 2017**, Jenny asked to use the phone at the P3 centre when she called for Scott. She rang the GCSC Emergency Duty Team (EDT) who placed her in the Travelodge. Scott and Jenny were seen together at both locations over the next few days. P3 was told that Jenny had been evicted from the Dorchester and Taylor House and that she was two months pregnant. After seeking advice from Shelter, GCC Housing, and talking to Safeguarding about the situation, P3 upgraded Jenny's risk level and she was invited to attend the drop-in.

3.4.32 Scott called to rearrange his OM appointment on **21 March 2017**, citing his stabbing and travel as he was staying with his mother out of the area. His risk assessment was reviewed and his relationship with Jenny was noted and that she was also managed by the BGSW CRC. There were no further actions noted regarding the stabbing. His risk rating remained as before: medium risk of serious harm to ex-partner, children and public. Though there were no reported incidents of domestic abuse in his relation with Jenny, the OM highlighted the need to complete regular domestic abuse checks.

3.4.33 A positive pregnancy test for Jenny at the HHCT on **24 March 2017** led to her getting a letter to support her search for housing.

3.4.34 Jenny asked to talk to someone at the NT's Women's Centre. She had a number of issues: her homelessness, pregnancy, the final hearing about the adoption of her three

children. She said that she and Scott were still together, and that Scott was the father of the baby she was carrying. She was advised to engage with CGL.

3.4.35 On **24 March 2017**, the police received the first referral for Scott and Jenny as they were arguing on the street – both were intoxicated and homeless.

3.4.36 A missing persons application was made for Scott by P3 on **27 March 2017** as he had not returned to his lodging and was not answering his phone. Jenny told P3 that she was staying with Scott's mother, which he confirmed by phone two days later. The same day, Jenny contacted the HHCT and was talking in a bizarre manner. The CRHTT contacted her and found her to be calm and no concerns were raised. She was advised to contact her GP and given numbers to ring.

3.4.37 The health link worker alerted GCSC that Scott's partner, Jenny, said she was pregnant. The worker noted that her previous children were in care due to Jenny's alcohol use and association with concerning individuals, that Jenny's life was chaotic, and that she was street homeless.

3.4.38 The first hearing for the adoption of the three children was scheduled for **29 March 2017**.

3.4.39 At the **end of March 2017**, Scott's OM checked with children's services in the area where Scott's Partner A lived and found that there had been no further incidents and that the case had been to MARAC there the previous June.

3.4.40 Through the **end of March and the beginning of April 2017**, there were several incidents with Scott at P3 accommodation. Scott returned after curfew and, climbing in through a window, set off the security system; he was drinking and intoxicated on the site. Scott argued with other residents and staff and refused to leave the building. Scott head-butted a staff member on 3 April and the decision was taken to evict him. Scott followed another resident into the building on 4 April. He was intoxicated and was asked to leave. He became aggressive and the police were called. He left before they arrived but stayed in the front garden. The police collected Scott's belongings from his room and gave them to him.

3.4.41 CGL tried throughout this time to contact Jenny for an assessment.

3.4.42 On **3 April 2017,** a friend of Jenny's rang 999 reporting a fight between Scott and Jenny in the friend's flat and that Scott had punched Jenny in the face. Scott had taken Jenny's phone and she struggled to get it back. During this, Scott punched Jenny and threw her to the floor. This is the first assault on Jenny that the police knew about. Jenny said, when interviewed, that it was the second time that Scott had assaulted her. A witness to the assault said that Scott had not taken his medication. Scott made a counter allegation, saying that Jenny had punched him in the face. Jenny admitted this, saying it was in self-defence.

3.4.43 Scott was charged with common assault and bailed to appear on 18 April 2017 at court with a bail condition not to contact Jenny or her friend directly or indirectly. (The case was heard on 25 May 2017.)

3.4.44 On **4 April 2017**, Scott attended Blue GP. He presented with pressured speech, a chaotic lifestyle and was not taking his depot medications. He had been evicted from P3 housing as he had become violent and was homeless and "sofa-surfing". He had his depot that day. Scott had a bruise under his right eye and showed the GP that he had stab wounds. The GP made an urgent referral for Scott to the Recovery Team (Mental Health Intermediate Care Team, MHICT) who offered an appointment for **20 April 2017**.

3.4.45 On **5 April 2017**, a male social worker assessed the risk posed to him by Jenny and it was agreed that he would not see Jenny alone as her anger at GCSC could result in her attacking the social worker.

3.4.46 GCSC met Jenny at Nelson Trust to discuss her pregnancy on **11 April 2017**. Scott was also seen. In discussion, Jenny described Scott as a protective factor. Jenny was drinking alcohol regularly. Jenny was living with another Nelson Trust service user. She was looking for legal support around the decisions made regarding her older children and showed no insight into why they had been taken away.

3.4.47 On **14 April 2017**, Jenny attended ED alone. The triage nurse noted that Jenny complained about abdominal and lower back pain. She said she had tripped and fallen. Her pregnancy was again confirmed with an ultrasound scan in ED. She told of her previous miscarriage and her three children being taken into care. A formal dating scan was booked for her.

3.4.48 Jenny was contacted by GDASS to tell her about the court case against Scott for assaulting her on 3 April. She said that she would not support the prosecution.

3.4.49 Scott missed a depot injection appointment at his GP on **18 April 2017**.

3.4.50 On **19 April 2017**, Nelson Trust (NT) noted that there was a multi-agency meeting with NT, GCSC, and Jenny. (GCSC could find no mention of this meeting in their notes but confirm that the substance of the conversation noted, was repeated regularly in Jenny's case notes.) The social worker had a discussion with Jenny about the safeguarding of the baby, once born, and the changes that Jenny would need to make to keep the baby safe. Jenny disengaged after the meeting and went to Scott's parents' house which was out of the area.

3.4.51 Scott was referred to the MHICT by HHCT as he was not taking his medications, had a chaotic lifestyle, was drinking alcohol and was homeless, having been evicted from supported accommodation due to violence. Scott missed his appointment on **20 April 2017** with the MH Recovery Team but asked for another appointment.

3.4.52 On the same day, Scott was breached again for not attending his meeting with his OM.

3.4.53 On **24, and then 26 April 2017**, Jenny attended CGL. Jenny said that she had not used crack in weeks and that she drank to manage her anxiety. She was advised of the dangers of these when pregnant. Jenny appeared motivated to engage as she was due in court in a short time regarding the adoption of her older three children.

3.4.54 Scott had his depot injection with HHCT on **24 April 2017**.

3.4.55 On **27 April 2017**, in the early hours of the morning, Scott and Jenny had an argument and Scott head-butted Jenny, causing a cut above one of her eyes. A witness said this happened when Jenny left the friend's flat and Scott wanted her to come back. Jenny went to ED but left before she was seen by a doctor in order to attend the maternity booking appointment (see below). Jenny told ED staff that her "partner" had head-butted her, but she declined to provide an account of the assault to the police.

3.4.56 The same day, on **27 April 2017**, Jenny and Scott attended midwifery for an initial assessment and booking in appointment. At this appointment, it was noted that Jenny was drinking, taking crack and residing at The Dorchester B&B. The history of having her three children taken into care was noted and the domestic abuse risk from Scott was also noted.

A lone-working risk assessment was completed. The midwife alerted GCSC about severe concerns regarding Jenny's history of depression, and substance misuse and Scott, as the prospective father, who suffered from schizophrenia, ADHD and episodes of psychosis. She noted that Scott found it difficult to engage with services and was not taking his medications.

3.4.57 The next day (**28 April 2017**), Jenny reported to the police that Scott had thrown a cup of cider into Jenny's face (another assault) when she was trying to stop him acting aggressively towards another man at the address who Scott thought was flirting with Jenny. Scott allegedly grabbed a knife and threatened another man at the address. The tenant of the flat calmed him down and Scott then left with the man he had first threatened. Jenny said she did not want Scott arrested, but he needed help with his mental health. Jenny was referred to MARAC by the police as a result of these assaults by Scott.

3.4.58 Jenny was asked about the first assault and her cut eyebrow by GCSC but did not tell the police who had attacked her.

3.4.59 On **28 April 2017**, Scott's mother, Mrs. XB, telephoned the social worker expressing concern that Scott was likely to harm Jenny that weekend as his mental health was deteriorating. Jenny had told social workers that Scott was very paranoid about her and other males. The GCSC advised Mrs. XB that there was limited support for people with Scott's condition in the community and that it would be good to alert the EDT about concerns so that any incident over the weekend could be managed within the context of this understanding. An email was sent to the out of Area MARAC to find out more about Scott's history in that area with his previous partner. Jenny also rang GCSC and said she had reported Scott for the assault and was concerned that he would seriously harm her.

3.4.60 About this time, the neighbour complained about the loud music and other noise coming from the flat where the incidents on 27 and 28 April took place. A plan was made by Gloucester City Council Housing to stop the use of the flat by others and to try to engage the tenant once the others had left the property.

3.4.61 Scott was arrested on **29 April 2017** and charged with two counts of common assault against Jenny (on 27 and 28 April). Scott was not charged with an offense related to the use of a knife.

3.4.62 When Scott was assessed by the Criminal Justice Liaison Service[14] (CJLS) following his arrest for assault, they found no evidence of any mental illness and Scott was remanded into custody at HMP Bristol on **1 May 2017.** CJLS contacted the prison healthcare service to hand over medications and request a mental health review.

3.4.63 Jenny was still homeless at this time and was in touch with P3 about this. She was not being seen as regularly as she should have been by her OM, but she was accessing the NT's Women's Centre more, though in an unplanned way.

3.4.64 The Blue GP surgery received a medical summary request from HMP Bristol on **2 May 2017** and rang the prison nurse to explain about Scott's antipsychotic medications on 9 May.

3.4.65 On **2 May 2017** the Police Vulnerability Identification Screening Tool (VIST) showed Jenny at a high level of risk following the head-butting and knife incident. The police thought that Scott might kill himself, or cause injury or harm to himself, and he might cause further injury and violence to others. A high risk referral was circulated via MARAC agencies to partner agencies on 2 May 2017, requesting information about Scott and Jenny.

3.4.66 GDASS contacted Jenny on **3 May 2017**, following the last assault. Jenny said that she had been threatened by several people on the street and that she was receiving support from Nelson Trust so did not require GDASS's help.

3.4.67 After initially refusing housing at Newton House, Jenny moved in on **5 or 6 May 2017**.

3.4.68 On **8 May 2017**, Jenny spoke to GCSC about Scott's protective role in her life. She said she felt less safe since he was remanded in custody. She felt vulnerable from street attacks. She attended CGL and tested negative for amphetamine, opiates, cocaine, methadone, benzodiazepine, and buprenorphine. She was not tested for cannabis and did not provide a breath test. (Other agencies recorded that tests were positive, but CGL conducted the test, so we have used their report here.)

3.4.69 P3 recorded that Jenny stopped in to see if they could arrange for her things to be brought over from Taylor House and that she would have nothing more to do with Scott as she

[14] The CJLS is a team of community mental health workers who assess those in the criminal justice process to determine if they are suffering from mental ill health to the extent that they need special support and whether they are well enough to be questioned.

feared losing custody of her baby (**9 May 2017**). Mrs. XB talked to GCSC and was concerned that Scott was being treated as a criminal when he needed help with his mental health.

3.4.70 Scott was released from custody on **10 May 2017** and was bailed to stay with his mother. Mrs. XB tried to ensure that Scott did not breach his bail conditions.

3.4.71 Jenny seemed to be engaging more but then missed the CGL induction group as she was 90 minutes late on **11 May 2017**. She then missed an appointment with her social worker on 12 May and did not stay at Newton House.

3.4.72 Scott attended Yellow GP for his depot injection on **15 May 2017**. He registered as a temporary resident.

3.4.73 There was a multi-agency strategy meeting regarding Jenny's and Scott's unborn child on **15 May 2017**. Attending were: police, GCS, Riverside, Nelson Trust, CGL, and GCSC. The specific concerns about Scott were Scott's schizophrenia, homelessness, use of alcohol and chaotic lifestyle. It was noted that Mrs. XB thought that Scott should be sectioned. The police records for Scott and Jenny were discussed. Scott had warning markers for weapons, violence and mental health and bail conditions were in place not to contact Jenny. At that time, Scott had 15 convictions linked to 28 offences. Three were offences against the person. Jenny had three NFAs including assault, ill-treatment, neglect, abandonment of a child or young person, battery and actual bodily harm (ABH). Jenny was the subject of 15 domestic abuse referrals: 13, as the victim with Scott and two previous partners, and two as the alleged suspect. There were seven child protection referrals.

3.4.74 Jenny as the offender. Though Jenny was in supported accommodation at Newton House, she was not staying there consistently, and her behaviour gave cause for concern. Jenny was attending her OM meetings intoxicated. The professionals concluded that nothing had changed since the three children were taken into care. Nelson Trust undertook to complete domestic abuse group work with Jenny, and to encourage her to attend all medical appointments. They also undertook to discuss concerns that Jenny might be involved in prostitution with Nelson Trust's Sex Worker Outreach Project. GCSC planned to carry out pre-birth work with Jenny and noted the potential for an Initial Child Protection Conference (ICPC).

3.4.75 Jenny was offered support by GDASS when Scott was released from prison. She declined, saying she was getting support from Nelson Trust. She then missed a CGL appointment for a medical review, and did not stay at Newton House all weekend.

3.4.76 GCSC returned to the discussion of Scott protecting Jenny on **16 May 2017**. Jenny said that Scott was feared and therefore offered her protection from other violent individuals. She spoke about threats from a specific person. When Scott was released from prison, he attended GCSC with Jenny and they discussed how Jenny could be supported to keep the baby, though the social worker noted that Jenny had not made the changes necessary for this to happen and therefore made a plan for taking the baby into care when it was born.

3.4.77 On **18 May 2017**, Scott approached Cotswold District Council as homeless.

3.4.78 Scott was interviewed on **23 May 2017** by GCSC for a single assessment. He appeared willing and ready to change his lifestyle and engage more with services. He provided positive updates on his life. Scott said that he was not violent to his ex-partner but admitted that he had breached a restraining order. He had not attended the BBR course aimed at improving his relationships. He was keen to emphasise that his stepfather was a good man and better than his real father. The social worker then spoke to Mrs. XB, Scott's mother, and found that some of the information provided was aspirational rather than true at that time – Scott had not found a job yet and had not registered with a GP. Mrs. XB noted that Scott was besotted with Jenny and wanted to be with her. Mrs. XB reported that Scott was really trying to sort out his life.

3.4.79 On **24 May 2017**, Scott was due in court to answer charges for his assault against Jenny on 3 April 2017. Scott pleaded guilty, citing "excessive self-defence". He was sentenced to a 6-month community order on **25 May 2017** and a 5-day RAR.

3.4.80 Jenny had her single assessment completed on **30 May 2017** after which it was recommended that the baby's case should proceed to an ICPC. A risk assessment was completed that set out the concerns GCSC had about Jenny's lifestyle and the risks to the unborn child.

3.4.81 Other notable incidents in May included Jenny not living at Newton House consistently, not attending her medical review at CGL or the alcohol group (CGL) as scheduled. Jenny said she was living with a cousin in another area. Workers sought to contact her by phone but received no response. At the end of the month, the Homeless Healthcare Team had a

message from a GP practice in Cirencester saying that Jenny had been to their surgery and they were concerned she was sleeping rough. There was evidence from Mrs. XB and from Scott, that Jenny and Scott were seeing each other at this time. Though Jenny reported concerns about not being safe in the community, she was frequently absent from Newton House and her whereabouts were not known to staff.

3.4.82 At this time, Scott had three court orders active at the same time: a suspended sentence (with no supervision) and two community orders.

3.4.83 Jenny attended CGL and provided a sample that tested negative for opiates, cocaine, benzodiazepines and alcohol. She said she was still drinking. A plan of activities was agreed with Jenny that included group work, continuing to provide negative samples, attending appointments, and continuing to reduce alcohol intake.

3.4.84 At the beginning of **June 2017**, Scott's family were concerned that his behaviour was deteriorating as a result of not having his medications. Police were called to his mother's house as Scott was trying to gain entry and was intimidating his family.

3.4.85 A decision was made by the MARAC chair that this case not go forward to a formal MARAC meeting. (The rationale for this is discussed in the Analysis section.)

3.4.86 Jenny was attending CGL, but not staying at Newton House and on **9 June 2017**, while on bail conditions not to see Jenny, Scott hit her on the back of her head and was charged with common assault and breaching bail conditions. Jenny had borrowed the phone of a stranger and had called Scott's stepfather in distress. Scott was heard screaming with rage in the background.

3.4.87 P3 and housing thought that Scott was having his medications at this time. Scott was accepted onto high support START housing programme.

3.4.88 On **9 June 2017**, Scott also attended Yellow GP for a depot injection from the practice nurse.

3.4.89 There was a professionals meeting on **13 June 2017** following Scott's recent assault on Jenny and concerns for the baby's welfare. Attending were the OMs of Scott and Jenny, GCSC, and Nelson Trust. Agencies exchanged information about the assault and that Scott was wanted by the police.

3.4.90 After this, Jenny did not attend her OM appointment and her CGL review. When Jenny was spoken to, she said it was hard to break away from Scott. There are many exchanges between the agencies where they are sharing information and keeping each other up to date with the situation. They were also trying to support Jenny – by asking other agencies to remind her of appointments and rearranging missed appointments. As Scott was not engaging with his OM, a risk assessment was completed and a warrant for his arrest was begun.

3.4.91 Jenny did attend her scan at the hospital on **20 June 2017** where she was seen by the substance misuse midwife. She said she was not drinking and was working with NT. When Jenny attended the NT's Women's Centre, it was noted that though she presented as not caring, she had discussed her difficulties with leaving her violent relationship with Scott. She was feeling positive and had a plan to attend meetings about domestic abuse.

3.4.92 There was another strategy meeting on **20 June 2017**. The risks were assessed as meeting the S.47 threshold for the unborn baby. The unborn baby was made the subject of a child protection plan in July. GCSC decided to do a 45-day single assessment.

3.4.93 Scott was remanded on **26 June** until **11 July 2017** for assault (9 June assault on Jenny) and for theft from a shop a few days earlier.

3.4.94 On **4 July 2017**, there was an ICPC regarding Jenny and Scott's unborn child. The police, health visitor (GCS), GCSC, CGL, Jenny and Scott, and Scott's mother and stepfather attended. It was decided that the unborn child would be subject to a child protection plan under the category of neglect. The Multi-Agency Referral Form noted that every opportunity had been provided to Jenny and Scott to discuss "the impact of domestic violence [and] they have declined".

3.4.95 Jenny signed a working agreement with the social worker. Jenny agreed not to contact Scott, to address her patterns of harmful behaviour, and to attend all medical appointments with the midwife. She attended a number of courses at the NT's Women's Centre. Jenny asked CGL for a report for court regarding the permanent removal of her children. She dropped into the NT's Women's Centre and was given some food and toiletries. She was anxious about the meeting the next day.

3.4.96 On the same day, Jenny registered back at Green GP surgery as a temporary resident. She then missed an appointment there on **7 July 2017**.

3.4.97 Scott was sentenced on **11 July 2017** to 22 weeks custody, having pleaded guilty of three counts of common assault against Jenny in April.

3.4.98 On **12 July 2017**, Jenny's three children by Partner 1 were removed permanently and adopted.

3.4.99 The same day, there was a core group meeting about Jenny's unborn child.

3.4.100 Jenny did not attend her appointment with CGL the next day (it was re-scheduled) and she returned to Newton House in the early hours of the morning. Less than a week later, Jenny attended several groups, including AA and a mindfulness group. Jenny missed her re-scheduled review appointment with CGL and it was re-scheduled again. A form was completed at Newton House for Jenny to access a mother and baby unit after the baby was born. Towards the end of the month, Jenny was referred to the MHICT by the specialist midwife for anxiety related to Scott's imminent release from prison and her anger at social services as she did not feel heard in the discussion regarding her keeping her baby. She was referred to the peri-natal team. She missed another group but attended her health appointments.

3.4.101 Jenny missed an appointment at Green GP surgery on **2 August 2017**.

3.4.102 Jenny attended a CGL group **early in August 2017**. She was asked to provide a sample as she had missed several appointments, but then left before doing so. GCSC were updated. At the core group meeting on 9 August, professionals shared their concerns, noting that the situation had "drastically deteriorated with [Jenny] engaging in more risky and dangerous behaviour which will have a significant impact on any child living in her care." Professionals noted that Jenny's violence and aggression towards them made working with her difficult. They noted that "Jenny had a long history of entering into relationships which are characterised by violence, with Scott being known to have been domestically abusive towards Jenny." Scott was to be part of the CP plan. Jenny's housing after the baby was born was discussed.

3.4.103 Jenny saw a mental health nurse on **10 August 2017** (not clear where). She disclosed a history of domestic violence and that the father of her unborn child was in prison.

3.4.104 Just before Scott was released from prison, GCSC, having determined that the threshold for care proceedings had been met, began the paperwork for taking the unborn child into care.

3.4.105 Jenny was referred to GDASS by the police on **11 August 2017** as part of Scott's prison release notification but GDASS could not contact her. She was assessed by CGL in the middle of the month and given a swab test. She admitted to smoking crack over the weekend. She agreed to the plan to engage with professionals, attend weekly groups and attend her ante-natal appointments, to commence a pattern-changing course[15], not to contact Scott when he was released and to attend her mental health appointments. Jenny attended a number of appointments with professionals over the next few days, then missed seeing her health visitor and midwife on the same day when they came to see her at Newton House.

3.4.106 On **30 August 2017**, Jenny had an antenatal visit from the Turnaround for Children Service[16] (TACS) Health Visitor (HV). At this meeting she told the HV that she was not in a relationship and was getting support for her mental health at Nelson Trust.

3.4.107 Scott was released from prison on **31 August 2017** with licence conditions not to contact or communicate with Jenny. These were reiterated to Scott through his OM. The social worker had spoken to the OM to be clear that Scott could not live with Jenny on his release. Scott reported that he may be able to stay with a friend. Over the next few days, Newton House reported to GCSC and CGL that Scott had been released to no fixed abode and that he and Jenny had been seen together. This was a breach of his licence. The OMs for Jenny and Scott were in touch regarding this. When Jenny subsequently denied she and Scott had had any contact, it became problematic to recall Scott and he was given a formal warning instead. The police were alerted.

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[15] This course provides support for women who have been victims of domestic abuse but are not currently in an abusive relationship to build their confidence and self-esteem.

[16] Turnaround for Children Service (TACS) is a multi-agency multi-disciplinary team that focuses on children aged 0 – 5 and their families where there is presenting parental substance misuse alongside mental health difficulties. The service offers intensive assessment and treatment to achieve and sustain abstinence from substances, reduce parental mental ill health, sustain improvements in parental wellbeing and to improve the care proceedings process. This is part of the FDAC programme.

3.4.108 The Blue GP received a discharge letter regarding Scott from HMP Bristol on **1 September 2017** advising that Scott's next depot was due on 7 September. Staff at HMP Bristol had advised JD to make an appointment for this.

3.4.109 Jenny was not seen at Newton House for three days and did not attend her assigned groups. Scott was warned not to approach Jenny again. When she returned, the other agencies were notified. She attended an appointment with her OM – the first in two months. GCSC continued their care proceedings plans noting that the issues were Jenny's drug and alcohol use and her lack of engagement with support. CGL had a review meeting with Jenny on 7 September where her undertakings were revisited and her going missing was discussed. CGL tested her for drugs and alcohol use. Both Scott and Jenny denied they have been together, despite the reports from Newton House.

3.4.110 Jenny missed an appointment at Green GP surgery on **5 September 2017**. She missed a meeting with the Blue GP's Primary Mental Health Care Team on **8 September 2017**.

3.4.111 Scott struggled to find housing during this time. He presented as homeless to GCC on **11 September 2017** and said he had been rough sleeping since his release from prison. He was placed into Bridge House by GCC Housing.

3.4.112 In the middle of the month, Jenny attended an ante-natal appointment at the hospital with Scott. Scott was escorted from the hospital as Jenny was heard (by a couple at the hospital) to tell Scott to leave her alone as he was risking her keeping the baby. Scott later met Jenny and walked her back to Newton House. At a core group meeting that day, the HV noted that Jenny had twice tested positive for cocaine, supporting the plans to remove the baby when born. Jenny was advised that early steps towards care proceedings were in progress.

3.4.113 Jenny admitted to her OM that Scott had been with her at the hospital and the recall of Scott was started on **14 September 2017.** Scott had his depot injection the next day and then he was arrested on 16 September and recalled to the end of his licence period (17 November). There is no GP record of a medical summary request from the prison for this stay.

3.4.114 There was a multi-agency case review on **14 September** that Jenny attended. At that meeting, it was unanimously agreed that the unborn baby ought to remain on a child protection plan in the category of neglect.

3.4.115 After Scott was recalled, Jenny attended a number of groups and appointments. Jenny was tested for substance use on 19 September and 26 September 2017, both of which were negative. However, plans proceeded for taking the baby into care after birth. There were also plans for Scott to be involved in the pre-proceedings meetings and for Jenny to be moved to a property for herself without the baby. GCSC agreed with the hospital that Jenny and Scott would have no unsupervised contact and they should not take the baby out of the hospital. Scott's release date of 16 November would be after the baby was born. On **3 October 2017** Jenny led the workshop on addiction at Newton House. On this day Jenny's saliva test was negative, but Jenny declined taking the urine test which would show substance use over a longer time. She reported she had smoked cannabis over the weekend.

3.4.116 Green GP surgery received the case conference minutes regarding Jenny's unborn child on **4 October 2017** which was also the last day of her temporary resident registration there.

3.4.117 By **9 October 2017**, it was clear that Jenny understood that the baby would be taken into care. Jenny was unhappy about this but said to services that she understood the reasons. Meetings continued around the care proceedings with risks being reviewed regularly. Jenny was referred to GDASS by the solicitor that was working with her to get a non-molestation order against Scott.

3.4.118 Jenny received a Notice to Determine requiring her to leave Newton House on **31 October 2017**. Newton House is a single person homeless accommodation and so Jenny would not have met the criteria to stay when the baby was born, as housing services understood that Jenny's baby might be in foster care only temporarily. The Notice to Determine increased Jenny's priority for re-homing.

3.4.119 Jenny applied to GreenSquare for support and self-referred for housing support at City Mission. She told GreenSquare that she had been working with CGL since April 2017 and was abstinent at present and was engaging with groups. The case was closed as her support needs were being met at Newton House at the time.

3.4.120 On **18 October 2017**, Jenny was granted a Non-Molestation Order (NMO) against Scott for a year. The NMO had the following conditions: 1) Scott was forbidden to use or

threaten violence against Jenny and could not instruct, encourage or in any way suggest that any other person should do so, 2) Scott was forbidden to go within 100 metres of Jenny's home address or any other place where Jenny might live in the future.

3.4.121 A further hearing on 1 December 2017 continued the order and terms.

3.4.122 Jenny's community order sentence for the offences of assaulting a police officer, being drunk and disorderly, common assault and criminal damage expired on 25 October, so she no longer needed to report to her OM.

3.4.123 Jenny accepted support from GDASS and was DASH RIC-assessed as at medium risk (Scott was still in prison), and safety planning was undertaken. Jenny agreed to attend the Freedom Programme.

3.4.124 Jenny attended a CP meeting on **6 November 2017**. She disagreed with the hair strand tests from April to October that indicated cocaine use and excessive alcohol between this period. An FDAC[17] update was requested and Jenny was reassured by the length of time the FDAC process could take if progress were being made. Jenny did not see herself as a dependent drinker. Professionals were concerned that Jenny showed little insight into how her behaviour would affect the baby. Jenny was not happy that the baby would go into foster care.

3.4.125 Jenny gave birth to her and Scott's child in **November 2017**. A relative of Jenny's was to become the foster carer. The baby's toxicology screen was negative and and drug withdrawal observations were undertaken.

3.4.126 Jenny re-registered as a temporary resident with Green GP surgery.

3.4.127 An interim care order was granted five days after the baby was born and a referral to the FDAC was made and an assessment booked**.**

[17] FDAC is a dedicated court that makes decisions about the provision of care for babies and young children where there are concerns about the impact of parental substance misuse on the health and development of the child. The FDAC team consists of a judge and a specialist multi-disciplinary team, the TACS. The parents are given the opportunity to change their behaviour with intensive support from TACS and other agencies.

3.4.128 Jenny and the baby were discharged from the hospital separately six days after the birth. Jenny was to have three two-hour visits with the baby every week.

3.4.129 The day the baby left hospital with the foster carer, Jenny presented as homeless as she was unable to remain at Newton House with a baby.

3.4.130 Scott was released from custody on **17 November 2017**.

3.4.131 Jenny assessed by the FDAC team on **20 November 2017**. She was required to engage two or three times a week with the FDAC team for urinalysis and Alco meter readings. A psychological assessment was planned through the FDAC. Jenny moved out of Newton House and GCH offered her a property on 22 November. (A fuller account of the work of FDAC is given in 4.2.22.)

3.4.132 Scott presented to GCC as homeless on **20 November 2017** and his existing homeless application was reopened.

3.4.133 On **22 November 2017**, Jenny attended Green GP surgery complaining of depression and anxiety. The GP noted that "this was complicated by alcohol". Jenny said she was anxious about seeing her ex-partner who was now out of prison. She was prescribed a beta blocker and given a Med 3.

3.4.134 On **27 November 2017**, a new ASB officer for GCH wrote to Scott's OM noting that Scott was bailed to an address less than 100 meters from the flat offered to Jenny, noting the NMO against Scott and asking the OM to get in touch so they could manage the risk.

3.4.135 Through the end of the year, Jenny attended CGL for groupwork and breathalyser tests. Scott's risk was assessed by the OASys risk assessment where the concerns focused on Scott as the perpetrator of domestic abuse. There was no indication of a risk of serious harm to Scott from Jenny.

3.4.136 Housing for Scott was problematic in that he was seen as too high risk for P3 to house through a START application. In **December 2017** Scott planned to present to Cotswold District Council for housing. Scott's OM re-presented him at the START Panel, but to be assessed for housing, Scott needed to engage with mental health services as he was assessed as "high risk".

3.4.137 Jenny disputed CGL's report for court. CGL advised her that she could challenge this in court but also advised that the content of the report was taken from case records. Jenny

requested that all future urine drug screens (UDS) were supervised. Jenny visited the baby and was overseen and supported by the HV. She attended for UDS and breathalyser tests which continued to be negative.

3.4.138 Jenny moved into her new property on **29 November 2017**. She was discharged from the care of the midwives on 3 December.

3.4.139 Scott had his depot in Yellow GP on **5 December 2017**.

3.4.140 At the FDAC case formulation meeting on **21 December 2017**, Scott was referred to CGL and Jenny was referred to GDASS who were asked to carry out intensive work with Jenny on domestic violence.

## 3.5 2018

3.5.1 From Mr. B's feedback for 2018: "*January. Scott was provided with accommodation in Gloucester to our dismay, however we did manage to ensure Scott met his [child] for the one and only time in a contact centre – we have just three photographs of this event.*

3.5.2 *By February Scott and [Jenny] were very much an item and their drinking and drug taking was obviously getting out of hand. By March we were once again trying to get Scott accommodation in Cirencester through P3 which was achieved, however [Jenny] was evidently blocking any attempts we wanted to make to get Scott away from her. Finally we made a serious protest to Crisis and Scott was referred and admitted to Hereford Hospital where we visited him. It was the move to Gloucester Hospital that we had resisted which led to Scott returning to [Jenny]. A week or so later [Jenny] killed Scott.*"

3.5.3 Early in the new year, GDASS met with Jenny who reported that she thought Scott was moving to Bristol so would not be a threat to her. Jenny was concerned that the door to her flat was not secure and GDASS contacted GCH to attend to this. GreenSquare tried to arrange for a needs and risk assessment for Jenny.

3.5.4 Jenny was assessed by a consultant psychiatrist with a FDAC nurse on **4 January 2018**. The consultant thought that Jenny may have some elements of Aspergers and also aspects of paranoid and possible schizoid type personality. Jenny attended CGL and her tests were negative. A plan was made and an update sent to FDAC. The plan was to

continue with the courses, to stay off substances, to visit her child, engage with FDAC and attend her next review.

3.5.5 Scott had his depot in Yellow GP on **5 January 2018**.

3.5.6 There was an aggravated burglary reported on **8 January 2018** where it was alleged that Jenny threatened the occupants with a needle and several men, including Scott, assaulted the male occupant. A co-accused identified Jenny and Scott, but they were not arrested until 7 April for this aggravated burglary.

3.5.7 GreenSquare visited Jenny on **9 January 2018** and received no reply to ringing the buzzer, but then Jenny came out of the flat with two unidentified men. She said her phone did not work and rearranged the appointment for a few days later, **11 January 2018**. There was no reply when the worker returned on 11 and then, again, on 23 January.

3.5.8 Jenny missed another appointment to have an alcohol SCRAM bracelet[18] fitted the next day, saying she was staying out of the area. Her hair strand test showed cannabis, cocaine and alcohol use. At her FDAC appointment on 22 January, Jenny tested positive for opiates.

3.5.9 Jenny's risk was assessed by mental health services as medium risk to others, noting that she would be high risk if she had unsupervised contact with her daughter.

3.5.10 FDAC rang CGL on **16 January 2018** to inform them that Scott was moving to Gloucester and that he would need a male worker due to a history of violence.

3.5.11 Scott did not attend his CGL assessment in the middle of January and then at the end of the month. Efforts were made to contact him. He then came into the service and a new appointment was made and he was cautioned that he would be discharged if he missed the next appointment.

3.5.12 Scott missed his depot injection at the Yellow GP on 19 January, but had it on **23 January 2018**.

3.5.13 At the **beginning of February 2018**, GreenSquare was able to complete a needs and risk assessment with Jenny. Jenny talked about her rent arrears, concerns about the security

[18] The SCRAM bracelet provides continuous monitoring for alcohol use.

of her door, her mental health issues and her recent mental health assessment, her substance use and that she was working with GCL. She said she did not feel safe anywhere due to Scott being out of prison. She said he had mental health problems and drank heavily. She explained that she had supervised contact with her baby three times a week. A support plan was drafted. Jenny received regular help from GreenSquare over the next few months until the middle of March when support ended.

3.5.14 Over the next few days in **early February 2018**, Jenny returned a urine drug test that was positive for cocaine. She did not attend her review with CGL, but went to a group that Scott was also attending. Though they did not sit together, they were disruptive. CGL decided that they should not attend the same groups. Scott was very late for his assessment and therefore it was re-booked again for the end of the week. Scott's FDAC drug test was postive for cocaine and THC[19].

3.5.15 By **7 February 2017**, CGL, GCSC and BGSW CRC had shared the information that Scott and Jenny had been seen together. Jenny attended her visit with her baby smelling strongly of alcohol. The visit continued as Jenny did not appear intoxicated but provided a positive reading when tested with a breathalyser. Jenny provided a false urine sample and denied it. Jenny was also seen outside the premises kissing an unknown man who left before Scott arrived and Jenny then was seen kissing Scott.

3.5.16 At child-in-care review on **12 February 2018**, it was noted that Jenny missed some visits with her child and continued to have high alcohol readings. She did not engage well with TACS support. Scott visited the baby and was receiving support for his mental health, but continued to misuse substances. The baby's grandparents (Mrs. XB and Mr. B) were also visiting the baby. TACS reported that Jenny had been contacting Scott and his behaviour and presentation had deteriorated. Scott had missed appointments, appeared to be schizophrenic, and was using cocaine and alcohol. Scott was not engaging with FDAC mental health.

3.5.17 Another risk assessment was undertaken by the OM on Scott that outlined ongoing concerns around Scott's mental health, domestic abuse and use of substances.

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[19] THC is tetrahydrocannabinol and is the main psychoactive compound in marijuana. (From www.healthline.com.)

3.5.18 On **16 February 2018**, Jenny tested positive for cocaine. Both Scott and Jenny denied to the agencies they were working with that they were having contact with each other.

3.5.19 On **20 February 2018**, Jenny had an appointment at CGL where she said she was using crack once or twice a week. She said that the recent opiate UDS was the result of one-off uses and that heroin was not an issue for her. Her CGL plan was revisited with the additions that she should attend the job club and access SMART[20] and AA/NA[21], and her review with her psychiatrist.

3.5.20 When Jenny saw her psychiatrist on **22 February 2018**, she said she had relapsed and was drinking alcohol and using crack. The consultant discussed the possibility of a planned in-patient admission.

3.5.21 Scott missed his appointment for assessment at CGL for the third time on **26 February 2018** and was discharged. Scott was living in a B&B at this time and there was concern from the mental health nurse that he was disengaging from them.

3.5.22 The requirement for Scott to attend BBR was lifted in court on **28 February 2018** as unworkable.

3.5.23 On **1 March 2018**, Scott's 12-month community order expired. He was then subject only to post sentence supervision. The same day, Scott got a depot injection from the HHCT.

3.5.24 A few days later he moved to GCH interim accommodation but was asked to leave after eight days as GCC had discharged its S. 188 interim duty and "his girlfriend" was passed out on his bed, he had let two other visitors into his room and they were drinking. Staff had told Scott several times that drinking was not allowed on the premises.

3.5.25 Scott reported to his OM on **7 March 2018** that he was working in a pub. He was no longer working there the next week.

3.5.26 By the **middle of March 2018**, FDAC planned to close the case as Jenny and Scott were regularly not adhering to the plan.

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[20] SMART is Self Management and Recovery Training. This programme provides training and tools for people who want to change their problematic behaviour, including addiction to drugs, alcohol, cigarettes, gambling, food, shopping, Internet and others.

[21] AA is Alcoholics Anonymous and NA is Narcotics Anonymous.

3.5.27 Scott was arrested for affray on **18 March 2018**, but no further action was taken. He had been seen with a knife and was in possession of a claw hammer when arrested. The police received intelligence on **20 March 2018** that Scott was associating with and perhaps staying with Jenny and there was an NMO in place. There were concerns that Scott was relapsing into serious psychotic illness and that he had previously been aggressive and violent when unwell. The mental health nurse was concerned that Scott needed in-patient care. It was noted that Jenny did not always exercise good judgement and might be allowing Scott to stay with her. There was a desire to get Scott back into treatment as soon as possible before "he suffers catastrophic descent into psychosis". Scott and Jenny were still wanted for the aggravated burglary on 8 January.

3.5.28 Heightened concerns for both Jenny and Scott were noted by BGSW CRC and GCSC, as well as mental health on **21 March 2018**. Scott's mental health was deteriorating and Jenny also was mentally unwell. They were drinking and perhaps using drugs. Scott was found with a weapon, a claw hammer, and the aggressive behaviours of each were increasing. The family saw these behaviours as obvious signs of Scott deteriorating rapidly. GCSC were informed that Jenny planned to move in with Scott in a nearby area and sublet her property in Gloucester. Jenny had sent messages to someone offering Scott's services to beat people up and had made threats to have her ex-partner beaten-up. Jenny's contact with her child was postponed due to concerns over her behaviour. Jenny had told CGL that she no longer needed treatment but was happy to attend group therapy. Jenny was advised to attend a CGL appointment on **26 March 2018**.

3.5.29 There were a number of emails between agencies looking to get Scott assessed and into a safe environment. Agencies were concerned on **22 March 2018** that the mental health Crisis team were unable to contact Scott and believed he was living with Jenny. They could not do a home visit due to risks to staff. The Council could not house Scott and P3 were unable to contact him. Eventually, on that day, Scott saw the Crisis team and had his depot injection. The Crisis team hoped to engage Scott then as he had two weeks of slow-release medication in place.

3.5.30 Police attended Jenny's flat to arrest Scott for breach of the NMO. Jenny said he was not there and police found a man hiding in her flat. The man was Scott and while the police were checking the false identify he had given them, he escaped.

3.5.31 On **26 March 2018**, CGL were updated by FDAC that Jenny's hair strand test showed use of cocaine, benzodiazepine, mephedrone and cannabis for the time period November 2017 to February 2018.

3.5.32 That day, Scott was assessed by two mental health workers in the area where his mother lived. Scott lifted his shirt to show previous stab wounds and staff later reported that they appeared to be old injuries and they did not recall Scott saying they were inflicted by his girlfriend. Scott's family remember that he explicitly stated this.

3.5.33 The next day, the BGSW CRC manager attended the FDAC meeting to discuss Scott's mental health and reported that Scott had no stable accommodation, had missed his depot injections, had poor mental health and social services were involved. CGL had closed his case due to his lack of engagement. FDAC put in an appeal about Scott's housing and the assessment that he was "high risk". A P3 referral was made and further risk information was needed from BGSW CRC. The Crisis team would continue to support Scott and it was noted that his parents were supportive. The BGSW CRC manager was concerned that Scott was at high risk of committing serious harm and may have needed to be escalated to NPS. Some concerns about his previous assaults and carrying weapons needed to be confirmed before taking it forward. Social workers and a senior manager in the FDAC told the GCSC IMR author that Jenny had asked Scott to inflict violence on others. As Jenny said in her interview, she felt safer with Scott because he protected her from other men. It was noted that Jenny would get Scott to act aggressively to professionals that upset her.

3.5.34 On **28 March 2018**, Scott was admitted to the Mortimer Ward at Stonebow Unit in Hereford as a voluntary patient, following an assessment by a senior mental health practitioner and in discussion with Scott and his parents. He was to move to Wotton Lawn when a bed became available. Scott was assessed and it was recorded that he "had been stabbed multiple times in the past", but no further questions were asked. He displayed no overt signs of acute mental illness and had capacity to manage his life. Staff hoped to complete an assessment and stabilise Scott's mental health before he left, though he was free to leave at any time.

3.5.35 On **4 April 2018,** Scott moved to Wotton Lawn and he immediately left for authorised leave. He was due to have his depot the next day and was supposed to be given a mental

health assessment, neither of which had happened. Scott did not return and so was discharged. His family said when interviewed that Scott had not had the bus fare to return to hospital.

3.5.36 The police attended an address on **7 April 2018** following two anonymous calls to the police that reported that two men had gone into a flat and threatened a woman. The men had left before the police arrived, but the police found Jenny and Scott at the address and, as they were wanted for the aggravated burglary on 8 January, arrested them. Scott was also arrested for breaching the NMO. Both Jenny and Scott were released while an investigation was undertaken.

3.5.37 On **10 April 2018**, a neighbour of Jenny's complained to GCH about the noise and the number of people coming and going from Jenny's flat. Jenny went into GCH and was talked through her account and guided to help for her debts. She came in with an unnamed man who was rude to staff.

3.5.38 CGL spoke to Jenny that day and said that Jenny would need to have clear goals for her treatment. P3 rang Jenny's phone to contact Scott. Scott arranged another assessment for that day, but did not attend.

3.5.39 On **12 April 2018**, there was another incident relating to Scott where a witness saw Scott pull a knife on another man. Then a caller rang the police to say that Scott had punched him in the face and threatened him with a knife. The man said he would "hurt [Scott]". Scott was not arrested for this before he died.

3.5.40 At this time, Jenny had not seen her child since 1 March 2018. She attended FDAC appointment smelling strongly of alcohol, though saying that she was not drinking daily or heavily.

3.5.41 In **April 2018**, a caller rang 999 to report that a man was beating up a woman at Jenny's flat. The caller said that "it sounds horrific, happens every day". The caller said that it "sounds like he is banging her head on the floor". Police attended and recorded that Jenny was "having an argument on the phone and that no one else was present at the address." (This was the subject of an IOPC investigation.)

3.5.42 Later that night, police were called by the ambulance service saying that a man had been stabbed at the home address of Jenny. When police arrived they found Scott with a

puncture wound to the stomach and Jenny and another man in the living room, with a third man alsleep in the kitchen. Scott died early the next day in hospital.

# 4. Overview

## 4.1 Summary of Information from Family, Friends and Other Informal Networks:

4.1.1 The Chair of this review met with Mrs. XB, Scott's mother, his stepfather, Mr. B, and their AAFDA support worker in May 2019. Mr. B had been Scott's stepfather for eight years when Scott died. Information supplied by him in response to the draft reports is in italics.

4.1.2 Scott's mother described Scott as hilarious to be around. She said he would chat to anyone and everyone knew him. He was great company and very empathetic. Scott's brother described Scott as his "best friend" and said, "he was always full of fun". Mrs. XB said Scott had a gift for "blagging his way out of everything" and commented that "life is very dull without him."

4.1.3 Mrs. XB told of a time when Scott had forgotten Mother's Day and then showed up the next day with daffodils for her.

4.1.4 Mr. B and Mrs. XB said that when Scott had his injections regularly, he was great. He was good company and funny. He walked properly and was able to function normally. But when he missed his injections, he suffered and was in pain. His family could see when his mental health was failing as he would go from being happy and talking to being very quiet and withdrawn.

4.1.5 The family did not recognise the characterisation of Scott as a heavy drinker as they did not see that element to him and said that he would often refuse a drink at home and would choose a cup of tea over an alcoholic beverage. "*However, he was easily influenced and, because of a relatively low tolerance to alcohol, he could get carried away. Alcohol would remove inhibition and he would become more aggressive and flighting was inevitable. I think Scott would naturally gravitate towards sobriety. As an example, when he joined the FDAC programme he remained sober demonstrated by the hair strand tests. Keeping Scott on this path was highly achievable*."

4.1.6 Scott's mother says that a few weeks before he died, Scott decided he would like to become a farrier which made perfect sense in that it was a job that would have fitted together the things that he loved: animals and being creative. Scott was determined not to go back to prison.

4.1.7 **Scott's personal history**

4.1.8 Mrs. XB said that Scott's father was very violent and cruel to her and to Scott. Mrs. XB took Scott with her and they fled when Scott was 16. Mrs. XB went to live in a cottage

some distance from where Scott's father was with the help of a domestic abuse charity. Mrs. XB said that Scott was very angry about a lot of things that had happened in the past. He started using drugs when he was 15. Scott was estranged from his father for the six years before he died.

4.1.9 Scott had a motorcycle accident in 2012 and was diagnosed as schizophrenic three weeks later. He had a voluntary mental health admission in another area in October 2012 because he knew he needed help. He had a lot of support in the small community they lived in at that time and Mrs XB felt the difference in support from that area to Gloucestershire was very pronounced. From the time of the accident, Scott had needed a depot injection every two weeks to stay mentally well. The depot made him hungry and he gained weight. Mr. B said that Scott had told him that he could not afford to be hungry. Mrs. XB and Mr. B said this was not because he did not have money, but that he was unable to manage his money. Mrs. XB and Mr. B said that Scott became chaotic and he found it hard to remember things.

4.1.10 "*Unfortunately, without professional support our priority was the younger children . . . Whenever Scott's behaviour went from difficult to threatening we would ask him to leave. What we actually needed was the secondary support of a social programme that could be triggered for a matter of days and weeks to provide corrective intervention. Instead Scott found himself on the streets and rejected by his family.*"

4.1.11 "*Money was a hopeless area for Scott. When he had it he spent it and then often would pawn whatever he had bought. We purchased clothes for Scott but we would often find he's sold or simply lost them. . .* "This left him very vulnerable. Scott asked Mrs. XB to take over his finances eventually and she opened his post that came to the house to be sure she did not miss anything. "*We also provided Scott with extra money for travelling and occasionally entertainment. Although he received a PIP this rarely was sufficient and clearly he needed more at least more regular injections of funds*."

4.1.12 When Scott did not have his depot injection, the family found that Scott could be very difficult, though they say that it was usually when he felt hurt. Mrs. XB said that Scott would get angry when he was hurt and so tried to protect himself from that. In discussion, Mr. B said he thought that Scott's time in prison was the result of his responses to what he saw as threats. Scott was homeless regularly.

4.1.13 The family moved in 2014 and then again to be near Mr. B's mother.

4.1.14 In the summer of 2017 when "on the run" from the police, Scott and Jenny lived behind Scott's mother's house. They lived in a tent for a period of time and on the beach in 2017.

4.1.15 Scott had lost contact with his first child. He had a tattoo with the child's name and often said he was missing the child.

4.1.16 **The relationship between Scott and Jenny**

4.1.17 Mrs. XB said that Scott's life was hard and became harder when Jenny entered it. She thought that both Scott and Jenny were lonely. They also shared the loss of their children. Mrs. XB saw that both Scott and Jenny were jealous of each other's interactions with others. Even after Scott was in prison for assaulting her, Scott and Jenny were back together.

4.1.18 Scott's brother did not think that Jenny was good for Scott, that she was not a nice person. He thought Scott was scared of being alone though. Scott's brother said that after Scott was with Jenny, he lost weight and he "lost his sparkle".

4.1.19 Mrs. XB thought that Jenny was trying to control Scott. She said that when he came out of prison, Jenny kept phoning her, saying that she needed to know where he was. Mrs. XB said she felt hassled by Jenny. When Scott had saved enough money for a phone, then the two of them were in touch again.

4.1.20 Mrs. XB knew that Scott and Jenny fought. Because she had been in a violent relationship herself, Mrs. XB told Scott that she would call the police on him and she told him that any kind of violence or abuse was wrong.

4.1.21 Scott did not talk to Mrs. XB and Mr. B about his relationship with Jenny – he was quite private about it. Mrs. XB knew that Jenny would scratch Scott when they fought. There was a time when Mrs. XB saw Scott and he looked "completely beat up". Mrs. XB thought it was from fighting in the pub, but Scott said, "it was actually Jenny, Mum." Scott's mother said that he had bruises from Jenny. Mrs. XB said that three weeks before he died, Scott showed his mother where Jenny had stabbed him.

4.1.22 Scott's brother said that Scott showed him injuries he had from Jenny, including a chipped tooth. When Scott showed him the stab wound, he was particularly worried and encouraged Scott to think about his own safety and pointed out the risk. But Scott responded, "But I love her." Scott also had black eyes on occasion. Scott's brother said that it "was like Scott had Stockholm syndrome".[22]

[22] This is a psychological response that can occur when hostages or abuse victims bond with their captors or abusers. This connection develops over the course of days, weeks, months or even years of captivity or abuse. Though identified in the aftermath of a hostage-taking in Stockholm in the 1970s, the term has been used to help understand similar responses in domestic abuse victims.

4.1.23 Mrs. XB said that Scott would not have talked about this because he was "a proud man" and he would not have wanted people to think he could be beaten up by a woman. Scott's brother too thought that Scott was restricted by his pride and shame from talking about Jenny hurting him.

4.1.24 In October 2017, Jenny took out a non-molestation order against Scott. Mrs. XB says that the FDAC staff knew that Jenny and Scott were seeing each other after that, though the order should have stopped that. Mrs. XB thought the police knew and that Jenny visited Scott in hospital in March 2018.

4.1.25 Mrs. XB said that she liked Jenny at first. Mrs. XB thought Jenny had not had enough help to prevent her from losing her three children so she tried to help her keep the baby. Mrs. XB recalled that Jenny had looked after their pets one Christmas and did a good job. At one point, Scott had said to his mother that Jenny was starving and asked Mrs. XB to help her. So Mrs. XB started buying food for her.

4.1.26 Mrs. XB said that she thought that Jenny could "spin a tale" and described accounts that Jenny had given her that could not have been accurate.

4.1.27 Mrs. XB told of some moments of closeness with Jenny and said it was "so conflicting". They said that Jenny under the influence of drink went from being quite quiet to aggressive.

4.1.28 Mrs. XB and Mr. B thought that they, as well as Scott, had been manipulated by Jenny.

4.1.29 **The family's view on what might have helped Scott**

4.1.30 Mrs. XB described many efforts to get help for Scott. Mrs. XB and Mr. B had a number of suggestions for what might have helped.

(1) <u>More support when he was released from prison</u>. "*It was apparent that Scott was more receptive when he came out of prison to adopting coping and adjusting strategies, and yet he was let without a plan."*

"*I believe Scott would have responded very well to a life coach who would have worked with Scott to develop his strengths. Combining what Scott could do with what he naturally gravitated towards needed matching to a vocation and ultimately employment. I know Scott could do many things very well. He was technically adept, able to talk naturally with people and obtain what he wanted easily and of course his social skills were highly impressive."*

(2) Continuity in his mental health care. The family described how Scott was often released from prison on a Friday and usually without his depot injections. By the time he got to the family or they got to him, it was too late to go to the GP for the injection. When they went to the local hospital's ED, they were told that they should not be coming to the ED for this. The family report that occasionally the ED would give the injection to him, though the hospital the family attended do not have a record of this.

The family emphasised the importance for Scott's mental health and stability of having regular depot injections. Mrs. XB thought Scott needed more help to be sure that he got his depot. She said that he had had one depot in the seven weeks before his death and was in a "shocking state".

(3) Being sectioned in March 2018. To Scott's family, the deterioration in his mental health was so apparent, they could not understand why he was not sectioned. They thought that his carrying the claw hammer was evidence of his being frightened and thinking that people were coming after him.

(4) Rehabilitation where he could learn a skill. From the family: *"The only time I could honestly say that Scott connected in a healthy way with others was through site work or interestingly when he was around animals. These areas could have been explored and he might have happily taken [a] productive path." "Scott was good with animals, especially horses, and had indicated he would like to be a farrier. He struggled with motivation and his tendency to miss appointments was an issue. A fundamental review of Scott and provision of firm guidance might have seen Scott on a more productive path. His confidence and self-esteem needed serious support, but he would have responded. Scott liked to do the right thing if he understood why."*

(5) Perpetrator programme. This is returned to in the Analysis section.

(6) Professional curiosity and some creativity to identify what might work for Scott.

(7) If the police and mental health could work together so that the police could provide protection for mental health workers while they assessed Scott. The family said, "*Why should the police have that responsibility [e.g. the responsibility of managing Scott when his mental health was deteriorating]?*"

4.1.31 Scott's brother too thought that a key problem for Scott was not having his depot injections. He felt that Scott "functioned so much better when he had them". Scott's brother thought that a broader lens might be used in these situations so that the response

was not fire-fighting at crisis points. He thought that regular assessments and a key worker to build and maintain a good relationship with Scott would have helped.

4.1.32 Scott's brother was also upset that Jenny attended so many meetings with Scott, even when he had bail conditions or court orders not to be with her. He wondered whether agencies could do more to share information and risk assessments. He thought more could have been done when Scott was in the park with a knife and a claw hammer in March 2018[23]. Scott's brother also noted the frustration of Mrs. XB and Mr. B as they went back and forth between the police and the hospital, trying to get help for Scott.

4.1.33 The family wondered if anything would come of this process. There is a recommendation that the CSP report on the progress made to the family:

4.1.34 **Recommendation: Safer Gloucestershire to share the action plan created from this DHR and report to Scott's family every six months on the progress made.**

4.1.35 Scott's family recognise how traumatic losing her children must have been for Jenny and questioned if she had had enough help and support afterwards to help her rebuild her life.

4.1.36 Family's summary: "*With a combination of professional support we could have provided Scott with the family environment he needed. Of course this comes at a cost, but this cost is nothing compared with the cost of a murder investigation, two murder trials and a woman detained in prison for this death for potentially 9 years. Scott found himself in a miserable situation but at the heart of this situation was a young man desperate for a secure role in life with access to the company of others and their approval.*

4.1.37 *Scott was left in a vulnerable position and this could have been avoided. With help from his family 80% of what he needed could have been achieved, but the family couldn't do this without professional assistance from relevant agencies. I hope that other people like Scott with good families behind them do not experience the sense of abandonment we felt and the wretched position Scott found himself in. It is not simply that more needs to be done, but that such resources target the needs of families and their vulnerable children more practically and effectively*."

4.1.38 **The family's view on what did help Scott**

4.1.39 Mrs. XB and Mr. B said that Yellow GP was "amazing" and "very responsive".

[23] Scott was in possession of a claw hammer but not a knife when arrested at this time.

4.1.40 Mrs. XB and Mr. B praised the FDAC programme as a great help. Mrs. XB and Mr. B thought that those in the programme saw the potential in Scott and Jenny for change. They acknowledged that the programme was very expensive but said it “would have been cheaper than two trials”. They particularly identified the care coordinator and said that “she got Scott” and Scott trusted her.

4.1.41 **Summary of information from Jenny**

4.1.42 The Chair and the Standing Together support officer for this DHR met Jenny in prison on 9 August 2019. The following comes from the account that Jenny gave during that interview.

4.1.43 Jenny gave brief information about her childhood. She said that she has a sibling and that there was no domestic violence in her home growing up. Jenny left school at 16 and suffered severe anxiety issues that kept her housebound for a period of time. She reported having panic attacks when she tried to answer the telephone or the door. She said she self-medicated with alcohol to leave the house.

4.1.44 Jenny eventually managed to overcome the anxiety and panic attacks to work.

4.1.45 Jenny was with her father when he died and found this very difficult. Jenny’s mother started a new relationship soon after which Jenny found hard. When her mother asked her to move out, Jenny moved in with Partner 1.

4.1.46 Jenny was with Partner 1 for a number of years. She became pregnant and miscarried the twins she was carrying. She had three children with Partner 1.

4.1.47 Jenny describes her relationship with Partner 1 as abusive. She said he would mentally torture her and exploited her insecurities. He would be physically violent to Jenny and she had to call the police on occasions. Jenny said that Partner 1 used heroin and eventually their disagreements over this led to the relationship breaking down when she was pregnant with their third child.

4.1.48 Jenny tried to make money by breeding cats and dogs but found being at home with the children and the pets very isolating. Jenny said that she lost her driving license and was in denial about her drinking.

4.1.49 Jenny began a relationship with Partner 2. She said that social services became involved when one of the children told her playgroup teacher that Partner 2 had hit her, but she said there was no domestic abuse in this relationship. Then social services told her that Partner 2 was a paedophile and was violent. This upset her greatly and she could not cope with the idea that she had allowed a paedophile to be near her children, so she ended the relationship.

4.1.50 Jenny said that GCSC did not like her breeding animals with the children there, so she had to get rid of the cats. She said that she might have gone to CGL at this time, but she felt that given everything she had been through, giving up drinking felt like too much at that time.

4.1.51 Jenny felt that she had no support after the children were taken into care and felt "dumped". She would sit in the children's room and get upset. She said she had a lot of anger around this. She said she suffered psychosis and was admitted to Wotton Lawn. She said this was the second time she was there, the first time being before her children were born when she took an overdose.

4.1.52 Jenny wanted to oppose the adoption but said she was given no support to guide her through the process or support her afterwards. She then disappeared for a couple of months and went to London, the south coast and then Wales. She returned home after building up her strength to try to appeal the adoption. Then her mother evicted her for not paying rent and she was homeless.

4.1.53 Jenny said that she was street homeless and then sofa-surfing and finally worked with P3 and was housed at Taylor House. She said that this is where she first tried crack cocaine. She said she had smoked cannabis at school and took pills recreationally. She had used heroin for several months after she miscarried the twins. She said that she drank alcohol for her anxiety and used drugs because they were there, but never thought it was an issue.

4.1.54 **Jenny's view of her relationship with Scott**

4.1.55 Jenny said that she met Scott when she was housed in Taylor House (this does not quite track to the dates we have, though roughly agrees). Jenny described it as a dangerous place then and that her anxiety was very bad when she was there. As a result, she struggled there and was eventually evicted.

4.1.56 Jenny said she was attracted to Scott because he was fearless. She said that she and Scott had had similar experiences: both had lost children and been homeless. She said they were both lost in the world but kept each other going. Scott was very funny and charming and knew just the thing to cheer her up and make her laugh. She said that she fell back in love with him when he came out of prison. Scott would say to her, "I was there for you when you were homeless."

4.1.57 Jenny said that she and Scott often let anger dictate what they did. She said they encouraged each other to drink as it helped to block out their other issues.

4.1.58 Jenny said that Scott was a form of protection for her. When she was homeless and was attacked, Scott would fight her attackers off. Scott shoplifted to support them both.

4.1.59 Jenny described Scott's jealousy – that he'd ask other people if she had cheated on him while he was in prison. She said he had head-butted her once for looking at someone else, so she would try not to make eye contact with other men. She said he would not let her put her hair up. She acknowledged that they both had their issues. They could not bear to see each other with someone else. She also said that they were best friends and she could not let him go because she did not have anything else. She said that they both knew the relationship was toxic but when you love someone it is hard to let go. Jenny said that the only way she could have "gotten over Scott was if he were locked up for a long period".

4.1.60 Jenny said that she fought back a couple of times when Scott was violent to her. She also said that when she had called the police on Partner 1, the police callouts had been used against her, so she did not call them out when Scott was violent.

4.1.61 Jenny said that she called an ambulance for Scott when he was stabbed (in March 2017) and, because of this, was called a "grass" and threatened by others. She was street homeless and then housed again, this time at the Dorchester B&B. She was accused of stealing and had to leave the Dorchester B&B. Jenny was pregnant by this time and was street homeless for six weeks before being housed at Newton House.

4.1.62 She said that when Scott was in prison, she attended groups and meetings to get herself back on track. She got a flat and thought she was doing well with her substance misuse.

4.1.63 After the baby was born, Jenny said she had no support. She said she spent time "addressing her demons" in the hope that she could keep the baby. Jenny said she had obtained a non-molestation order (NMO) against Scott. But after Scott was released from prison, he would hang out near her flat to see her. She said that she told housing that he was just down the road. Jenny said she was struggling with life and her visits to her baby at the time brought back hard memories of her older children.

4.1.64 She said that Scott was not resigned to losing the baby; she was more resigned to it.

4.1.65 She says she continues to grieve the loss of her children, as did Scott. They both had a lot of anger over it.

4.1.66 Jenny thought that Scott should have been sectioned as she said he was hearing voices and was very paranoid. She said that Scott did not get his depot injections at the HHCT sometimes because there were "smackheads" outside. She said that when he had his

depot injections, he was calm, but he became aggressive without them. She said that Scott's mother had done all she could to get him sectioned.

4.1.67 Jenny also thought that it would have been beneficial to Scott to have the FDAC mental health worker give him his injections or if someone could have gone to him to give him the depot. She said she knew, however, that Scott had to take responsibility for his own care and that the authorities could not afford to do that for everyone.

4.1.68 Scott's housing was a problem. She said it seemed that his mental health was bad enough to stop him being housed, but not bad enough to get him sectioned. She said she let him stay with her after he left prison the last time because he would be homeless for six weeks.

4.1.69 **What Jenny found helpful**

4.1.70 Jenny said that when neighbours rang the police, they would come. Jenny said that she denied everything to the police in the spring of 2018 because Scott only had three weeks to go before he was housed, and she still hoped to get the baby back. She said the police "were brilliant". She did not remember much about her meetings with BGSW CRC because she was drinking at the time. She thought that GDASS was helpful.

4.1.71 Jenny said that she would be open and honest about her drinking and that she thought having ultimatums might have helped. If she had been told, "if you don't do this, then this is going to happen." She found FDAC "really good" but said that her "head was not in the right place" and she was "just going along with it."

4.1.72 Jenny reported a number of occasions where she thought she had been treated unfairly by organisations, for example, when she lost her housing. She thought that if she had been "clean" that social services would have still taken her children and attributed it to an unsafe environment. She said she distrusted children's social services.

## 4.2 Summary of Information known to the Agencies and Professionals Involved

4.2.1 **Gloucestershire Children's Social Care (GCSC)**

4.2.2 GCSC's involvement before Spring 2017: Jenny came to the attention of GCSC a number of times before July 2015. The first referral was in August 2008. Each time, the situation was reviewed, an initial assessment was completed, and the case was closed each time. GCSC was first alerted in 2008 when Jenny rang 999 following an assault by Partner 1.

Partner 1 made counter allegations. For GCSC, the case was closed as Jenny's child was with the paternal grandmother at the time so there was no role for GCSC.

4.2.3 A few years later, GCSC were involved again because Jenny was seeing someone who posed a risk to her children. After an initial assessment, no further action was required. In March 2013, by which time Jenny had three children, Jenny was referred because she had told three different people that she was going to attempt to end her life and wanted her children taken into care. The GP assessed Jenny as at low risk of suicide, an initial assessment was completed, and the case was closed.

4.2.4 The children were placed on a plan in April 2014 when Jenny complained about harassment from Partner 1. The plan included work with Jenny on domestic violence. Jenny had recently been arrested for drink driving and there was a note that she may have mental health needs. The children were on a Children in Need plan in July 2014 and the case was then closed in October 2014.

4.2.5 The following year the children were placed on a child protection plan due to neglect and domestic violence. There were also concerns that Jenny's partner, Partner 2, had had children removed from his care. Following an incident where Jenny was found drunk when caring for her children, they were removed with a police protection order and became looked after on 20 July 2015. Jenny's substance and alcohol use led GCSC to conclude that she could not care for her children. A full care order was granted in January 2016 and the children now live with their adoptive parents.

4.2.6 At the beginning of the timeframe of this review, Jenny's attention was focussed on her three children who were in care. She tried to find them and created problems for the foster carer and became aggressive and threatening to the carers, and neighbours to the carers. The police were involved.

4.2.7 GCSC's involvement from Spring 2017: regarding staff experiences of working with Scott and Jenny, GCSC had many contacts with Jenny and Scott from the time that it was discovered that Jenny was pregnant, and Scott was the father. GCSC note that from the outset, Jenny showed hostility for the social workers.

4.2.8 From November 2016 (when Jenny had threatened the foster carer and a pregnant woman nearby), there had been a flag on her file that meant that when there was a meeting with Jenny, special steps were taken to ensure staff safety. This included having two staff meet with her rather than one, and if they felt unsafe, they should leave. There were also scheduled calls from the key worker when the meeting with Jenny had ended

and they had left. Social workers noted that Jenny minimised the impact of domestic violence and sometimes encouraged Scott to be violent to others.

4.2.9 Social workers felt that Jenny posed a risk to them. A male social worker reported that he felt unsafe with Jenny and so a specific risk assessment and safety plan was put in place to ensure that the worker felt safe. It was made clear to him that if he did not feel safe then he would not have to meet with Jenny.

4.2.10 The social workers reported that they found Scott a pleasant and vulnerable young person who had his own needs. Social workers had unconfirmed intelligence that Jenny had attacked Scott on a number of occasions and one time in the stomach. GCSC say that this was not followed up or recorded because it was not confirmed. When social workers tried to have conversations with Scott about being a victim, he did not respond. Social workers described Scott as "being besotted" by Jenny and thought that this is why he would not participate in conversations about the risk she posed. The agency had mapped the violence between the two in some meetings.

4.2.11 Jenny was referred to GCSC in March 2017 by the Homeless Healthcare Team. Jenny was thought to be pregnant and the same concerns existed about Jenny that had led to her children being removed. The police had seen Jenny and Scott arguing on the street via CCTV. A single assessment was completed, and a social worker made contact in early April 2017.

4.2.12 The GCSC learned of an incident at the end of April 2017 when Scott had hit Jenny and cut her eyebrow. A midwife again alerted GCSC at the end of April about Jenny's history of depression, substance misuse and alcohol use. Scott's mother also contacted GCSC as she was concerned about Scott's deteriorating mental health and was worried that he would hurt Jenny. The social worker directed her to the EDT as there were few other services in the community for someone with Scott's mental health needs.

4.2.13 In early May 2017, Jenny tested positive for heroin, crack, amphetamine, buprenorphine and methadone. Scott had been arrested for his assault on Jenny and had been remanded in custody but was soon released to his mother's home.

4.2.14 At the strategy meeting on 15 May 2017, professionals shared information about Jenny and Scott: their criminal history, Jenny's past abusive relationships, charges against Jenny that had not been actioned further, including assault and ABH. Jenny had been the subject of seven child protection referrals between 2014 and 2017, all of which listed her as the offender.

4.2.15 The social worker spoke to Scott's mother to gather information about his background and contacted the area where he had lived with his previous partner, Partner A. They advised that there had been seven referrals to that area's Multi-Agency Safeguarding Hub (MASH) between April 2014 and May 2016: "One is a police report for an incidence of domestic violence, five for harassment and breaking bail conditions and one from adult mental health with concerns over [Scott's] drug use and poor mental health." It was noted that Scott had not attended a BBR course there.

4.2.16 GCSC then met with Scott and Jenny to discuss the unborn child. The social worker noted that Jenny was still angry about her previous children having been taken into care. The social worker made a plan to complete risk assessments and single assessments, organise ICPC and strategy meetings, review broader family members if they were interested in accommodating the baby when born, and to continue to work closely with other professionals to keep the child safe. No significant changes had been made by Jenny to enable her to keep her child.

4.2.17 Scott's family provided further information, reporting that Jenny and Scott were seeing each other, and that Scott's mental health was deteriorating as he was not taking his medication. They acknowledged that Scott was likely to be violent, irrational and aggressive. Scott told the police that he had punched Jenny on the back of her head, and she had fallen as a result. Scott was arrested for breach of his bail conditions. Jenny explained to the social worker that it was hard to break away from Scott and that he protected her from others who were violent towards her.

4.2.18 Scott and Jenny were spending most of their time together when an ICPC was held and Jenny's unborn child was made the subject of a child protection plan. A referral form was received documenting that Scott and Jenny had been given "every opportunity to discuss the impact of domestic violence and they had declined".[24] Jenny signed a written agreement with the social worker that she would not contact Scott. She was relieved of this responsibility for a period as Scott was in prison from 11 July 2017 to 31 August 2017.

4.2.19 Though Scott was released with a condition that he did not contact Jenny, the two of them were seen together the day after his release. The legal planning meeting a few days later acknowledged that Scott and Jenny had not made any significant changes to their lives in order to care for a baby and so there would be no recommendation that Jenny be sent to

[24] GCSC explained further that this would have meant that Scott and Jenny were given opportunities during discussions in assessment meetings, home visits and during other contact.

a mother and baby unit when the baby was born. The baby remained on a child protection plan under the category of neglect.

4.2.20 A pre-birth plan was made for the unborn child at the end of September that detailed that neither parent was to care for the baby, that neither parent could take the baby out of the hospital when born, and that the baby would be looked after from birth.

4.2.21 The baby was born in November 2017 and Scott was not named on the birth certificate as the father. An interim care order was granted for the baby and decisions were made that a relative of Jenny's would care for the baby. A guardian was to be appointed. Scott told the social worker that he was working full-time and was living in his mother's shed. Scott's mother said that Scott needed housing and a discussion was had about how Scott could become a party to proceedings for the baby. He became a party to proceedings at the beginning of December 2017, that is, he could be present in the court room and involved in the proceedings.

4.2.22 FDAC helps families where children are put at risk by parental substance misuse. "FDAC is a problem-solving court where the same judge reviews the case every fortnight and is supported by independent multi-disciplinary Intervention Team. FDAC works with the whole family while keeping the child central. Parents are given 'a train for change' that provides them with the best possible chance to overcome their problems". "A key aspect of the model is that it works independently of the local authority . . . [which] means independence from the children's social care team and the local child protection and children in need teams."[25]

4.2.23 At the end of December, the FDAC identified the areas of strength and the areas that Scott and Jenny would have to work on. Regular tests for substance misuse were carried out on both parents. Scott's mother contacted the TACS practitioner to say that Jenny had contacted Scott to demand that he came to Gloucester to see her and another man not known to Mrs. XB. The social worker expressed concern that if Scott did go to Gloucester, he might return to prison.

4.2.24 The baby did well in the placement and contact was arranged for each of the parents. Scott attended in January, saying, "[The baby] is beautiful – [the baby] is perfect". Jenny missed contact visits and recorded high alcohol readings. Scott continued to use substances.

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[25] From www.fdac.org.uk/model/how-the-model-works/[Accessed [27 October 2019]

4.2.25 At a non-lawyer FDAC meeting in early March, the expectations that Jenny and Scott had to meet in order to care for the baby were explained to them and they were informed that those changes needed to take place quickly to meet the baby's needs.

4.2.26 In mid-March 2018, Scott's mental health started to deteriorate. He scratched his neck with glass "to see what self-harm felt like", told a social worker that he was getting more and more irritable but was afraid of taking the depot injections in case he got hallucinations. These behaviours were familiar when Scott was relapsing, and the social worker sought contact with the mental health crisis team. The social worker was concerned about visiting Scott at home, for fear of violence.

4.2.27 Late in March 2018, the social worker reported that Jenny was moving in with Scott and using him to "beat up" others. Jenny was also threatening the baby's carer. The GCSC service manager thought that Scott was so unwell he needed to be in a mental health facility. When Scott was arrested on 18 March 2018, he had a claw hammer. Jenny was rung to tell her this and Scott could be heard in the background. Contact with the baby was cancelled due to the resulting concerns.

4.2.28 Concerns about Scott's behaviour were reported to his accommodation and he rang the social worker, upset that he might lose contact with his child who he described as "the love of his life" and that he would miss the child's growing up. On 22 March, the GCSC noted that Scott had relapsed and "schizophrenic behaviour [was] evident". On 27 March 2018, a multi-agency meeting was held about Scott's mental health.

4.2.29 The next information GCSC had was in regard to Scott's death and Jenny being charged with his murder.

4.2.30 **Gloucestershire County Council's Adult Social Care**

4.2.31 Adult Social Care (ASC) was aware of Jenny between 20 April 2016 and 13 November 2017 through concerns raised by other professionals and discussions with those professionals. No case was opened as a result of these discussions. They had one contact with Jenny.

4.2.32 On 19 March 2018, ASC received a request from Scott to speak to an Approved Mental Health Professional (AMHP). This was passed to the AMHP duty system and there are no additional records. This was the only involvement ASC had with Scott.

4.2.33 The concerns raised about Jenny were the following: In November 2016, there was concern from a hostel that Jenny had said she was raped by an acquaintance but did not want to report it to the police. She also had bruising around her mouth which she said was

from being punched. Contact was made with her support worker (not clear which agency but thought to be P3) to say that she had spoken to Jenny that morning and she saw Jenny regularly and had encouraged her to attend the organisation's Emotional Health programme. Advice was given about contacting the GP if there were concerns about Jenny's mental health.

4.2.34 In March 2017, P3 raised concerns about Jenny being pregnant, homeless and alleged to be the victim of abuse from Scott. It was noted that Scott was schizophrenic and not taking his medications. Jenny was known to have a history of drug and alcohol abuse. The information was passed to the Gloucestershire Integrated ASC team to explain the situation. The same concerns were raised by the Homeless Healthcare Team on 28 April 2017. Following this second referral, contact was made with both these referrers who advised that GCSC would be more appropriate to support Jenny as she was pregnant and living at Newton House, engaging with relevant professionals. They also confirmed that she was independent with all activities of daily living. ASC followed this up twice in the following two weeks with calls to the children's social worker in the case who advised that there was a multi-disciplinary team meeting and there was no role for adult social care at this time.

4.2.35 There were two further contacts regarding housing, when Jenny left Newton House and when she was leaving the hospital after giving birth. She was advised to continue working with housing. She also advised that she could independently meet all her needs.

4.2.36 **Health Services: GP Surgeries for Scott**

4.2.37 Scott accessed primary care from several surgeries and from the Homeless Healthcare Team. Gloucestershire CCG was able to provide us with information from the GPs with which he was registered during the timeframe of this DHR.

4.2.38 Scott came out of prison on 17 June 2016 and his mother reported that he had not had his depot injections while in prison. Before he left prison, his mother had talked to the Recovery Team who would not see him without an urgent referral. The Orange GP surgery, with whom he was registered, arranged to see Scott on the following Monday for his depot injections and made an urgent referral to the Crisis Team. Scott attended that appointment and received his antipsychotic depot injection. The Orange GP surgery undertook a clinical mental health assessment and wrote directly to the Recovery Team psychiatrist with his findings.

4.2.39 Scott missed the next appointment a few days later, though it is not clear what that appointment was for. The Orange GP rang Scott three times and left a message to call the

surgery if he still needed an appointment. Scott then attended the surgery for a Med 3 which attests to one's fitness for work. The Orange GP issued the Med 3 for a two-month period for depression and psychosis.

4.2.40 The Orange GP surgery liaised with the mental health team about Scott's referral there and Scott's mother requested a letter supporting a deferral of a court appearance Out of Area due to his mental health.

4.2.41 Scott did not attend an appointment on 1 July 2016 with the Orange GP. The GP changed the consents on Scott's file to "not asked – record not shared" which meant that other health agencies would not have access to the Orange GP surgery entries. The reasons for this are not clear and those reviewing the information for this domestic homicide review said that they had never seen this before. This appears to be an anomaly.

4.2.42 Scott attended Orange GP surgery on 4 July 2016 and was given his depot injection by the practice nurse who assessed his mental state and updated the GP. Scott then did not attend his next two depot appointments. On both occasions, the practice nurse called his mobile and left messages. When he missed the third appointment, the practice nurse rang his mobile and Scott's mother answered and said that Scott changed his mobile regularly and gave his new number. When the practice nurse then spoke to Scott, he said he had moved to Gloucester. The practice nurse advised that he register with a new GP practice in Gloucester. About the same time, Scott missed an appointment with the mental health team in Cirencester. They informed Scott's usual GP at the Orange GP surgery and discharged him.

4.2.43 Scott registered with Blue GP surgery on 12 August 2016. This practice set the sharing consents to "Sharing Records". Scott attended there a few weeks later and Blue GP issued a Med 3 and raised a prescription for his depot. Scott returned the next day for his depot and saw a locum. The locum advised that Scott see his own GP at his next appointment in a few days. Scott did not attend (DNA) that appointment and missed the next seven appointments for his depot. On one of those days, Scott attended but without the prescription, so he left to get it and return to the rearranged appointment. He did not return for that rearranged appointment. After two of those missed appointments, the GP asked the administration team to contact him.

4.2.44 Scott was sent a DNA letter after the seventh missed appointment. When he requested a Med 3 from the practice in mid-November, the Blue GP refused and advised that Scott attend the surgery to discuss the Med 3 and have his depot. Scott made an appointment for the same day and was given his depot. Then he missed the next appointment in

December. Blue GP received two ED discharge summaries in December 2016 and January 2017. A Blue GP letter to Scott was returned in January as Scott was no longer at that address.

4.2.45 On 8 February 2017, Scott again attended the Blue GP surgery. The GP noted that Scott was not having regular reviews and had missed several appointments. Scott said he was receiving his injections "monthly as advised". The GP commented that Scott seemed well, and Scott agreed to attend for his regular injections and regular reviews with his own GP. The depot was ordered for the next day, but Scott missed that appointment.

4.2.46 Scott next had his depot on 17 February at Blue GP. The GP reminded him to make an appoint for his next injection in two weeks and he noted that Scott was smoking cannabis and drinking alcohol. Scott thought he might be getting a job soon but returned in six days for a Med 3 and was given one for two months for paranoid psychosis.

4.2.47 About two weeks later the Blue GP surgery received an ED discharge summary relating to an assault by stabbing. The discharge summary requested a delayed x-ray of his scaphoid[26] for possible fracture. Scott did not attend that appointment or the one arranged for him at the hospital on 20 March 2017.

4.2.48 When Scott next attended the Blue GP surgery, on 4 April 2017, and had his depot injection, the GP assessed that he was really struggling. He had been drinking alcohol and had pressured speech which indicated that his mental health was deteriorating. He said he was "sofa-surfing". The GP made an urgent referral to the mental health team. As Scott had no fixed abode and the mobile number they had for him was his mother's phone, an alert was put on his records to tell him about an appointment with the Recovery Team on 20 April.

4.2.49 Scott did not have his depot on 18 April. The surgery received a medical summary request from HMP Bristol on 2 May. The GP spoke to the prison nurse on 9 May 2017 about the dose and frequency required for Scott's antipsychotic medication.

4.2.50 Scott next attended Yellow GP surgery near his mother for his depot on 15 May and on 9 June 2017 as a temporary patient.

[26] The scaphoid is one of the small bones in the wrist..

4.2.51 A mental health Crisis Team in another area contacted Blue GP surgery on 5 June 2017 to say that Scott was living in a tent in his mother's back garden. He was going to see the team the next day.

4.2.52 The Blue GP received an HMP Bristol discharge letter on 1 September, saying that Scott's next depot was due on 7 September. They also requested a referral for Scott to mental health services which the GP did.

4.2.53 The practice wrote to Scott and sent a SMS to invite him to an appointment to discuss his long-term condition, but he did not respond.

4.2.54 Scott attended the Yellow GP surgery on 5 December for his depot and was advised to register there rather than maintain the temporary resident status. He did so and was de-registered from Blue GP on 16 December 2017. He returned for another depot on 5 January 2018. He then missed his appointment on 19 January but came in on 23 January.

4.2.55 Scott attended Blue GP for a Med 3 on 25 January 2018, saying that he was now living in a B&B in Gloucester. He was advised to re-register there but did not do this so Yellow GP continued to receive information from Wotton Lawn Hospital and the mental health team. Consequently, Blue GP did not see this information. Scott did not attend for his depot appointment on 1 February which may be due to the fact that his previous injection was delayed, and this appointment was only a week after his previous injection and therefore would have been too early.

4.2.56 On 12 February, Yellow GP was contacted by the mental health team who advised that Scott needed to have his depots in Gloucester where he was living. Scott did not attend the appointment made for him at Blue GP on 20 February 2018. Blue GP surgery tried to contact Scott through his mother, but his mother said she did not know where he was.

4.2.57 The Yellow GP received an email from the mental health nurse on 22 March 2018 saying that Scott had been seeing the Homeless Healthcare Team (HHCT) for his depot. They were concerned about his deteriorating mental health. The email asked that a Med 3 be issued, and the GP did so, though Scott had not been seen. The Med 3 was issued on 27 March 2018 with the request that he attend an appointment there in the next two to three weeks.

4.2.58 Yellow GP was advised on 28 March 2018 by the Crisis team that Scott had been admitted to Stonebow Hospital in Hereford. He was transferred to Wotton Law Hospital on 4 April 2018 and was discharged on 6 April.

4.2.59 An appointment for Scott was arranged by the Yellow GP for 13 April 2018 but he did not attend.

4.2.60 The records show that of the 36 GP appointments arranged, Scott missed just under 2/3 of his GP appointments and attended just over 1/3 of his appointments.

4.2.61 **GP Surgery – Jenny**

4.2.62 Jenny registered and completed a New Patient Questionnaire at Green GP surgery in Gloucester on 26 October 2016 but was not seen there before registering at Blue GP surgery about two months later. In Green GP's registration questionnaire, Jenny said she smoked about ten cigarettes a day and had a past history of drug or substance misuse. The Green GP surgery note that Jenny was seen elsewhere between registering with them and being de-registered with Blue GP. There were also notes marked "private" by another organisation on her file.[27] These factors made it difficult for organisations to have a full picture of Jenny's situation and needs.

4.2.63 There is a recommendation that addresses the challenges of continuity of care: at 5.1.37 below.

4.2.64 Jenny registered as a patient at Blue GP just before Christmas 2016. (Blue and Green GP surgeries are not very far from each other.) She was seen on 19 January 2017 for anxiety and was prescribed a beta-blocker. At that meeting she told of her alcohol and drug use and said she wanted help to detox. She said she had worked with Turning Point before but had disengaged.

4.2.65 Jenny was seen again on 15 February 2017 for severe anxiety. She told the GP about her children being in care and that she was getting panic attacks. She said that she could not travel alone due to death threats and asked for Xanax and diazepam. The GP declined to prescribe those drugs and gave her sertraline, an antidepressant that is prescribed for anxiety, instead. Jenny asked for a pregnancy test which was negative.

4.2.66 About five weeks later, Jenny saw the HHCT with Scott and was found to be pregnant. She was advised to make an appointment with the midwife at Blue GP. There is no record of a midwife appointment, though Blue GP sent text messages, a letter, and called Jenny to make an appointment for review.

[27] On further enquiry, Green GP said they had no knowledge of the content or of the organisation that had marked them as "private".

4.2.67 Jenny registered once more at Green GP surgery, but as a temporary resident for a period of three months, on 4 July 2017. The next day, the surgery received notification that Jenny had an unborn child on a child protection plan.

4.2.68 Jenny missed appointments on 7 July and 2 August 2017.

4.2.69 Blue GP records show that Jenny was seen by a mental health nurse on 10 August 2017. It is not clear where this meeting took place, but the Blue GP notes show that Jenny disclosed that the unborn child's father was in prison and that there was a history of domestic violence. The next day Jenny was at Green GP surgery for another issue and said that her partner was in prison.

4.2.70 Jenny missed an appointment at Green GP on 5 September 2017. She missed an appointment with the Primary Mental Health Care Team on 8 September, though Blue GP had sent a message to remind her.

4.2.71 Jenny's three-month temporary resident registration with Green GP surgery ended on 4 October 2017. The surgery received the case conference minutes regarding Jenny's unborn child that day. A month later, on 10 November, Jenny re-registered as a temporary resident with Green GP.

4.2.72 On 13 November 2017, Blue GP received notification that Jenny had completed a Let's Talk Stress and Anxiety course. On 16 November, Blue GP surgery received an obstetric discharge summary advising that Jenny had delivered her baby and the baby had been taken into foster care.

4.2.73 Jenny was seen at Green GP on 22 November 2017 for depression and anxiety. (Green GP had not received the obstetric discharge summary.) The record notes that this was "complicated by alcohol". She said she had not drunk alcohol since April, apart from two cans of lager in September. The GP noted that she was seeing CGL twice a week and attending a support group. Jenny said she was anxious about seeing Scott who was then out of prison. She was prescribed a beta blocker for her anxiety and given a Med 3.

4.2.74 Jenny's address was updated on 14 December 2017.

4.2.75 Jenny then did not attend appointments with the Primary Mental Health Care Team on 22 or on 29 December 2017 and at the Green GP surgery (10 January which was rearranged for 12 January 2018).

4.2.76 Information was received at Green GP noting Jenny's attendance at the Sexual Health Clinic on 8 January 2018.

4.2.77 Jenny was sent a letter advising her that she had been removed from the Green GP surgery register after missing appointments on 10, 12 and 22 January 2018. She was still registered at Blue GP through this period.

4.2.78 The final GP record for Jenny during this timeframe was a communication from the CGL psychiatrist on 28 January asking Blue GP to prescribe an antipsychotic and a drug for alcohol abuse, if Jenny's bloodwork supported this.

4.2.79 The IMR writer noted that this was a difficult case to follow as Jenny had a variety of healthcare contacts. She was recorded as living at six different addresses while being registered with two GP practices and accessing HHCT as well. The dual registration led to neither GP practice having a full picture of Jenny's health and social situation. Of the 14 GP appointments recorded, Jenny missed just over half. Green GP received information about the child protection case conference and her obstetric discharge notice. Blue GP received information from the CGL consultant psychologist. Green GP had entries marked "private" that they could not access.

4.2.80 **2gether NHS Foundation Trust (2gether) – Scott**

4.2.81 In the life of this DHR and since October 2019, 2gether NHS Trust and Gloucestershire Care Services have combined to become Gloucestershire Health and Care NHS Foundation Trust (GHC Trust). The information about each agency's involvement is presented individually. Recommendations are aimed at the newly combined entity.

4.2.82 The work of the 2gether NHS Foundation Trust and the FDAC court demonstrate clearly some of the challenges of working with Jenny and Scott.

4.2.83 Scott was first treated under an early intervention team out of the area in 2012 when he was 19 years old and was presenting with psychotic symptoms. He was discharged from there in November 2014.

4.2.84 Scott became known to 2gether when referred in February 2016 to the Cirencester Recovery Team by the Yellow GP. The teams that had contact were Recovery Teams, CJLT, hospitals in Gloucester and Hereford and the FDAC team.

4.2.85 <u>On his release from prison</u>. Scott was assessed by the Cirencester Recovery Team in July 2016 after he was released from prison. His family were concerned that he was aggressive, irritable and was not accepting his depot medication. The conclusion was that his main need was housing and there were no overt signs of mental illness.

4.2.86 <u>At the hospital with Jenny</u>. In discussion during their attendance with the Specialist Midwife for Substance and Alcohol Misuse ion 14 April 2017, the following were disclosed:

that Scott had a schizophrenia and an ADHD diagnosis[28] and found working with services difficult. He was also not taking his medications.

4.2.87 Assessed following assault. Scott was assessed by the CJLS on 30 April 2017, following his arrest for assaults against Jenny a few days before. They found no evidence of mental illness. CJLS contacted the prison healthcare services to hand over medication requirements and to request a mental health review. Scott was remanded into custody on 1 May 2017.

4.2.88 Missed appointments. After Scott was bailed to his mother's on 12 May 2017, Cirencester Recovery Team offered Scott an appointment for an assessment on 6 June which he missed. When his mother told services that she was unable to find him, a further appointment was offered for 15 June.

4.2.89 Unscheduled appointment. Scott went to the Cirencester Memorial Centre with his stepfather and asked to be seen. A community psychiatric nurse (CPN) saw him. He said that he was living in a tent behind his mother's house, that his depot medication was overdue, and he admitted to recent cocaine and alcohol use. Scott wanted housing and he wanted the CPN to tell the police that he was under the Recovery Team so should not go back to prison. He was advised that he was not under the Recovery Team as he had missed two appointments to assess him for this purpose.

4.2.90 On release from prison. Scott missed an appointment with the Gloucester Recovery Team in September 2017 after his release from prison at the end of August. He disappeared for a week and was then recalled to prison. As a result, Gloucester Recovery Team discharged him.

4.2.91 TACS/FDAC referral and assessment in early December 2017, after the birth of their child. Scott was assessed after he was released from prison. He was assessed by a substance misuse specialist and a mental health nurse who became his care-co-ordinator. The connection was made between him missing his depot injections and resulting deterioration in his mental health. The plan formulated for him was that he comply with his depot medication, complete work on early warning signs and relapse prevention, and assistance was offered with finding supported accommodation.

4.2.92 Scott was reviewed by the FDAC mental health nurse on 14 February 2018. It appeared he was deteriorating: he was dishevelled, and his room was untidy. He was overdue for

[28] ADHD. Attention deficit hyperactivity disorder. This is the only mention of this diagnosis in the records.

his depot. He blamed the TACS team for the lack of change in his situation. He acknowledged that his drug and alcohol use had increased and that he was not getting his depot injections regularly. He was reassured that the team were liaising with probation and housing on his behalf. Scott admitted to using cocaine the previous weekend but said he had had an alcohol-free day.

4.2.93 On 16 March 2018, Scott attended the FDAC court and it was agreed that he would be discharged from the FDAC programme and court proceedings would begin regarding the long-term care of his baby. Scott was cross and left before his depot injection was provided. A team to team transfer was made to the Cirencester Recovery Team.

4.2.94 Scott was seen by the CJLS two days later after he was arrested for affray. He had a claw hammer when arrested. He declined to be assessed. No further action was taken by the police.

4.2.95 At the TACS discharge planning meeting for Scott on 27 March 2018, it was agreed that his care would be transferred to either the Cirencester Recovery Team or the Assertive Outreach Team (AOT)[29]. Scott still had no housing and was spending time at Jenny's address. He had had a depot injection on 22 March but was clearly still unwell. The Crisis team was trying to engage him. His recent hair strand test indicated high alcohol consumption, MCAT and cocaine use. He was discharged from CGL for three non-attendances.

4.2.96 That same day, Scott accepted an informal (voluntary) admission to Stonebow Unit in Hereford. During his physical exam on admission, it was documented that Scott "had been stabbed multiple times in the past." There were no further notes about this, and staff questioned for the IMR did not recall further information being given or that they asked further questions about this. During his admission he had no overt signs of acute mental illness, had capacity to manage his life and had variable engagement with services offered. He was transferred to Wotton Lawn Hospital on 4 April and immediately took a period of leave. He failed to return and was discharged on 6 April 2018.

4.2.97 Jenny was phoned by the ward in the presence of Scott to ask if she felt safe with him. We do not know her answer to this.

[29] "The AOT is a multidisciplinary team which provides intensive mental health treatment in the community for patients with dual diagnosis of psychosis and substance misuse, and who often present with a prolonged history of poor engagement with mental health service or have repeated admission to acute mental health inpatient units. The team operates during office hours and works closely the Crisis Team who provide out-of-hours service when patients require more intensive support." From 2gether IMR.

4.2.98 On 9 April the FDAC psychiatrist and mental health nurse met Jenny. They talked about Scott and Jenny's discharge from the FDAC programme and separate plans were put in place for each of them. The Cirencester Assertive Outreach Team confirmed that day that they would accept Scott onto their caseload. The TACS mental health nurse would remain his care co-ordinator as the AOT had limited capacity.

4.2.99 **2gether NHS Foundation Trust (2gether) -- Jenny**

4.2.100 Jenny had been known to 2gether NHS Foundation Trust since 2006.

4.2.101 During her assessment in November 2017, she spoke of her history. Jenny said that her mental health had deteriorated when she was 16 , though she said she had not had any involvement from CAMHS or other mental health services. She reported self-harming by cutting her arms and neck and burning her arms. She witnessed the death of her father by a brain aneurism. She was admitted to Wotton Lawn Hospital after an overdose of paracetamol and vodka. She miscarried twin girls at 20 weeks' gestation in 2007 and said she suffered low mood after the birth of her first child in 2008. She knew she had been referred by her GP for mental health services in 2014 but had not attended the appointments offered. When seen by the CJLS after her arrest for child neglect in 2015, she declined referrals for mental health and substance misuse support.

4.2.102 Jenny was assessed again by an independent psychiatrist as part of care proceedings in November 2015. That psychiatrist reported no mental health difficulties and found that her substance dependence was responsible for her mental and behavioural disorder.

4.2.103 Jenny was admitted to Wotton Lawn Hospital in March 2016 for a period of assessment under S. 2 of the MHA 1983. Jenny appeared to be experiencing a psychotic episode and she admitted to smoking cannabis prior to the admission to hospital. No formal diagnosis was made, and she discharged herself when the section was lifted.

4.2.104 Assessment by the Forensic Medical Examiner (FME). The Recovery Team Triage were contacted by the police in April 2016 looking for information to assess risk. Jenny had been to the foster carer of her children and had acted in a bizarre and aggressive manner. She was located and arrested a few days later when she went to the foster carer's house again and became aggressive and assaulted a neighbour who was pregnant. The FME found no significant concerns for her mental state that prevented her from being interviewed. (She was charged with common assault and bailed to her home address.)

4.2.105 Jenny missing. Jenny's mother told mental health Recovery Triage on 17 May 2016 that she had not seen her daughter since 21 April. Recovery Triage shared information about

her last assessment and the name of her social worker with the police, in case she had made contact.

4.2.106 In October 2016, police rang to alert Cirencester Recovery Team that they were about to go to an incident where Jenny was said to be threatening to stab someone. Police said they would report if there were concerns for her mental health when they arrived and there were no further reports.

4.2.107 Jenny attended ED at Gloucestershire Royal Hospital on 14 April 2017. She was in the early stages of pregnancy and presented with abdominal pain. Jenny was seen alone and said she was homeless, had had children taken into care, had a history of depression and anxiety and of misusing drugs and alcohol. When she was seen a few weeks later for her maternity booking-in appointment, staff discussed a referral to TACS with her and the consultant psychiatrist from the FDAC Team was notified of this discussion.

4.2.108 Anxiety. Jenny was referred back to MHICT by her midwife for cognitive behaviour therapy (CBT) for her anxiety. She attended appointments with the MHICT nurse on 10 and 25 August. She said she was anxious about Scott being released from prison at the end of the month. At the second appointment, she was angry at GCSC and anxious because she did not think that GCSC was listening to her about her wish to keep her baby. She spoke of fleeting suicidal thoughts and said she would kill herself if the baby were taken from her. But the CPN felt there was no real intent behind the threat. She smelled slightly of alcohol at this appointment. They agreed that Jenny would be referred to the Perinatal Team and would meet with the CPN in another two weeks. Jenny did not attend this appointment and made no further contact with the team so was discharged back to her GP.

4.2.109 Perinatal Team assessment. Jenny was assessed by this team on 16 August 2017. Jenny's main concern was housing as she was homeless and, due to her past tenancy and behaviour problems she was unlikely to be offered social housing again. Jenny understood that her baby would be the subject of child protection processes. The long-term risk of her lifestyle, substance misuse and poor choices was seen as significant. However, she appeared stable and there was no evidence of mental ill health and therefore she was not appropriate for the Perinatal Team at that time.

4.2.110 Stress and Anxiety Course. Jenny attended five out of the six sessions of this course in October 2017.

4.2.111 TACS/FDAC referral in mid-November 2017, after the birth of their child. Jenny was assessed on 20 November by the TACS mental health nurse. Jenny presented as slightly guarded and said she found it difficult to trust professionals. She talked about anxiety

regarding Scott's release from prison and her housing. She talked about the anxiety course she had completed and said she was attending the Managing Anxiety and Depression course and wanted to do the Mindfulness Course.

4.2.112 Jenny described her mental history, as outlined at the top of this section. She reported a total abstinence since June 2017. She said she had been alcohol dependent due to anxiety and stress. The plan for Jenny was that she would engage two to three times a week with FDAC for drug and alcohol testing, would participate in groups at CGL and with the FDAC process. A review with the consultant psychiatrist was arranged.

4.2.113 Jenny followed these plans through December 2017. At the end of December when the mental health nurse attended Jenny's flat for the regular drug and alcohol screens, Jenny was on edge about an unnamed man who was there that she did not want anyone to know about as she said it would cause difficulties with Scott's family.

4.2.114 FDAC process. Jenny was assessed by the team consultant psychiatrist and the mental health nurse in early January 2018. Jenny provided an update on the courses she was attending and how useful they were to her. Jenny was reluctant to talk about her past but did talk about her history of alcohol abuse and her current consumption of alcohol. She attributed her breakdown and stay at Wotton Lawn Hospital to the stress from the social service intervention and domestic abuse from her previous partner. She felt that one of the social workers "had it in for her".

4.2.115 The consultant psychiatrist thought that Jenny may have some elements of Asperger's, with aspects of paranoia and possibly schizoid type personality. The psychiatrist was not clear how depressed or anxious Jenny actually was but did note some elements of anxiety. The plan was for Jenny to get a SCRAM[30] bracelet fitted. She tested negative for all drugs and alcohol on 5 and 10 January.

4.2.116 About a week later, Jenny texted about a half hour before the appointment to fit the SCRAM bracelet to say that she was staying in another area for a while for support. She then did not answer calls or texts that the mental health nurse sent her. In interview, the mental health nurse said this was the first indication that she had that Jenny was not going to adhere to the FDAC process and plan.

4.2.117 The mental health nurse asked Jenny about this cancellation when she saw her on 15 January 2018 to screen for drugs and alcohol. Jenny said she had been feeling low and

[30] A SCRAM bracelet continuously monitors alcohol consumption.

anxious and did not realise that cancelling the appointment would raise concerns. Jenny's screens were also negative on 17 January.

4.2.118 Over the following few weeks, Jenny did not adhere to the FDAC plan. She did not collect her anti-depressant, saying she needed diazepam to help her sleep and manage her anxiety. She was advised that diazepam was physically and psychologically addictive and therefore not recommended. She did not attend her next appointment with the mental health nurse and psychiatrist on 18 January 2018, explained by Jenny as a scheduling problem. She appeared at FDAC the next day for her appointment with the District Judge. While she waited, she told her child's social worker that she found the waiting room stressful, that she was struggling with the FDAC process and that she had used alcohol the day before and crack cocaine during the week. She then left FDAC before seeing the District Judge and before her drug screening without informing staff.

4.2.119 Jenny then tried to cancel an appointment with the substance misuse nurse on the 22 January 2018 by texting her that she was unwell and might need to go to hospital. As the nurse was in the area, she stopped by and Jenny tested positive for opiates. Jenny said she did not know why that would be and appeared to be well during this meeting.

4.2.120 Jenny's screens at the end of the month were clear though she did report drinking on intermittent days. She explained the previous positive opiate result was due to a co-codamol tablet a friend had given her.

4.2.121 The consultant psychiatrist discussed Jenny with the CPN from Green GP surgery. Though Jenny had been referred to the CPN a number of times, she had not attended any appointments and the surgery were in the process of de-registering her as a result. They discussed the paranoid elements in her presentation, including her claims that Scott was stalking her. Given Scott's presentation at the time, it was thought that this was unlikely.

4.2.122 Jenny's risk assessment was updated at the end of January 2018 and she was assessed as medium risk to others and low risk in all other areas. It was noted that she would be high risk if allowed unsupervised contact with her child. The FDAC plan continued to be for her to have three screens every week, engage with the FDAC programme, continue with supervised contact and have regular reviews with the consultant psychiatrist.

4.2.123 At the end of January 2018, the consultant psychiatrist and the TACS mental health nurse had a frank discussion with Jenny. They told her that the team found her difficult to work with as she was reluctant to open up and be honest. Jenny said she found it difficult to be honest and to stay away from alcohol. There was also a discussion of her psychotic symptoms. Jenny said that she had someone who was going to protect her from Scott.

She said she felt anxious and panicky and these were worse when she was away from her home, though she was still able to attend groups. The plan after this meeting was that Jenny would start on an antipsychotic medication, have a liver function test before starting on a drug used to treat alcohol dependency. Jenny was to continue working with CGL and consider attending Alcoholics Anonymous (AA). The psychiatrist wrote to her GP asking that they see her more often as her non-engagement was due to her mental health issues. Jenny would continue with CBT with the mental health nurse.

4.2.124 Jenny's drug and alcohol tests in January 2018, though often clear, showed she was using cocaine and she told of drinking. Strategies were suggested to her. She was started on a drug used to prevent relapse for those who have achieved abstinence from alcohol. At the contact meeting with her baby on 7 February 2018, she smelled strongly of alcohol though the Alco meter suggested she was not intoxicated. Jenny provided a false urine sample.

4.2.125 On 8 February 2018, Scott's mother contacted the duty worker for the Permanence Team[31], to express her concerns for Jenny. Scott's mother knew that Jenny and Scott were together. Jenny had texted Scott's mother threatening to kill or harm herself and saying that Scott and his mother had bounties on their heads. The duty worker informed the TACS substance misuse worker of this information. Different members of the team tried to contact Jenny throughout the day, but her phone was off. FDAC team members were updated by email.

4.2.126 In contacts with Jenny over the next week by the substance misuse nurse, Jenny admitted to drinking significantly and being very stressed. She said she had not used crack cocaine for a week. She said she had been drunk when she had sent the texts and had fleeting suicidal thoughts. Jenny said that she was not in a good place mentally or with her alcohol intake and thought it unfair to see her baby like this. Her contact visit was cancelled. Also, during that week, on 14 February 2018, she accused the substance misuse nurse of flirting with Scott and refused to let her or the mental health nurse into her flat for their home visit.

4.2.127 Over the following week, Jenny tested positive for cocaine once and admitted to using crack once or twice a week. She said that the positive test results were due to one-off uses. She admitted to relapsing and using crack and alcohol again. She was advised to restart a course that she had completed on Foundations of Change as her relapse

[31] The Permanence Team have the responsibility for ensuring that the child in care has a long-term home.

suggested that she needed to re-learn positive techniques. She said that she was frustrated that no one was helping her, and she could trust no one. She appeared at one of these appointments with a man who appeared to have been drinking.

4.2.128 Jenny did report that the anti-psychotic medications were stopping her auditory hallucinations though she still had symptoms. This medication was increased. She did not want to talk about whether crack made her hallucinations worse. A brief mental health examination was completed and, though she did not think she was delusional at the time, she said that she was filmed during her previous stay at Wotton Lawn Hospital and staff could watch that. Jenny said that she would be happy to be admitted to Wotton Lawn Hospital for an alcohol detox and a mental health assessment.

4.2.129 The FDAC psychiatrist noted that both Jenny and Scott were not engaging with the FDAC programme and Jenny was using alcohol and substances again. A discussion was planned with the Crisis team about a planned admission for Jenny.

4.2.130 In the course of the next few weeks, Jenny missed or cancelled several appointments and was reminded of the need to participate in the plan. CGL discharged Jenny at the end of February 2018 as she had failed to attend three different appointments. She was advised of this and was told that her case and treatment could be re-opened by contacting them. Jenny missed an appointment with the TACS mental health nurse and when contacted, was disinhibited in her speech suggesting that she may have been intoxicated. The FDAC psychiatrist discussed with the Crisis team and then Wotton Lawn, the possibility of Jenny's planned admission for her alcohol dependence and a more detailed mental health assessment. It was agreed that this was appropriate but current bed availability was tight. The psychiatrist planned to talk to Jenny the following week about this.

4.2.131 On 9 April 2018, the FDAC psychiatrist and the mental health nurse reviewed Jenny and Scott at CGL. Scott did not attend. Jenny was informed that she was being discharged from the FDAC programme and court proceedings would commence regarding the long-term care of her child. The reasons for this were explained: she was not consistently engaged with the programme, missed appointments and was not co-operating with her care co-ordinator and was continuing to use substances and alcohol. Jenny was not happy about the discharge and gave an update on the positive impact of the anti-psychotic medication, reported a low mood and stress. She said she was not coping well and was still drinking alcohol but denied daily use. She said she was still attending AA.

4.2.132 The plan from the meeting was that Scott and Jenny would both be discharged from the FDAC programme. Jenny would be referred to Gloucester Recovery Team to get help for

her mental health. She was positive about going back to Nelson Trust to complete some of the programmes and perhaps self-referring to others. Jenny talked about being taken off the GP list and the FDAC psychiatrist undertook to resend her request to the GP asking that Jenny be kept on their list and explaining that Jenny's mental health difficulties led to her missing appointments. Jenny was also to continue with her counselling.

4.2.133 The mental health nurse took Jenny to a psychologist at CGL for psychological assessment of her intellectual, social and behavioural functioning. This included an assessment of her ability to function as an individual and parent and whether there were issues that would impact on her ability to care for her child. Jenny said she was no longer in a relationship with Scott. The summary was that, regarding her drug and alcohol misuse, it was assessed that Jenny had little capacity to change and less capacity to sustain change and that, alongside her mental health problems and domestic violence, her life and parenting skills were unpredictable, inconsistent and ineffective. (This is returned to in the Analysis.)

4.2.134 Gloucester Recovery Team received a referral for Jenny from the FDAC consultant psychiatrist. Jenny was aware of this referral.

4.2.135 <u>At the time of the murder</u>. She had been supported by the FDAC but was discharged at the time of the murder. She had been referred to Gloucester Recovery Team on 13 April 2018, but the referral had not yet been processed.

4.2.136 <u>Contact with Scott</u>. In January 2018, professionals involved with Jenny and Scott became aware that they were seeing each other despite his bail condition and the non-molestation order she had been granted. Clinicians were concerned that Jenny was initiating these contacts. Scott acknowledged their contact during his next FDAC hearing on 20 January 2018 and was advised not to reply to any calls from her. At the time, Jenny denied that they were in touch.

4.2.137 On 6 February 2018, Jenny and Scott attended the same group at CGL. Due to their behaviour at the meeting and feedback from others there, it was decided that Jenny and Scott were not to be at the same meetings. When asked about her contact with Scott at her contact visit with their child the next day, Jenny denied she had any involvement with him.

4.2.138 On 9 April, the FDAC psychiatrist and the mental health nurse reviewed Jenny and Scott at CGL. The plan from that meeting was that both Scott and Jenny were being discharged from FDAC. Plans were made for each of them separately.

4.2.139 **Gloucestershire Hospitals NHS Trust (GHT)**

4.2.140 Gloucestershire Hospitals NHS Foundation Trust is the secondary acute healthcare provider in Gloucestershire. The Trust provides District General Hospital facilities to the county, across two hospitals, one in Cheltenham and the other in Gloucester.

4.2.141 Gloucestershire Royal Hospital (GRH) provides a level 1 Emergency Department (ED), in-patient wards, outpatient clinics and a full maternity service.

4.2.142 Both parties in this incident attended the Emergency Department at Gloucester and Jenny had her ante-natal and post-natal care provided by GHT.

4.2.143 Background information held by GHT. GHT held information about Jenny being a high risk domestic abuse victim of Partner 1 in 2010. This information was held securely on Jenny's file and de-activated when there had been no further alerts by March 2014. Though a bit late, the de-activation of such information is in line with policy.

4.2.144 Contact with Scott. Scott came into the GRH ED four times prior to Jenny's pregnancy. All were for injuries attributed to fighting or being assaulted. Scott did not mention the name or names of other people involved.

4.2.145 Though Scott is seen as a risk to staff in Jenny's file, he was not noted to be a risk to others. The IMR speculated that this might be that when he was the patient, he was focused on getting the help that he needed.

4.2.146 Contact with Jenny. Jenny's first contact with GRH was when she came into the hospital in early April 2016, seeking primary care services. She was redirected to Blue GP.

4.2.147 *Emergency Department*. Jenny was back in the ED about a year later saying that she had tripped over a rug and fallen into a chair. She said she thought she was 12 weeks pregnant and complained of sharp pain in her abdomen and lower back when she coughed. The notes suggest that the reason for the fall was accepted without question and that medical staff focused on ruling out an ectopic pregnancy or miscarriage. Her pregnancy was confirmed, and maternity services were informed, and a dating scan booked. Jenny told staff about her previous miscarriage and her children having been taken into care.

4.2.148 Jenny came in on 27 April 2017, saying that her partner (unnamed) had head-butted her. She had a laceration to her eyebrow. She reported the incident to the police while in GRH ED and then did not wait to be seen. GHT say that the seriousness of this was not known to them until they received a VIST from the police on 12 May 2017 about the assault and at that point re-activated the previous high risk information.

4.2.149 This was the second time in a month that she had come into ED with injuries.

4.2.150 Maternity services. Jenny was seen at her maternity booking appointment the same day, on 27 April 2017. At this appointment, the domestic abuse risk from Scott was identified, as was the lone worker risk. Scott's mental ill health and Jenny's substance misuse and mental health "complexities" were recorded. Scott was present at this appointment. CGL and Nelson Trust were contacted by the midwife subsequently. All Jenny's maternity care was from the Midwifery Partnership Team who are specialists for high risk and/or vulnerable women. They work in pairs and carry smaller caseloads to enable them to see women more frequently and offer more support. Jenny had more scans than usual in response to her substance and alcohol misuse. The file notes that Jenny had no positive toxicology screens after her booking appointment, though the hair strand test that covered April to October 2017 showed use.

4.2.151 The midwives were part of the multi-agency response to Jenny's pregnancy. They participated in the reviews and wrote clear notes about their concerns: the degree of mutual substance misuse, their housing situation and the risk of violence from Scott. The maternity staff focused on the health of the baby both before and after birth.

4.2.152 In Jenny's healthcare records, the risk from Scott was explicit. The pre-birth plan was thorough and aimed to mitigate the risks posed by Scott. After the baby was born, GCSC were the lead agency, but the midwives encouraged Jenny to look after herself and her baby and involved the wider family. The specialist midwives supported Jenny for longer after the birth than non-vulnerable women are supported. Jenny was discharged from midwifery care on 3 December 2017.

4.2.153 Staff knew that there was a risk to them if they visited Jenny at home. Nevertheless, the midwives tried to involve Scott in the pregnancy and the decisions that were being made.

4.2.154 The records from Jenny's maternity appointments were very thorough and it is noted that she did not miss any appointments.

4.2.155 **Gloucestershire Care Services NHS Trust**

4.2.156 In the life of this DHR and since October 2019, Gloucestershire Care Services have combined with 2gether NHS Trust to become Gloucestershire Health and Care NHS Foundation Trust (GHC Trust). The information about each agency's involvement is presented individually. Recommendations are aimed at the newly combined entity.

4.2.157 Gloucestershire Care Services NHS Trust (GCS) provides community health services for the people of Gloucestershire in a range of settings, that is, in homes, schools, clinics and

community hospitals. This includes health visiting, school nursing, children's therapy services i.e. occupational therapy, speech and language therapy and physiotherapy, Minor Injuries Units (MIUs) and the Homeless Health Care Team (HHCT). There is a small health visiting team seconded from GCS to the TACS which is part of the FDAC.

4.2.158 Gloucestershire Care Services have a safeguarding team. One of the specialist safeguarding nurses for children works as the domestic abuse lead. This postholder leads on domestic abuse within the organisation, works with partners in voluntary and statutory agencies, and provides professional support and training for Gloucestershire Care staff. Referrals to GDASS are made by all frontline staff.

4.2.159 System issues. There was a change from paper records to electronic record keeping in 2012 and a further staged change to SystmOne from December 2014. The HHCT migrated to SystmOne in May 2018.

4.2.160 Contact with Scott. There were few contacts between Scott and the GCS. He was known to the MIU and the HHCT.

4.2.161 HHCT. When Scott was initially seen by the HHCT (April 2017), he had been evicted by P3 and was living in a tent. At this point, the HHCT were not aware that he and Jenny were in a relationship. He reported that his alcohol consumption was about 80 units per week and he was given information about this. Scott told the HHCT about his history of smoking drugs and cocaine misuse, as well as his having been in prison.

4.2.162 Scott was seen by the HHCT on three occasions for his depot injection and there is evidence in the record of contact with GP surgeries and the mental health team, and CGL about Scott's care. The last contact was on 1 March 2018.

4.2.163 Health visitor. The HV did not observe Scott's contact visits with the baby.

4.2.164 Contact with Jenny. Jenny and the children were known to the health visiting services, school nursing, occupational therapy services, Minor Injuries Units and the HHCT. There were many contacts over 17 months that fall within the timeframe of this review. The last contact was on 27 December 2017.

4.2.165 HHCT. Jenny had support from the HHCT between 18 June 2016 and 18 September 2017. Most of these were for minor ailments and infections and were treated. Staff provided support for a housing application.

4.2.166 There was a note in her records about a domestic abuse incident that was not going to MARAC (9 June 2017). There was no other information about that incident or any other domestic abuse incidents.

4.2.167 There were communications between the HHCT and the Blue GP and Green GP surgery to ensure that Jenny saw the midwives, as HHCT do not offer midwifery services. When the HHCT staff identify or suspect domestic abuse in the lives of one of their service users, they offer more face-to-face contact to that person and they are supported to access GDASS or other specialist services, depending on the disclosure. Staff are aware that it can be difficult to engage their service users on this subject due to the transient nature of their lives and their other vulnerabilities. Victims can also minimise and normalise such abuse.

4.2.168 Health visitor. The health visitor undertook a targeted antenatal visit with Jenny on 30 August 2017 as part of the pre-birth child protection plan. Jenny reported that she was not in a relationship and was getting support from the NT around her mental health.

4.2.169 Jenny agreed to work with the FDAC to address her substance misuse. The HV is part of the TACS multi-disciplinary team within the FDAC that works with the parents to provide an accessible and solution-focused approach to addressing the issues the parents have. FDAC parents meet with the judge fortnightly to review their progress and goals.

4.2.170 The HV primarily observed the foster carer and the baby.

4.2.171 Jenny's baby was made the subject of an interim care order at five days old and placed with a family member in a fostering placement. Jenny, the baby and the carer were observed by the HV at contact visits which were scheduled to take place three days a week for two hours. The HV supported Jenny to interact with the baby and initially Jenny was keen, though she struggled to use the strategies discussed with her. Jenny became disengaged and the baby appeared to be uncomfortable with the visits. The baby's responses, coupled with Jenny's continued use of substances and alcohol, her not engaging well with the TACS team and her missing contact visits with the baby, led to the decision to limit contact between Jenny and her baby. Eventually, a special guardianship order was granted to the baby's foster carer.

4.2.172 **South Western Ambulance Service NHS Foundation Trust**

4.2.173 The SWASFT had two brief encounters with Scott prior to the final incident. Both were 999 calls where Scott had been assaulted. Neither resulted in serious injury.

4.2.174 In March 2017, Scott had been stabbed twice as he was getting out of a taxi. In September 2017, Scott had been punched. These incidents were managed as isolated events. The response of the SWASFT was reviewed and met an acceptable standard.

There was no additional information gathered at the time to provide context about the cause of the assaults.

4.2.175 When the ambulance was called on the night Scott died, the critical care team attended and performed advanced resuscitation techniques. On this occasion, SWASFT report that the patient received the highest standard of critical care available. As the injuries were life-threatening, no contextual information was gathered.

4.2.176 **Avon and Wiltshire MH Partnership NHS Trust (AWP) – provided the mental health care in HMP Bristol while Scott was there**

4.2.177 Records at HMP Bristol show that Scott was there between 1 May 2017 and 11 May 2017, and then from 26 June 2017 to 11 July 2017 when the record reports that he was discharged to court.

4.2.178 When Scott arrived, the mental health team attempted to engage Scott to re-establish his depot medication. The information received from the community was conflicting. Scott requested that his injection was given by the GP in prison, but the AWP thought this could be unsafe without further assessment by the mental health team as information received from the community was conflicting. Scott did not agree to another assessment. Therefore, Scott did not receive his medication while in prison. (This is returned to in the Analysis.)

4.2.179 **Criminal Justice: Gloucestershire Constabulary**

4.2.180 Jenny's history of domestic abuse. Police records show that Jenny had been the victim of domestic abuse from previous partners. Jenny was the subject of two MARAC referrals, in 2010 and 2011, when she was with a previous partner. In the course of her relationship with the father of her first three children (over about eight years), Jenny alleged eight assaults and/or threats from that partner. The partner alleged two assaults from Jenny. Where the partner alleged assaults, Jenny made counter allegations. The partner made one report (in 2013) that Jenny was threatening self-harm and wanted to kill herself due to long-term depression.

4.2.181 It appears from police records that Jenny had a new partner (Partner 2) by 2014. There were allegations against him that led GCSC to tell Jenny that Partner 2 could not be allowed near her children. Partner 2 alleged that Jenny had damaged his property and there was a domestic incident reported where Partner 2 assaulted her in July 2015. Partner 2 alleged criminal damage to his vehicle. Partner 2 was cautioned.

4.2.182 The child neglect case followed a PPO for Jenny's three young children in July 2015. The criminal case was dropped when it became clear that the children were going to be adopted and would therefore be protected from any harm from Jenny in the future. Though no unnecessary delays occurred in the investigation of this case, the review of the record for this DHR suggested that there was not an effective handover of this case and therefore a *Police recommendation 1* follows this.

4.2.183 Before April 2016, Jenny had been arrested for assault twice and for child neglect. One of the alleged assaults was against a former partner. These cases were NFA'd[32].

4.2.184 Scott's history of domestic abuse. Scott was known to an Out of Area Police as a child when his father was the perpetrator of domestic abuse to his mother. Scott's mother says that Scott's father was abusive to her and to Scott.

4.2.185 Police records show that Scott had a fight on the street with an ex-partner in 2014 during which the ex-partner punched Scott and he pushed her down, causing a minor injury. He then jumped on her car, causing large dents.

4.2.186 Scott had a partner (Partner A) in another part of the country and they had a child together. The police there attended six domestic incidents and their child was "a child come to notice". Partner A took out a restraining order against Scott at the beginning of 2016. Twice in January 2016, Scott breached the restraining order and again in May 2016. As a result, a MARAC meeting was held on 7 June 2016 in this other county to review the case where Scott was the perpetrator. The information noted at the May 2016 MARAC was that Scott had made a homeless application, suffered from low mood and was under mental health services, although his engagement with them was poor. The MARAC had no information that he had moved out of the county or started a new relationship.

4.2.187 14 April to 20 April 2016: GCSC informed police that Jenny had recently been released from Wotton Lawn Hospital. Her children were with a foster parent and Jenny had made threats to attend her children's school or the foster parent's address to abduct the children. The police linked this to the child neglect incident and an incident where Jenny's Partner 1 was threatening. It was tagged for the Incident Assessment Unit (IAU) and had a child protection tag placed on it. Markers were put on the school and a request sent to the police in the area to put a marker on the children's address.

[32] NFA = No Further Action

4.2.188 Further related incidents were reported during the following week. Jenny had attempted to gain entry to the foster carer's house. Officers were dispatched but Jenny had left before they arrived.

4.2.189 There were several events just after this where Jenny appeared to be trying to get her children back. She rang the police to express concerns about the foster carer. A neighbour of Jenny's rang the police to report that Jenny was throwing things about and had threatened her. The neighbour was given advice and subsequently spoken to by attending officers. A social worker reported that Jenny had posted something on Facebook about witchcraft and had suggested that the children were at risk from the foster carer. The social worker linked these to Jenny's mental health and was concerned about Jenny reappearing at the foster carer's house. The incident was discussed with the IAU and the mental health team based at the force control room. They confirmed Jenny was discharged after treatment and believe the admission was the result of a drug-induced psychosis. Jenny had been released without any medication and no follow-up care. A joint visit from the police and mental health professionals was agreed. A safety alarm was requested for the foster carer's property.

4.2.190 On 18 April 2016, the police force local to the foster carer sent information that Jenny had been arrested and detained for turning up in an area looking for her children and had assaulted a pregnant woman when challenged.

4.2.191 The police and the mental health crisis team went to Jenny's home, but no one answered. The police were required as Jenny had been violent while in hospital being treated. The case was "owned" by a particular officer who became the point of contact for the mental health crisis team. A neighbour of Jenny's reported that a garden item of hers was in Jenny's back garden. This was returned when the police next attended and this was added to Jenny's file.

4.2.192 The police and the crisis team visited Jenny again on 20 April and she was deemed to be mentally well. The team decided that there was not enough evidence to search the premises to remove her (S. 135, MHA). Jenny was given advice about contacting her GP or the crisis team if she felt unwell again. She was also given advice about visiting the job centre to talk about benefits as she was going to be homeless soon.

4.2.193 These incidents were all linked together so that those dealing with it were aware of the background and context. The police worked with mental health workers to understand the situation. Jenny was spoken to, her mental health was assessed, and she was eventually arrested for assault.

4.2.194 11 October 2016. A worker at Bridge House reported that Jenny has threatened to "stab him" when her request was refused. A male in the background of Jenny's call also made threats. The worker said he was scared of Jenny and that this was the fourth time this had happened. Safety advice for the worker was provided. The police mental health team (in the force control room) confirmed that they knew Jenny, but she was not accepting interventions. When the police called the worker back a few days later, he declined to press his complaint.

4.2.195 9 November 2016. Partner 3 reported to the police that he had been in a brief relationship with Jenny and she had stolen his iPad, passport, and the passport of a friend. The police add a domestic abuse tag to the incident. When Jenny returned the property, Partner 3 declined to make a complaint. The police made a welfare check on Jenny to confirm Partner 3's account but she did not want to talk to the police about it. She did however tell police that Partner 3 had raped her while she was under the influence of drink and drugs. The police spoke to her worker at NT's Women's Centre to gather more information and referred it to the Rape and Serious Sexual Offence department to take forward. Eventually Jenny explained further that they had been taking drugs together and Partner 3 had told her he had had sex with her a number of times, thinking she was awake when she was actually asleep. She said that Partner 3 wanted her to have his child. Jenny refused a medical exam and a video interview, and the iPad was returned so police offered advice and support and signposted her to the Sexual Assault Referral Centre at the Gloucestershire Royal Hospital. She declined this. Police could not advance the rape allegation due to difficulty of finding evidence and the victim not supporting police action.

4.2.196 24 March 2017. This was the first reported incident involving both Scott and Jenny. Police staff saw Scott and Jenny arguing on CCTV. They saw that both Scott and Jenny were intoxicated, and they believed them to be homeless and Jenny was reported to be pregnant. Officers attended, but neither Scott nor Jenny would talk to them. A Vulnerability Screening Tool (VIST) was completed which indicated standard risk. Police note that Scott and Jenny did not participate very well in this effort to gain information. The Daily DA meeting within the MASH reviewed the incident and VIST and decided that the incident did not constitute domestic abuse, but Jenny's pregnancy led them to submit the incident to GCSC as a child protection issue. Jenny's history of child neglect and domestic abuse were not included in the VIST. *Police* r*ecommendation 2* follows from this.

4.2.197 3 April 2017. There were several calls to the police from a woman and Scott that were abandoned. During these calls, a developing argument was heard in the background. The Control Room Sergeant asked for a welfare check at the address. Another man rang the

police after midnight and said that Jenny had been punched in the face. The call handler noted arguing in the background. When the police arrived, Jenny and Scott were outside the premises and Scott was arrested for assault. There was a third person there who said that they had invited Scott and Jenny back to their flat and that Scott began calling Jenny names and then punched her in the face.

4.2.198 Jenny provided a statement alleging that Scott had hit her after an argument over Scott having sexual contact with someone else. Jenny said Scott told her he could have knocked her out if he wanted to before throwing her to the floor. Both Scott and Jenny ended on the floor and Jenny said she had hit Scott in the face in self-defence.

4.2.199 During this statement, Jenny also said that Scott had assaulted her on 31 March 2017 when he shoved her into bins in Gloucester. Jenny described Scott as having "no regard for my pregnancy and he has been more physical towards me."

4.2.200 In Gloucestershire, the Multi-Agency Safeguarding Hub is the "single front door" for child protection and domestic abuse concerns. Between February 2016 to August 2018, all standard and medium risk domestic abuse (DA) police referrals were reviewed in a Daily DA meeting that sits within the MASH in Gloucestershire. The Daily DA meeting consists of the police, GCSC, health, and GDASS who review the referral, review the risk rating and ensure appropriate referrals were made to other agencies. These partners also share information about the situation being discussed.

4.2.201 The DASH RIC graded the risk as Medium. There were other factors identified that might have moved the risk assessment to High. These included: Jenny was pregnant; this was not the first attack on Jenny; Jenny was homeless: and Scott had not taken his mental health medication for several weeks. The Daily DA meeting reviewed the VIST and left the rating at Medium Risk. The police made a recommendation regarding this that was developed into a larger recommendation: *Police recommendation 3.*

4.2.202 27 – 28 April 2017. There was a further incident where Scott head-butted Jenny. Encouraged by the triage nurse, Jenny rang the police from ED at Gloucestershire Royal Hospital while she waited to be seen. She confirmed that Scott was the father of her unborn child, and that both of them were homeless. Jenny left ED shortly after the call without being seen by a doctor and was found by police that evening. The police confirmed that she had a slight injury to her forehead. Jenny was unwilling to give a further account. The officer had significant concerns as Jenny was three months pregnant. The VIST was graded as Medium Risk and the officer liaised with the EDT about her housing situation.

4.2.203 The next day Jenny contacted the police and said that Scott had thrown a drink in her face. This time she gave a statement to the police and said she did not want Scott arrested but wanted mental health support for him. She did not want to go to court and she did not want Scott to go to prison.

4.2.204 In Gloucestershire, in timeframe of this review: When a police VIST form, which had the DASH risk assessment incorporated in it, assessed that a situation was high risk, the case was referred to the MARAC and a request was sent to other agencies asking them to research their files to provide more information. The “Decision Maker” (a Detective Sergeant) then reviewed the information received and decided whether a formal MARAC meeting was required, or if safety planning measures could be taken virtually, that is, without a formal meeting. Agencies that participated in the MARAC could request a formal MARAC at this stage. Such a request is always granted.

4.2.205 The subsequent VIST was rated as high risk and Jenny was referred to MARAC. Eleven agencies provided information on one or both of them via email: 2gether NHS Foundation Trust, CGL, CRC, Safeguarding Adults, ED, Nelson Trust, Gloucester City Homes, GP, midwife, police and GDASS.

4.2.206 The MARAC Decision Maker at the time decided that there was no need for a formal MARAC on the following grounds: the perpetrator had been arrested and charged and remained on court bail with conditions that he live outside of Gloucester and not come to Gloucester unless under specific conditions. The victim was open to children’s social care because of the pregnancy and concerns that she was not engaging with agencies and was “failing to adequately protect the baby”. Further, Jenny was being continually monitored through the child protection procedures, though it was documented that contacting her was difficult. The Decision Maker then recorded, “With these professionals already involved and the fact that a Strategy [Meeting] has taken place I do not consider a MARAC will add additional benefit at this time. Should there be any suggestion to the contrary we can review.”

4.2.207 In keeping with local practice, the case was then circulated virtually for information-sharing and action planning.

4.2.208 This is returned to in the Analysis.

4.2.209 Scott was arrested on 29 April and charged with two counts of common assault. He was convicted on 11 July 2017 and given a two-week custodial sentence.

4.2.210 The CPS requested that Jenny was visited again, and a domestic violence officer advise whether this was a case where the victim should be summonsed. This was not done. The police report that the Domestic Abuse and Safeguarding Team of six constables is small and not always available to make such visits.

4.2.211 9 June 2017. Scott's stepfather contacted police saying that Jenny had rung him to say that she and Scott had had an argument and that they were not supposed to be in touch as he had a court date coming up. Police attended and found Scott in a tent behind a car park and Jenny was located nearby. Jenny said that Scott had asked her to come, they had had an argument and Scott had hit her on the back of the head. No injuries were caused. She had borrowed a passer-by's phone to call Scott's stepfather as Scott was becoming aggressive.

4.2.212 The VIST (Vulnerability Identification Screening Tool) was rated as Standard Risk. Scott was arrested for assault and breach of bail, but there was no further action taken as Jenny did not provide a statement, there was no evidence of the offence and Scott gave a "no comment" interview. The breach of bail failed because Scott was not put before the court within 24 hours as required. Operational offices of the police were notified of this situation and then the incident was closed with no further action.

4.2.213 The case was escalated to high risk at the Daily DA due to the history and was circulated to agencies on 20 June 2017. (Scott was arrested and charged with assault on 24 June 2017. He was remanded in custody.) The only additional information was received from BGSW CRC on 30 August that Scott was being released back into the community on 31 August with standard licence conditions including no contact with Jenny. Scott was being released with no fixed abode, though there was an address that he might stay at temporarily.

4.2.214 This information was updated on 6 September noting that Scott had been seen with Jenny and was being recalled.

4.2.215 The police report that Scott "was arrested for an additional offence and therefore there was not the requirement for him to be Remanded for Court for the Breach of Bail."

4.2.216 5 September 2017. BGSW CRC's OM contacted police to say that Scott had been released from prison on 31 August and had licence conditions not to contact or communication with Jenny. Jenny's housing provider had reported that Scott had been seen with Jenny and the OM had concerns about further assaults on Jenny by Scott, as Jenny was then 7 - 8 months pregnant. The police were advised to treat any calls about the two of them as a priority and that the OM was in the process of recalling Scott.

4.2.217 The police note that receiving this intelligence as "for information only" did not acknowledge Scott as a High-Risk perpetrator of domestic abuse and the vulnerability of Jenny and her unborn child. They provided their *Police recommendation 4* to address this.

4.2.218 The police were alerted to the Non-Molestation Order against Scott granted on 18 October 2017 for a year. The further hearing on 1 December 2017 continued it in the same terms.

4.2.219 In mid-November 2017, the police were alerted to the birth of Jenny and Scott's baby. This was not brought to the attention of the Central Referral Unit, so no formal record of the birth was entered on the Unifi Enquiry. The police note that practice could be improved, and the police have their *Police recommendation 5* to address this.

4.2.220 On 8 January 2018, Jenny, Scott and another man were alleged to have entered a property, threatened the occupants and hit one of them. A forensic match was made with the other man who then identified Scott and Jenny as being with him.

4.2.221 On 18 March 2018, when Scott was arrested for affray, he had a claw hammer on him.

4.2.222 On 20 March 2018, the police received intelligence that Scott was associating with Jenny which was in breach of the non-molestation order granted the previous October. Agencies had concerns that he was relapsing into serious psychotic illness and that he could be violent when unwell. It was noted that Jenny was probably allowing him to stay with her. The intelligence also stated that Jenny was not "always able to make good judgements and it seems that she is probably allowing him to stay with her at Columbia House". "We would like to get Scott back into treatment as soon as possible before anything dangerous happens or he suffers a catastrophic descent into psychosis."

4.2.223 No formal actions followed this intelligence and it is not clear which officer this information was sent to. Scott was wanted for the 8 January aggravated burglary at this time. The case was not flagged for MARAC, though all agencies can refer to MARAC. The practice now is that such information would be placed on the live crime report. The police proposed two recommendations based on this incident, *Police recommendations 6 and 7*.

4.2.224 Two days later, police went to Jenny's house following a call from a neighbour who described an argument in the flat that included banging and screaming. Jenny answered the door and let them in but did not name the person she was fighting with. The officers found Scott there, but he gave them false identification details and while the police were checking those, he fled. This incident was investigated by the IOPC as noted elsewhere in this report.

4.2.225 Scott, Jenny and the other man were arrested on 7 April for the aggravated burglary on 8 January 2018 and Scott was arrested for two breaches of the non-molestation order. Scott and Jenny were both released while the crimes were investigated. CPS said they would not charge the breach of NMO as there was no confirmation of service, that is, there was no evidence that the order had been delivered to Scott, so he was aware of it. The IMR writer challenged this and the CPS said that they did not require proof of service to charge a breach of an NMO, unless the suspect says he did not know about the order in interview. The Officer in Charge and Duty Inspector might have challenged the release of Scott, despite Jenny not wishing to keep the order. See *Police recommendation 8*.

4.2.226 Summary of police involvement. For Jenny, their records (including intelligence from other agencies) show a pattern of being a victim of domestic abuse (with some cross-allegations), neglect of her children, alcohol and perhaps drug use, recurring presentations of mental ill health, threatening behaviour, theft and homelessness. The police report that Jenny called the police herself to make accusations against those she did not like, but rarely did she ask the police for protection. Her allegations against others often followed their allegations against her and it is not clear from the record, as Jenny often did not want to pursue those complaints, which were genuine, and which were in retaliation. The officers involved were also unclear on this.

4.2.227 The police used the mental health team in the Force Control Room in order to get a more nuanced view of the situation Jenny was involved in.

4.2.228 Jenny was involved in 16 crimes between April 2016 and Scott's death. Jenny was the suspect or offender on nine occasions and the victim/complainant on seven occasions. She was arrested five times during the timeframe of this review. She was charged with common assault, assault on a police officer, criminal damage and being drunk and disorderly, received a police caution for shoplifting, was remanded for failing to appear in court, was identified as involved in an aggravated burglary where she threatened the occupant with a knife and a needle. She was found guilty of the manslaughter of Scott.

4.2.229 During the timeframe of this DHR, Scott was involved in 27 crimes in Gloucestershire and was arrested 11 times. He was the suspect and/or offender in 10 of those crimes, the victim/complainant in 4, and played another role in the other 13.

4.2.230 Of those alleged offences, two involved shoplifting, two were for burglary (one aggravated), one was for breaching the restraining order taken out by a previous partner, three were for assaulting Jenny.

4.2.231 The police involvement with Scott was in regard to his assaults on Jenny, his breaches of protective orders, assault and acquisition crimes. The police note that their identification of risk and responding to that could have been better managed. Current policies have safeguards in place to identify concerns better and to take action.

4.2.232 Conclusions. From all the incidents reviewed as part of this report Gloucestershire Constabulary generally responded well to all reports it received relating to Scott and Jenny. In particular child safeguarding issues were identified and dealt with promptly and effectively. Also, when crimes were identified as having been committed, they were recorded as such and appropriate actions taken leading to prosecution wherever possible.

4.2.233 There were occasions where identification of risk could have been managed better (e.g. completion of VIST with details known to officer) but current policies have safeguards in place to identify issues and take preventative action (i.e. supervisory check, Daily DA Meeting).

4.2.234 Handling of information received that does not amount to a crime and subsequent tasking was identified as a theme within this report. However, policy alterations that have taken place between the incident dates and now have largely remedied this (recommendations 6 and 7) and delivery of training is intended to address the remaining specific issues.

4.2.235 **Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company (BGSW CRC)**

4.2.236 BGSW CRC has been in existence since January 2015, following the reorganisation of probation services. BGSW CRC supervises low and medium risk service users on licence or with community sentences. Its caseload is largely people with substance misuse, mental health, safeguarding or domestic abuse issues.

4.2.237 Organisational issues affecting this case. There were a number of OMs supervising Scott over the two-year period as the organisation was restructuring, staff left, and others had sickness and maternity leave. This is not ideal as it did not provide consistency and the opportunity for the OM to build a relationship with Scott. BGSW CRC now use a Workload Indicator tool which allows the organisation to address staffing issues more efficiently.

4.2.238 Since this time, BGSW CRC has added weekly performance reports and monitoring systems that track attendance and highlight cases that need enforcement action. Staff are still able to make case-specific decisions around attendance, but these decisions will have management oversight. These changes address the poor recording and monitoring of

Scott's attendance that is seen in the account below. It also would have helped to identify when Jenny's breaches might have led to breach action.

4.2.239 While Jenny was being supervised by BGSW CRC, her OM was carrying a high caseload. When Jenny's OM was on sick leave for about three weeks, there was not enough capacity in the organisation to cover the OM's caseload. This coincided with an assault by Scott.

4.2.240 There are now case audits to ensure that all processes and procedures are followed and correctly applied.

4.2.241 BGSW CRC's work with Nelson Trust: The BGSW CRC have commissioned Nelson Trust to deliver RAR work to its female service users. Women can self-refer to Nelson Trust, but those under order with BGSW CRC are referred there. When referred, a meeting is held with the OM, the service user and the NT key workers. At this meeting, the activities that meet the RAR are agreed and the needs that the NT key worker will meet are agreed. OM meetings with the service user are often held at the NT's Women's Centre. There may be additional three-way meetings with the service user, the OM and the NT key worker. The NT key worker has their own meetings with the service user. NT passes information back to the OM about the service users' activities that meet the RAR or other requirements, but otherwise keeps its own case notes and records and can continue to work with service users after the BGSW CRC involvement has ended.

4.2.242 Work with Scott: Scott had eight periods of supervision in the two years covered by this DHR: two periods of supervision on licence following custodial sentences, four community orders and two suspended sentence orders. The nature of his offending was acquisitive, breaching protective court orders, and physical assault. The work with his OM addressed his mental health problems, housing and homelessness, and his record for domestic abuse offending.

4.2.243 BGSW CRC noted that Scott had started using cannabis as a young person and had been diagnosed with psychosis and depression in October 2012. They understood that he needed injections to maintain his mental health. From early assessments, the OMs linked his offending to deteriorations in his emotional well-being and so the work was targeted at issues that, when resolved, would create some stability for him. Though Scott gained employment several times, he was not able to stay in work.

4.2.244 In addition, Scott was subject to breach and recall actions when he did not adhere to the conditions of his release from custody. These recalls further complicated the effectiveness

of the BGSW CRC work. BGSW CRC note that all Scott's OMs were trained to hold domestic abuse cases and were qualified and experienced in this role.

4.2.245 BGSW CRC notes show that Scott said that he was more likely to get into trouble when he was with Jenny as he tried to protect her, or she asked him to be violent to others.

4.2.246 Risk assessments. The risk assessments for Scott were completed in a timely fashion and focused on Scott's risk to Jenny or his previous partner. Information was gathered from other agencies to make the assessments. These assessments were based on his behaviour and convictions. There were no risk assessments completed where Scott was the victim and Jenny the perpetrator.

4.2.247 In September 2017, Scott was assessed as at increasing risk to Jenny who was seven months pregnant. He was recalled for breaching his bail conditions. His release date was after Jenny had given birth and the baby was in the care of a relative.

4.2.248 Many appointments with Scott focussed on finding suitable accommodation for him. The OM disagreed with P3's assessment that Scott was high risk for housing. (This is discussed elsewhere and BGSW CRC offered a recommendation – at 5.2.42)

4.2.249 Contact with Scott. Scott maintained contact during his periods of supervision, but erratically. BGSW CRC note that though Scott stayed in touch, some of the information he provided was not reliable.

4.2.250 In interview, the staff members who worked with him described trying to be as flexible as possible around contact rather than continually returning him to court. They felt this responded to his mental health needs. The IMR writer observed that this flexible approach can work if the service user improves their attendance but there was no noticeable improvement in the course of the work with Scott.

4.2.251 Contacts with Scott in November, December 2017 and January 2018 are not fully noted in the file. This was addressed in supervision in February 2018, but retrospective notes were not added to the files after that. BSGW CRC note that there was regular contact with health and children's services professionals, particularly in the months leading up to his death.

4.2.252 A key focus of attention for supervision with Scott was his mental health and this is well-documented in his risk assessment and risk management plans. OMs facilitated his depot injections by making appointments and encouraging him to attend mental health services. When Scott's mental health was deteriorating in early 2018, there was constant

communication regarding getting him assessed and into a safe environment. This ended with a hospital admission which was thought to be much needed and appropriate.

4.2.253 BSGW CRC note that when Scott was out of contact with them, he was also simultaneously out of contact with mental health services for his depot injections.

4.2.254 As noted above, Scott's housing was another regular focus of supervision with him.

4.2.255 Scott's orders. One of Scott's community orders had a Building Better Relationship (BBR) requirement. This is a group programme for men who use violence in their intimate relationships, and many find it demanding as it requires attendance at 27 structured sessions and working through difficult material.

4.2.256 There were consistent attempts by the OMs to facilitate Scott's attendance on the BBR. When he eventually attended a session in November 2017, he left the building halfway through though he was aware that this would exclude him from the rest of that session. This order was revoked due to sentencing for subsequent domestic abuse offences. Scott was given a further BBR condition when sentenced for new offences in March 2017. This order too was revoked as unworkable in February 2018.

4.2.257 Scott also had two concurrent RARs. RARs are requirements that the offender participate in an activity that is intended to reduce the likelihood of reoffending. In July 2016, the OM was working on Scott's problem solving, drug use and lack of money as part of his RAR.

4.2.258 In a report for the child protection conference in September of 2017, the BGSW CRC noted the variety of orders for Scott that they were overseeing. They noted the BBR and RAR but considered that Scott was unsuitable for programme interventions given his substance abuse, mental health, limited social skills and lack of insight into his behaviour, as well as his generally chaotic lifestyle. However, they note that there was "a clear need for intervention as there is clearly an issue with sexual jealousy and extremely limited self-control".

4.2.259 The Pre-Sentence Report (PSR)[33] on Scott produced in September 2016 noted his use, but no particular use of alcohol or other substances. The OASys risk assessments from June 2017 onwards identify alcohol as a factor in his violence towards Jenny. When Scott was released from custody in November 2017, it was expected that he would engage with CGL and a note from February 2018 showed that he was. At the same time TACS

[33] The PSR is prepared by probation to gather information to inform the judge of the particular circumstances of the offender that might inform the judge's decision when sentencing

recorded that he had missed two appointments for testing, suggesting the decline in engagement and mental health that led to his hospitalisation.

4.2.260 BGSW CRC suggest that Scott's vulnerability to substance and alcohol misuse was identified and opportunities for change provided, but it does not appear that Scott was ready to make changes in this area of his life. CGL treatment was withdrawn on 27 March 2018 as Scott was not participating.

4.2.261 Finally, stable housing was a continuing concern for Scott as, without it, he was far more vulnerable. During this period, he was accommodated by private rented accommodation, at his mother's, and in supported housing.

4.2.262 Communication with partner agencies. There is evidence of proactive work by partner agencies: 2gether Trust, P3 and BGSW CRC worked together throughout the period to focus on Scott's housing; BGSW CRC provided information to the Child Protection Review.

4.2.263 Work with Jenny. Jenny was convicted of assault on the police officer, being drunk and disorderly, common assault and criminal damage. She had supervision as the result of a community order with an alcohol treatment requirement for a 12-month period that ran from 26 October 2016 to 27 October 2017. Before this, she was unknown to BGSW CRC, though she had been convicted before. BGSW CRC knew that Jenny had been a victim of domestic violence in other relationships and that, while she was being supervised by BGSW CRC, she was assaulted by Scott several times and he had been convicted of those assaults.

4.2.264 Jenny shared little information about her personal life and issues, so it was difficult to understand and help Jenny when her behaviour was challenging as the underlying drivers were not clear.

4.2.265 Jenny was offered a female-only environment at the Nelson Trust (NT) Women's Centre for her supervision. Her OM was based at the NT's Women's Centre two days a week. There is good communication between the NT staff and the OM.

4.2.266 Risk assessments. The BGSW CRC staff had no indications that Jenny was a perpetrator of domestic violence.

4.2.267 Before Jenny was transferred to the BGSW CRC, a case allocation and risk assessment (of the risk she posed) form was completed. Jenny did not participate in a PSR, so the service had little background on Jenny.

4.2.268 A later risk assessment by her OM assessed Jenny as presenting a low risk of serious harm to herself and to others. There was no evidence at that time that Jenny had used extreme violence or weapons.

4.2.269 After the assaults by Scott in April 2017, Jenny's OM should have completed a DASH RIC with her but did not. The OM noted that Jenny would not talk about the incidents or discuss domestic abuse. The OM noted that Jenny was using the NT's Women's Centre more at this time and there were more informal contacts, but this could not be verified as there are no notes recorded of those meetings. BGSW CRC note that all meetings, formal and informal, should be recorded. There is mandatory on-line training now for OMs on the completion of the DASH RIC for victims of domestic abuse.

4.2.270 Contact with Jenny. The service reported that Jenny did not engage well with supervision and did not cooperate well with authority figures. Her OM noted that she was verbally aggressive to staff and other agencies, notably housing services, GCSC, and Turning Point.

4.2.271 At the beginning of her period of supervision, Jenny did not work well with her OM. She missed a number of appointments and when she did attend, she was frequently drunk and verbally abusive. At the beginning of supervision, allowances were made as it was the first time that Jenny had been supervised in this way. The OM said that Jenny was drinking daily at this time.

4.2.272 BGSW CRC had a rating system to track the frequency of reporting by service users. In early December 2016, Jenny was rated as Red/Amber, that is, that Jenny's engagement was poor. She was not attending Turning Point for her ATR and she was drinking heavily. The guidance for the rating system says that for cases rated as Red/Amber, the frequency of supervision appointments should be every eight days. The OM did not offer appointments at the frequency required. BGSW CRC particularly note that this regularity would have been valuable over the Christmas period – a stressful time for many. Yet Jenny was offered no appointments over that timeframe. The rating should be reviewed every six weeks, and this also did not happen. The training for the staff on this system was rolled out from October 2019 and BGSW CRC note that the OM would have subsequently had this training.

4.2.273 Jenny brought a male person to support her at her appointment on 12 December 2016. She was verbally abusive, challenging the details of her offences and consequent orders. She was still cross about the multi-agency meeting about her housing in November. At the December meeting, the OM agreed with Jenny that she would attend the Crime and its

Impact group at NT. The same day, the person overseeing Jenny's ATR at TP reported that during Jenny's assessment interview she was aggressive, accusing the OM and TP worker of telling lies that would affect decisions regarding her children.

4.2.274 A plan was agreed that would address Jenny's behaviour with her and manage the threat she posed. There is no further information about the implementation of this plan – no correspondence with Turning Point, no further process on the ATR, though Jenny was not breached for failing to comply with the ATR. The ATR expired on 27 January 2017 with no work done and no consequences. This should have gone back to court earlier as a breach or as unworkable. Jenny voluntarily engaged with alcohol treatment services later.

4.2.275 At Jenny's next appointment in mid-January 2017, she brought her support person again. The OM also brought a colleague for support in getting Jenny to accept the requirements of her community order. Jenny was angry and aggressive again, accused the OM of not looking after a person with mental health problems, challenging the requirements of her order and the conviction itself. She accused the OM of threatening to send her to prison. Both OMs tried to explain how the supervision worked, that the community order came with requirements and that the consequences of not meeting those requirements was that Jenny would be returned to court and the judge might decide that she should have a custodial sentence instead. Jenny became angry again and made abusive comments about the second OM and told her to "shut up". In response, Jenny's OM advised Jenny that she would be getting a new Nelson Trust support worker, and again explained the supervision process and consequences of Jenny not complying.

4.2.276 The OM followed this with a letter detailing appointments that had been made for her to attend groups at the NT's Women's Centre from the end of February onwards: "Crime and its Impact", and "Addiction and Society".

4.2.277 Jenny's unacceptable behaviour at this second meeting might have led to an immediate breach. The OM had tried again to explain the rules of the supervision – an activity that BGSW CRC notes should have been taken much earlier. There were also no consequences for Jenny in the enforcement of her order as the OM continued to make Jenny's absences acceptable. All OMs had Enforcement Workshops in January 2018 which were followed up by on-line learning and assessment.

4.2.278 Jenny appeared calm and sober on 2 February 2017, explaining that she did not know about her appointment on 31 January that she had missed. She said she had been given an eviction notice for having Scott in her room, that she had not had any contact with the social worker and did not know the outcome of the Family Court Hearing. The OM advised

Jenny about housing, noted the new relationship with Scott and let Scott's OM know about this new relationship.

4.2.279 The OM received information about Scott's assaults on Jenny in April 2017. There is no record of a meeting with Jenny in response to this and the scheduling of appointments with Jenny again did not meet the standards (every six weeks now) and more often for those who struggle to comply. No DASH RIC was completed with Jenny at this time.

4.2.280 BGSW CRC also received information about Scott's assault on her on 9 June 2017. The OM should have attempted to contact Jenny as a result. When Jenny did not attend her appointment on 14 June 2017, a warning letter was sent. This should have been a final warning letter and followed up. An appointment should have been offered within five days of the missed appointment.

4.2.281 Jenny attended the next appointment but notes for that meeting and subsequent meetings at the time are minimal. Though it is recorded that Scott was given a custodial sentence on 11 July 2017, the records do not show additional support during this time or any preparation with Jenny for when Scott was again released. Indeed, the next appointment that the OM had with Jenny was on 6 September 2017, which was after Scott was released on 31 August 2017.

4.2.282 Reports were received on 5 September 2017 that Jenny was seen talking to Scott outside her accommodation on several occasions. Scott had licence conditions not to communicate with or contact Jenny. Jenny had denied that Scott had approached her.

4.2.283 The record shows that, following the hospital appointment where Scott accompanied Jenny in mid-September 2017, Jenny saw her OM the next day and confirmed that Scott had been with her at the hospital. The incident was discussed with Scott's OM and recall procedures were begun resulting in his return to custody on 18 September 2017.

4.2.284 Jenny's community order expired on 25 October 2017. No appointments were offered between the 13 September and 25 October meeting.

4.2.285 Jenny breached her conditions a number of times. The standard practice is to send a warning letter within two days of a missed appointment to give the service user time to provide an acceptable explanation of the absence with evidence. Jenny missed a number of appointments, sometimes providing explanations that were not supported by evidence. The OM managed these as they arose, sometimes sending a breach letter and other times not, depending on Jenny's circumstances at the time and the explanation provided by Jenny.

4.2.286 Jenny's orders. Jenny was subject to an Alcohol Treatment Requirement (ATR) which was delivered by Turning Point (TP). (Turning Point no longer have the contract but prepared a report for this DHR.) This requirement expired after six months and TP note that there was little progress made, though Jenny did attend voluntarily after the ATR expired. There is more on this in the section on Turning Point's involvement.

4.2.287 Jenny also had a Rehabilitation Activity Requirement (RAR). In January 2017 Jenny was referred by her OM to "Crime and its Impact" and "Addiction and Society". These were selected following discussion with Jenny, though those initial sessions were fraught, as will be described below. The following July, when Jenny was pregnant, she was referred to "Mum's Mind Matters" which reflected the safeguarding concerns and the professionals meeting on 13 June 2017. Jenny attended the group on 10 July, which was seen as a positive step for her, though she missed the meeting on 5 September 2017.

4.2.288 Jenny did not regularly attend the groups assigned to her as part of her RAR. Jenny's attendance was enforceable but was not enforced. Jenny did attend three of the four "Crime and its Impact" sessions, but starting in April, not in February 2017 as required.

4.2.289 When reviewing this case, there is limited information about Jenny's participation and input in the groups she attended. Jenny's attendance and a description of her participation as "good" is noted.

4.2.290 Since this case, BGSW CRC have reviewed their processes and are now receiving more detailed information about service user engagement in groups and attendance at NT keyworker sessions. This information is monitored quarterly in contract compliance meetings.

4.2.291 Communications with other agencies. When Jenny came into the service, she was already involved with GCSC due to her children having been taken into care. There was good communication between the OM and GCSC – though not all of this was well recorded. There is an agency recommendation to address this: *BGSW CRC's Recommendation 4.*

4.2.292 Jenny's OM worked with Scott's OM to complete the MARAC Research Form on 3 May 2017. Jenny's OM was not aware of her mental health history before the 2gether Trust information provided for this MARAC. It was during this period of time that Jenny's OM was away for about three weeks on sick leave.

4.2.293 Jenny's OM liaised with other agencies through the course of her supervision. Not all of this was recorded. In these early months of supervision (November 2016), her OM invited P3 and NT to one of Jenny's OM sessions in order to discuss an incident with her which

had led to her being excluded from her housing. It is noted that Jenny was initially dismissive of the incident and when pressed, became verbally aggressive. She thought the agencies were "getting at her" and refused to work with her NT or P3 worker after that.

4.2.294 Jenny's OM attended the Child Protection Meeting on 9 August 2017 regarding Jenny's unborn child, the Safeguarding Core Group meeting on 12 September and another on 14 September 2017. There are no notes on file of the outcome of these meetings or any actions for BGSW CRC that came from that meeting.

4.2.295 **Third Sector organisations: Gloucestershire Domestic Abuse Support Service (GDASS)**

4.2.296 GDASS is a commissioned service in Gloucestershire working with victims of domestic abuse, aged 16 and over. GDASS offer outreach support, IDVA[34] services, places of safety, a helpdesk and additional projects designed to identify and support those experiencing domestic abuse. GDASS have staff based in the MASH.

4.2.297 In the timeframe of this review, GDASS had seven contacts with Jenny, though they note that Jenny had been referred to them over a number of years. GDASS's court IDVA contacted Jenny when Scott was in court in April 2017 to offer support and she declined. Initially, she said she did not need support (May 2017) as she was getting support at Nelson Trust. She then accepted support from 2 November 2017, just before the baby was born. There were two more contacts, in December and then at the beginning of January 2017. Safety planning was undertaken, a DASH RIC completed (Medium) and Jenny agreed to attend the Freedom Programme[35], though she later declined this saying that a programme at Nelson Trust was more suited to her needs. In December 2017 and January 2018, Jenny was focussed on ensuring that her front door was secure so that she could keep Scott out of her flat. In January she said that she thought Scott was moving to Bristol so would not be a threat. There were still concerns about her front door.

4.2.298 GDASS contacted GCH for help with the security of Jenny's front door. Jenny told the Greensquare worker in early February 2017 that she was having a safety door fitted.

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[34] Independent Domestic Violence Advisers are trained specialists in supporting victims at high risk of serious injury or death as a result of domestic violence

[35] The Freedom Programme was designed for women as victims of domestic violence. "The Freedom Programme examines the roles played by attitudes and beliefs on the actions of abusive men and the responses of victims and survivors. The aim is to help them to make sense of and understand what has happened to them. . . . The Freedom Programme also describes in detail how children are affected by being exposed to this kind of abuse . . ." from www.freedomprogramme.co.uk. [Accessed on 9.7.20]

4.2.299 **Nelson Trust (NT)**

4.2.300 The NT's Women's Centre provides a safe environment for women to access holistic support across nine pathways including the following: housing; physical, emotional and mental health; offending behaviour; drugs and alcohol; abuse and exploitation; attitudes, thinking and behaviour; finances; education and training; and families, children and relationships. To facilitate women's access of the centre, it offers a women-only space with a crèche, and access to basic necessities such as clothes, food, toiletries, a shower and washing machine.

4.2.301 Women using the Women's Centre undertake a comprehensive assessment to identify current and ongoing needs to develop a collaborative support plan. Practical and emotional support is offered to the women through groups and through one-to-one keyworkers, and they are helped to access other services. Staff use a trauma-informed approach to build relationships with service users that helps them to access NT services and builds their confidence in accessing wider services.

4.2.302 Jenny's use of the NT's Women's Centre. Jenny's regular use of the NT's Women's Centre is clear in the narrative chronology offered above. When assessed in September 2016 by NT, Jenny was seen as suitable for almost all the courses available. NT were aware of Jenny's relationships with three men previous to Scott. NT supported Jenny to find housing when she was homeless and learned of the loss of her children to her miscarriage and to the care system. As Jenny was comfortable at NT, meetings with other agencies were held there, in particular with P3 and BGSW CRC. Jenny attended NT several times for emotional support, food and toiletries. She missed appointments and then would attend and ask to be seen by her keyworkers. This was accommodated where possible as keeping Jenny in touch with agencies was identified as a priority.

4.2.303 Jenny attended these groups: "Crime and its Impact" (completed the course), "Mums Minds Matter" (a course coordinated by a mental health nurse specialising in perinatal care and providing a place to discuss mental health and emotions).

4.2.304 Contacts with Jenny. Jenny initially self-referred to NT. There was a multi-agency meeting at NT with NT, P3, BGSW CRC and Jenny on 22 November 2016. Jenny had been banned for 24 hours from her P3 residence because she and another resident had, while intoxicated, damaged property and intimidated staff. Initially the meeting was meant to address their concerns around Jenny's behaviour that left her very vulnerable: her association with a number of men over a short period of time, her possession of luxury items, her reports of incidents when she was intoxicated and thought men had had sex

with her. When trying to discuss these issues with Jenny, she became upset and said she had nowhere to go and did not want to engage with services anymore. She was “fed up with all the rules” and she felt that she was “being treated like a 5-year-old”.

4.2.305 A few days later, NT learned that Jenny’s final contact with her children had been cancelled when she had said that she was going to take the children. Nevertheless, she had attended the foster placement and attempted to enter so the foster carer had rung the police. Jenny had then gone to a local meeting place where she had met the children on occasion and assaulted a pregnant woman there. She was then detained by the police under S. 136 and taken to Wotton Lawn. Jenny was told she could only have contact through letters with the children after that.

4.2.306 NT staff were in regular contact with Jenny’s OM, her housing (P3) and Turning Point when she had an ATR. When it became apparent in January 2017 that Jenny had lost contact with her NT worker following that November 2016 meeting, a new worker was allocated to Jenny. The new keyworker’s goals were to aid Jenny’s participation following the loss of her children, to support her with BGSW CRC and in acknowledgement of the risk in the relationship with Scott.

4.2.307 During one of these ad hoc appointments in March 2017, Jenny told her keyworkers that she had lost her temporary accommodation with the Dorchester (due to Scott being at the property with her and their issues with other residents), was sofa-surfing with another NT service user, was not engaging with CGL, was two months pregnant, said she was with Scott and he was the father of the baby, mentioned the final hearing in court for her three children. Though she wanted to appeal this, Jenny acknowledged that she could not care for the children at that time.

4.2.308 Jenny attended NT, following an assault by Scott and after the court case deciding that the children would be adopted. NT say she was “clearly experiencing multiple traumas and experiencing deep loss which will have been a contributing factor in the times that her relationship with Scott has intensified.”

4.2.309 At a multi-agency meeting with Jenny, NT and a social worker, Jenny was told clearly what she needed to do to keep her baby when it was born. She disengaged after that and went to Scott’s parents’ holiday home in the countryside.

4.2.310 In early May 2017, Jenny disclosed that she had been threatened by some homeless people that knew her and Scott, and that Scott had assaulted her the previous week and was on remand. A MARAC referral had been completed by the OMs of Scott and Jenny.

4.2.311 After Jenny moved into Newton House, agencies were worried about her behaviour. A multi-agency meeting (police, GCS, Riverside, NT, CGL and GCSC) was held in mid-May and the NT worker was asked to undertake work on domestic abuse with Jenny, to speak to the Sex Worker Outreach Project as there were concerns that Jenny might be sex working, and to encourage Jenny to attend all her medical appointments.

4.2.312 Jenny was back in contact in mid-June 2017 when she said that Scott was out of prison but had breached his bail condition not to see her. They had been staying together out of the area and Scott had assaulted Jenny again. At a multi-agency meeting the next day, there were concerns for the unborn child as the seriousness of the assaults seemed to be increasing. Scott appeared to be off his medications which increased the risk to Jenny. A week later, Jenny came to her appointment at NT and the keyworker was able to discuss the relationship, the difficulties of leaving a violent relationship and to work on relationships and domestic abuse as identified in her support plan.

4.2.313 By the beginning of August 2017, there was a social care meeting at NT's Women's Centre with Jenny. Jenny had not been attending the Pattern Changing course (domestic abuse group) and there was a brief discussion of legal pre-proceedings for the unborn baby. NT note that Jenny found this very difficult and likely "very triggering", that is, this might have brought back strong emotions related to previous traumatic experiences.

4.2.314 In September 2017, at a meeting with Jenny, NT keyworker and OM, Jenny was able to offer some insight into the damaging nature of her relationship with Scott, and the risk Scott posed to her and the unborn child.

4.2.315 Jenny addressed the concerns of the core group, following Scott's attendance at the hospital in early September 2017 when Jenny had an antenatal appointment. Jenny said that Scott turned up whereas others thought that Jenny had invited him. Jenny said she had told him to leave and he had been escorted from the hospital. Jenny was very aware of what his presence might mean for her hopes of keeping the baby.

4.2.316 NT proposed Jenny might go to Trevi House, a mother and baby drug and alcohol rehabilitation facility in Plymouth that allows mothers to keep their babies with them while accessing treatment. NT keyworker completed the application with Jenny.

4.2.317 NT keyworker completed a supporting letter for Jenny and attended family court with her in mid -November 2017 when the issue of the newborn's care came to court. NT report that Jenny was very agitated about being in court. GCSC rejected the Trevi House option as Jenny had not engaged well in the months before the baby was born and due to funding. The FDAC programme was proposed and Jenny agreed to work with FDAC.

4.2.318 Jenny was referred to Pattern Changing again but did not attend her assessment for the course. NT attempted several times to make contact with Jenny and support her through the FDAC process. The last communication was in late March 2018 when she texted to find out when the Pattern Changing course was to start.

4.2.319 **Turning Point (TP)**

4.2.320 Turning Point held the contract for the provision of drug and alcohol treatment services in Gloucestershire from April 2013 through to 31 December 2016.

4.2.321 TP only had contact with Jenny. At the start of the timeframe of this review, Jenny was being discharged from TP due to non-attendance at treatments.

4.2.322 Jenny self-referred on 27 September 2016. She was in emergency accommodation. She said she was drinking a lot, using crack cocaine, amphetamine and heroin “occasionally”. Jenny said her children were in foster care and that she had been prescribed propranolol for her anxiety and sertraline for her depression. She was due in court the next week for assaulting a police officer. The assessor noted that an anger management course might be recommended.

4.2.323 Jenny was invited to a comprehensive assessment on 12 October 2016. When she did not attend, it was re-booked for 2 November 2016.

4.2.324 Jenny was in court on 28 October 2016 and BGSW CRC rang to say that an Alcohol Treatment Requirement (ATR) was probably going to be made. It was agreed that TP would carry out the ATR assessment at the same time as the comprehensive assessment already being arranged.

4.2.325 Jenny did not attend on 2 November 2016, nor at the re-booked appointment on 29 November. When a NT support worker rang to say she was going to support Jenny with this, the assessment was re-booked again, this time for 1 December 2016.

4.2.326 Jenny attended this appointment intoxicated, so the appointment was terminated. This was reported to Jenny’s OM. Another date was given for her assessment.

4.2.327 Jenny attended on 12 December 2016 for TP’s ATR assessment and appeared intoxicated again. She raised her voice and was swearing in the waiting room. A worker attempted to check her blood alcohol levels with a breathalyser, but Jenny shouted and swore and complained that her OM had been told that she was intoxicated at the last appointment.

4.2.328 Jenny was asked to leave the building. A plan was agreed with the hub manager that Jenny would be offered another appointment at the probation offices if Jenny agreed to an acceptable behaviour contract. They planned to write to her to set out the arrangements and to alert her OM to this.

4.2.329 On 31 December 2016, Jenny's care and treatment was transferred to the new provider, CGL, along with her client records.

4.2.330 TP felt that, at the end of this period, they still did not have a good sense of her overall situation as she did not participate in the assessments in any meaningful way.

4.2.331 **Change Grow Live (CGL)**

4.2.332 Change Grow Live are a registered charity, delivering community-based services across England, Wales and Scotland. Services provided by this CGL in Gloucestershire include opiate prescribing replacement therapy, psychosocial and harm reduction interventions.

4.2.333 Scott. Scott was known to the service, although he had not engaged in structured treatment.

4.2.334 FDAC referred Scott to CGL on 16 January 2018 and advised that Scott was diagnosed with schizophrenia and required a male worker due to a history of violence. Scott was offered five assessment appointments between January and February 2018. Scott missed three of those and was an hour late to the fourth. As he was so late, that appointment was rearranged but he did not attend this rearranged appointment. Standard practice is to offer two appointments only, but CGL made extra efforts towards Scott in an effort to engage him.

4.2.335 CGL followed up the missed appointments and, when unable to contact him, wrote to him at his mother's address.

4.2.336 Jenny. Jenny was referred to CGL in March 2017 to address her alcohol and crack use. Jenny did not attend her initial assessment, so CGL contacted her through BGSW CRC and NT's Women's Service. On 10 April 2017, CGL were told by the specialist midwife that Jenny was pregnant.

4.2.337 Jenny said that she used drugs to manage her anxiety. She reported that, until CGL explained it, she had not known the effects of drugs on her unborn baby.

4.2.338 CGL had early information about Scott abusing Jenny, but Jenny did not speak about this to CGL staff and denied that she was in touch with Scott.

4.2.339 Jenny was assessed by CGL on 26 April 2017 and her recovery plan was developed with her. The plan included regular attendance for a UDS, attendance at identified groups and review appointments. Jenny attended 12 reviews with her allocated worker and missed seven scheduled reviews. The missed appointments were appropriately followed up and professionals notified.

4.2.340 CGL supported Jenny to get advice from Citizens Advice about her eviction and the local authority's finding that she was "intentionally homeless" as a result. Jenny attended for 30 drug screens and breathalyser tests of which 27 registered a negative result for opiates, amphetamines, benzodiazepines and cocaine. She reported occasional alcohol use and crack use once. Her hair strand tests in November 2017 and March 2018 were positive for cocaine, alcohol, and cannabis, and positive for cocaine, benzodiazepines, mephedrone and cannabis, respectively. She started to request saliva drug screening – which shows use only within the previous 24 hours – rather than urine screening which, depending on the drug, shows use over a number of days.

4.2.341 On 6 December 2017, Jenny told CGL that she was unhappy with the report that CGL had provided to the court that described her relationships, drug screen results and her engagement. CGL advised her to discuss her concerns with her solicitor and challenge it if she felt it was inaccurate or unfair.

4.2.342 During the early stages, when Jenny thought she might regain her children, she was more engaged in her treatment. After the court made the decision to permanently remove her children in July 2017, her motivation appeared to deteriorate.

4.2.343 At her last meeting with CGL on 20 February 2018, Jenny said she thought the positive test results were due to "one-off" uses. She also said that she had not been taking the medications prescribed by the FDAC psychiatrist. These statements, along with information from other agencies that conflicted with Jenny's reports that she and Scott were not seeing each other, suggested that she was disengaging from the programme. She did not attend further arranged appointments.

4.2.344 **Housing: Gloucester City Council Housing (GCCH)**

4.2.345 GCCH had contact with both Jenny and Scott. Due to a change in IT systems, records before December 2017 were unattainable.

4.2.346 Both Scott and Jenny presented to the Council as homeless. Jenny was rehoused at the address where Scott was killed. Scott was not rehoused due to lack of contact and his behaviour in the temporary accommodation provided.

4.2.347 **GreenSquare Housing Support**

4.2.348 GreenSquare provide community-based housing-related support. Clients can self-refer or be referred from an agency. Once a referral has been received, a comprehensive needs and risk assessment is completed with the client, usually in their own home, and a support plan drafted. The support plan is client-led and based on identified housing needs. Support is short term, ideally concluding within six months.

4.2.349 Community-based housing-related support is also provided via drop-in. Drop-in sessions are delivered in community venues, including the Gloucester City Mission. Support provided at drop-in sessions tends to be one-off advice or signposting which is dealt with immediately with no follow up. If a support need is identified which is not possible to resolve immediately, a referral is taken.

4.2.350 The community-based housing-related support does not offer support to clients who are street homelessness, as this service is provided by P3.

4.2.351 Work with Jenny. Jenny first contact the service on 17 August 2016 as she was threatened with homelessness. She was given advice. She attended the housing drop-in on seven September 2016 and said that she was street homeless, had large debts, received no benefits and was facing an allegation of benefit fraud. Jenny was signposted to P3 for housing and GreenSquare undertook to help her with her debts and benefits. The support worker made many attempts to contact Jenny for an initial assessment. On 13 October, Jenny said that she had been housed by P3 and no longer needed support.

4.2.352 Jenny received one-off advice on 17 March and 25 October 2017 about evictions from a B&B and an impending eviction from Newton House. Jenny was signposted to the law centre for advice about the first eviction and she was receiving support at Newton House with housing applications, so there was no scope for GreenSquare to work with her at that time. Jenny again self-referred regarding the Notice to Determine, meaning she would have to leave Newton House and again no scope was found for work with her at that time that was not already being done by her support worker at Newton House. However, GreenSquare did learn through this self-referral form that Jenny had been granted a non-molestation order against Scott who was currently in prison for attacks on her. It says that Jenny had a mental breakdown in 2016 after she lost a child and had been helped to become alcohol-free in hospital (Wotton Lawn).

4.2.353 Newton House referred Jenny to GreenSquare when she moved out into her new place after the baby was born. The referrers wanted Jenny to have help with resettlement. The referral said there were no rent arrears, debt or budgeting issues and identified no risks.

Attempts were made to set up an appointment. The support worker went to her house for an agreed appointment and Jenny was leaving with two (unidentified) men so the appointment was rescheduled, and the support worker again visited the property but there was no answer when she rang. The worker again visited the property and this time left a phone number and Jenny rang and arranged an appointment for 1 February 2018 when a housing needs and risk assessment was completed.

4.2.354 In that assessment, Jenny identified the risk from her ex-partner Scott. Jenny said she did not feel safe, that her ex-partner Scott had recently been released from prison though he did not know where she lived. She acknowledged that she drank heavily and had mental health issues. She said she needed a safety door fitted and that she tended to lend people money. Regarding safeguarding, Jenny said that social services were involved due to her 10-week-old baby being in the care of a relative. She said she had supervised contact three times a week due to her drug and alcohol use. She said she had experienced domestic abuse and that GDASS had been involved. (See GDASS below.) The plan created was to remain safe from her ex-partner and get support from counselling to discuss the case with social care. The worker then contacted Gloucester City Homes about various practical matters and reported back to Jenny. After more work and keeping Jenny informed, the support worker closed the case on 13 March 2018 after Jenny said that she had everything she needed and no longer needed the support.

4.2.355 Jenny's disclosure of the NMO and that Scott was in prison did not lead to actions as the worker understood that, as Scott was in prison, there was nothing to do. When Jenny was next referred, Scott had been released and she expressed concerns about that as well as concerns about her new property. There is no evidence that Jenny's concerns with Scott were discussed as part of a risk assessment of Jenny's risk as well as the risk to staff. The worker advised Jenny to contact the police if she felt unsafe. There is no evidence that the support worker discussed GDASS or asked about their previous work with her.

4.2.356 Organisational issues. As the drop-in workers do not have access to the main database, there was some duplication of work when they received Jenny's self-referral and also stopped into the drop-in on March 2017 regarding her eviction from Nelson House. They might have done more than signpost her again to legal help – they might have built on that previous contact to engage Jenny differently.

4.2.357 Information from the meeting with Jenny on 25 October 2017 was not added to the database until 2 November 2017, so when the written referral arrived, the worker did not know that Jenny had come to drop-in with the same issue.

4.2.358 **People, Potential, Possibilities (P3)**

4.2.359 P3 is a charity that provides housing support and advice to those who are homeless or at risk of homelessness. P3 deliver an outreach service for rough sleepers, drop-in advice sessions and accommodation-based support in Gloucester. Once a referral to housing is made, there is no further involvement with clients. P3 refer to appropriate move on support providers; one of which is Riverside

4.2.360 P3 supported both Scott and Jenny. They note that the periods of rough sleeping led to deterioration in both Scott's and Jenny's mental health as well as their overall well-being.

4.2.361 Since March 2019, P3 has operated Somewhere Safe to Stay, a new service that offers emergency accommodation for homeless clients in similar circumstances. This is based on the 'housing-first' model.[36] There is more about this in the Analysis. The aim is to avoid periods of homelessness for vulnerable people.

4.2.362 GDASS, the specialist domestic abuse service, have attended a team meeting for each P3 team. Domestic abuse training is part of their safeguarding from abuse training. It is completed by all new staff and refreshed every two years.

4.2.363 Work with Scott. Scott used the P3 drop-in service for housing advice sporadically from 22 July 2016 to 12 April 2018. In 2016, Scott presented as homeless, but BGSW CRC confirmed that he had found private accommodation a week and a half later. In February 2017, a supported housing referral was received for Scott. Scott attended an assessment but did not complete it. He did not attend the appointment rebooked for a few days later. Another appointment was booked and P3, having been unsuccessful in contacting Scott to tell him this, sent a text to Jenny asking her to tell him. He was assessed on 9 March 2017 and moved into the assessment centre on 15 March 2017.

4.2.364 There were incidents when Scott and Jenny were drinking, and Scott missed the midnight curfew. On a day in early April 2017, Scott was evicted after drinking at the centre and becoming intoxicated, arguing with other residents and staff, refusing to leave, and assaulting a staff member. The police were called when he returned the next day.

4.2.365 Scott called at the drop-in centres when he was released from prison in September and again in late November of 2017. In March 2018, the mental health team updated P3 on the situation and explained that Scott was at high risk to himself and others, that he had

[36] The 'housing-first" approach aims to quickly connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers such as additional requirements such as compliance or service participation.

been arrested with a claw hammer. P3 had been trying to arrange for an assessment. Eventually, arrangements were made to assess Scott in Wotton Lawn on 9 April 2018. Scott had been discharged from Wotton Lawn by then as he had not returned from authorised leave. The appointment was rearranged but Scott did not attend. Scott missed three appointments and so was not accepted for housing.

4.2.366 Work with Jenny. Jenny was referred as a rough sleeper in September 2016. She was in the assessment centre for those with complex and chaotic needs in Gloucester from 28 September to 5 December 2016, after which she moved to Taylor House which provided high support.

4.2.367 While at Nelson House in October 2016, Jenny went missing for 24 hours and P3 contacted police who located her. Jenny did not want to answer questions and work with staff. When this was discussed with her, she talked about threats from a man who was not Scott, and about her other children. She missed appointments and a court appearance. She told of being drugged and staff became worried about her being in vulnerable situations. They passed on information regarding alleged criminality to the police and shared concerns about Jenny's personal safety and deterioration in her mental health. She made an allegation of rape against a man when he told P3 that she had stolen from him. Jenny returned the stolen item and dropped the rape allegation. Jenny was given the number of the Gloucestershire Rape and Sexual Assault Centre, but she did not want to take the rape allegation further.

4.2.368 Scott called at the assessment centre several times. As no visitors were allowed, he remained outside. Jenny and another resident, while intoxicated, threatened staff and caused damage to the property one night in November 2016. She was timed out for 24 hours and signed a behavioural contract. A few weeks later, on 6 December 2016, she moved into Taylor House.

4.2.369 When she was evicted from Taylor House at the end of April 2017 and two subsequent B&B placements, she came back to P3 for advice. She attended the drop-in service until May 2017 when she moved into Newton House that also provided high support.

4.2.370 **Riverside Care and Support**

4.2.371 The Riverside Group are a national provider of care and support services. Riverside's Newton House provides a safe, enabling environment for homeless people in Gloucestershire with complex support needs such as substance misuse, offending behaviour, sex working, domestic abuse, and mental health. Residents can stay for up to six months and support is around supporting the tenancy. Residents are signposted to

specialist support. There are no curfews at Newton House, though there is a welfare check at 8pm every night.

4.2.372 Riverside provided support for Jenny while she was residing at Newton House from 6 May to 29 November 2017.

4.2.373 Riverside reported no organisational issues during the time of Jenny's tenancy.

4.2.374 Nature of the work with Jenny. Riverside supported Jenny to complete applications to various housing providers in her pursuit of permanent housing. She had a support plan in place to facilitate this.

4.2.375 Her support worker accompanied her to appointments with social services though Jenny did not always welcome the Riverside staff's accompaniment. She talked about issues to do with the unborn child and avoided uncomfortable conversations.

4.2.376 Though staff were warned that Jenny had been threatening to staff in other agencies, Riverside staff did not have that experience with her.

4.2.377 Domestic abuse. Riverside were aware of Scott when Jenny moved in and that Jenny had been a victim of domestic abuse from Scott. They understood that Jenny was being supported by CGL, GCSC and BGSW CRC. Riverside also understood that Nelson Trust were working with Jenny regarding domestic abuse.

4.2.378 Though there had been a MARAC referral several days before Jenny moved in, Riverside were unaware that Jenny was assessed as at high risk of harm from Scott.

4.2.379 Jenny did not talk to staff about domestic abuse, though staff did have conversations with her about what a good relationship was. Also, Jenny expressed some concerns about Scott being released from prison.

4.2.380 All staff are given a day's in-room training on domestic abuse and the organisation has a domestic abuse policy.

4.2.381 Communications with other agencies. Riverside worked with social workers to identify any risks or issues with Jenny as part of the safeguarding efforts for Jenny's unborn child. A key component of that safeguarding plan was that Scott was not to be near Jenny and so Riverside reported breaches of this to the social worker.

4.2.382 Riverside reported to GCSC on 22 May 2017 that Jenny had not been at Newton House all weekend. They also reported to the police that Jenny had not been seen for 72 hours on 5 September 2017. Jenny returned to the scheme on 6 September 2017.

4.2.383 They attended the strategy, child protection and core group meetings regarding Jenny and the unborn child. They joined the GCSC to discuss Jenny's move-on on 18 August 2017.

4.2.384 Riverside note that that there may have been agencies that Jenny was in touch with of which they were unaware.

4.2.385 **Gloucester City Homes (GCH)**

4.2.386 GCH became a housing association in March 2015, having been Gloucester City Council's Arm's Length Management Organisation managing its housing stock since December 2005.

4.2.387 Scott was housed at Priory Place, an interim homeless accommodation managed by GCH from 3 February to 8 March 2017. He was later bailed to an address that was another GCH property, Property A.

4.2.388 GCH were Jenny's landlord at the flat where she killed Scott. She was given the tenancy on 29 November 2017.

4.2.389 Scott. Scott signed a licence agreement with Priory Place on 3 February 2017. He was risk assessed for housing as medium risk. Scott had a visitor the next night which was a breach of his licence agreement and he then brought alcohol there which was also a breach of his licence. He had service charge arrears which was a third breach and finally, he brought alcohol onto the premises again. Several appointments were made for Scott and then rearranged when he did not attend. The meetings were to discuss these matters. A notice to quit was issued and Scott left his room at Priory Place on 9 March 2017

4.2.390 GCH received a MARAC referral for Scott on 26 April 2017. GCH learned that Scott was identified as the perpetrator and Jenny as the victim. It noted that both had been frequenting Address A which was a GCH property rented by a third party. The police had seen drug paraphernalia there on the call-out when Scott assaulted Jenny in April 2017.

4.2.391 GCH received complaints from the neighbours about the noise and the constant activity at Address A. GCH suspected that Scott and Jenny may have been living there. The tenant was then jailed for a number of months for unrelated matters.

4.2.392 Later that year, on 27 November 2017, after Scott was released from prison, a new GCH anti-social behaviour housing officer rang Scott's OM and, when the OM was unavailable, wrote to Scott's OM noting that Scott had been bailed to Address A on his release from prison and that Jenny had an NMO against him. The housing officer noted that GCH were in the process of moving Jenny to Address B and that Address A and Address B were less than 100 metres apart. The officer said that they did not want Scott to know that Jenny

was moving to the property and proposed a meeting to discuss how to manage the risk in this situation. There was no response from the OM (BGSW CRC report that the OM was ill at the time) and this was chased. Jenny was offered the tenancy.

4.2.393 Jenny. Jenny signed the lease on 29 November 2017. Jenny was asked by housing officers for her view of being so close to the bail address of Scott against whom she had the NMO. She was asked if she had any concerns. They asked her how she would manage the situation with him being so close. She said she would not let Scott through the communal door. She said she wanted to build a life for herself and her children. She said she did not think she would have any problems at the property. She was encouraged to contact GCH if she had any problems with the property or with Scott.

4.2.394 In March she told a housing officer that she thought one of the neighbours was tampering with the electricity. That officer identified Jenny's vulnerability and asked the ASB officer to contact her. She did and found nothing to investigate.

4.2.395 Neighbours complained about activities at Jenny's flat on 10 April 2018. There was a lot of shouting and threatening behaviour. Eventually the neighbours rang the police.

4.2.396 Jenny then attended the GCH for an appointment to complete a housing benefit form and she made an appointment for debt advice. Jenny and an unidentified young man argued in reception and staff reported that he was rude and kept interrupting Jenny's conversation with the GCH team member about her account. He asked if she was going to be evicted. Jenny reported steps she had taken to deal with her debt and said she was going to hospital as she was pregnant. Jenny then told of her alcohol abuse, which she said was in the past, that her children were in care, that she had been in an abusive relationship, but she now had an outside door as well as an inside door for protection. She had worried about people from her previous address following her to this address.

4.2.397 **Cotswold District Council Housing**

4.2.398 Cotswold District Council's (DC) Housing Team provides advice and assistance to applicants facing homelessness or housing issues. The District Council has a statutory duty to provide emergency accommodation to those that it deems to be in priority need, according to legislation and case law.

4.2.399 Cotswold District Council had limited contact with Scott. He approached Cotswold DC on 18 May 2017 as homeless. He had just been released from prison. As his probation agreement was that he should reside at a fixed address, the Council believed that he was recalled to prison though they did not receive official notice of this.

4.2.400 Scott again approached Cotswold DC as homeless when he was released from prison in late November 2017. Scott had approached Gloucester City first. The Housing Officer in Cotswold DC contacted Gloucester City and found that Scott was still open to them though they had ended their duty to provide emergency accommodation as a result of his eviction from P3 accommodation. Scott was advised to contact Gloucester City.

4.2.401 On 28 December 2017 and 3 January 2018, Scott was offered emergency accommodation in Gloucester.

4.2.402 On 13 March 2018, Scott was given a self-contained room in Cotswold DC's homeless hostel. A week later he was issued with an immediate Notice to Quit. Scott had not moved into the room and had been arrested over the weekend. He had a claw hammer and therefore was thought to pose a risk to other residents (which included children) in the hostel. The case was closed when there was no response to the Notice to Quit or to attempts to contact Scott.

# 5. Analysis

## 5.1 Analysis of Agency Involvement

5.1.1 This was a very complex case where the two individuals involved had many difficulties and a great deal of contact with agencies. While Jenny was known to be a victim of domestic abuse from Scott and previous partners, and Scott was known as a perpetrator of domestic abuse, it was Scott who was killed by Jenny.

5.1.2 There were 24 agencies involved with Scott and Jenny over a number of years. Members of the Panel thought that this case supported a strategic re-think of the local response to vulnerable adults and children.

5.1.3 There are several recommendations that aim to improve the response in such complex situations: training in trauma-informed practice and the multi-agency response (5.1.60), and support for those with long-term mental ill health (5.1.46ff).

5.1.4 In the following text, recommendations from agencies are in *italics* and recommendations developed by the Panel are in **bold.**

5.1.5 **Good Practice**

5.1.6 There were several areas of good practice. The FDAC care coordinator for Scott worked very hard to keep him engaged and to encourage him to stay on top of the depot injections. Both Scott's family and Jenny commended her work and the support she offered them both.

5.1.7 The Chair was impressed with the approach of the FDAC in its honesty and openness with Scott and Jenny and its continued support for them as individuals even as they were falling away from the programme. Staff showed a personal engagement and steadfast support in their engagement with both parents.

5.1.8 The hospital maternity staff understood the importance to Jenny and Scott of keeping their child and did all they could to support them to that goal.

5.1.9 When Jenny was due to start at her probation appointments in November 2016, she missed several. Her OM explained to her over the phone that she had to attend the appointments. As BGSW CRC recognises that it can be intimidating for women to go into

a male-dominated probation environment, it offered a gender-responsive service to female offenders through its commission of services from Nelson Trust. Nelson Trust offers a bespoke one-to-one service for women in a women-only environment.

5.1.10 GCSC worked with both parents before their child was born. GCSC followed good practice to safeguard Scott and Jenny's baby and placed the baby with a member of the parents' families when the birth parents were unable to care for the child themselves. GCSC is also well underway with training and other actions resulting from this DHR.

5.1.11 A number of agencies made many attempts to get in touch with Jenny and Scott. GCH called in on Jenny at her flat, CGL made extra efforts to facilitate Scott's involvement, CGL worked through other agencies to find Jenny at the beginning of her treatment, and the Yellow GP rang Scott a number of times when he missed his appointments in the summer of 2016.

5.1.12 Overall, agencies shared information regularly about this case. This was a complex case and agencies rightly sought and valued information from each other to help support Scott and Jenny and make decisions about their abilities to care for a baby.

5.1.13 **Dynamics of domestic abuse**

5.1.14 The relationship between Jenny and Scott was complicated. Though the perpetrator of domestic abuse on record is predominantly Scott, he is the victim of this domestic homicide.

5.1.15 Scott and Jenny shared similar vulnerabilities; they also had shared experiences of trauma when young, and both had experienced the loss of contact with their previous children.

5.1.16 Scott had a history of domestic abuse with a previous partner (Partner A) in another area. Scott was assessed as posing a high risk to that partner and she had been referred to MARAC as a victim of his abuse. Scott minimised the impact of the domestic abuse he committed, yet the threat he posed was recognised by the issuing of a restraining order against him there. He did not see how his behaviour towards Partner A could be seen as harassment. He did not complete the BBR requirement of his licence condition, which might have helped him understand the impact of his behaviour.

5.1.17 Jenny provided information to organisations, particularly NT, that suggested she looked to a succession of different men to protect her. Jenny told support workers that she relied on Scott to protect her and felt more at risk when he was in prison. Scott's family members understood that Jenny had used Scott to threaten others. Scott also told professionals that he was more likely to fight and get into trouble when he was with Jenny as he tried to protect her, or Jenny asked him to be violent. Jenny's stated need for protection played out in Scott's offending and created additional vulnerabilities for him.

5.1.18 Scott and Jenny appeared to have forged a connection that led to them protecting each other. Jenny said that she never called the police on Scott, though she did tell them about the assaults in her own time. Scott would not engage in conversations that suggested he was at risk from Jenny. It seemed to the agencies working with them that they were trying to protect each other.

5.1.19 Michael P. Johnson described four types of partner violence[37]. He said situational couple violence "is rooted in the events of a particular situation rather than in a relationship-wide attempt to control." He noted that common factors in these situations are difficulties with money, co-habitation, conflict over things to do with the children, and disagreements about and the use of alcohol and drugs. Johnson also identifies communication problems that can escalate the risk in these situations. Examples that are seen in this case are: verbal aggression in public, poor anger management skills and experience of violence. He also discussed shared and contested power where the control fluctuates between the two people resulting in endless power struggles and reciprocated aggression and violence.

5.1.20 Intimate terrorism involves the exercise of coercive control throughout the relationship. Some of the drivers behind the abusive events that we know of are about control, such as Scott attacking Jenny when he was "jealous" or when Jenny tried to stop him doing something. We also know that Jenny sought Scott's protection and we have information suggesting that she thought she could control Scott to "do her bidding".

5.1.21 Johnson also describes violent resistance, when the victim of intimate terrorism fights back. Johnson says, "the critical defining pattern of violent resistance is that the resister is

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[37] Johnson, Michael P. *A Typology of Domestic Violence: Intimate Terrorism, Violent resistance, and Situational Couple Violence,*(2008) Boston: Northeastern University Press.

violent but not controlling and is faced with a partner who is both violent and controlling." Finally, Johnson describes a mutually violent couple. These represent a small number of cases where two people fight for general control of the relationship.

5.1.22 The value of analysing relationships in these terms is to hone the response. Most perpetrator programmes are aimed at perpetrators of intimate partner violence. Johnson suggests that cognitive behavioural groups may be better for those engaged in situational couple violence – to help them develop techniques to manage conflict better and improve their communication skills. It may be that Scott's disengagement with the BBR so early on resulted from his denial of his actions as abusive, or it could have been a result of him not recognising the issues as they were being laid out, that there were other drivers in his actions.

5.1.23 The complexity of Scott and Jenny's lives and relationship makes it difficult to understand the dynamic of domestic abuse between them. There appear to be elements of both situational couple violence and intimate partner violence. Johnson cautions that when analysing a situation of domestic abuse, "it is probably wise to assume that all violence is intimate terrorism until proven otherwise. Once the resources are invested that can establish some of the nuances of the individual case, then more nuanced responses can be considered."[38] It may be that further conversations with Scott about his participation on the BBR programme might have suggested other drivers of his behaviour and therefore other routes to improve his behaviour and end the abuse.

5.1.24 Some of the IMRs noted Jenny's "history of entering violent and abusive relationships with men". It is valuable for agencies to know that a person they are working with has been a victim of domestic abuse in the past. A previous abusive relationship can be used by a subsequent abuser to make a victim feel worthless. Indeed, victims can often make that link themselves, thinking that the problem must be themselves, that they draw an abusive response from intimate partners. Agencies can inadvertently reinforce an abuser's inference that the problem lies with the victim.

[38] Ibid. p. 82.

5.1.25 For agencies, it is often more useful and less victim-blaming to focus on the vulnerabilities of victims of domestic abuse that make them more at risk from abusive people. This reframing helps to shift the focus from an analysis of implied inherent characteristics of the victim, to focused action from agencies that targets those vulnerabilities and empowers victims.

5.1.26 In order to get this particular perspective into the planning and work with Jenny by FDAC, there would have been value in involving GDASS in the core group decision-making in order to account for and respond to the domestic abuse dynamic in the situation. As noted elsewhere in this review, there can be a conflict between those focused on the safety of the mother and those who are focused on the safety of the child. GDASS could make strategic contributions in cases even where the victim is not receiving services from GDASS. There are capacity and funding considerations when thinking about how this can be done.

5.1.27 **Recommendation: GCSC to work with GDASS to develop guidance for child protection conference chairs to ensure that the dynamics of domestic abuse inform the deliberations.**

5.1.28 **Responding to mental health**

5.1.29 An overriding issue in this DHR is Scott's mental health. He needed depot injections every two weeks and his mental health and behaviour deteriorated when he did not have these. His mother and stepfather sought support for him regularly and staff made special efforts towards him, but the situation continued to deteriorate. His mother said that agency responses to her concerns were "not proactive or responsive", as noted in the GCSC IMR. At one point, Scott's mother was told that there were no services in the community for people in Scott's situation. His mother felt that he needed mental health support rather than a criminal justice response.

5.1.30 The Panel discussed the response of agencies to the fact that Scott did not have his depot injection as prescribed. The mental health Panel members said that the usual process in such cases is that when a patient is discharged from secondary care, the patient then attends their GP surgery regularly for the depot injection.

5.1.31 The Panel discussed the seeming contradiction of relying on someone with Scott's mental health problems to attend regular appointments. Mental health agencies work from a

premise of the least restrictive interventions and do not have the legal authority to insist that patients accept interventions and medication unless the patient has been assessed as not having the mental capacity to make decisions about their own care. The mental health record showed many discussions of Scott's mental capacity and throughout he was assessed as having the capacity to make decisions about his care. The mental health services also highlighted that he did not reach the threshold for detaining him for further assessment, so they had to work with him in the community or convince him to volunteer for a hospital stay.

5.1.32 Health agencies responded in a variety of ways. GPs raised their concerns with Scott and tried to establish a treatment plan. They explained to Scott the importance of attending for his depot injections and for regular reviews. The GP surgeries were very flexible in order to encourage his engagement. When Scott did attend an appointment or appear at a health centre and ask to be seen, agencies tried to accommodate him and give him his injection when they could. Scott was twice given same day appointments and given his depot at the same time. There was an administrative challenge to this as Blue GP does not hold depot in stock. Yellow GP does and this made it easier for them to respond quickly. Finally, Scott's prescription was noted to be for a large dose which would have helped if he missed the next appointment as the effectiveness would not have dropped rapidly at the end of two weeks. These show the GP practices and mental health professionals trying to respond to Scott's vulnerabilities.

5.1.33 The GP IMR writer noted that there is a continuing problem with patients not attending primary care appointments nationally. In 2014, NHS England estimated that missed GP appointments cost the NHS about £162 million a year. The Blue GP surgery documents about 400 missed appointments a month. Given this volume, it is not possible to chase them all to understand why appointments were missed.

5.1.34 The challenge for Scott's healthcare providers was that he moved from service to service and no one had a complete picture of the administration of his medications. The records did not join up. For those entering prison, the continuity of their healthcare can be disrupted when the GP surgery is unaware that the patient has entered prison, when the patient is in prison briefly, and when a vulnerable prisoner is not flagged as requiring an urgent referral to prison healthcare. Currently, the prison healthcare system has to request patient information from the prisoner's GP. The prison healthcare team did not have the

information they needed to provide Scott's depot injection while he was in HMP Bristol. A recommendation addresses this at 5.1.49 below.

5.1.35 Where cases are complex and there are such challenges to the continuity of care, health staff could include the family of the patient in problem-solving where it is appropriate, safe, and the patient has given consent.

5.1.36 The Gloucestershire Clinical Commissioning Group also made the following recommendation.

5.1.37 ***Recommendation for Gloucestershire Clinical Commissioning Group*** *to advise primary care regarding their response to vulnerable patients and where there are safeguarding concerns. The advice should include:*

*(a) Practices to regularly discuss vulnerable patients amongst the team to ensure awareness of cases*

*(b) Patient notes to be kept up to date regarding vulnerability and safeguarding discussions, and management plans.*

*(c) The challenges to continuity of care – such as temporary registrations, prison time, or missed appointments for vital medications – to be documented, discussed and escalated where unresolved by previous management plans.*

5.1.38 Scott was aware and told professionals when he had not had his depot injection. The only evidence we have of barriers for Scott was when he told the social worker in March 2018 that he was afraid to get the depot injections as they made him hallucinate.

5.1.39 A usual side-effect of depot injections is an increase in appetite and consequent weight gain. Scott's stepfather said that Scott had gained a lot of weight. Scott had told Mr. B that he could not afford to be hungry which may have been an additional barrier for him, that is, the cost of more food.

5.1.40 There is no further evidence of efforts by professionals to understand why Scott did not appear for his depot injections, what the barriers for him were, or to address his concerns, including his concern about hallucinations. It is not clear why he did not want an assessment in prison as part of getting him the help he needed.

5.1.41 To add to the confusion, professionals were often misinformed. For example, though the professionals working with Scott thought he was getting his depots more regularly in June 2017, the record we have managed to compile does not show that to be accurate.

5.1.42 The family said, "*I believe we could have kept Scott safe. . . In order to do this we required assistance from mental health to enable adequate monitoring of his medication, including regular meetings with professionals and a focus on addressing Scott's tendency to forget or overlook appointments."*

5.1.43 When Scott was killed by Jenny, a referral for him to assertive outreach was in process. Assertive outreach would have been able to make extra efforts to keep Scott up-to-date with his medications. Scott had not been accessing his medication consistently for some time. This option might have been explored earlier. There are two recommendations below that aim to provide more proactive support to vulnerable people such as Scott.

5.1.44 For GCSC, they have acknowledged that where mental health support does not exist for someone obviously in need, that staff members should escalate their concerns to their managers and further, if needed.

5.1.45 This is not only a local problem and the Panel felt national systemic improvements in information-sharing and ownership of cases were needed.

5.1.46 **National recommendation: NHS England to ensure that, at regional and national level, patients with severe mental health issues (such as schizophrenia) requiring regular antipsychotic medication have clear and specific care plans that identify their regular medication needs. This information must be contemporaneous and should be visible across all healthcare systems, including prison, and accessible as patients are transferred and move across care locations. NHS England to update Safer Gloucestershire every six months until complete.**

5.1.47 **As part of this, NHS England to consider the value and viability of a lead professional for this patient group who could follow up as a patient moves between institutions (e.g. mental health in-patient care) and the community.**

5.1.48 The recommendation above targets those with severe mental health issues yet maintaining and improving all prisoners' health is important to their re-entry into life outside prison. Therefore, the following recommendation is made:

5.1.49 **National recommendation: NHS England to develop capability for prison healthcare to access Summary Care Records for prisoners so that prisoners' healthcare needs are addressed immediately.**

5.1.50 As the recommendations above will require changes in systems, there is an intermediate recommendation to assist prison healthcare to get the information as quickly as possible. This recommendation is also seen in a Prisons and Probation Ombudsman's report in 2016.[39] This review has added a sense of urgency to that recommendation.

5.1.51 **National recommendation: NHS England to ensure that community GPs promptly provide comprehensive details of a prisoner's health records when asked by a prison healthcare team for this information. This should include details of the prisoner's history of both physical and mental health problems**.

5.1.52 The family's view: "*It was apparent that Scott was more receptive when he came out of prison to adopting coping and adjusting strategies, and yet he was left without a plan. When he came out finally [in] November 2017 he was seriously traumatised having spent a considerable amount of time in solitary confinement. Probation requested we take care of Scott over the first weekend after he was free, and we simply never heard from Probation again. . . . he slept rough for 2 nights in Gloucester. We took him back and he behaved better and we got along well, but things could have been far worse.*

5.1.53 *Regularly we found a gross lack of central communication that was very detrimental to Scott. On attending court with Scott, which I did on 8 occasions, the process only focused on whether Scott should be detained or not; I thought, why was no-one asking 'what is wrong with this young man and why is he behaving as if wants attention?'"*

5.1.54 The Panel thought that the response to those with complex needs, that is, mental health, substance misuse and/or domestic abuse, as well as time in prison, needed a wider response. Systems needed to be reviewed and improved. As this requires a multi-agency response, a strategic approach was required.

[39] Prisons and Probation Ombudsman Independent Investigations' "Prisoner Mental Health: Learning from PPO Investigations" (2016) p.18. Accessible at http://www.ppo.gov.uk/app/uploads/2016/01/PPO-thematic-prisoners-mental-health-web-final.pdf.

5.1.55 **Recommendation: Gloucestershire Criminal Justice Board to use this case to review with multi-agency partners how people in Scott's situation – in and out of prison, with mental ill health, using substances, a history of homelessness and domestic abuse -- get identified and supported by the system, including getting consistent proactive support for their mental health and ensuring they are housed appropriately.**

5.1.56 The Panel thought that this would also be a useful case for the National Criminal Justice Board to review:

5.1.57 **National recommendation: The National Criminal Justice Board to use this case to review with multi-agency partners how people in Scott's situation – in and out of prison, with mental ill health, using substances, a history of homelessness and domestic abuse -- get identified and supported by the system, including getting consistent proactive support for their mental health and ensuring they are housed appropriately.**

5.1.58 The report acknowledges that the local Criminal Justice Board will want to work with the National Criminal Justice Board to coordinate their plans.

5.1.59 To improve the local response to those with multiple disadvantage beyond those leaving prison, the local area will need to create and embed a care pathway for this clientele. This would help create a consistency in response across agencies. The multi-agency group will advise partner agencies on training and practice in regard to this client group. This will include trauma-informed practice and agency responses to non-engaging and/or threatening clients.

5.1.60 **Recommendation: Safer Gloucestershire to create a multi-agency working group to develop a care pathway for those with multiple disadvantage or complex needs, and to advise partner agencies on training their staff to respond to such clients, including trauma-informed practice.**

5.1.61 Scott's drinking. It is worth noting that Scott's family did not recognise the characterisation of Scott as a person with a drinking problem. However, there are a number of occasions when he came to the attention of authorities when he had been drinking. The record suggests that, even if he did not drink often, the consumption of alcohol lowered Scott's inhibitions and his behaviour deteriorated enough for agency involvement at those times.

5.1.62 **Homelessness**

5.1.63 During the periods of homelessness that both Jenny and Scott suffered, their mental and physical health declined markedly. When they were homeless, finding housing became the overwhelming need, and support to do other things became less important to them.

5.1.64 Gloucestershire has a newly commissioned (from March 2019) provision for service users such as Jenny and Scott, Somewhere Safe to Stay (SSTS), run by P3. The programme funds two hubs, one in central Gloucester and one in central Cheltenham. They are staffed around the clock to provide a safe environment away from the street. Both Scott and Jenny would have qualified for it.

5.1.65 The service addresses the complex issues that rough sleepers often have. During a short stay, up to 72 hours, a multi-disciplinary navigator service works alongside the hubs to help the rough sleeper access housing and identify what other support they need, such as mental health, drug and alcohol misuse. A personal housing plan is designed and access to other services arranged. SSTS can offer a smoother and quicker access to services. The multi-agency service brings together all the relevant partners, so that the next step can be designed based on an individual's need. The navigators can continue to work with service users to access help, if needed.

5.1.66 The service manager of SSTS spoke to the Chair and confirmed that all staff are trained in ACEs and in providing a psychologically informed environment. The service manager said that if previous service users return to them because their housing has broken down, Somewhere Safe to Stay will again undertake work with them.

5.1.67 Several features of this programme would have been particularly helpful for Scott. Anyone can refer someone through Streetlink, so Scott's mother could have referred him in. Once a rough sleeper is identified, the outreach team actively find the person and bring them to one of the hubs. They can work with clients repeatedly which would have helped Scott when he left prison and, again, found himself homeless.

5.1.68 The service manager for SSTS noted that, with the mental health occupational therapist on the team, mental health social care assessments can be quickly accessed.

5.1.69 This service will help reduce some of the risks of homelessness however, as this case powerfully demonstrates, the events and circumstances that lead to homelessness require long-term work.

5.1.70 **Participation in programmes and services**

5.1.71 Both Jenny and Scott missed a great number of appointments, with BGSW CRC, with CGL, with Nelson Trust, with housing services, with GPs and other supports. The fully compiled chronology for this DHR ran to 136 pages with 902 contacts detailed, demonstrating significant agency involvement. Many days show entries from multiple agencies.

5.1.72 NT helpfully noted that “difficult to engage” can be re-framed to “not yet feeling safe to engage”.

5.1.73 Scott: Scott missed many appointments.

5.1.74 Scott told social workers that he had missed the bus on a number of occasions. Crucially, he missed the bus to return to the hospital when he had voluntarily admitted himself in March 2018. GCSC noted that a key lesson for them was that if vulnerable adults do not make use of services for their mental health, domestic violence, or substance misuse, that they should not be immediately discharged. GCSC suggests that they should challenge the removal of services for vulnerable parents. An understanding of potential service users’ barriers to participation would aid agencies to respond in a more person-centred way. This is addressed in the Recommendation above for those with complex needs (5.1.60) and in the following recommendation for themselves:

5.1.75 ***Recommendation for GCSC****: In situations where parents or carers are disengaging and are at risk of being denied services which would impact on their capacity to provide care to their children, social workers should highlight concerns with the relevant agency to inform a multiagency response including the use of multi-agency escalation policy as appropriate. Children’s Social Care to follow its responsibility to children if there is non-engagement. This will be highlighted through multi-agency arrangements and the GSCE (Gloucestershire Safeguarding Children’s Executive).*

5.1.76 BGSW CRC observed that being flexible in their response to Scott's irregular contact did not lead to an improved response or engagement. This might have been addressed earlier in BGSW CRC's contact with Scott.

5.1.77 BGSW CRC reported that the HMIP[40] inspections and quality assurance audits identified the lack of face-to-face service user contact as being an area of concern for some CRCs with a number of cases out of contact for significant periods being a particular issue. This resulted in a contract variation for all CRCs requiring them to ensure a minimum of monthly face-to-face contact between service users and their case managers. This was implemented from 1 October 2018 and was not in place during the time that Scott and Jenny were being supervised.

5.1.78 Where contact falls below the national minimum specification, team managers are required to have oversight of the cases. In the cases of Scott and Jenny, this would have led to case discussions at a much earlier stage and an action plan agreed to address their poor compliance. This case highlights the value of this improved practice.

5.1.79 This change in contract specification is monitored by an HMIP appointed contract management team who take the data directly from the BGSW CRC's case management system. There is also an internal Performance and Quality Assurance Team who monitor compliance.

5.1.80 The response of the GPs, above, and the reflective analysis of BGSW CRC show agencies trying to manage Scott within the contexts of his own difficulties and their responsibilities. The different approaches support the need for a multi-agency approach to such cases so that people like Scott would get consistent messages that all agencies would reinforce. There are several recommendations to assist that work (Recommendations at 5.1.55, 5.1.60, and a National Recommendation at 5.1.57)

5.1.81 Jenny: Jenny participated in some activities: she completed courses through BGSW CRC on "Addiction and Society", "Crime and its Impact", and "Mum's Minds Matter". She led a session on addiction at NT in the autumn of 2017. She attended her midwifery appointments, though sometimes smelled of alcohol. Her screening tests were variable.

[40] Her Majesty's Inspector of Prisons

She knew the consequences of having positive screening tests as she had explanations for poor results, often showing honesty about her struggles.

5.1.82 *Barriers to participation*. In retrospect, agencies could see patterns. CGL note that early on in the treatment, Jenny was motivated by the possibility of getting her children back. When the decision was made to permanently remove her children, she appeared to lose her motivation, though she was pregnant with her fourth child. Other agencies noted that Jenny appeared to have been more involved with support agencies when Scott was in prison. When he was released, her participation reduced.

5.1.83 In conversation with Jenny, it was not clear what strategy might have worked to involve her more closely in the plans. She was very keen not to lose her child and that provided some motivation. She said that housing were “treating her like a 5-year-old” by imposing rules on her, at the same time she said in interview that if FDAC had imposed an ultimatum on her, that would have made a difference. Of course, the problem with that, in the context of child protection, is that agencies cannot continue to impose ultimatums. They need to see parents choosing to prioritise the child’s needs.

5.1.84 GDASS note that, while Jenny appeared to use Scott to protect her, and therefore his incarceration decreased the risk from him, it may have also increased her risk from others. This may explain her lack of support for criminal justice interventions that deprived her of Scott’s protection.

5.1.85 *Responses.* Agencies tried different tactics to respond to Jenny. The FDAC consultant psychiatrist wrote to Jenny’s GP asking if they could see her more often as Jenny was a vulnerable person who often did not attend due to her mental health issues.

5.1.86 BGSW CRC note that Jenny’s OM was lenient with Jenny regarding her compliance, but it is not clear that the OM talked to Jenny about the barriers she faced in complying with her community order. It may be, as explored below, that Jenny’s aggression in the early meetings deterred the OM from addressing these issues with her. This is returned to in the section on risk to staff below.

5.1.87 The inconsistencies in the response to Jenny, the verbal abuse of staff and the lack of consequences for her non-engagement suggest a lack of management oversight. The change in the contract specification should address these concerns.

5.1.88 Nelson Trust is able to do outreach to clients when they are struggling to participate in services. This was helpful in keeping Jenny involved during her programme. NT also accepted Jenny's ad hoc visits and worked with her outside of her scheduled appointments.

5.1.89 GDASS note that Jenny's engagement with them was sporadic and therefore it was difficult to provide meaningful support, though they were able to complete basic safety planning and to review this. There were a number of offers of support during the timeframe of the DHR and before. For clients with complex needs and low-level engagement, GDASS will contact them through different teams. Jenny did engage with GDASS's hospital team eventually.

5.1.90 GDASS also reflected that though there were a number of referrals for Jenny to them over the years, they were unable to make regular contact with Jenny. So, though the risk was recognised, agencies were not able to support her as they were not able to talk with her. This supports the recommendations above about a joined-up approach to complex needs cases and the recommendation below aimed at closer working between GDASS and NT (at 5.2.193).

5.1.91 A common response to non-attendance is for agencies to close the case and let the service user know, usually with the proviso that the case could be opened again if the service user got in touch.

5.1.92 *Trauma-informed.* Mr. B described Scott's behaviour as, "*Fundamentally Scott was a kind, empathetic young man. He displayed aggression to strike a persona that I believed he felt protected him.*" This is a good description of a response to trauma.

5.1.93 There were some examples in the record where it is understandable that Jenny went silent for a period. For example, in early July 2017 at an ICPC, it was decided that the unborn child would be subject to a child protection plan due to neglect. Then on 12 July 2017, Jenny's first three children were removed permanently. There is nothing on the record about support to Jenny in the aftermath of this double blow. Following these, she missed several reviews with CGL in a row, though attended groups such as AA and "Mindfulness". Regardless of her decisions and behaviour that made the removals of her children the right decisions for her children's safety, Jenny's non-engagement for a period after this is understandable.

5.1.94 In the course of the Panel discussions, the conclusion drawn by mental health services that Jenny had little capacity to change by citing her non-engagement as evidence, was challenged. It is important to note that this conclusion was drawn in the context of making decisions about the care of Jenny's child. This had a necessarily short timeframe on it for the sake of the child which was explained to Jenny, and a key component of that assessment was Jenny adhering to the clearly defined plan which she was veering away from in early 2018.

5.1.95 However, it is common for agencies to draw conclusions about a service user based on their lack of participation. This disengagement is often due to the trauma that people have suffered in the past that makes it difficult for them to trust others.

5.1.96 A number of agencies in Gloucestershire have adopted a trauma-informed approach that works with service users in an empowering way. Such an approach ensures that services are doing all that they can to help reluctant service users participate.

5.1.97 OMs are now being trained to become "trauma-informed" in order to work more effectively with women offenders. Riverside too has trained all support staff on Trauma-Informed Care and Cognitive Behaviour Coaching as a result of this DHR and are committed to delivering Psychologically Informed Environments. To see the full impact of trauma-informed practice, all agencies should use similar practices.

5.1.98 The recommendation at 5.1.60 above will deliver an overarching framework for a coordinated response to those with complex needs and multiple disadvantages, and the training and developments in practice to deliver it.

## 5.2 Terms of reference

5.2.1 In the following analysis, recommendations made by agencies in their IMRs are in *italics* and those made through the work of the Panel are in **bold**.

5.2.2 **Analyse the communication, procedures and discussions, which took place within and between agencies**

5.2.3 **Within agencies**

5.2.4 Police. The police found that the child neglect case against Jenny was not effectively handed over to a subsequent officer. Though there did not appear to be a substantive impact on the case's progress, the police nevertheless made *Police Recommendation 1*.

5.2.5 ***Recommendation for Gloucestershire Constabulary****: Ensure effective handover of serious crime investigations between OICs and Supervisors with a clear investigation strategy which is endorsed on the crime report.*

5.2.6 Police identified that the VIST[41] completed during the incident between Jenny and Scott in March 2017 did not include all the information that the police held on Jenny in particular (her pregnancy and her children having been taken into care). This additional information would have helped the attending officer provide a more complete picture of concerns in the VIST. Police Recommendation 2 flows from this.

5.2.7 ***Recommendation for Gloucestershire Constabulary****: Ensure relevant domestic abuse and/or child protection records are copied onto Storm incident to assist attending officers' decision-making process when dealing with a domestic abuse incident.*

5.2.8 GCSC. GCSC noted that there was a delay of about two months between them being alerted to Jenny being pregnant and the concomitant risks, and their taking this to a strategy discussion. This is not in keeping with their Child Protection Processes and would have impacted on the intervention that followed.

5.2.9 GCSC were inspected by Ofsted in February 2017 and undertook improvements. The last report published in April 2019 was the sixth monitoring visit since the service was judged inadequate in March 2017. The response time for referrals is a key issue that the service is working on under that process so there is not a separate recommendation on this here.

5.2.10 Riverside. Riverside realised their need for a Safeguarding Lead to be identified from the Gloucester Services to join the organisation-wide Riverside Safeguarding Group. This was done before the IMR was submitted in February 2019.

5.2.11 When Jenny was not in the house over a weekend in May 2017, Riverside informed GCSC. Riverside followed the usual procedures for when someone goes missing for three

[41] VIST is a Vulnerability Identification Screening Tool. It is used to identify cases of standard, medium and high risk.

days when Jenny had not been seen in September 2017. Considering the risk level, the history, and Jenny's pregnancy, both of these situations might have been escalated sooner in order to ensure that Jenny was safe. Though it is acknowledged that, by its nature, Riverside houses people who are at high risk on a variety of different scales, where a high risk domestic abuse victim is seen with the perpetrator soon after he is released from prison for assaulting her and then she disappears for a few days, a more escalated procedure for concerns would be justified. Jenny had also expressed a concern that she was not safe in the community (in the context of using Scott as protection).

5.2.12 There is a recommendation for Gloucestershire County Council housing commissioner to run workshops with housing providers to improve practice (see 5.2.61 below).

5.2.13 Recording information. GCSC noted that when information was shared after incidents between Jenny and Scott, that information was relevant. However, they note that any resulting impact on the unborn child was not recorded clearly in their notes or in the information they received from other agencies. The analysis of the impact of new information is a key part of records and agencies should be reminded to always think about the "so what" of information and record their agency's responsibility and response to any new information.

5.2.14 GP surgeries. Jake and Jenny moved between different GP surgeries. Because of this, there was no key surgery who appeared responsible for their care and the information each surgery had was piecemeal. As discussed above, this creates challenges for continuity of care. It is particularly noticeable that Jenny's children were absent from all the GP consultations. There is no record of assessment or understanding of the social context that Jenny lived in, or enquiries into the impact of her substance misuse and possible domestic abuse. Such enquiries are necessary in order to identify safeguarding concerns. The CCG had recommendations to address this:

5.2.15 ***Recommendation for Gloucestershire CCG.*** *Gloucestershire CCG to encourage primary care that when registering a patient, to enquire about household members and social history.*

5.2.16 ***Recommendation for Gloucestershire CCG.*** *Gloucestershire CCG to encourage primary care that patient records should be flagged with social care history, substance misuse as well as the children of the index patient.*

5.2.17 **Between agencies**

5.2.18 There were many multi-agency meetings regarding Scott and Jenny, and their unborn child. Services, overall, communicated well in sharing information about assaults, arrests, Scott's custody, and their housing situation. For the child protection reviews, CRC, Nelson Trust, Riverside Care and Housing, the police, CGL, the specialist midwife, community midwife and health visitor all contributed to the GCSC's plan. Information was shared, strengths and challenges discussed, and reports on how Jenny and Scott were meeting their goals.

5.2.19 There may have been a reliance on these multi-agency processes to obtain and share information rather than agencies holding that responsibility themselves. There were notable lapses in this information sharing. For instance, Riverside were unaware when Jenny moved into Newton House in early May 2018 that she had been assaulted by Scott several times during the previous month and that she was assessed as being at high risk from Scott. They soon became aware of this.

5.2.20 CGL reported that their files show regular and robust communication with GCSC, the specialist midwife, and housing support between March 2017 and April 2018 while they were working with Jenny. However, they note that there was no communication with GDASS. (This is addressed with the recommendation at 5.1.25 about the involvement of GDASS in discussions of child protection and neglect cases.)

5.2.21 BGSW CRC particularly noted the regular communication with other agencies early in 2018 when Scott's mental health was deteriorating, and that he needed to be assessed and a safe environment found for him. The admission to hospital was felt to be needed and appropriate at the time.

5.2.22 BGSW CRC identified several times when the communication with other agencies might have been improved. They did not know when Scott was discharged from hospital and was back in the community. They recommended that probation officers need to be more proactive in communicating with hospitals on a weekly basis to be sure of where service users are. They did not know about Jenny's mental health history when they were working with her either, as it had initially been recorded only on Scott's files. There is a recommendation (*BGSW CRC Recommendation 7*) that addresses this below.

5.2.23 BGSW CRC also identified that though they worked with Scott to see that he got his depot injections, they did not effectively link up to TACS and the mental health nurse to be sure of a joined-up approach. When management improved at the beginning of 2018, there was better linking with FDAC, but BGSW CRC identify that this could and should have happened earlier. They made the following recommendation:

5.2.24 ***Recommendation for BGSW CRC****: Probation services to ensure that Offender Managers are aware of the importance of exploring disclosures of mental health issues and that they are proactive in making contact with mental health services to provide further information and support if required.*

5.2.25 Scott's releases from prison were known to Riverside through Jenny's worries rather than by being notified formally of this, as might be expected given that he was in prison for assaulting her and she was pregnant and being supervised by BGSW CRC, who also supervised Scott, during some of this time. This meant that Riverside had to be reactive rather than proactive.

5.2.26 This review would encourage BGSW CRC to share information with other agencies where there is a safety risk, such as to let Riverside know of Scott's release and his licence conditions. Though partnership work was seen in supervision, this was not consistent throughout the files.

5.2.27 ***Recommendation from BGSW CRC****: Probation services to ensure that all Offender Managers are proactive in their approach to partnership work, both to gather and to share information, particularly where there are safety concerns.*

5.2.28 The agencies involved worked to resolve some of the more practical issues that Scott and Jenny faced, though Scott's housing remained problematic.

5.2.29 Reviewing the communications in the context of a DHR however demonstrates that the sharing of information was largely about the risks Scott and Jenny posed to the child and less about the risks that they posed to each other. Scott's mother alerted agencies to Scott's risk to Jenny.

5.2.30 This makes the point again about the value of a MARAC meeting where the focus is on the risks to the adult victim and the aim is to create a combined safety plan that all the agencies are committed to. It may be that consideration of Jenny's risk to Scott might

have arisen in a face-to-face MARAC where the case would have been discussed. (Child safeguarding is also a concern, of course.)

5.2.31 **Analyse the co-operation between different agencies involved with Scott and with Jenny and wider family**

5.2.32 On 14 November 2016, Jenny's OM talked to Jenny's NT keyworker to ensure that Jenny had an appointment with Turning Point as specified by the Alcohol Treatment Requirement (ATR) aspect of her sentence. The NT worker also said she was going with Jenny to the appointment. This shows good cooperation between BGSW CRC and NT.

5.2.33 There was good communication between the housing agencies, NT, BGSW CRC OMs, TP and then CGL. The specialist midwife contacted NT with information about Jenny's presentations at ED and her contact with the midwifery team throughout her pregnancy.

5.2.34 There was good sharing of information between agencies involved in the child protection processes during Jenny's pregnancy.

5.2.35 GCSC identified that there was room for improvement in their work with housing providers and provided the following recommendation.

5.2.36 ***Recommendation for GCSC and housing providers****: GCSC and housing providers to regularly liaise in situations where there are child safeguarding concerns for unborn children to ensure that the impact on a tenancy or housing provision is understood, assessed and an appropriate contingency is in place.*

5.2.37 GCSC noted that one child protection meeting was not well-attended as staff were on holiday. It was felt that this was not an appropriate reason for an agency not to attend, given the subject matter.

5.2.38 GDASS observed that they had difficulty contacting Jenny and used the social worker, emergency contacts and supported housing to offer ongoing support. GDASS find that this keeps information flowing between the agencies and enables GDASS staff to access service users.

5.2.39 Housing. When Scott came out of prison in November 2017, he had no place to go. Agencies worked to find him settled accommodation, but for someone like Scott, with mental health concerns, drug issues, and previous chronic homelessness, this was problematic. Scott was seen as too high risk for some housing providers and not deemed

a priority for others. A Panel member said that Scott was “too high risk to house, but too high risk NOT to be housed.” For those leaving prison, creating stability is a key component of their long-term stability and integration.

5.2.40 BGSW CRC felt that in their work to finding suitable housing for Scott, they might have challenged P3’s risk assessment more robustly. BGSW CRC anticipate that improving communications with P3 as described below will reduce delays in housing for vulnerable service users.

5.2.41 In the meantime, BGSW CRC made this recommendation.

5.2.42 ***Recommendation for BGSW CRC****: Probation services to develop a pathway with P3 to effectively challenge each other’s risk assessments when looking at a service user’s suitability for accommodation. This may prevent delays in the system for vulnerable service users. The first step in this process will be to engage with the Gloucestershire Reducing Reoffending Board who are focussing on the Homelessness Reduction Act and accommodation for offenders as one of their objectives.*

5.2.43 BGSW CRC report that the Criminal Justice Board has an objective to develop pathways to secure accommodation for offenders. As a result, the Gloucestershire Reducing Reoffending Board are focussed on the Homelessness Reduction Act and accommodation for offenders as one of their aims.

5.2.44 There is a new programme that P3 is running that is described above. A multi-agency consideration of this case to review systems for those with complex needs leaving prison is recommended to review and improve provision.

5.2.45 The Panel agreed that the complexity of Scott’s situation makes this a powerful case to learn from about the responses of many agencies, not least, housing services. Recommendations as 5.2.53 and 5.2.56 address this.

5.2.46 *Communications about Scott and Jenny living near each other.* GCH wrote to Scott’s OM in November 2017 about offering Jenny a flat very close to the address that Scott was bailed to. This was good practice, but there was no response. (The OM was on sick leave.) In lieu of that information, GCH talked to Jenny about the situation and asked if she had any concerns. Jenny assured them that she did not.

5.2.47 Pertinent information known to GCH was that Jenny was a vulnerable person. The OM could have told them about Scott's many breaches of bail and licence conditions, about the history between Scott and Jenny. The OM might also have described the confused dynamic between Scott and Jenny and their struggles with mental ill health and substance use that made them vulnerable in general and to each other.

5.2.48 Even without that specific information, GCH might have talked to GDASS about the situation in general terms and received advice on safe practice.

5.2.49 GCH thought a lesson for them was that additional time is required when clarifications are needed on issues of safety. Also, Jenny's worries about people from her previous residence following her suggested that she might need more support or additional safety checks.

5.2.50 Many recommendations flowed from this:

5.2.51 ***Recommendation for GCH:*** *Upon breakdown of the Homeless Hostel placement due to non-engagement GCH should make a referral to a homeless rough sleeping outreach service, if available, to flag the vulnerable person to attempt further follow-up engagement.*

5.2.52 ***Recommendation for BGSW CRC:*** *Probation to work with housing providers to agree service level standards between them on response times following enquiries about offers of housing accommodation where there are concerns involving a particular individual or individuals. A process for escalating concerns to also be agreed.*

5.2.53 **Recommendation for Safer Gloucestershire: Safer Gloucestershire to create a housing lead to oversee housing providers' updating of their policies and practices to:**

- **Allow more time to make decisions about letting accommodation when seeking additional information and/or assurances from other professionals on matters of safety. Properties should not be let until safety concerns are addressed.**
- **Enable an offer of a tenancy to be withdrawn where necessary reassurances concerning the safety of a proposed tenant and/or member of their household are not obtained.**

5.2.54 ***Recommendation for GCH:*** *GCH to put a 'flag' on the housing management systems to identify vulnerabilities/cautions concerning tenants to indicate that follow-up with an ASB officer is necessary to monitor safety.*

5.2.55 ***Recommendation for GCH:*** *Where a tenant has made statements that suggest vulnerabilities from visitors, GCH to undertake further post-letting informal contacts on a regular basis to help identify if there are further issues.*

5.2.56 **Recommendation: GCCH and Gloucestershire local authority strategic housing officers to work with Registered Housing Providers (RPs) to create a common protocol when housing households that include those who may be perpetrators, and victims of domestic abuse. The protocol should prioritise victims' safety and demonstrate an understanding of the dynamics of domestic abuse.**

5.2.57 This could include common practices and understandings about proximity between the victim and the alleged perpetrator and regular checks with tenants who have protective orders such as NMOs and restraining orders to be sure they feel safe and have had no breaches.

5.2.58 There was good communication between Cotswold DC and GCH so that Scott received the same information from both local authorities. However, Cotswold DC note that they sent Scott a Notice to Quit after they had heard he had been arrested and the circumstances of his arrest. In reviewing the file, they thought there was room for improvement in this as they had not received the information about that arrest from probation or the police. There was room for improvement in their information gathering from other agencies – including regarding the domestic abuse – and recording of that information.

5.2.59 Cotswold DC note that since the introduction of the Homelessness Reduction Act in April 2018, they now have the duty to complete full assessments for all household members and create a personal housing plan which ensures that all involved agencies are better identified. If a need is identified that is not being met, then a referral will be made when possible. These changes will address the weaknesses in communication identified above. There is also a requirement to log comprehensive notes on the system.

5.2.60 *Overall housing response*: There were a number of instances in this case, where housing responses did not seem to fully acknowledge or respond to the domestic abuse risk.

Agencies have identified these and made recommendations for their organisations. The case would also be instructive for housing providers to discuss in a workshop so that they can share their learning and responses. Such a workshop would assist the creation of the common protocol recommended above. The particular events that give rise to this recommendation are: Jenny's housing not knowing she was at high risk of domestic abuse, reporting Jenny missing only after three days, though she was high risk; identifying the risk to the baby, but not to Jenny when Scott and Jenny were seen together while there were restrictive orders were in place; contacting Scott through Jenny's phone while restrictive orders were in place; housing Jenny near Scott's bail address; and accepting Jenny's explanation that she was being supported by Nelson Trust or GDASS when her engagement regarding domestic abuse was minimal.

5.2.61 **Recommendation: Gloucestershire County Council supported housing commissioners to work with Gloucestershire local authority strategic housing officers to run a workshop for relevant front line, operational housing staff and housing providers (to include supported housing providers, temporary homeless accommodation providers and registered providers) using this case to improve practice. The workshop should include:**

- **The role of housing in responding to domestic abuse, including MARACs**
- **How to safely provide housing to victims of domestic abuse**
- **How domestic abuse risk informs responses to victims and perpetrators, including timely processes when a victim goes missing**
- **Key partner agencies in the coordinated community response to domestic abuse**
- **Consideration of DAHA accreditation for housing providers.**

5.2.62 **Analyse the opportunity for agencies to identify and assess domestic abuse risk.**

5.2.63 This topic raised a number of issues in this case: risks to staff, risks to Scott, risks to Jenny, the risk assessment process, and MARAC. It is worth noting that the agencies involved with Scott and Jenny use a number of different risk assessment tools to identify, assess and respond to different types and levels of risk, depending on their responsibilities.

5.2.64 Risks to staff

5.2.65 BGSW CRC noted that Jenny was verbally aggressive to staff and that other agencies – housing services, social services, Turning Point – did not want to work with her on a one-to-one basis. They note that Jenny appeared to use verbal aggression to stop conversations she did not want to have and deflect attention from difficult topics.

5.2.66 Concerns arose about the risks from Jenny after the meeting in November 2016 when Jenny was aggressive. GCSC undertook a risk assessment for their staff when dealing with Jenny, as did the specialist midwife. A male social worker assessed the risk that Jenny posed to him in April 2017. The FDAC mental health nurse identified difficulties of lone working in this case and suggested that there might be an advantage in working alongside the Recovery Team or Assertive Outreach Team.

5.2.67 Though Scott had head-butted a staff member where he lived in April 2017 and the police had markers for violence and weapons, professionals who worked with Scott did not express a fear of him, nor were risk assessments undertaken for staff working with him.

5.2.68 GCSC staff reported feeling supported by their supervisors around this risk. GCSC noted that staff should be supported when they feel they are at risk from particular clients and arrangements should be made to triangulate information from other sources.

5.2.69 ***Recommendation from GCSC****: Social workers working with challenging and non-engaging parents and who consider themselves at personal risk, should complete a risk assessment. They should be immediately and effectively supported by their Team Managers. The management of risk should be overseen by their respective Heads of Service.*

5.2.70 Clients can pose a risk to staff. Where an agency assesses particular safety concerns in their work with a particular client, it would be valuable for that agency to share that assessment with partner agencies to both alert them to a possible risk and to encourage them to make their own evaluation. Different agencies accept different levels of risk for their staff and it would then be for agencies receiving the alert to determine whether and how their staff, in the work that they do, need to account for the risk highlighted.

5.2.71 **Recommendation: Gloucestershire MARAC agencies to review their policies and practices regarding risks to staff from clients and to consider how they share such**

**information with other agencies. MARAC Steering Group to consider how the MARAC system can assist in the distribution of such risk information to partner agencies.**

5.2.72 Relating risk to staff to risk to partners/family. When someone is seen as a threat to staff, it is important to show professional curiosity about the safety of those who are around that person all the time. As BGSW CRC noted, Jenny took little responsibility for her own behaviour, or for her behaviour when intoxicated, often blaming others for issues that arose. As these appeared to be her coping strategies, it would have been good practice to enquire about the safety of those to whom she was close. This will be returned to in the section on Equality and Diversity.

5.2.73 Risks to Scott

5.2.74 On 11 March 2017, Scott went to the ED with two stab wounds. He said that he had been drinking with friends and the surgeon remarked that there had been a number of attendances by Scott's friends in ED. No further questions appear to have been asked, nor discussions about how to keep safe. No referrals to a specialist were made to have that conversation.

5.2.75 When Scott told GCCH and provided evidence of the stabbing and medical attention, no further information was gathered to establish the source of the risk to Scott and address his safety. Similarly, on 5 April 2017 when Scott showed his stab wounds to the GP, there was an opportunity to ask questions about where they had come from, whether Scott felt he was safe, and to explore what help could be offered. No referrals or risk assessment was done.

5.2.76 Finally, during Scott's physical exam for admission to Stonebow Unit in March 2018, it was noted that he had been stabbed multiple times in the past. We do not know whether the wounds observed were only from the assault on 11 March 2017 or if there were additional injuries. The family are clear that Scott did tell professionals that it was Jenny who had stabbed him. This was not recorded in the notes at the time and the mental health professionals involved have no memory of this. This was a missed opportunity to talk to Scott about these and about where the risks came from in his life and from whom. Depending on his answers, he might have been referred for more specialist help. As he

was being admitted to hospital, this period of relative stability might have provided the opportunity to address his safety with him.

5.2.77 If Scott had been a woman, it is likely that further questions would have been asked and his vulnerability identified and actively addressed.

5.2.78 Social workers did consider whether Jenny was controlling Scott when she used him to protect her. They said that when they raised this with Scott, he would not engage in a discussion of this with them.

5.2.79 Enquiries about risks to Scott from Jenny could also have arisen in response to staff concerns about their own safety, combined with knowledge of Scott's stab wounds.

5.2.80 The recommendation at 5.2.213 includes training around male victims of domestic abuse.

5.2.81 Risks to Jenny

5.2.82 Scott was recalled to prison for continuing to contact Jenny when it was against his licence conditions on 14 September 2017. He was in the process of being recalled two weeks earlier, but Jenny denied that there was any contact. BGSW CRC noted that, in general, Jenny did not talk about incidents of domestic abuse between herself and Scott until after others had reported by these.

5.2.83 The risks to Jenny were identified in the DASH RIC that led to the MARAC referral.

5.2.84 The FDAC consultant psychiatrist and the consultant psychiatric nurse (CPN) at Jenny's GP surgery discussed elements of her presentation, including her claims that Scott was stalking her. Without exploring this further, the clinicians characterised this as a symptom of her paranoia. As Scott was being overseen by the FDAC programme as well, it would have been possible to check this information with them. Though the clinical assessment may have been accurate, it is concerning to see a woman's claim that she is being stalked by a man known to have abused her as a symptom of paranoia without gathering further information.

5.2.85 GDASS have GP Development and Support Workers who work with GP surgeries across the county and offer training in the identification of domestic abuse and responding to disclosures, including completing the DASH RIC. They have helped to develop policies and delivered training on the practical aspects of identifying domestic violence, such as how to remove a potential perpetrator from appointments and to allow victims to discretely

disclose abuse. The workers have created a Champions network in GP surgeries and delivered additional training to them regarding referral pathways. Champions get additional three days of training a year.

5.2.86 The value of these programmes is seen in the number of referrals from GPs and hospitals increasing significantly: from less than ten a year to about 120/year from GPs, and a tripling of referrals from the IDVA team at the hospital. This review understands that it has been agreed that these pilots will continue, and their ongoing funding is under discussion at the time of writing this review.

5.2.87 GCSC noted that Scott's mother's repeated warnings that Scott's mental deterioration would likely end in harm to others largely went unheard.

5.2.88 Possible impact on level of service Jenny received: In some circumstances, when staff feel threatened by a service user, it may impact negatively on the service they provide. For instance, Jenny was not invited to appointments with her OM as often as required and she did not complete the ATR. Those meetings might have helped to develop some rapport with the OM, and the ATR addressed a specific vulnerability that Jenny had. There is a recommendation about developing responses to those with multiple disadvantage or complex needs at 5.1.60.

5.2.89 Risk assessments

5.2.90 In April 2017, police attended an incident where Scott had punched Jenny in the face, and she had retaliated. The risk assessment did not include all the information known to the police (Jenny's pregnancy and the fostering of her previous children) and missed some factors relating to Jenny and Scott's vulnerabilities, such as her homelessness, the emerging pattern of violence between them, and Scott's behaviour resulting from his untreated mental illness. With all those features, this situation was unlikely to improve without outside intervention. The risks identified suggested various routes for intervention as well.

5.2.91 Though the Panel understands that the Daily DA meeting usually returns an inaccurate VIST to the officer who completed it, in this case the VIST was flawed and therefore the meeting was unable to confirm the risk level. The review of the MARAC for this DHR therefore suggested the following recommendation:

5.2.92 ***Recommendation for Gloucestershire Constabulary****: Ensure that supervising police officers review the quality of VISTs and request improvements/re-completion prior to sign off. Police to also consider how the Daily DA meeting can be utilised to provide feedback on VIST quality as a second review to ensure consistent quality of VIST completion across the force.*

5.2.93 On 2 November 2017, while Scott was still in prison, GDASS undertook a DASH RIC with Jenny. Jenny talked about Scott's jealousy that led to physical violence and that she was frightened that he would hurt her and their child. She said she tried to break from him, but he pulled her back through manipulation and threats to kill himself. She said that Scott used money as a way to control her.

5.2.94 The risk assessment appeared as Medium, though with the note that, "The offender has the potential to cause serious harm but is unlikely to do so unless he fails to take his medication, loss of accommodation, relationship breakdown and drug or alcohol use." Scott had a history of all of those issues and his release from prison would again activate these destabilising factors in his life. If partner agencies considered the final risk rating without noting the caveat, their response to the inherent risk in this situation would likely have been muted.

5.2.95 When such a caveat is added to a risk assessment, further questions should be asked about these issues. Such queries would have shown that Scott was rarely compliant with his medication, would be homeless when released from prison, GDASS was working with Jenny to help her stay away from Scott, and both Jenny and Scott had police and social service records that demonstrated continuous drug and/or alcohol use. Therefore, Scott's risk of causing serious harm was High. It is worth remembering that professional judgment should never be used to downgrade risk, only to increase it.[42]

5.2.96 In general, when an offender is in prison, the pressure is usually lifted from victims and they might be more willing to engage with support. Instead of downgrading the risk and therefore the response to victims when an offender is in prison, agencies have an

[42] SafeLives' "Marac Referral Criteria: Definitions" at https://safelives.org.uk/file/marac-referral-criteria-definitionsdoc: . " . . . completing the DASH RIC is not a simple 'tick box' exercise and, even where there is a lower number of ticks [than 14] professional judgement should be used to inform the overall assessment of risk. In addition, professional judgement should not be used to 'downgrade' an actuarial risk assessment." (June 2018)

opportunity to work closely with the victim to develop a strong working relationship and a robust safety plan to support the victim when the offender is released.

5.2.97 On reflection, GDASS thought that reducing the risk level because Scott was in prison was misleading as his sentences were usually short and therefore there was no sustainable reduction in risk when he was in prison. GDASS note that Jenny was contacted by different teams and eventually their hospital team was able to establish a connection and they completed a full risk assessment and safety plan. Though the outcome of contact with Jenny was achieved in this case, it does not mitigate the need to review these practices and make systemic changes.

5.2.98 Research on DHRs [43] has recommended that in risk training, "it is imperative that risk is seen as dynamic, fluid and is regularly reassessed at 'critical points' within each case."

5.2.99 **Recommendation: DASV Strategic Coordinator to organise a multi-agency task group to review the risk factors in this case and how temporary situational factors affected risk assessment. Task group to dip sample standard and medium risk DASH RICs from partner agencies to be sure that the DASH RICs identify all the risks in cases and do not reduce risk based on temporary factors or short-term interventions. The learning form this exercise to be disseminated to MARAC partners.**

5.2.100 MARAC and MASH – decision not to formally MARAC. The DA daily meeting that runs in the Gloucestershire MASH consists of the police, social care, health and GDASS. It reviews all the medium and standard risk DASH RICs that have come in during the previous day, shares information about the risk and any history, and confirms the risk rating or escalates it. The purpose of the meeting is to ensure that the MARAC sees all cases it should. High risk domestic abuse cases go straight to the MARAC. The incidents between Scott and Jenny on 27 and 28 April 2017 were reviewed and the subsequent VIST was escalated to high risk.

[43] Sharp-Jeffs, N., and Kelly, L, "Domestic Homicide Review (DHR) Case Analysis" (2016), London: London Metropolitan University, p. 7. Accessible at https://cwasu.org/resource/domestic-homicide-review-dhr-case-analysis/

5.2.101 *Capacity*. Nation-wide, areas are struggling with the number of MARAC referrals received and different areas are managing this in different ways.

5.2.102 Wiltshire Constabulary were invited to review the local MARAC in November 2018 and, while overall supportive of the model, they highlighted capacity issues. This need is being reviewed to consider further funding.

5.2.103 The MARAC protocol in Gloucestershire allows for three responses to cases that are referred: no further action, a virtual meeting, or a formal MARAC.

5.2.104 SafeLives recommends reviewing the quarterly referral rates against the expected number for your area. They suggest that the volume of cases referred to the MARAC should be within at least 80% of the recommended volume for your area. [44] If there are more than that, then SafeLives suggests reviewing the MARAC threshold.[45]

5.2.105 *Criteria for virtual MARAC meeting*. The MARAC Decision Maker at the time decided not to hold a formal MARAC for the case for several reasons: GCSC were monitoring Jenny through child protection procedures due to her pregnancy; and Scott had been arrested, charged, and had conditions in place not to come to Gloucester. These incidents happened while he was waiting for the court date of 25 May 2017 for previously assaulting Jenny and when he was already subject to bail conditions not to contact her. He had breached a court order, which is a risk factor in itself.

5.2.106 In Gloucestershire, the criteria for a virtual meeting are: “when the multi-agency research has indicated that some action has already been taken to safeguard the victim, but additional action is required, this will be completed via email. The cases dealt with in this way will be those where the victim is engaging well with services and only minor additional actions are required.” [46]

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[44] This information was not accessible at the time of writing this DHR due to temporary staff secondments.

[45] See SafeLives website: http://www.safelives.org.uk/sites/default/files/resources/MARAC_FAQs_for%20MARAC%20practitioners_2013%20FINAL.pdf, page 4, MARAC thresholds.

[46] Gloucestershire Multi-Agency Risk Assessment Conference (MARAC) Operating Protocol and Guide, 2018. p. 13.

5.2.107 SafeLives' Guidance for MARACs[47] identifies five key responsibilities for the chair:

- Ensuring effective presentation of the case.
- Facilitating risk focused and relevant sharing of information.
- Risk analysis
    - Outlining the harm to people or property
    - Outlining contributory indicators which may make this harm *more likely*. [SafeLives' italics]
    - Outlining existing safety planning and supporting factors which could make the harm *less likely*.
- Requesting timed actions which will *reduce the likelihood of harm to its lowest possible level*.
- Concluding the case.

5.2.108 Here, the criteria for a virtual meeting were not totally met in that it was not clear that support was in place for Jenny, nor does this appear to have been considered and explored. A formal MARAC would have had the opportunity to determine if Jenny was engaging with Nelson Trust and consider ways to work through that connection or discuss other ways to support her.

5.2.109 The decision to have a virtual MARAC was predicated on the fact that the case was being overseen through the multi-agency child protection measures in place. However, the aim of the MARAC is to work together to help the victim stay safe. The primary aim of GCSC was to protect the unborn baby. These different purposes can sometimes conflict. Keeping the unborn child safe can position the mother as the one posing the risk through her perceived failure to protect and often overlooks the true source of the risk and the dynamics of domestic abuse. So, the monitoring by the GCSC was not designed to prioritise Jenny's safety. The conditions on Scott had, to date, not kept him from Jenny and therefore had not provided safety for Jenny.

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[47] SafeLives' Guidance for Maracs: Effective Chairing at www.safelives.org.uk. https://safelives.org.uk/sites/default/files/resources/Effective%20chairing%20at%20Marac.pdf. [Accessed 3 April 2020]

5.2.110 *Need for a formal meeting for this case*. Best practice for high risk victims of domestic abuse is to hold a formal MARAC to ensure the focus on victim safety and not to use another multi-agency process to discuss the case. In this case, there were factors that strongly suggested the need for active action planning by partner agencies in addition to the work already being done. These were Jenny's pregnancy, the failure of the bail conditions to keep Scott away from her, and both of their histories of domestic abuse which were likely to have led to them normalising domestic abuse. In a MARAC meeting, Jenny's safety would have been the focus of the meeting. The reality was that the child protection and the criminal justice processes had not kept Jenny safe. This could have been discussed and additional plans made.

5.2.111 An additional complicating feature of this case was the threat that Jenny was felt to pose to professionals working with her. It might be that in the course of a formal MARAC, that risk might have been explored and questions asked about her risk to Scott.

5.2.112 It is difficult to develop joint action plans through emails. The outcome of having a virtual MARAC may be akin to downgrading if the key responsibilities of the meetings are not incorporated in the virtual MARAC process.

5.2.113 In discussion about this case, Gloucestershire DASV Strategic Coordinator suggested that the important issue is to have the right partners together in one meeting and that the victim is considered. They propose this can be done at child protection strategy meetings with representation from the domestic abuse safeguarding team (police) and the IDVA. This is returned to below, before the recommendation.

5.2.114 It is also important for MARAC partners to remember that the Gloucestershire MARAC protocol (p. 13) allows that, "At any stage, any agency can request that the MARAC case is referred into a formal/bespoke MARAC, or suggest additional action required." So, the responsibility for ensuring the cases get the most appropriate response belongs to all MARAC partners.

5.2.115 *Timing*. The analysis of the MARAC's impact on this case noted that though information was circulated to the Panel on 2 May, the decision about the case was not made until more than a month later. This highlights the gap in capacity for this MARAC. The Domestic Abuse Safeguarding Team (police) are now located in the MASH. The MARAC Decision Maker/Chair now heads this team, resulting in greater capacity for decision-

making. Again, the different purposes of MASH and MARAC should be acknowledged in this process.

5.2.116 *Use of the MARAC.* In discussion at the Panel meeting, it was felt that the MARAC was not being utilised properly. Training is currently being delivered by GDASS, in partnership with the countywide DASV Strategic Coordinator, Splitz Positive Relationships and Gloucestershire Health and Care NHS Foundation Trust, on a quarterly basis. This incorporates information around the expectation for agencies to work with MARAC as well as information and guidance on the process and how and when to refer into it. The training also covers domestic abuse and coercive control (including managing dual allegations), working with young people, and identifying and working with perpetrators of domestic abuse.

5.2.117 As areas struggle to manage the number of MARAC referrals, they are coming up with a variety of approaches. At the time of writing, there is no approach that has been proven to work as well as addressing each case in a face-to-face meeting. In recognition of the capacity problems and to improve their current process, the Gloucestershire MARAC suggested the following recommendation:

5.2.118 **Recommendation: Gloucestershire MARAC review its current capacity against the expected volume of cases for the population it covers and look to increase capacity, particularly around decision-making. An additional MARAC decision-maker would increase resilience and capacity in the model.**

5.2.119 To ensure that such virtual MARACs achieve the same outcomes as face-to-face MARACs, the Chair also recommends the following, so that Gloucestershire can continue to develop evidence to inform its response.

5.2.120 **Recommendation: Gloucestershire MARAC to ensure decisions around whether to hold a formal or virtual MARAC are made on the basis outlined in the Gloucestershire MARAC Protocol and that virtual MARACs achieve the same outcomes regarding the sharing of information and bespoke multi-agency action plans for victims of abuse. Annual dip sampling and auditing to be undertaken to monitor this.**

5.2.121 **Analyse agency responses to any identification of domestic abuse issues.**

5.2.122 Identifying Scott's experiences as a victim are addressed separately below as this is a key topic for the DHR.

5.2.123 Jenny was referred to GDASS in May 2017 and again in November 2017. The second time she worked with GDASS.

5.2.124 Jenny was also referred to NT who noted in the September 2017 core group that Jenny had shown new awareness about her relationship with Scott and how her relationship with Partner 1 had caused concerns for her children. She also completed a course on domestic abuse there.

5.2.125 Scott was referred to the BBR programme but did not complete the BBR programme for those who have been violent in their relationships.

5.2.126 At the beginning of September 2017, Scott was seen with Jenny by Newton House staff. Scott had just been released from prison with licence conditions not to contact Jenny. NT notified BGSW CRC and Scott's OM alerted the police but did not specifically ask them to arrest him. The OMs agreed that Scott should be given a formal warning as Jenny had denied contact which made it difficult to prove the breach. This was done on 5 September 2017 and Scott was instructed not to approach Jenny again. Another consideration was that Jenny was thought to be encouraging Scott. BGSW CRC described this as a difficult situation to manage.

5.2.127 Even if Jenny was encouraging Scott to contact her, the responsibility for adhering to the licence conditions was Scott's. Scott was seen as a high risk perpetrator of domestic abuse and Jenny was seven to eight months pregnant. Scott was recalled 10 days later, after attending the hospital with her.

5.2.128 Newton House, the OM or the police could have referred the case to the MARAC to address Jenny's safety.

5.2.129 Jenny had an NMO against Scott from 18 October 2017. Scott had breached this on a number of occasions and agencies were alerted to this. But the information about breaches seemed to feed into the information regarding the long-term care of their daughter, rather than into any safety planning for Jenny and Scott.

5.2.130 Jenny and Scott appeared at the same CGL group meeting on 5 February 2018. Afterwards, CGL decided that they should not be in the same group because of their

behaviour at that meeting. P3 even contacted Scott through Jenny's phone in early April 2018. The record shows that GCSC, BGSW CRC, CGL, GCH, P3 and Greensquare and FDAC agencies knew that Scott was seeing Jenny, and most knew about the NMO against Scott. There were no consequences for Scott of his breaches, and they were not addressed by his OM.

5.2.131 As part of the coordinated community response to domestic abuse (CCR), all agencies should be emphasising the same issues of safety to Scott and to Jenny and reiterating the importance of keeping to a court order. Agencies again and again missed the opportunity to emphasise to them both the risks of breaching the NMO: risks to their safety, to their hopes of having custody of their child, and to Scott's freedom.

5.2.132 Staff here understood that Jenny was often the one instigating contact. Agencies can be confused about their role when there is a protective court order and victims deny contact. Staff may reason that if the victim is not frightened enough to make use of the order's protection, then maybe the victim does not really need it.

5.2.133 Research[48] has shown that often victims have their own safety strategy which is to show devotion to the perpetrator. For this strategy to work "she has to openly ignore and reject all the help she is offered because her main and most effective strategy would be ruined if she did not." This research urges professionals encouraging victims to leave perpetrators to ask themselves: "Can her fear of him match her trust in you?" It is a notable feature of this case that Jenny did not trust the agencies she was working with. Whereas she did rely on Scott, for protection and for companionship.

5.2.134 The police sought to arrest Scott for breaching the NMO and eventually did, though the CPS did not charge him. This is addressed elsewhere.

5.2.135 Jenny's stated fear, the NMO and its breach, Scott's homelessness on release from prison, his deteriorating mental health – all these should have led to a review of the risks to Jenny and a MARAC referral. The protective orders and involvement of agencies at the time were not keeping Jenny safe.

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[48] Monckton Smith, J, and Williams, A, with Mullane, F, *Domesic abuse, Homicide and Gender: Strategies for Policy and Practice, (2014) London: Palgrave Macmillan*, pp. 106ff..

5.2.136 It may be that agencies thought that, as Jenny and Scott were already known to agencies, that the risk to Jenny was being managed. In a coordinated community response to domestic abuse, every agency has a responsibility to identify and respond to abuse and risks, to challenge partner agencies' responses.

5.2.137 GCSC. Jenny signed a written agreement with GCSC that she would not contact Scott following a CP conference on 4 July 2017. At this time, professionals knew that the two of them were together constantly and Jenny had said that Scott protected her from others. Children social care could have done more to ensure that Jenny accepted support so that she did not need Scott's protection and felt she could be safe without him. GCSC no longer relies on contractual arrangements with parents, rather social workers work with families to identify risk and intervene with families to improve outcomes for children, young people and their families.

5.2.138 Social workers said in interview that they made a number of attempts to provide support for Jenny but did not always record this as their focus was on the child. This highlights the conflict in a focus on the child and on the victim of abuse. If addressing domestic abuse was part of the plan, then issues and themes of this would be recorded and returned to regularly, emphasising to the client the importance of their safety.

5.2.139 In addition, GCSC notes conversations with Jenny about incidents of domestic abuse where she said she had no comment and that it was "fine". There was limited further probing or professional curiosity exhibited around these answers. Social workers might have encouraged Jenny to be more explicit about what happened and the impact on her.

5.2.140 ***Recommendation for GCSC:*** *All social workers to have updated training on patterns of domestic violence with focus on child protection, parenting capacity and how to support parents who are victims and/or perpetrators of domestic violence following this DHR's publication, and refreshed on a regular basis.*

5.2.141 Jenny's conversations with GCSC suggest that Jenny had made a calculation that the risks from Scott were less than the risks from others. This is often the case in domestic abuse, though Jenny's balancing considerations were specific to her. The most common safety strategy for victims of domestic abuse is to demonstrate love, loyalty and devotion

to the abuser.[49] With Scott, his aggression could stem from his mental health concerns as well as his jealousy, compounded by his drinking. Jenny was noted to ask several times for help for Scott's mental health needs. The difficulty of providing this is discussed above.

5.2.142 GPs. Jenny told a mental health nurse that she had a history of domestic violence and that her unborn child's father was in prison. There was little professional curiosity about this, and she was not referred to GDASS. The surgery has had training by GDASS since this and Blue GP has three domestic abuse champions now.

5.2.143 GreenSquare. Though GDASS and GreenSquare are part of the same organisation, the worker who saw Jenny on 1 February 2018 did not refer her back to GDASS or ask about her previous work with them. Jenny's plan with GreenSquare aimed at keeping her safe from Scott but the work to achieve that was focused on the physical security of the property. Jenny told a GreenSquare support worker that she had taken out an NMO in October 2017, but this was not revisited in their planning for safety.

5.2.144 At the time of writing, GreenSquare have taken the following actions:

- Trained team in team meetings to ensure clients have the skills to attend other agencies and are confident to do so.
- Reminded support workers in team meetings to review previous client records for risk information at the time of referral.
- Ensure all support workers have undertaken mandatory domestic abuse training, which includes specific training on their role in the coordinated community response to domestic abuse. Training to be refreshed at regular intervals. This review would suggest every two years.
- Ensure all support workers had read the domestic abuse policy and that they have a policy refresher every 12 months in team meeting.

5.2.145 Police. On 20 March 2018, the police were alerted to Scott's deteriorating mental health and that he was breaching the NMO. If the case had been referred to MARAC, an action

[49] Monckton Smith, J. and Williams, A. with Mullane, F. (2014) Domestic Abuse, Homicide and Gender: Strategies for Policy and Practice. Basingstoke: Palgrave Macmillan, p. 106.

could have been for agencies to work together to locate Scott and/or Jenny, and arrest Scott for the breaches, using that occasion to have his mental health assessed and ensure he had his depot injection. BGSW CRC, GCSC, mental health crisis team and the police were all concerned about Scott, but it appeared that little was done pro-actively.

5.2.146 Police attended Jenny's flat on 22 March 2017 and found Scott there, though while they were confirming his identify, he fled.

5.2.147 As it turned out, the Crisis team were in touch with Scott two days later when Scott accepted medication and he was voluntarily admitted for mental health care on 28 March.

5.2.148 2gether Trust, now part of Gloucestershire Health and Care NHS Foundation Trust. Jenny was phoned, in Scott's presence, to ask if she felt safe with him. This shows a lack of understanding of the dynamics of domestic abuse. It might have been risky and difficult for Jenny to say she was afraid of Scott as he was sitting with the medical professional.

5.2.149 **Recommendation for GHC Trust: All client-facing staff to have mandatory domestic violence training that is refreshed regularly and that includes information about the dynamics of domestic abuse.**

5.2.150 Gloucestershire Care Services, now part of Gloucestershire Health and Care NHS Foundation Trust**.** Routine enquiry regarding domestic abuse is asked as part of the core contact HVs have with mothers at specific times after the birth. There is no record that Jenny was asked about this. GCS say that this is routine and so is not necessarily recorded and note the Jenny had said that she was not in a relationship when asked at her one antenatal visit with the HV.

5.2.151 GCS HV would have known from their work within the TACS team that Jenny had been a victim of domestic abuse from the father of her unborn child and that he was in prison, having been recalled due to another assault on her in June. This was not explored with her. It would have been particularly useful to have had that discussion on 30 August 2017, as Scott was due to be released the next day.

5.2.152 Though routine, it is important that staff record that they have asked clients about domestic abuse and the answer they received. This would give them an understanding, when viewed alongside other information from other agencies, where the victim is in their understanding of their situation and inform the HV's approach to motivating the client to

take steps to protect themselves. It would also help managers to see that expected routine practices are indeed being undertaken routinely.

5.2.153 ***Recommendation for GHC Trust:*** *Where there is a known history of domestic abuse within a relationship, GHC Trust staff will take every opportunity to explore this with the victim when it is safe to do so and demonstrate consistent professional curiosity. This will be reinforced with the review of the policy and training, group supervision and all GHC Trust staff forum.*

5.2.154 GCS's HHCT report that they are in the process of establishing a drop-in service with GDASS at the unit in Gloucester. This is likely to be a vital new link for victims of abuse and will allow GDASS and the HHCT to share their expertise.

5.2.155 Though routine and selective enquiry about domestic abuse is established practice for public health nurses, this has not been directed at male service users. The GCS's domestic abuse policy and training are being reviewed to support staff to ask questions directly where appropriate, regardless of gender.

5.2.156 ***Recommendation for GHC Trust:*** *To review the GHC Trust Domestic Abuse Policy as the current focus is for staff to know what to do in the event of a disclosure. More guidance is required within this policy about the indicators of potential domestic abuse to enable more effective signposting to specialist services.*

5.2.157 ***Recommendation for GHC Trust****: GHC Trust domestic abuse training to encompass all the indicators of domestic abuse which may be evident prior to a disclosure.*

5.2.158 GHC Trust report that the amendments to the training lesson plan were in place by April 2019 and they are undertaking a continuous rolling programme for all GCS staff forums.

5.2.159 Gloucester Hospital Trust Maternity. There are several aspects of GHT practice regarding domestic abuse that might be improved.

5.2.160 Scott attended the maternity booking appointment with Jenny on 27 April 2017. She had been at ED that day with a cut to her eyebrow from being head-butted by Scott. She had previously been in ED another time that month with injuries.

5.2.161 The following issues were identified by the substance misuse midwife who conducted the appointment: current and previous domestic abuse, substance misuse, mental health concerns for Scott and Jenny, safeguarding concerns, social service involvement,

child(ren) previously on child protection or child in need plan, children taken into care, homelessness, Jenny's isolation and a significant bereavement (not identified). CGL and Nelson Trust were contacted, and the social workers was named. Jenny's substance misuse and mental health concerns led to a referral being completed so that Jenny would have appointments with a consultant.

5.2.162 This is a tremendous amount of information to gain from Jenny, particularly when Scott was there and demonstrates the skill of the substance misuse midwife. However, there is no note to indicate that, following Jenny's disclosure of abuse, this was discussed further with her, that her immediate safety was addressed, or that she was referred to GDASS, the specialist domestic abuse agency. Jenny was allocated to the Midwifery Partnership Team which is a specialist team for high risk and/or vulnerable women.

5.2.163 The NICE Quality standard[50] says that "People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion." It is best practice that partners are separated to ask questions about domestic abuse so that a fuller, safer conversation can be had. The Department of Health's No. 5: Domestic Violence and Abuse – Professional Guidance[51] is for health visitors, school nurses and midwives and it encourages professionals to create the opportunity to ask the question. This is particularly important during pregnancy as pregnancy is a risk factor in itself and is a time when domestic abuse can start.[52]

5.2.164 The Guidance highlights that situations where the so-called "toxic trio" of mental ill-health, substance abuse and domestic abuse co-exist increases risk. All of those factors were apparent in the lives of Scott and Jenny and the specialist team is trained to address these, but the record does not show domestic abuse being addressed.

5.2.165 GHT say that they did not realise that the situation was high risk until they got the VIST report from the police. The GHT record shows that Jenny was in ED twice that month

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[50] QS116, published Feb 2016, Quality statement 1

[51] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/211018/9576-TSO-Health_Visiting_Domestic_Violence_A3_Posters_WEB.pdf
[accessed 8 November 2019]

[52] "It is estimated by CEMACH [Confidential Enquiry into Maternal and Child Health] that around 30 per cent of domestic abuse begins during pregnancy." Cited in "Domestic abuse", published by the British Medication Association in June 2007 and updated in September 2014. www.bma.org.uk. [accessed on 6 February 2020].

(escalation), was pregnant, had substance misuse issues, and said she had been assaulted. These are domestic abuse risk factors that staff might have identified, assessed the risk to Jenny and responded. The Guidance asks practitioners to "never assume someone else is addressing the domestic violence and abuse issues." In order to own their part in the CCR, ED staff should be able to identify and respond to domestic abuse risk themselves, including referrals to specialist domestic abuse workers.

5.2.166 It is worth noting that the specialist midwife showed good partnership work when she alerted partner agencies – BGSW CRC, Riverside, CGL and GCSC – that Scott had caused trouble at the hospital when Jenny attended for an antenatal appointment in September 2017.

5.2.167 Since September 2017, GDASS has piloted a health IDVA (HIDVA) based in Gloucester Royal Hospital to offer support to all services across the trust. The IDVAs work directly with clients at all risk levels (and note that the majority of their referrals have been high risk). They also offer training and support to hospital staff at all levels around identifying domestic abuse, effective risk assessment and safety planning. They offer ad hoc training to departments when a need is identified and regular DASH RIC and MARAC training, alternating sites. They have also offered drop-in clinics in various departments.

5.2.168 The HIDVA training of all staff in midwifery and gynaecology has led to an increase in referrals from those specialties. The HIDVA also now work very closely with the mental health liaison and drug and alcohol teams.

5.2.169 **Recommendation for GHT maternity staff: An anonymised audit of maternity records to be undertaken and results reported to Safer Gloucestershire. Audit methodology must demonstrate that questions have been asked about domestic abuse on two or more occasions antenatally, that risk factors for domestic abuse have been assessed (and addressed, if identified) and that the expectant mother has been asked about domestic abuse without anyone else present. This audit to be undertaken for the next two years or until an electronic patient record is in place across maternity which provides assurance with respect to compliance with screening procedures.**

5.2.170 Regarding Scott's attendance at ED, GHT identified that they have absorbed the lesson from a previous DHR that injuries to men "from fighting" should trigger professional

curiosity. That previous DHR was underway at the time that Scott came to the ED so the change in practice had not happened yet. The safeguarding training and process now require that, when someone comes to the ED with an injury, initially the nursing staff capture the history of how the injury came about. When the doctor sees the patient, those questions are asked again. When tests are returned and other health professionals are involved, they also will revisit the cause of the injury with the patient. This gives the patient time to reflect on their answer and several opportunities to disclose an abusive situation. Another addition to the process is that staff ask for a mental capacity assessment more often to identify those cases where more intervention is warranted. Staff are also encouraged to express their concern to patients, especially where the story provided does not match the injuries seen – though that was not the case in this situation.

5.2.171 The police IMR says that the nurse at ED encouraged Jenny, when she attended with injuries and identified them as the result of an assault, to contact the police which is good practice and was effective.

5.2.172 BGSW CRC. Staff worked to get Scott ready and onto the BBR programme, but he withdrew during the first and only session he attended. When the BBR requirement was revoked as unworkable, there was still a need to address Scott's pattern of abusive behaviour so that he did not reoffend. It would have been useful to understand why Scott felt unable to attend. Now the BGSW CRC offer more cycles of the BBR programme and offenders start the programme more promptly. BGSW CRC also report a more robust monitoring system now so that offenders who are assessed as not able to complete the programme are identified early in the supervision process and returned to court for the sentence to be updated accordingly. They made the following recommendation with a view to further improvements

5.2.173 ***Recommendation for BGSW CRC****: Probation services to continue working with domestic abuse perpetrators to get immediate starts on the Building Better Relationships Programme, or to identity where this intervention may not be suitable for an individual, so that the court can be informed of this and an alternative sentence imposed.*

5.2.174 There were missed opportunities for BGSW CRC to do targeted work on domestic abuse with Jenny while Scott was in custody. The first time was from 11 July to 31 August 2017, during which time there are no records of a meeting with Jenny, no safety planning done

in preparation for his release. There were no meetings with Jenny between 13 September 2017 and the end of her community order on 25 October 2017. Scott was in custody from 18 September 2017.

5.2.175 This is a good example of the impact of agencies understanding their role in the coordinated community response to domestic abuse. For agencies that work with victims, the times when perpetrators are in custody provide opportunities to help victims build robust safety plans. BGSW CRC OMs have the responsibility to ensure that, where domestic abuse has been disclosed or reported, that a DASH RIC, safety plan and emergency escape plan are completed, whether by the OM or by another suitable agency. In the last year, BGSW CRC have reinvigorated training in relation to risk assessment and risk management which includes use of DASH RIC, and the need to identify service users who may be at risk of domestic abuse, both male and female.

5.2.176 ***Recommendation for BGSW CRC****: Probation services to continue to roll-out DASH RIC and SARA training and to ensure, through case audits and discussion in supervision, that this is being applied. Probation services to monitor the identification of both male and female victims through these processes.*

5.2.177 Jenny's OM was clear that Jenny did not want to talk about domestic abuse or her personal history. However, after an incident, victims can change their views and be more receptive to support. Agencies should give victims every opportunity to accept support. The OM in this case is reported to have recognised that she responded with leniency to Jenny's issues and it might have been better to provide support and interventions to address those issues.

5.2.178 It seems that Jenny's OM was unable to build a rapport with Jenny that allowed them to do meaningful work together. Though in this case, it appears that Jenny did not share information freely with any agencies, in similar situations where service users appear to be at risk of domestic abuse, a change of OM might facilitate the building of a workable rapport. The improved supervision process will provide more impetus to explore options.

5.2.179 There is no record that any professional explained to Jenny what Scott's licence conditions where, their purpose, and the consequences for him of any breach, though this may have happened. Jenny did say that when Scott was on bail, a detective came to Newton House to tell her about his bail conditions.

5.2.180 Nelson Trust. Jenny attended NT after assaults by Scott and told staff about them. There is nothing in NT's record about contact with GDASS, either with her or on her behalf. GDASS is the specialist domestic abuse agency and may have been able to engage Jenny, with NT's support, or provide information to the NT keyworker to help her safety plan with Jenny. Jenny told several agencies that she was working with NT and professionals appeared to understand this to mean that she was getting specialist domestic abuse support.

5.2.181 In order to be clear about what services are available in Gloucestershire, the Gloucestershire County Council is refreshing its website that provides information, guidance and support service details to professionals and community members concerned about domestic abuse or sexual violence (DASV) and those affected by DASV.

5.2.182 The website will have information for the community about what domestic abuse and sexual violence are and where to get help and support. It will have guidance for individual professionals in supporting service users around these issues and have information for organisations looking to improve their response. This would have been useful for Jenny's NT keyworker in supporting her and helping her create a safety plan.

5.2.183 This on-line guidance for professionals needs to be enhanced by domestic abuse and sexual violence training for staff. There is also a recommendation for closer work between GDASS and NT at 5.2.193.

5.2.184 The website will include campaigns and aim to bring the community together to take a stand against domestic abuse and sexual violence.

5.2.185 Adult Social Care. The concerns raised about Jenny in November 2016 regarding her report of rape, her low mood, and her history of mental ill health would have merited a safeguarding alert. In retrospect, it is not thought that the situation would have met the threshold for a S. 42 enquiry. However, the IMR writer met with the managers of the Helpdesk and they agreed that all staff will receive regular refreshers from the safeguarding team in order to identify safeguarding concerns and that regular reviews will be undertaken of referrals that were not passed to the team but were closed for information only or for no further action.

5.2.186 ***Recommendation for ASC****: Review the Helpdesk practices put in place following this review (regular refreshers from the safeguarding team and regular reviews of referrals not passed to the team) and ensure they are effective.*

5.2.187 ASC also noted that it took too long to screen cases at the Gloucester referral centre. More staff have now been added to the referral centre and a more streamlined system is in place that does not required screening by both health and ASC.

5.2.188 Since the timeframe of this DHR, ASC have adopted an innovations approach which ensures that referrals are screened and triaged in a more efficient manner with information and advice being provided in line with their responsibilities under the Care Act 2014.

5.2.189 Housing. GCH rehoused Jenny at the flat where she eventually killed Scott. There were attempts by GCH to gather more information about the risks to her before the offer of the flat. However, it was known by GCH that Scott was living a short distance away, that he had continually breached licence and bail conditions not to be near her, that Scott had assaulted Jenny several times, and that Scott was known to carry a weapon on occasion. Though housing could not have foreseen the outcome, the situation between Scott and Jenny was redolent of risk. A recommendation has been made above to address this, at 5.2.53.

5.2.190 **Analyse organisations' access to specialist domestic abuse agencies.**

5.2.191 Jenny was referred to GDASS by the police, through the MASH, and by a solicitor who was working with her to obtain the non-molestation order.

5.2.192 In May 2017, Jenny said she was getting support from Nelson Trust. In the Panel meeting, it was agreed that it would be useful for GDASS and Nelson Trust to work more closely together so that they can inform and reinforce each other's work with clients. Clients can accept help from whomever they choose, but it is important as part of the CCR that agencies are giving consistent messages to clients.

5.2.193 **Recommendation: GDASS and Nelson Trust to work more closely together, such as GDASS providing a drop-in service at the Nelson Trust's Women's Centre. GDASS to advise NT staff when they are supporting women who are the victims of domestic abuse.**

5.2.194 Jenny was again referred to GDASS in November 2017, the week before her child was born. Jenny accepted this support and the work completed at that time included safety planning, the DASH RIC, and Jenny agreed to go on the Freedom Programme.

5.2.195 GDASS support men as well as women who have been or are victims of domestic abuse.

5.2.196 **Analyse the policies, procedures and training available to the agencies involved on domestic abuse issues.**

5.2.197 GCSC found that there is a lack of consistency in their training of social workers on domestic violence. They have an internal recommendation at 5.2.140 above.

5.2.198 Adult Social Care found that though they have guidance within Gloucestershire Safeguarding Adults Board's Multi Agency Safeguarding Policy and access to *ADASS/LGA Adult Safeguarding and Domestic Abuse – A Guide to Supporting Practitioners and Managers,* staff would benefit from more specialist training on domestic abuse indicators, risk factors and issues such as coercive control. The ASC made a recommendation that was completed by the time of writing this DHR: The Deputy Social Care managers undertook a training session with GDASS in December 2018 and developed training that was be disseminated to staff within each of their teams in the following six weeks.

5.2.199 Riverside requires mandatory training on domestic abuse for frontline support workers. They have engaged GDASS for this recently so that their local knowledge and expertise can enhance the required training. They trained their staff on trauma-informed care in September 2019.

5.2.200 ***Recommendation for Riverside.*** *Cognitive Behaviour Coaching training to be delivered to support staff in the South West.*

5.2.201 The organisation's domestic abuse policy and practice guidance is under review currently and information from this DHR will be fed into that review. There is a recommendation related to this:

5.2.202 ***Recommendation for Riverside****: Ensure the Riverside Domestic Abuse policy and procedure includes any good practice and lessons learnt from the DHR.*

5.2.203 GCCH suggested that domestic abuse training that makes clear what different agencies can do to respond to domestic abuse and what other agencies do, would help staff know

what their role is and when they should be referring or signposting to other agencies. It was thought that this training would help staff identify the signs of domestic abuse and make their referrals more effective and detailed. There is a recommendation at 5.2.61.

5.2.204 GreenSquare has a domestic abuse policy that outlines the steps to take to support a service user or staff member who is suffering from domestic abuse. GDASS have attended these team meetings to talk about their work.

5.2.205 As a result of this DHR, GreenSquare have undertaken additional training of staff to ensure that housing support needs and risk assessments are thorough, that all support workers undertake mandatory domestic abuse training that includes specific training on their role in the coordinated community response to domestic abuse and ensuring that this training is refreshed at regular intervals. GreenSquare have undertaken to ensure that all support workers have read the domestic abuse policy and have a refresher on it every 12 months in team meetings.

5.2.206 Domestic abuse training is not mandatory but is offered to new employees as an eLearning module and a refresher is offered every three years. The safeguarding training that staff receive through Gloucestershire County Council includes domestic abuse. GreenSquare note that staff have attended training around operational responses to domestic abuse, such as MAPPA, MARAC and MASH and special dedicated events such as a workshop on identifying and responding to victims of domestic abuse and domestic violence and Homelessness Reduction Act.

5.2.207 Turning Point. TP has a domestic abuse policy which all staff are expected to be familiar with and abide by. Staff all receive safeguarding training, which includes some content on domestic abuse. Yet TP thought that additional training would help. TP are now recommending that all services access local training on domestic abuse in order to allow for local referral pathways and networks to be established. TP have also added specific domestic abuse awareness training to the e-learning resources they provide for staff.

5.2.208 Gloucester Health and Care NHS Foundation Trust. GHC Trust has a domestic abuse policy that is available to all staff on the intranet. This outlines the organisation's approach to clients, patients and staff who are or have been affected by domestic abuse and may require information or help. This policy is under review at the time of writing the overview report to incorporate legislative changes and early findings from another DHR in

Gloucestershire. The policy will be gender neutral and will encourage staff to raise questions with men as well as women.

5.2.209 Domestic abuse is included as part of the mandatory safeguarding training during induction of all GHC Trust staff. This is at the awareness-raising level. Gloucestershire Safeguarding Children's Board has offered DASH RIC and MARAC training at Level 3. Staff are encouraged to attend the training and supervision that is currently being offered to all practitioners who have patient contact. The training includes coercive control. GHC Trust say that specialist training will be provided to all staff where it is deemed essential to their role. This includes a two-day course and an advanced one-day course at Level 3.

5.2.210 P3. P3 reported that all managers complete Safeguarding Adults Training at Level 3 and this is refreshed every two years. P3 have a domestic abuse champion in each of their teams. Their Safeguarding Lead and domestic abuse champions have completed a half-day domestic abuse training course provided by GDASS. GDASS also attend team meetings periodically to give updates and information to staff.

5.2.211 All frontline staff and managers complete the following online training: Safeguarding Adults (refreshed every two years), Trauma-Informed Approaches, A Risky Business, and Working with Women with Complex Needs.

5.2.212 Detailed information on domestic abuse training and policies was requested from other agencies and not received at the time this report was finalised. The Chair recommends that all frontline workers have domestic violence training that helps workers identify domestic abuse, ask questions, and understand their role in the coordinated community response (CCR). For the creation of this CCR, the following recommendation is made.

5.2.213 **Recommendation: All Panel agencies to regularly provide details of their domestic abuse training to Safer Gloucestershire so they have oversight of the levels of training in the workforce. All Panel agencies to ensure that their domestic abuse training includes recognising and responding to male victims of domestic abuse**.

### 5.2.214 Review the learning from this review against those of previous DHRs in the area

5.2.215 There were findings from previous DHRs that are repeated in this DHR. Safer Gloucestershire will be reviewing the Action Plans from the previous DHRs to see how the recommendations here fit into or build on existing plans.

5.2.216 DHR for Rosie (2015)

- The need for domestic abuse training, particularly with housing staff, and the need for domestic abuse champions within organisations.
- The need for organisations to have domestic abuse policies with appropriate processes and guidelines.
- Housing to ensure in-depth homelessness expertise is available, alongside a countywide housing domestic abuse policy to ensure consistent approach and regular refresher training.

5.2.217 As both Jenny and Scott had suffered trauma in their childhood, the DHR for Lucy[53] is pertinent:

- A need to focus on early intervention and encourage family-based approaches and restorative practice.
- Ensuring an increase in supervision for professionals responding to complex cases.
- A review of MARAC practices and processes, clarifying role and responsibilities, capacity, agency engagement and governance.

5.2.218 DHR for Bob[54]

- Staff to be professionally curious with regards to information shared by victims and explanations given for things such as injuries.

[53] On Cheltenham Borough Council website. Jeremiah, D., *Domestic Homicide Review into the death of Lucy and her unborn child, Sarah*. Published by Cheltenham Strategic Leadership Group.

[54] On Forest of Dean website. Warren, D. *Domestic Homicide review into the Death of Bob M*, Published by Forest of Dean Community Safety Partnership

### 5.2.219 Explore the options for men suffering domestic abuse

5.2.220 Scott's mother thought that Scott was being controlled to an extent by Jenny but was very aware of the risk Scott posed to Jenny. When interviewed, she said that she did not think that Scott would have recognised that Jenny might have been a risk to him, which may explain Scott's response to the social workers asking about this. More public information about men being victims of domestic abuse and the help available might have helped him acknowledge Jenny's risk to him.

5.2.221 In the past year, GDASS received 5225 referrals through their main referral routes, the helpdesk and IDVA, and report that 11.1% of those referrals were for men. These referrals are for all risk levels.

5.2.222 SafeLives records that across the UK, 5.2% of those referred to MARAC (that is, those at high risk) were men.[55] SafeLives guidelines suggest that the % of MARAC referrals who are men should be between the national average and 10%, based on the findings of Hester's work, *Who Does What to Whom*?[56].

5.2.223 In response to the request for information about the provision of services for men suffering abuse in Gloucester, the DASV Strategic Coordinator for the county provided the following information.

- Campaign work in Gloucestershire ensures that images and references include male survivors and that the county-wide service provided by GDASS supports male victims. If those survivors prefer, they can be referred to the national Mankind service.
- In 2019, the 16 Days of Action campaign focused on how communities can help and identify domestic abuse. One poster featured a male victim and addressed barriers they face.

[55] See http://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data.
[56] Hester, M (2009) *Who does What to Whom: Gender and Domestic Violence Perpetrators*, Bristol: University of Bristol in association with the Northern Rock Foundation. See also, http://www.safelives.org.uk/node/521.

- All campaign and training provided by the DASV Strategic Coordinator, GDASS and the constabulary in the county includes advice about supporting male victims of domestic abuse.

5.2.224 Scott as a victim of domestic abuse – see section on Male victims below.

5.2.225 The professionals around Jenny found her threatening and difficult to work with. The social workers felt that Jenny may have been controlling Scott when she threatened others with him. Social workers had unconfirmed reports that Jenny had attacked Scott on a number of occasions and one time in the stomach. They tried to talk to Scott about this, but he would not discuss it. It may be that completing a DASH RIC with Scott might have shown him, as it does with other victims, that he was at serious risk of harm. If Scott did not feel that it was safe to share information with the social workers, they could have gained information from other sources.

5.2.226 Social workers documented that Jenny felt safe with Scott because he protected her from others. It may be that her using him to threaten others was indicative of the control that Jenny had over Scott. His mother had evidence of that when Jenny rang Scott to get him to come to Gloucester though his licence conditions meant that he could not go near her.

5.2.227 Social workers are aware of the male helpline for domestic abuse but were not aware of any services for men locally. Further awareness about male victims of domestic violence, the barriers they face in getting support and what support is available would have helped social workers to see Scott as a potential victim as well as the perpetrator of violence. GDASS had a service for men in the timeframe of this review, but social workers did not know that, and there was no documented effort to find help for him. Since this DHR, GCSC and GCSE have delivered training on male victims of domestic abuse to social workers, their managers, advanced practitioners, and heads of services.

5.2.228 Gloucestershire County Council commissions domestic violence services. The GSCE has a multi-agency two-day domestic violence training course which includes intimate partner violence for both male and female victims of domestic abuse. It is a foundation level course and there is an additional course for more advanced practitioners. GCSC has recently developed an essentials course on domestic violence for social workers.

5.2.229 The work that has been undertaken since Scott's death, and the recommendation at 5.2.140 address this.

### 5.2.230 Explore the impact of multiple child removals on the parents

5.2.231 GCSC identified research[57] about the impact on birth parents of the repeated removal of their children into local authority care. The research estimates that at least one in four women who have had children involved in care cases will end up being subject to further family court proceedings, and the study thought that was an underestimate.

5.2.232 ***Recommendation for GCSC****: All social workers to have an improved understanding in their team meetings about the impact of multiple removals of children on parents, especially mothers.*

5.2.233 Scott had lost contact with both of his children. His obvious delight in his new child and his distress that his actions might mean that he could not see the child again are evidence of his attachment. The Safe and Together model[58] of work with families includes a focus on fatherhood.

5.2.234 The Pause programme described below is for women who have had their children taken away. The impact on fathers of losing contact with their children appears to be underexplored and programmes for them, are difficult to find, if they exist at all.

5.2.235 Until there is targeted support for them, fathers who have lost contact with their children through the social care system should be offered counselling.

5.2.236 A number of agencies remarked on Jenny's loss of motivation to adhere to programmes after decisions were made to permanently remove her older children and to put her unborn child into care when it was born. These multiple removals had system-wide repercussions for Jenny, including housing.

5.2.237 As a Panel member from GCSC recognised, Jenny may have continued to have children in the hope that she could keep one.

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[57] Broadhurst K., Alrouh B., Yeend E., Harwin, J., Shaw, M., Pilling M., Mason C., Kershaw, S. (2015) Connecting Events in Time to Identify a Hidden Population: Birth Mothers and Their Children in Recurrent Care Proceedings in England https://academic.oup.com/jbsw/article/45/8/2241/2494830.

[58] www.safeandtogetherinstitute.com.

5.2.238 At the start of the 4th Panel meeting, the CEO of One25[59] in Bristol gave a presentation on the Pause programme that works with women who have had two or more children permanently removed to reduce the cycle of birth and removal. The presentation highlighted key areas of this work, many of which map to this case: drug and alcohol support, practical support around housing, dealing with professional contacts, taking responsibility, health needs, dealing with past trauma and own childhood, loss and grief. The presentation highlighted aspects of an approach that works: multi-agency, a trusted relationship with a consistent case worker, assertive outreach, flexibility of casework, small caseloads, and continuous communication. She also highlighted the challenges which, again, are apparent in this case: the challenge of engaging women in crisis and the 18-month timeframe for support does not suit all women. The CEO also provided a costing exercise for the consideration of Gloucestershire.

5.2.239 Gloucestershire Care noted that, though decisions on the baby's care were taken in the best interests of the child, Scott and Jenny would have experienced this as further losses, as they both had previous children whom they were no longer caring for.

5.2.240 Gloucestershire County Council is committed to supporting women who have had multiple children removed from their care. To this end, GCSC commissioned a wider vulnerable women's project, delivered by NT, to consider the issues relating to women who had have multiple children removed. The project will be reviewed and evaluated and used to inform the development of the vulnerable women's project.

5.2.241 GCSC is currently working with Gloucester University to establish good practice models to progress this work. This project was informed by the "Pause" project, including intensive key workers, but varies from it for instance in offering advice and support around contraception only but not making contraception mandatory. It also includes all parents, mothers and fathers, who lose contact with their children following proceedings.

5.2.242 **Recommendation: DASV Commissioning Partnership in conjunction with commissioners for children's social care consider the evaluation of the**

[59] See www.one25.org.uk for more information about Pause.

**commissioned pilot for supporting vulnerable women and use that to inform specific support for women who have had multiple children taken into care.**

5.2.243 **Explore agencies' responses to multiple perpetrators and serial perpetrators, if evidence supports this**

5.2.244 Scott had been referred to MARAC in another area following his breach of a restraining order there. The other MARAC was unaware that Scott was not still living in that area, so information was not exchanged until this DHR was underway.

5.2.245 Jenny had been physically aggressive. On 28 October 2016, Jenny received a two-month community sentence for offences including assaulting a police officer, common assault, criminal damage, being drunk and disorderly, and breaching her bail conditions. The community court order required Jenny to engage with Change Grow Live for three months. She was discharged for non-engagement. Her violence and aggression were managed by her support workers, but not directly addressed. This is addressed in the section on risk assessments.

5.2.246 **Explore agencies' responses to repeat victims of domestic abuse, if evidence supports this**

5.2.247 In this case, both Scott and Jenny had been victims of abuse and were vulnerable through their mental health difficulties, homelessness and substance misuse. Their lives appeared to regularly involve or run the risk of violence. Their intermittent homelessness and substance and alcohol misuse would have presented barriers to consistent and effective interventions. To overcome barriers like these requires consistent and long-term work.

5.2.248 GDASS reported that it employs five full-time IDVAs and one part-time IDVA. Over the past 12 months, 986 cases were referred into the GDASS IDVA service which equates to approximately 180 cases/year/IDVA. The GDASS manager reported that the GDASS IDVA team are always working at full capacity with clients identified as high risk within Gloucestershire. The manager says that those with complex needs are managed within the IDVAs' current caseload.

5.2.249 The SafeLives recommendation is that IDVAs have 100 referrals/year/ IDVA with an expected engagement rate of about 60 – 80%.[60] So the current IDVA team are carrying two to three times the recommended case load. Some areas have found that specialist IDVAs that carry a smaller load of clients who have complex needs can provide more intense support that can be successful. This would work well with the recommendations about drop-ins at HHCT and Nelson Trust.

5.2.250 **Recommendation: DASV Commissioning Partnership and GDASS to review the IDVA provision and explore specialist IDVAs for repeat victims of domestic abuse and those with complex needs.**

5.2.251 Several Gloucestershire agencies are introducing an understanding of adverse childhood experiences (ACEs) across their services. Operation Encompass supports children and young people who are affected by domestic abuse through their schools. Following any domestic abuse incident being reported to the police, the police, will make contact with one of the Education Researchers within the Gloucestershire MASH who will then communicate relevant, necessary and proportionate information to nominated school staff.

5.2.252 The Gloucestershire Hospitals Trust Maternity and Neonatal Services ACEs Pilot works with expectant parents to try and break the ACEs' cycle before a child is born. The pilot has created their own toolkit that asks parents about ACEs and resilience during pregnancy and identifies interventions to prevent and mitigate risks to the child, build resilience, and to help build positive parenting. Plans are underway to modify the original tools and then roll them out to maternity and other services.

5.2.253 Health visitors are trained in neonatal behavioural observation and are being trained in video interaction guidance. Both are observational tools used to help health professionals and parents identify the kind of support a baby will need for successful growth. The subsequent work can help parents feel closer to their child, reducing the likelihood of attachment issues and post-natal depression, as well as helping to break the cycle of ACEs at an early stage.

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[60] SafeLives' *Reviewing your MARAC data*, Indicator 2, at www.safelives.org.uk/node/521.

5.2.254 Gloucestershire County Council has been awarded a small grant from the Department for Work and Pensions to develop its Reducing Parental Conflict[61] Programme to embed evidence-based support to tackle parental conflict and training frontline practitioners. The programme plans to create robust connections with ACEs, Early Years Outcomes, Mental Health Trailblazer and trauma-informed schools, etc, so that all these agendas are integrated.

5.2.255 Gloucestershire County Council's children and families' commissioning team have developed a toolkit to help start the conversation around ACEs and develop a greater understanding of resilience and hope among children, families and communities. Over 30 organisations and community groups have piloted the toolkit[62] in a variety of different situations and scenarios. The evaluation is due to be published in 2020.

5.2.256 The GCSC also made this recommendation:

5.2.257 ***Recommendation for GCSC****: All social workers, their managers and leaders to have workshop, team discussions on ACEs, wellbeing of parents and what resources are available for work with parents. A programme of activity to be started immediately and continue for the next calendar year in support of parents who have multiple ACEs.*

5.2.258 Turning Point suggested that consideration should be given to a multi-agency approach to people with a range of complex vulnerabilities such as Scott and Jenny. There is a recommendation at 5.1.56 to this effect.

## 5.3 Equality and Diversity

5.3.1 The Panel considered the protected characteristics in this case and concluded that Scott's age, sexual orientation, religion, and marital status had no impact on the responses that he received from services. Similarly, the age, sexual orientation, religion and marital status had no discernible impact on the service received by Jenny. The issue of gender reassignment was not pertinent to this case.

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[61] www.reducing parentalconflict.eif.org.uk

[62] www.actionaces.org/trailblazers-pilot-new-toolkits/

5.3.2 **Sex**

5.3.3 The characteristic of sex is always one to explore in domestic abuse cases. Scott was the perpetrator in the records and Jenny was the victim of record in this case. Yet Scott was the one who was killed. This challenges us to look past stereotypes and reach the person.

5.3.4 Indicators of domestic abuse. There were a number of aspects of this case that, if Scott had been a woman and Jenny a man, would likely have been responded to differently. Jenny was verbally aggressive to staff and used that aggression to exercise control over the conversations she had with staff. Scott had stab wounds that his family say were from Jenny. The family report that Scott told professionals that the wounds were inflicted by Jenny, though this does not appear in the information provided by agencies. Professionals did see and document the wounds when working with Scott.

5.3.5 BGW CRC noted that Scott said that when he was with Jenny, he was more likely to get into trouble to protect her or to respond to her urgings to be violent. A recognisable feature of controlling behaviour is when the controlling partner asks the other to commit crimes for them. Social workers did ask Scott about Jenny's behaviour towards him when they understood that Jenny used Scott as a protector.

5.3.6 Scott also came into ED four times for injuries from fighting or being assaulted. No more detail was taken about those events. If Scott had been a woman, it is likely that more questions would have been asked about these injuries. GHT say that ED staff have, since this case, absorbed the lesson of a previous DHR, that staff should be more professionally curious about men presenting with injuries from "fighting". (This was explored above at 5.2.170)

5.3.7 When Scott pleaded guilty to charges of assault against Jenny in May 2017, Scott cited "excessive self-defence".

5.3.8 There is evidence of the different experiences of men and women as victims of domestic abuse. In a 2017 study[63] of men attending GP surgeries, researchers found that around half of respondents reported experiencing harmful behaviour from a partner. When the

[63]Hester, M., Jones, C., Williamson, E., Fahmy, E., & Feder, G. (2017) 'Is it coercive controlling violence? A cross-sectional domestic violence and abuse survey of men attending general practice in England', Psychology of Violence, 7(3), pp. 417-427.

study asked about the men's experience of coercive and controlling behaviour, only 4.4% of those questioned reported experiencing this and of those, nearly half also reported perpetration against their partner.

5.3.9 Only the social workers tried to initiate a conversation with Scott about whether he felt safe with Jenny, whether he had ever been hurt by her, and whether she had threatened him. The Men's Advice Line's booklet, "Talk it Over", notes that there are myths that can act as barriers to men talking about abuse happening to them. These include that domestic violence does not happen to men and that men who experience abuse are weak or not "real" men.[64] Scott's family suggested similar reasons why he might not have talked to professionals about any abuse or control he was experiencing from Jenny. In interview, his family said that Scott would never have acknowledged that Jenny posed a threat to him, and that he was likely to have felt it would be humiliating to acknowledge that Jenny could beat him up.

5.3.10 In this case, it is not clear, even in retrospect, what the dynamic between Jenny and Scott was, but there were indications that Scott might have been controlled by Jenny. In addition, the knife wounds and Jenny's aggression could have led professionals to ask him further questions about the relationship. These were missed opportunities to ask questions of Scott and perhaps gain more information about what was happening between him and Jenny.

5.3.11 Some staff were unaware of the referral routes for men suffering abuse and would have not been sure of where to go with any disclosures.

5.3.12 There is work underway to update the website about routes for safety for male victims and there is a recommendation about training on male victims (5.2.212) .

5.3.13 Scott as a father. The BSGW CRC plan for Scott did not include the issue of having children removed and for exploring the impact of this on him. Mr. B wrote, "*There are two children without their father. Scott wanted desperately to be a father but simply didn't*

[64] Respect (n.d.) "Talk it Over: Help and support for male victims of domestic violence and abuse". Available at http://www.mensadviceline.org.uk/wp-content/uploads/2017/01/Mens-Advice-Line-booklet-for-male-victims-1.pdf [Accessed: 20 February 2020].

*know how. We understand that Scott may have had to take a secondary role in his children's lives but I believe he would have accepted this if he could have had the confidence of those who could facilitate his involvement in his children's lives.*"

5.3.14 BGSW CRC note that the majority of their work with Scott was about crisis management and trying to get him to comply with the orders in place and to reduce the risk of harm that he posed. While acknowledging that Scott's OMs had not explored the impact on him of the loss of contact with his children, they considered that such exploration would have required Scott to be in a stable condition for a period of time to do this. There was no such stable period while he was being supervised by them. The risk issues, of necessity, took priority. BGSW CRC recommended the following:

5.3.15 ***Recommendation for BGSW CRC****: Probation services to ensure that Offender Managers are aware of the importance of exploring loss issues with Service Users when they do not have access to their children. This will need to be part of the sentence planning process and clearly recorded.*

5.3.16 Scott felt the loss of his children keenly and it may be that the impact of such losses on men are underestimated. Until there is a programme for fathers, counselling might be offered to such men.

5.3.17 This report recommends that the area explore the possibility of the Pause programme for women who have had children taken into care to help them recover. We could find no equivalent programme for fathers who have lost their children.

5.3.18 Scott as a vulnerable man. The family felt that the response to Scott's behaviour was primarily criminal, whereas they thought he needed a mental health response. The family suggested a combined response of police and mental health so that mental health staff were protected, and men like Scott got the medical help they need, rather than being criminalised.

5.3.19 This review has a recommendation to develop a care pathway for those with complex needs and multiple disadvantage and there is a new initiative (SSTS) underway to improve the response to homelessness.

5.3.20 Scott as a domestic abuse offender. There may need to be more programmes offered to domestic abuse offenders to address the different drivers of abusive behaviour. The

application of Johnson's different typologies of domestic abuse is not yet developed enough to offer a clear recommendation here, but the Review notes it for future development.

5.3.21 Female offenders. BGSW CRC report that female offenders represent about 15% of their caseload. Research shows that women offenders are more likely to have been the victim of physical or sexual abuse from men, demonstrate issues with depression, anxiety and self-harm in custody and be the primary carers of children when entering the criminal justice system. In recognition of this, BGSW CRC works with NT's Women's Centre to provide a female-only place for supervision and interventions. The NT is commissioned to provide gender-responsive services and a bespoke one-to-one service for women, depending on their needs.

5.3.22 In this case, the services offered to Jenny through the NT's Women's Centre were designed to be highly responsive to the particular needs of women. Jenny appears to have felt comfortable enough there to participate in groups and attend appointments.

5.3.23 ***Recommendation for BGSW CRC**: Probation services to identify a Women's SPOC in Gloucestershire LDU in line with BGSW CRC's policy in relation to working with female offenders.*

5.3.24 **Maternity/pregnancy**

5.3.25 Jenny's pregnancy was a significant protected characteristic and vulnerability for her. Jenny's pregnancy brought her to the attention of GCSC in their responsibility for the health and safety of her unborn child. Jenny was offered a good deal of support through the FDAC programme in order to address her drug and alcohol use and support her to address the domestic abuse. Jenny was not disadvantaged by her pregnancy.

5.3.26 Given Jenny's history of having her previous children removed, her pregnancy again focused agency attention on her mothering skills and ability to care for a child. For Jenny, those previous experiences and her own life experiences (of which we know little) meant that she found it difficult to trust agencies and to work with them for the safety of her unborn child and herself.

5.3.27 GHT have specialist midwives that work with vulnerable women. Jenny, and Scott, had the benefit of this team's care through Jenny's pregnancy.

5.3.28 Elsewhere in this report we have explored the risk that the focus on the health and safety of the unborn baby may have obscured both the risks to Jenny and her own needs. This focus on the unborn baby may have presented an additional barrier to Jenny getting support.

5.3.29 **Vulnerabilities**

5.3.30 Neither Scott nor Jenny were disabled, but due to their mental ill health, homelessness and substance and alcohol use, each found it difficult to access services consistently and to adhere to the plan laid out that would have enabled them to be able to raise their child. Agencies' records show that all these vulnerabilities were recognised by agencies and that agencies adapted their processes and expectations accordingly. Some agencies feel that perhaps they were too lenient at times to accommodate these vulnerabilities.

5.3.31 Scott's mental ill health was a particular driver for his behaviour. Recommendations are made regarding the oversight of his medications and, more ambitiously, for a new care pathway to be developed in Gloucestershire for those with complex needs and multiple disadvantage.

5.3.32 The record of events shows the impact of trauma on both Scott and Jenny. There are various initiatives underway to identify those who have been traumatised and empower them to trust and work with services.

# 6. Conclusions and Lessons Learnt

## 6.1 Conclusions

6.1.1 This was a complex case and the dynamic between Scott and Jenny was complicated by their mental health problems and substance and alcohol misuse. They were both grieving the loss of their children and shared a desire to keep the child they had together.

6.1.2 The most urgent need seen throughout this review, was the need for Scott to have his depot injections. His family struggled to make this happen for him and flagged when he was becoming unwell. Scott did not go to the same place for his depot injections and the information systems did not share information well, so that agencies thought he was getting his depots when he was not. This report acknowledges that people must be able to make decisions about their own care, even when they are against professional advice, but a more workable system is needed: both in terms of systems that provide clinicians with up-to-date health information, including what injections a patient needs and has had, and closer oversight of patients with multiple disadvantages to understand better what their barriers are and to address them.

6.1.3 As domestic abuse is gendered, with most victims being women and most perpetrators being men, the training reflects this. Stereotypes about gender roles make it difficult for men who are being abused to look for help. When staff are threatened by a service user, questions should be asked about the safety of those around that service user. There were occasions when, if Scott had been a woman, it is likely that more questions would have been asked about whether he was safe and what was happening to him. Agency workers need training to be able to see those opportunities, ask questions effectively and know what to do with the answers. Workers need to know the referral routes for male victims of domestic abuse.

6.1.4 There were examples of poor understanding of the dynamics of domestic abuse. Partner agencies need to ensure that staff are trained, and that training is regularly refreshed. Though a number of agencies and processes address perpetrator accountability and the safety of children, as does the MARAC, the MARAC is unique in its main focus being the domestic abuse victim's safety.

6.1.5 There was some evidence of confusion over the roles of different agencies. When Jenny said she was getting support from somewhere else, it was accepted and not checked. It was not always clear that she was getting support elsewhere. Similarly, Scott's assurances that he was about to get his depot were accepted without being followed up. The blatant breaches of the NMO should have been challenged by all the agencies that knew of them and discussed with Scott and Jenny.

6.1.6 In a coordinated community response to domestic abuse, everyone is responsible not only for doing their piece of the work to keep victims safe, but also for ensuring that the whole system works. It may be that when so many agencies are involved, agencies rely on the process in place to gather and share information and may assume that other agencies are addressing an issue. All agencies have the responsibility to respond to domestic abuse.

6.1.7 From the agencies' perspective, Scott and Jenny were challenging to help. They moved from service to service, did not attend appointments, were often homeless and, as a consequence, were difficult to contact, and they often came to appointments inebriated. An impact of their mental ill health and substance misuse appeared to be that they found it difficult to carry out the plans they had agreed with professionals.

6.1.8 Both Scott and Jenny responded to the support from FDAC, but that support was for them as parents, rather than as individuals. As it was, of necessity, focused on the child's needs, the support was only offered for a limited amount of time until decisions could be made about the parents' suitability. Each agency had its own responsibilities, but both Scott and Jenny needed a more holistic response.

6.1.9 Scott's mother explained some of the trauma that Scott had suffered as a younger person. It seems that Jenny too had suffered trauma. The problems that each had were bigger than any one agency could address. Both would have benefited from a common approach from agencies that was trauma-informed. Some of the organisations in Gloucestershire are trained or being trained in this way of work.

6.1.10 Panel members understood the need for a holistic response for people like Scott and Jenny, who face multiple disadvantages and whom agencies can find challenging to engage. The review recommends a working group to flesh out a care pathway for this clientele and to then advise agencies about their role in it, including trauma-informed

training to help staff build trust with vulnerable clients to enable long-term support and change.

6.1.11 Such service users can be challenging for staff and systems need to be in place to help staff feel safe doing their work.

6.1.12 Scott and Jenny had suffered when they lost their children. The Panel saw that there may have been a pattern developing for Jenny of having a child and then losing it. Jenny said she did not have any support after her children were taken into care. An intervention for women who lose their children would help to stop this pattern and the consequent hardship. We were unable to find a programme that worked with men in this situation. An offer of counselling should be made to men in this situation.

6.1.13 Some of the recommendations require a national response. The review acknowledges that a national approach may take some time and therefore has recommended local responses in the interim.

## 6.2 Lessons Learned

6.2.1 The lessons learned here are high level ones that need practical implementation. Scott's and Jenny's lives, as recounted here, show how their vulnerabilities and needs impacted on their ability to function in the community.

6.2.2 Those with complex lives and needs require long-term coordinated multi-agency responses that are trauma-informed to overcome the difficulties they have in accessing the help and services they need. This is particularly true for those with on-going mental health issues that require regular medication. When their mental health is poor and unaddressed, clients' problems can compound, resulting in them seeking help less often or in the wrong places, and making it more challenging for staff. Staff need to be supported to deliver in these circumstances. The complexity of their vulnerabilities requires an equally complex and integrated system of support.

6.2.3 When vulnerable adults do not make use of services available to them, e.g. mental health, domestic violence or drug and alcohol abuse, the standard response is to discharge them from services. A more bespoke response is required for many vulnerable adults to maximise their opportunities to get the support they need.

6.2.4 Where staff acknowledge and assess the risk a client poses to them, it is important for them to consider who else might be at risk: staff in other agencies, the client's partner and family, the public in general. Agencies recorded the new information they received but did not always analyse the impact of this. Staff and their managers should exercise professional curiosity and share their concerns in the interests of safety. They should think about the "so what" of information, that is, having recorded the information, to think about and record their agency's responsibility and response to any new information.

6.2.5 When working with victims of domestic abuse in any setting, safety is the central concern.

6.2.6 Male victims of domestic abuse need to be recognised and supported. Agencies need the training to identify abuse and know what their role is in providing support and where to refer male victims.

6.2.7 Mothers and fathers who have lost children into care need support to understand and recover from this so that they do not repeat that pattern in the hope of being able to keep the next child they have.

6.2.8 Every agency has a role to play in the coordinated community response to domestic abuse: in asking about domestic abuse, responding to risks and information known, sharing information and escalating concerns about risk and safety.

# 7. Recommendations

## 7.1 National recommendations

7.1.1 **National recommendation 1**

**The National Criminal Justice Board** use this case to review with multi-agency partners how people in Scott's situation – in and out of prison, with mental ill health, using substances, a history of homelessness and domestic abuse -- get identified and supported by the system, including getting consistent proactive support for their mental health and ensuring they are housed appropriately.

7.1.2 **National recommendation 2**

**NHS England** to ensure that, at regional and national level, patients with severe mental health issues (such as schizophrenia) requiring regular antipsychotic medication have clear and specific care plans that identify their regular medication needs. This information must be contemporaneous and should be visible across all healthcare systems, including prison, and accessible as patients are transferred and move across care locations. NHS England to update Safer Gloucestershire every six months until complete.

**As part of this, NHS England** to consider the value and viability of a lead professional for this patient group who could follow up as a patient moves between institutions (e.g. mental health in-patient care) and the community**.**

***As the recommendation above will take time to implement, the following recommendations are included to improve the existing process.***

7.1.3 **National recommendation 3**

**NHS England** to ensure that community GPs promptly provide comprehensive details of a patient's health records when asked by a prison healthcare team for this information. This should include details of the prisoner's history of both physical and mental health problems.

7.1.4 **National recommendation 4**

**NHS England** to develop capability for prison healthcare to access Summary Care Records for prisoners so that prisoners' healthcare needs are addressed immediately.

## 7.2 Multi-agency recommendations

### 7.2.1 Recommendation 1

**Gloucestershire Criminal Justice Board** to use this case to review with multi-agency partners how people in Scott's situation – in and out of prison, with mental ill health, using substances, a history of homelessness and domestic abuse -- get identified and supported by the system, including getting consistent proactive support for their mental health and ensuring they are housed appropriately.

### 7.2.2 Recommendation 2

**Safer Gloucestershire** to create a multi-agency working group to develop a care pathway for those with multiple disadvantage or complex needs, and to advise partner agencies on training their staff to respond to such clients**,** including trauma-informed practice.

### 7.2.3 Recommendation 3

**Safer Gloucestershire** to share the action plan created from this DHR and report to Scott's family every six months on the progress being made.

### 7.2.4 Recommendation 4

**Safer Gloucestershire** to create a housing lead to oversee housing providers' updating of their policies and practices to

(a) Allow more time to make decisions about letting accommodation when seeking additional information and/or assurances from other professionals on matters of safety. Properties should not be let until safety concerns are addressed.

(b) Enable an offer of a tenancy to be withdrawn where necessary reassurances concerning the safety of a proposed tenant and/or member of their household are not obtained.

### 7.2.5 Recommendation 5

**GCSC to work with GDASS** to develop guidance for child protection conference chairs to ensure that the dynamics of domestic abuse inform the deliberations.

7.2.6 **Recommendation 6**

**DASV Commissioning Partnership in conjunction with commissioners Gloucestershire's Joint Commissioning Partnership** consider the evaluation of the commissioned pilot for supporting vulnerable women and use that to inform specific support for women who have had multiple children taken into care.

7.2.7 **Recommendation 7**

**Gloucestershire County Council supported housing commissioners to work with Gloucestershire local authority strategic housing officers** to run a workshop for relevant front line, operational housing staff and housing providers (to include supported housing providers, temporary homeless accommodation providers and registered providers) using this case to improve practice. The workshop should include:

- The role of housing in responding to domestic abuse, including MARACs
- How to safely provide housing to victims of domestic abuse
- How domestic abuse risk informs responses to victims and perpetrators, including timely processes when a victim goes missing
- Key partner agencies in the coordinated community response to domestic abuse
- Consideration of DAHA accreditation for housing providers.

7.2.8 **Recommendation 8**

**GCCH and Gloucestershire local authority strategic housing officers** to work with Registered Housing Providers (RPs) to create a common protocol when housing households that include those who may be perpetrators, and victims of domestic abuse. The protocol should prioritise victims' safety and demonstrate an understanding of the dynamics of domestic abuse.

7.2.9 **Recommendation 9**

**GDASS and Nelson Trust** to work more closely together, such as GDASS providing a drop-in service at the Nelson Trust Women's Centre. GDASS to advise NT staff when they are supporting women who are the victims of domestic abuse.

7.2.10 **Recommendation 10**

**All Panel agencies** to regularly provide details of their domestic abuse training to Safer Gloucestershire so they have oversight of the levels of training in the workforce. All Panel agencies to ensure that their domestic abuse training includes recognising and responding to male victims of domestic abuse.

7.2.11 **Recommendation 11**

**Gloucestershire MARAC agencies** to review their policies and practices regarding risks to staff from clients and to consider how they share such information with other agencies. MARAC Steering Group to consider how the MARAC system can assist in the distribution of such risk information to partner agencies.

7.2.12 **Recommendation 12**

**Gloucestershire MARAC** to ensure decisions around whether to hold a formal or virtual MARAC are made on the basis outlined in the Gloucestershire MARAC Protocol and that virtual MARACs achieve the same outcomes regarding the sharing of information and bespoke multi-agency action plans for victims of abuse. Annual dip sampling and auditing to be undertaken to monitor this.

7.2.13 **Recommendation 13**

**Gloucestershire MARAC** review its current capacity against the expected volume of cases for the population it covers and look to increase capacity, particularly around decision-making. An additional MARAC decision-maker would increase capacity and resilience in the model.

7.2.14 **Recommendation 14**

**DASV Strategic Coordinator** to organise a multi-agency task group to review the risk factors in this case and how temporary situational factors affected risk assessment. Task group to dip sample standard and medium risk DASH RICs from partner agencies to be sure that the DASH RICs identify all the risks in cases and do not reduce risk based on temporary factors or short-term interventions. The learning form this exercise to be disseminated to MARAC partners.

7.2.15 **Recommendation 15**

If there is another DHR in Gloucestershire, **Safer Gloucestershire** to provide a workshop for agencies on writing clear and analytical IMRs for domestic homicide reviews.

7.2.16 **Recommendation 16**

**DASV Commissioning Partnership and GDASS** to review the IDVA provision and explore specialist IDVAs for repeat victims of domestic abuse and those with complex needs.

## 7.3 Individual Agency Recommendations – most from their IMRs

7.3.1 **Gloucestershire Constabulary** (more detail is in Appendix 3)

7.3.2 **Recommendation 1**

Ensure effective handover of serious crime investigations between OICs and Supervisors with a clear investigation strategy which is endorsed on the crime report.

7.3.3 **Recommendation 2**

Ensure relevant domestic abuse and/or child protection records are copied onto Storm incident to assist attending Officers' decision-making process when dealing with a domestic abuse incident.

7.3.4 **Recommendation 3**

Ensure the VIST Risk Assessment is updated with information known by Officers when a victim does not wish to engage with the question set.

7.3.5 **Recommendation 4**

Ensure information regarding potential breaches of bail/licence conditions are added to an individual's nominal record on Unifi.

7.3.6 **Recommendation 5**

Ensure notifications of birth received from Social Care / EDT are forwarded to the Central Referral Unit for an individual's Domestic Abuse / Child Protection records to be updated accordingly, particularly those subject to a Child Protection Plan.

7.3.7 **Recommendation 6**

Ensure full review of intelligence systems to be completed upon receipt of intelligence linked to domestic abuse to identify opportunities to prosecute/safeguard and task appropriately.

7.3.8 **Recommendation 7**

Where intelligence is received relating to a live suspect on a crime, Force Intelligence Bureau to update the crime report to advise the Officer in Charge to review intelligence for information.

7.3.9 **Recommendation 8**

Ensure officers are aware of Crown Prosecution Service advice that proof of service of a Non-Molestation Order is only required where the suspect raises knowledge of the Order as an issue in interview.

7.3.10 **Recommendation 9**

Ensure that supervising police officers review the quality of VISTs and request improvements/re-completion prior to sign off. Police to also consider how the Daily DA meeting can be utilised to provide feedback on VIST quality as a second review to ensure consistent quality of VIST completion across the force.

## 7.3.11 Gloucestershire Children's Social Care

7.3.12 **Recommendation 1**

All social workers to have updated training on patterns of domestic violence with focus on child protection, parenting capacity and how to support parents who are victims and/or perpetrators of domestic violence following this DHR's publication, and refreshed on a regular basis.

7.3.13 **Recommendation 2**

All social workers to have an improved understanding in their team meetings about impact of multiple removals of children on parents, especially mothers.

7.3.14 **Recommendation 3**

All social workers, their managers and leaders to have workshop, team discussions on ACEs, wellbeing of parents and what resources are available for work with parents. A programme of activity to be started immediately and continue for the next calendar year in support of parents who have multiple ACEs.

7.3.15 **Recommendation 4**

Social workers working with challenging and non-engaging parents and who consider themselves at personal risk, should complete a risk assessment. They should be immediately and effectively supported by their Team Managers. The management of risk should be overseen by their respective Heads of Service.

7.3.16 **Recommendation 5**

GCSC and housing providers to regularly liaise in situations where there are child safeguarding concerns for unborn children to ensure that the impact on a tenancy or housing provision is understood, assessed and an appropriate contingency is in place.

7.3.17 **Recommendation 6**

In situations where parents or carers are disengaging and are at risk of being denied services which would impact on their capacity to provide care to their children, social workers should highlight concerns with the relevant agency to inform a multiagency response including the use of multi-agency escalation policy as appropriate. Children's Social Care to follow its responsibility to children if there is non-engagement. This will be highlighted through multi-agency arrangements and the GSCE (Gloucestershire Safeguarding Children's Executive).

## 7.3.18 Bristol, Gloucestershire, Somerset Wiltshire Community Rehabilitation Company

7.3.19 The following recommendations have been directed to 'probation services' to ensure they are not lost in the future re-organisation of probation services that is expected nationally.

7.3.20 **Recommendation 1**

Probation services to continue working with domestic abuse perpetrators to get immediate starts on the Building Better Relationships Programme, or to identity where this intervention may not be suitable for an individual, so that the court can be informed of this and an alternative sentence imposed.

7.3.21 **Recommendation 2**

Probation services to develop a pathway with P3 to effectively challenge each other's risk assessments when looking at a service user's suitability for accommodation. This may prevent delays in the system for vulnerable service users. The first step in this process will be to engage with the Gloucestershire Reducing Reoffending Board who are focussing on the Homelessness Reduction Act and accommodation for offenders as one of their objectives.

7.3.22 **Recommendation 3**

Probation services to ensure that Offender Managers are aware of the importance of exploring loss issues with service users when they do not have access to their children. This will need to be part of the Sentence planning process and clearly recorded.

7.3.23 **Recommendation 4**

Probation services to ensure that all Offender Managers are pro-active in their approach to partnership work, both together and share information, particularly where there are safety concerns.

7.3.24 **Recommendation 5**

Probation services to continue to roll-out DASH RIC and SARA training and to ensure, through case audits and discussion in supervision, that this is being applied. Probation services to monitor the identification of both male and female victims through these processes.

7.3.25 **Recommendation 6**

Probation services to identify a Women's SPOC in Gloucestershire LDU in line with BGSW CRC's[65] policy in relation to working with female offenders.

7.3.26 **Recommendation 7**

Probation services to ensure that Offender Managers are aware of the importance of exploring disclosures of mental health issues and that they are proactive in making contact with mental health services to provide further information and support, if required.

7.3.27 **Recommendation 8**

Probation services to work with housing providers to agree service level standards on response times following enquiries about offers of housing accommodation where there are concerns involving a particular individual or individuals. A process for escalating concerns to also be agreed.

7.3.28 **Gloucestershire Clinical Commissioning Group**

7.3.29 **Recommendation 1**

Gloucestershire Clinical Commissioning Group to advise primary care regarding their response to vulnerable patients and where there are safeguarding concerns. The advice should include:

- Practices to regularly discuss vulnerable patients amongst the team to ensure awareness of cases
- Patient notes to be kept up to date regarding vulnerability and safeguarding discussions, and management plans.

[65] BGSW CRC's policy remains in the recommendation as it is an existing specific policy that is helpful to ensure delivery of this recommendation.

- The challenges to continuity of care – such as temporary registrations, prison time, or missed appointments for vital medications – to be documented, discussed and escalated where unresolved by previous management plans.

7.3.30 **Recommendation 2**

Gloucestershire CCG to encourage primary care that when registering a patient, to enquire about household members and social history.

7.3.31 **Recommendation 3**

Gloucestershire CCG to encourage primary care that patient records should be flagged with social care history, substance misuse as well as the children of the index patient.

7.3.32 **The Riverside Group**

7.3.33 **Recommendation 1**

Cognitive Behaviour Coaching training to be delivered to support staff in the South West.

7.3.34 **Recommendation 2**

Ensure the Riverside Domestic Abuse policy and procedure includes any good practice and lessons learnt from the DHR.

## 7.3.35 Gloucester Hospitals NHS Foundation Trust

7.3.36 **Recommendation for GHT maternity staff**

An anonymised audit of maternity records to be undertaken and results reported to Safer Gloucestershire. Audit methodology must demonstrate that questions have been asked about domestic abuse on two or more occasions antenatally, that risk factors for domestic abuse have been assessed (and addressed, if identified) and that the expectant mother has been asked about domestic abuse without anyone else present. This audit to be undertaken for the next two years or until an electronic patient record is in place across maternity which provides assurance with respect to compliance with screening procedures.

### 7.3.37 Adult Social Care

7.3.38 **Recommendation**

Review the Helpdesk practices put in place following this review (regular refreshers from the safeguarding team and regular reviews of referrals not passed to the team) and ensure they are effective.

### 7.3.39 Gloucester City Housing

7.3.40 **Recommendation 1**

Upon breakdown of the Homeless Hostel placement due to non-engagement, GCH should make a referral to a homeless rough sleeping outreach service, if available, to flag the vulnerable person to attempt further follow-up engagement.

7.3.41 **Recommendation 2**

GCH to put a ‘flag’ on the housing management systems to identify vulnerabilities/cautions concerning tenants to indicate that follow-up with an ASB officer is necessary to monitor safety.

7.3.42 **Recommendation 3**

Where a tenant has made statements that suggest vulnerabilities from visitors, GCH to undertake further post-letting informal contacts on a regular basis to help identify if there are further issues.

### 7.3.43 Gloucester Health and Care NHS Foundation Trust

7.3.44 **Recommendation 1**

Where there is a known history of domestic abuse within a relationship, GHC Trust staff will take every opportunity to explore this with the victim when it is safe to do so and demonstrate consistent professional curiosity. This will be reinforced with the review of the policy and training, group supervision and all GHC Trust staff forum.

7.3.45 **Recommendation 2**

To review the GHC Trust Domestic Abuse Policy as the current focus is for staff to know what to do in the event of a disclosure. More guidance is required within this policy about the indicators of potential domestic abuse to enable more effective signposting to specialist services.

7.3.46 **Recommendation 3**

GHC Trust domestic abuse training to encompass all the indicators of domestic abuse which may be evident prior to a disclosure.

7.3.47 **Recommendation 4**

All client-facing staff to have mandatory domestic violence training that is refreshed regularly and that includes information about the dynamics of domestic abuse.

# Appendix 1: Domestic Homicide Review Terms of Reference: Case of Scott

This Domestic Homicide Review is being completed to consider agency involvement with Scott and alleged perpetrator Jenny following the death of Scott in April 2018. The Domestic Homicide Review is being conducted in accordance with Section 9(3) of the Domestic Violence Crime and Victims Act 2004.

### Purpose of DHR

1. To review the involvement of each individual agency, statutory and non-statutory, with Scott and Jenny during the relevant period of time 1 April 2016 to the time of Scott's death. To summarise agency involvement prior to 1 April 2016.

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

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

4. To apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate.

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

6. To contribute to a better understanding of the nature of domestic violence and abuse.

7. To highlight good practice.

### Role of the DHR Panel, Independent Chair and the CSP

*8. The Independent Chair of the DHR will:*

a) Chair the Domestic Homicide Review Panel.
b) Co-ordinate the review process.
c) Quality assure the approach and challenge agencies where necessary.
d) Produce the Overview Report and Executive Summary by critically analysing each agency involvement in the context of the established terms of reference.

*9. The Review Panel:*

a) Agree robust terms of reference.
b) Ensure appropriate representation of your agency at the Panel: Panel members must be independent of any line management of staff involved in the case and must be sufficiently senior to have the authority to commit on behalf of their agency to decisions made during a Panel meeting.
c) Prepare Individual Management Reviews (IMRs) and chronologies through delegation to an appropriate person in the agency.
d) Discuss key findings from the IMRs and invite the author of the IMR (if different) to the IMR meeting.
e) Agree and promptly act on recommendations in the IMR Action Plan.
f) Ensure that the information contributed by your organisation is fully and fairly represented in the Overview Report.
g) Ensure that the Overview Report is of a sufficiently high standard for it to be submitted to the Home Office, for example:
    - The purpose of the review has been met as set out in the Terms of Reference;
    - The report provides an accurate description of the circumstances surrounding the case; and
    - The analysis builds on the work of the IMRs and the findings can be substantiated.
h) To conduct the process as swiftly as possible, to comply with any disclosure requirements, Panel deadlines and timely responses to queries.
i) On completion present the full report to the Safer Gloucester Community Safety Partnership.
j) Implement your agency's actions from the Overview Report Action Plan.

*Safer Gloucester Community Safety Partnership*:

a) Translate recommendations from Overview Report into a SMART Action Plan.

b) Submit the Executive Summary, Overview Report and Action Plan to the Home Office Quality Assurance Panel.
c) Forward Home Office feedback to the family, Review Panel and STADV.
d) Agree publication date and method of the Executive Summary and Overview Report.
e) Notify the family, Review Panel and STADV of publication.

## Definitions: Domestic Violence and Coercive Control

10. The Overview Report will make reference to the terms “domestic violence” and “coercive control”. The Review Panel understands and agrees to the use of the cross-government definition (amended March 2013) as a framework for understanding the domestic violence experienced by the victim in this DHR. The cross-government definition states that domestic violence and abuse is:
“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; and emotional.
Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”
This definition, which is not a legal definition, includes so-called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.”

## Equality and Diversity

11. The Review Panel will consider all protected characteristics (as defined by the Equality Act 2010) of both Scott and Jenny (age, disability (including learning disabilities), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation) and will also identify any additional vulnerabilities to consider (e.g. armed forces, carer status and looked after child).

12. The Review Panel identified the following protected characteristics of Scott and of Jenny as requiring specific consideration for this case: sex and pregnancy.
13. The following issues were identified as potentially important to this homicide: substance misuse, mental ill health, the impact on Scott and Jenny of the repeated removal of their children, multiple perpetrators, serial perpetrators and repeat victimisation.
14. Consideration has been given by the Review Panel as to whether either the victim or the perpetrator was an 'Adult at Risk' Definition in Section 42 the Care Act 2014: "An adult who may be vulnerable to abuse or maltreatment is deemed to be someone aged 18 or over, who is in an area and has needs for care and support (whether or not the authority is meeting any of those needs); Is experiencing, or is at risk of, abuse or neglect; and As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it."
    Abuse is defined widely and includes domestic and financial abuse. These duties apply regardless of whether the adult lacks mental capacity.
    If it is the case that any party is an adult at risk, the review Panel may require the assistance or advice of additional agencies, such as adult social care, and/or specialists such as a Learning Disability Psychiatrist, an independent advocate or someone with a good understanding of the Mental Capacity Act 2005.
    The Care Act 2014 states; "Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances."
15. *Expertise:* The Review Panel will therefore invite specialists in substance misuse, mental health and child removal issues to the Panel as an expert/advisory Panel member to the Chair to ensure they are providing appropriate consideration to the identified characteristics and to help understand crucial aspects of the homicide.
16. If Scott and Jenny have not come into contact with agencies that they might have been expected to do so, then consideration will be given by the Review Panel on how lessons arising from the DHR can improve the engagement with those communities.
17. The CSP/Chair of Review/other Panel member will make the link with relevant interested parties outside the main statutory agencies.

18. The Review Panel agrees it is important to have an intersectional framework to review Scott and Jenny's life experiences. This means to think of each characteristic of an individual as inextricably linked with all of the other characteristics in order to fully understand one's journey and one's experience with local services/agencies and within their community.

## Parallel Reviews

19. The mental health trust is reviewing its involvement in this case though, as the alleged perpetrator was not accessing mental health services at the time of Mr. B's death, this is not a statutory requirement. That review will be used as the basis for the individual management review (IMR) provided by the mental health trust.
20. *[Criminal trial disclosure dealt with in disclosure paragraph below]*

## Membership

21. It is critical to the effectiveness of the meeting and the DHR that the correct management representatives attend the Panel meetings. Panel members must be independent of any line management of staff involved in the case and must be sufficiently senior to have the authority to commit on behalf of their agency to decisions made during a Panel meeting.

22. The following agencies are to be on the Review Panel:
    a) Gloucestershire Clinical Commissioning Group
    b) Gloucestershire Care Services NHS Trust (e.g. health visiting, minor injuries unit) – part of Gloucester Health and Care NHS Foundation Trust since October 2019
    c) General Practitioner for the victim and [alleged] perpetrator
    d) Gloucestershire Hospitals NHS Foundation Trust
    e) 2gether NHS Foundation Trust (mental health) – part of Gloucester Health and Care NHS Foundation Trust since October 2019
    f) Gloucestershire County Council Adult Social Care Services
    g) Gloucestershire County Council Children's Social Care
    h) Gloucester City Community Safety Partnership
    i) Gloucester City Council, Housing Services
    j) Gloucestershire County Council's Safer Gloucestershire Partnership
    k) Riverside English Churches Housing Group
    l) Gloucestershire Domestic Abuse Support Service

m) Gloucester City Homes
n) GreenSquare
o) Gloucestershire Constabulary
p) Working Links Community Rehabilitation Company
q) Change Grow Live – substance misuse support service
r) P3
s) Nelson Trust
t) Gloucestershire County Council commissioner for substance misuse services

23. Scott /Jenny lived in another local authority area. The Review Panel considered this and the following agencies will be invited to contribute to the review: North Bristol NHS Trust, (includes Southmead Hospital in Bristol) and Great Western Hospital in Swindon, Cotswold District Council, and an Out of Area MARAC.

## Role of Standing Together Against Domestic Violence (Standing Together) and the Panel

24. Standing Together have been commissioned by the Gloucester City Council CSP supported by Safer Gloucestershire Partnership to independently Chair this DHR. Standing Together have in turn appointed their DHR Associate (Laura Croom) to Chair the DHR. The DHR team consists of two Administrators and a DHR Manager. The DHR Support Officer (Amy Hewitt and then Helena Canavan) will provide administrative support to the DHR and the DHR Team Manager (Gemma Snowball and then Hannah Candee) will have oversight of the DHR. The manager will quality assure the DHR process and Overview Report. This may involve their attendance at some Panel meetings. The contact details for the Standing Together DHR team will be provided to the Panel and you can contact them for advice and support during this review.

## Collating evidence

25. Each agency to search all their records outside the identified time periods to ensure no relevant information was omitted and secure all relevant records.

26. Chronologies and Individual Management Review (IMRs) will be completed by the following organisations known to have had contact with Scott and Jenny during the relevant time period:
    a) Gloucester Care Services NHS Trust (e.g. health visiting, minor injuries unit, )
    b) General Practitioner for the victim and [alleged] perpetrator

c) Gloucester Hospitals NHS Foundation Trust
d) 2gether NHS Foundation Trust (mental health)
e) Gloucestershire County Council Adult Social Care Services
f) Gloucestershire County Council Children's Social Care
g) Gloucester City Council, Housing Services
h) Riverside English Churches Housing Group
i) Gloucestershire Domestic Abuse Support Service
j) Gloucester City Homes
k) GreenSquare
l) Gloucestershire Constabulary
m) Working Links Community Rehabilitation Company
n) Change Grow Live – substance misuse support service
o) P3
p) Nelson Trust
q) South Western Ambulance Service NHS Foundation Trust
r) Cotswold District Council

27. Further agencies may be asked to completed chronologies and IMRs if their involvement with Scott and Jenny becomes apparent through the information received as part of the review.

28. Each IMR will:
    - Set out the facts of their involvement with Scott and/or Jenny;
    - Critically analyse the service they provided in line with the specific terms of reference;
    - Identify any recommendations for practice or policy in relation to their agency;
    - Consider issues of agency activity in other areas and review the impact in this specific case.

29. Agencies that have had no contact should attempt to develop an understanding of why this is the case and how procedures could be changed within the partnership which could have brought Scott and Jenny in contact with their agency.

## Key Lines of Inquiry

30. In order to critically analyse the incident and the agencies' responses to Scott and/or Jenny, this review should specifically consider the following points:

a) Analyse the communication, procedures and discussions, which took place within and between agencies.
b) Analyse the co-operation between different agencies involved with Scott and Jenny [and wider family].
c) Analyse the opportunity for agencies to identify and assess domestic abuse risk.
d) Analyse agency responses to any identification of domestic abuse issues.
e) Analyse organisations' access to specialist domestic abuse agencies.
f) Analyse the policies, procedures and training available to the agencies involved on domestic abuse issues.
g) Review the learning from this review against those of previous DHRs in the area
h) Explore the options for men suffering domestic abuse
i) Explore the impact of multiple child removals on the parents
j) Explore agencies' responses to multiple perpetrators and serial perpetrators, if evidence supports this
k) Explore agencies' responses to repeat victims of domestic abuse, if evidence supports this

*As a result of this analysis, agencies should identify good practice and lessons to be learned. The Review Panel expects that agencies will take action on any learning identified immediately following the internal quality assurance of their IMR.*

### Development of an action plan

31. Individual agencies to take responsibility for establishing clear action plans for the implementation of any recommendations in their IMRs. The Overview Report will make clear that agencies should report to the Gloucester City Council Community Safety Partnership with the support of Safer Gloucestershire Partnership on their action plans within six months of the Review being completed.

32. Gloucester City Council Community Safety Partnership with the support of the Safer Gloucestershire Partnership to establish a multi-agency action plan for the implementation of recommendations arising out of the Overview Report, for submission to the Home Office along with the Overview Report and Executive Summary.

### Liaison with the victim's family and [alleged] perpetrator and other informal networks

33. The review will sensitively attempt to involve the family of Scott in the review, once it is appropriate to do so in the context of on-going criminal proceedings. The Chair will lead on family engagement with the support of the Gloucester Constabulary Family Liaison Officer and the family advocate from Advocacy After Fatal Domestic Abuse.

34. Family liaison will be coordinated in such a way as to aim to reduce the emotional hurt caused to the family by being contacted by a number of agencies and having to repeat information.

35. The Review Panel will discuss involvement of other informal networks of the victim and perpetrator and agreed if it is proportionate to the DHR to invite others to be involved in the DHR.

## Media handling

36. Any enquiries from the media and family should be forwarded to the Gloucester City Council Community Safety Partnership who will liaise with the Chair. Panel members are asked not to comment if requested. The Gloucester City Council Community Safety Partnership will make no comment apart from stating that a review is underway and will report in due course.

37. The Gloucester City Council Community Safety Partnership with the support of the Safer Gloucestershire Partnership is responsible for the final publication of the report and for all feedback to staff, family members and the media.

## Confidentiality

38. All information discussed is strictly confidential and must not be disclosed to third parties without the agreement of the responsible agency's representative. That is, no material that states or discusses activity relating to specific agencies can be disclosed without the prior consent of those agencies.

39. All agency representatives are personally responsible for the safe keeping of all documentation that they possess in relation to this DHR and for the secure retention and disposal of that information in a confidential manner.

40. It is recommended that all members of the Review Panel set up a secure email system, e.g. registering for criminal justice secure mail, nhs.net, gsi.gov.uk, pnn or GCSX. Documents will be password protected.

41. If an agency representative does not have a secure email address, then their non-secure address can be used but all confidential information must be sent in a password protected attachment. The password used must be sent in a separate email. Please use the password provided to you by the Standing Together team. They should be reminded that they should remove the password and only share appropriate information to appropriate front line staff in line with the DHR Confidentiality Statement and the specific Terms of Reference.

42. If you are sending password protected document to a non-secure email address it must be a recognisable work email address for the professional receiving information. Information from DHR should not be sent to a gmail / hotmail or other personal email account unless in rare cases when it has been verified as the work address for an individual or charity.

43. No confidential content should be in the body of an email to a non-secure email account. That includes names, DOBs and address of any subjects discussed at DHR.

## Disclosure

44. Disclosure of facts or sensitive information will be managed and appropriately so that problems do not arise. The review process will seek to complete its work in a timely fashion in order to safeguard others.

45. The sharing of information by agencies in relation to their contact with the victim and/or the alleged perpetrator is guided by the following:
    a) The Data Protection Act 2018 governs the protection of personal data of living persons and places obligations on public authorities to follow ‘data protection principles’: The 2016 Home Office Multi-Agency Guidance for the Conduct of DHRs (Guidance) outlines data protection issues in relation to DHRs (Par 98). It recognises they tend to emerge in relation to access to records, for example medical records. It states ‘data protection obligations would not normally apply to deceased individuals and so obtaining access to data on deceased victims of domestic abuse for the purposes of a DHR should not normally pose difficulty – this

applies to all records relating to the deceased, including those held by solicitors and counsellors'.

b) Data Protection Act and Living Persons: The Guidance notes that in the case of a living person, for example the perpetrator, the obligations do apply. However, it further advises in Par 99 that the Department of Health encourages clinicians and health professionals to cooperate with domestic homicide reviews and disclose all relevant information about the victim and where appropriate, the individual who caused their death unless exceptional circumstances apply. Where record holders consider there are reasons why full disclosure of information about a person of interest to a review is not appropriate (e.g. due to confidentiality obligations or other human rights considerations), the following steps should be taken:
    - The review team should be informed about the existence of information relevant to an inquiry in all cases; and
    - The reason for concern about disclosure should be discussed with the review team and attempts made to reach agreement on the confidential handling of records or
    - partial redaction of record content.

c) Human Rights Act: information shared for the purpose of preventing crime (domestic abuse and domestic homicide), improving public safety and protecting the rights or freedoms of others (domestic abuse victims).

d) Common Law Duty of Confidentiality outlines that where information is held in confidence, the consent of the individual should normally be sought prior to any information being disclosed, with the exception of the following relevant situations – where they can be demonstrated:
    i) It is needed to prevent serious crime
    ii) there is a public interest (e.g. prevention of crime, protection of vulnerable persons)

46. If there is a police criminal investigation, the police are bound by law to ensure that there is fair disclosure of material that may be relevant to an investigation and which does not form part of the prosecution case. Any material gathered in this DHR process could be subject to disclosure to the defence, if it is considered to undermine the prosecution case or assisting the case for the accused. The Panel was informed about this at the first Panel meeting.

47. The DHR Chair will discuss the issues of disclosure in this case with the Senior Investigation Officer.

48. The Chair, police and CPS will be minded to consider the confidentiality of material at all times and to balance that with the interests of justice.

# Appendix 2: Abbreviations and Definitions

| | |
|---|---|
| AA | Alcoholics Anonymous |
| ABH | Actual Bodily Harm |
| AOT | Assertive Outreach Team |
| ATR | Alcohol Treatment Requirement |
| BBR | Building Better Relationships – programme to help domestic abuse perpetrators to change their behaviours |
| BGSW CRC | Bristol, Gloucestershire and South West Community Rehabilitation Company |
| CCR | Coordinated Community Response to domestic abuse |
| CGL | Change Grow Live |
| CiN | Child in Need |
| CJLS | Criminal Justice Liaison Service |
| CP | Child Protection |
| CPN | Community Psychiatric Nurse |
| CRHTT | Crisis Home Treatment Team |
| CSC | Children's Social Care |
| DA | Domestic abuse |
| DASH RIC | Domestic Abuse Stalking and Harassment Risk Indicator Checklist |
| ED | Emergency Department |
| EDT | Emergency Duty Team, CSC |
| FDAC | Family Drug and Alcohol Court |
| FME | Forensic Medical Examiner |
| GCH | Gloucester City Homes |
| GCCH | Gloucestershire City Council Housing |
| HHCT | Homeless Health Care Team |
| HV | Health Visitor |
| ICPC | Initial Child Protection Conference |
| IOPC | Independent Office for Police Complaints |
| MARAC | Multi-Agency Risk Assessment Conference |
| M.A.R.F. | Multi-agency Referral Form for early help and social care services |

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| MHICT | Mental Health Intermediate Care Team |
| MIU | Minor Injuries Unit |
| NA | Narcotics Anonymous |
| NFA | No further action |
| NMO | Non-Molestation Order |
| OM | Offender Manager working with the BGSW CRC |
| P3 | People, Potential, Possibilities |
| PPO | Police Protection Order |
| RAR | Rehabilitation Activity Requirement |
| S.W.E.T. | Social Work Evidence Template |
| TACS | Turnaround for Children Service |
| UDS | Urine Drug Screen |
| VIST | Vulnerability Identification Screening Tool |

# Appendix 3: Detail on Gloucester Police recommendations

**Recommendation 1**

Ensure effective handover of serious crime investigations between OICs and Supervisor with clear investigation strategy which is endorsed on the crime report.

*Comment – over the last two years there has been considerable work completed within Gloucestershire Constabulary to improve the standard of investigation. The role profile of a Detective Sergeant includes the following: 'Ensuring that investigations are appropriately prioritised, allocated and progressed expeditiously through agreement with the CID management team.' This is monitored via monthly meetings with the Detective Inspector (DI) as well as the DI completing serious crime reviews every 60 days.*

*Whilst the handover was not effective there was no adverse effect on the investigation or the outcome.*

**Recommendation 2**

Ensure relevant domestic abuse and/or child protection records are copied onto Storm incident to assist attending Officers' decision-making process when dealing with a domestic abuse incident.

*Comment – Gloucestershire Constabulary's domestic abuse policy was last updated in May 2018. This aspect is specifically covered within that document:*

*Officers who attend incidents of domestic abuse should be in receipt of information that allows them to best assess and reduce the risk to the parties involved. At the same time control room operators must retain the capacity to protect the public by effectively managing police resources.*

*In every domestic incident the parties involved should be checked using the Force Intelligence System (Unifi and Unifi Enquiry) to establish if any high risk markers are in place. Where children are present at the address checks should also be made to establish if they are subject to child protection plans.*

*Control room operators must also check GCIS in order to provide the attending officers with a summary of the reported domestic abuse history between the parties involved.*

***Control Room Responsibilities:*** *Make appropriate checks on GCIS or PPB Unifi Enquiry for previous reported domestic violence history, PNC checks, bail conditions, civil injunctions, court orders relating to child contact, child protection intelligence systems, child protection register, VISOR;Inform the officer attending of the following: (1) Details of any children present, (2) Any relevant history, injunctions and child protection issues*

*Had full information been entered on to the incident log for the officer's attention a more detailed VIST would have been completed and the risk assessment might have been different. Had the risk then been assessed as high this would have led to a MARAC referral as well as a referral to the IDVA service. The policy now in place should ensure that attending officers can make a fully informed decision on risk and therefore take appropriate action.*

**Recommendation 3**

Ensure the VIST Risk Assessment is updated with information known by Officers when a victim does not wish to engage with the question set.

*Comment - The Constabulary's domestic abuse policy states: 'Victims may minimise the risk that they are facing. Officers should be objective and should not simply rely on the victim's perception of ongoing risk as being accurate.*

*Officers are able to use their professional judgement and experience to categorise the risk level based on the information provided'.*

*Had the full information been completed on the VIST the risk assessment would have been considered High Risk, if not by the officer then the subsequent checks now in place would have identified this. The systems and policies in place now mean that all Standard and Medium VISTs are reviewed firstly by the submitting officer's supervisor and then via the Daily DA Meeting ensuring that any issues are identified and remedied and feedback provided to individuals as appropriate (for example the Standard VIST submitted in relation to the incident on 09/06/17 was altered to High Risk – please see MARAC Summary Report for full details).*

*On this occasion however a further VIST was submitted the following day that was assessed as high risk thereby ensuring that appropriate action was taken and referrals made so there was no adverse effect.*

*Staff receive VIST training during initial training and are monitored during their tutorship. There have been further refresher training events for frontline staff in 2019. Guidance is also readily available on the Constabulary's intranet site for all staff.*

**Recommendation 4**

Ensure information regarding potential breaches of bail/licence conditions are added to an individual's nominal record on Unifi.

*Comment – training to be delivered to staff within the Force Intelligence Bureau*

*This will ensure that officers attending any incidents involving the parties are fully informed and can therefore make appropriate decisions.*

*In this case report amounted to a breach of Scott's licence conditions and the Probation Service had this matter in hand.*

**Recommendation 5**

Ensure notifications of birth received from Social Care / EDT are forwarded to the Central Referral Unit for an individual's Domestic Abuse / Child Protection records to be updated accordingly, particularly those subject to a Child Protection Plan.

*Comment – training to be delivered to staff within Force Control Room*

*This will ensure that all staff dealing with the parties are fully informed via our systems.*

**Recommendation 6**

Ensure full review of intelligence systems to be completed upon receipt of intelligence linked to domestic abuse to identify opportunities to prosecute/safeguard and task appropriately

*Comment – As per Gloucestershire Constabulary's domestic abuse policy should such information be received by the FCR the call handler will research our intelligence systems and enter all relevant information on the STORM log. The procedures in existence within FIB ensure that all parties linked to such information are researched and appropriate taskings raised.*

*The current working practices within the Force Intelligence bureau area as follows: Any intelligence received will be reviewed and classified as DA-related if appropriate. If considered high risk, it will be reviewed by a supervisor and brought to the attention of the Central Referral Unit who will then make a decision around the MARAC referral.*

*It is the responsibility of the original submitting officer to implement appropriate safeguarding actions (there is a section of the form that has to be filled out to this end). This is reviewed by the supervisor who also raises any further actions which are all recorded as part of the decision-making process. The report is linked to all mentioned parties' respective Unifi records.*

*Had the intelligence been brought to the attention of the OIC for the burglary offence the arrests of Scott and Jenny for the offence may well have been prioritised. However, given the eventual conclusion from custody (i.e. release on CPS advice) on this occasion this would not have altered the outcome.*

**Recommendation 7**

Where intelligence is received relating to a live suspect on a crime, FIB to update the crime report to advise the OIC to review intelligence for information.

*Comment – Intelligence will be linked to a crime report only if it is directly linked to the crime. So in this case, the aggravated burglary was completely unrelated to the domestic situation existing between Jenny and Scott and therefore the intelligence was not entered on the crime report.*

*It is the individual OIC's responsibility to review the intelligence picture of any person connected to the offence that they are investigating. A flag (an "of interest" flag) can be placed on the nominal record on Unifi so that the OIC is instantly notified of any new intelligence or other incident/mention of the nominal of interest.*

*Action: training to be provided to all operational staff regarding the use of this "of interest" flag.*

**Recommendation 8**

Ensure officers are aware of Crown Prosecution Service advice that proof of service of a Non-Molestation Order is only required where the suspect raises knowledge of the Order as an issue in interview.

*Comment – training to be delivered to all operational staff*

*Had officers been aware of the above they would have challenged the CPS decision not to charge. However, as Jenny was not supportive of the order the effectiveness of this action may well have been less than hoped.*

| | DHR SCOTT 2020 ACTION PLAN | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Recommendation** | **Scope of recommendation i.e. local or regional** | **Action to take** | **Lead Agency** | **Key milestones in enacting the recommendation** | **Target Date** | **Date of Completion and Outcome** |
| **Rec No.** | **Gloucestershire Multi-Agency Recommendations** | | | | | | |
| 1 | Gloucestershire Criminal Justice Board to use this case to review with multi-agency partners how people in Scott's situation – in and out of prison, with mental ill health, using substances, a history of homeless and domestic abuse -- get identified and supported by the system, including getting consistent proactive support for their mental health and ensuring they are housed appropriately. | Local | | | | | |

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| 2 | Safer Gloucestershire to create a multi-agency working group to develop a care pathway for those with multiple disadvantage or complex needs, and to advise partner agencies on training their staff and on their practice when responding to such clients, including trauma-informed practice where relevant. | Local | SG Secretariat to lead and develop multi-agency working group with an action plan to develop the pathway and consider training. | Safer Gloucestershire Secretariat | -Working group established.<br>-Pathway developed<br>-Training and practice guidance produced. | April 2021 | |
| 3 | Safer Gloucestershire to share the action plan created from this DHR and report to Scott's family every six months on the progress being made. | Local | DASV Strategic Coordinator to send regular updates on progress to the family. | DASV Strategic Coordinator with support from Safer Glos | | Ongoing | |

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| 4 | Safer Gloucestershire to create a housing lead to oversee housing providers' updating of their policies and practices to<br>**7.2** Allow more time to make decisions about letting accommodation when seeking additional information and/or assurances from other professionals on matters of safety. Properties should not be let until safety concerns are addressed.<br>**7.3** Enable an offer of a tenancy to be withdrawn where necessary reassurances concerning the safety of a proposed tenant and/or member of their household are not obtained. | | | | | | |

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| 5 | GCSC to work with GDASS to develop guidance for child protection conference chairs to ensure that the dynamics of domestic abuse inform the deliberations. | | | | | | |
| 6 | Gloucestershire's Joint Commissioning Partnership consider the evaluation of the commissioned pilot for supporting vulnerable women and use that to inform specific support for women who have had multiple children taken into care. | Local | DASV CG to review findings from pilot and consider future options in conjunction with Children's Commissioning | DASV CG | -Review findings<br>-Agree any future considerations/approach | End of 2020 | |

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| 7 | Gloucestershire County Council supported housing commissioners to work with Gloucestershire local authority strategic housing officers to run a workshop for relevant front line, operational housing staff and housing providers (to include supported housing providers, temporary homeless accommodation providers and registered providers) using this case to improve practice. The workshop should include:<br><br>-The role of housing in responding to domestic abuse, including MARACs<br><br>-How to safely provide housing to victims of domestic abuse<br><br>-How domestic abuse risk informs responses to victims and perpetrators, including timely processes when a victim goes missing | Local | Share the recommendations with strategic housing colleagues via CHIG – the countywide strategic housing implementation group to plan actions and wider dissemination to operational colleagues and registered providers.<br><br>Include recommendations in annual review of supported accommodation and review practice to ensure a consistent approach | GCC | CHIG meeting<br><br>ABS annual review | July 2020<br><br>Sept 2020 | |

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| | -Key partner agencies in the coordinated community response to domestic abuse<br><br>-Consideration of DAHA accreditation for housing providers. | | | | | | |
| 8 | GCCH and Gloucestershire local authority strategic housing officers to work with Registered Housing Providers (RPs) to create a common protocol when housing households that include those who may be perpetrators, and victims of domestic abuse. The protocol should prioritise victims' safety and demonstrate an understanding of the dynamics of domestic abuse. | local | Identify common principles and desired outcomes, agreeing the groups and situation to be covered by the protocol. Share the recommendations with strategic housing colleagues via CHIG to plan actions and wider dissemination to operational colleagues | Homeseeker Plus partnership, | CHIG meeting | July 2020 | |

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| 9 | GDASS and Nelson Trust to work more closely together, such as GDASS providing a drop-in service at the Nelson Trust Women's Centre. GDASS to advise NT staff when they are supporting women who are the victims of domestic abuse. | Local | GDASS and Nelson Trust to develop plans for closer working and explore options for drop in services. | GDASS and Nelson Trust | | Ongoing with discussions beginning June 2020 | |
| 10 | All Panel agencies to regularly provide details of their domestic abuse training to Safer Gloucestershire so they have oversight of this. All Panel agencies to ensure that their domestic abuse training includes recognising and responding to male victims of domestic abuse. | Local | Safer Gloucestershire to develop a mechanism for requesting training updates from DHR panel agencies. | Safer Gloucestershire and Panel Agencies | -Process for updates developed<br>-Updates received into SG and monitored. | Ongoing with plans developed 2020. | |

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| 11 | Gloucestershire MARAC agencies to review their policies and practices regarding risks to staff from clients and to consider how they share such information with other agencies. MARAC Steering Group to consider how the MARAC system can assist in the distribution of such risk information to partner agencies. | Local | MARAC SG to develop review process for member agencies.<br>MARAC SG to review process for sharing risk information in relation to staff | MARAC Steering Group – Chaired by DASV Coordinator | | End of 2020 and ongoing | |
| 12<br>wording updated | MARAC to ensure decisions around whether to hold a formal or virtual MARAC are made on the basis outlined in the Gloucestershire MARAC Protocol and that virtual MARACs achieve the same outcomes regarding the sharing of information and bespoke multi-agency action plans for victims of abuse. Annual dip sampling and auditing to be undertaken to monitor this. | Local | 1. MARAC decision maker to ensure virtual triage does not discount bespoke meeting on the basis of a Strategy meeting being held<br>2. MARAC decision maker to ensure if bespoke meeting is not held and a Strategy meeting is held in relation to the same family then a representative is present to ensure the domestic abuse | MARAC Steering Group – Chaired by DASV Coordinator | | Completed – Ongoing decision rationale to be used. | |

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| | | | factors are considered in the meeting. | | | | |
| Part of above ? | Annual dip sampling and auditing to be conducted of decision making to ensure well thought out decisions are being made based on detailed agency information. This will be done by multi-agency and report into the MARAC steering Group. | Local | Annual dip sampling of MARAC decisions<br>Audit tool to be created to assist the dip sampling<br>MARAC steering group members to conduct audit of samples. | MARAC steering group – Chaired by DASV Coordinator | | Ongoing – Annual auditing | |
| 13 | Gloucestershire MARAC review its current capacity against the expected volume of cases for the population it covers and look to increase capacity, particularly around decision-making. An additional MARAC decision-maker would increase capacity and resilience in the model. | Local | MASH manager and DASV Coordinator to develop paper to highlight need for additional resource and explore options for increasing capacity alongside the MARAC SG | MASH manager and DASV Coordinator | | Complete and Ongoing | |

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| 14 | DASV Strategic Coordinator to organise a multi-agency task group to review the risk factors in this case and how temporary situational factors affected risk assessments. Task group to dip sample standard and medium risk DASH RICs from partner agencies to be sure that the DASH RICs identify all the risks in cases and do not reduce risk based on temporary factors or short-term interventions. The learning from this exercise to be disseminated to MARAC partners. | Local | DASV Strategic coordinator to pull together multi-agency group to review standard and medium risk DASH's to ensure learning around the impact of temporary situational risk factors are being considered. | DASV Strategic coordinator | -Establish task and finish group<br>-Dip sample cases and coordinate multi-agency review.<br>-Disseminate learning across MARAC partners and include in MARAC training. | April 2021 | |
| 15 | If there is another DHR in Gloucestershire, Safer Gloucestershire to provide a workshop for agencies on writing clear and analytical IMRs for domestic homicide reviews. | | | | | | |

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| 16 | DASV Commissioning Partnership and GDASS to review the IDVA provision and explore specialist IDVAs for repeat victims of domestic abuse and those with complex needs | Local | Review of IDVA provision and exploration of options to increase resource for repeat victims | Safer Gloucesters hire | -Review of IDVA provision in conjunction with GDASS commissioners.<br>-Outline plans for future resource. | End of 2020 and ongoing | |
| | **Individual Agency Recommendations** | | | | | | |
| | **Police** | | | | | | |
| 1 | Ensure effective handover of serious crime investigations between OICs and Supervisors with a clear investigation strategy which is endorsed on the crime report. | Local | Since the child neglect investigation in 2016 that gave rise to this recommendation there has been considerable work completed within Gloucestershire Constabulary to improve the standard of investigation. The role profile of a Detective Sergeant includes the following: *'Ensuring that investigations are appropriately prioritised,* | Police | Review of supervisor role profile. Implementation of monthly review process. | Complete | 2017. Supervisor reviews are recorded on the crime report providing audit trail for allocation/review |

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| | | | *allocated and progressed expeditiously through agreement with the CID management team.'* This is monitored via monthly meetings with the Detective Inspector (DI) as well as the DI completing serious crime reviews every 60 days.<br><br>No action required. | | | | |
| 2 | Ensure relevant domestic abuse and/or child protection records are copied onto Storm incident to assist attending Officers' decision-making process when dealing with a domestic abuse incident. | Local | Gloucestershire Constabulary's DA policy was updated in May 2018. This aspect is specifically covered within that document:<br><br>*Officers who attend incidents of domestic abuse should be in receipt of information that allows them to best* | Police | Review of DA Policy in 2018 | Complete | 2018. Policy updated |

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| | | | *assess and reduce the risk to the parties involved. At the same time control room operators must retain the capacity to protect the public by effectively managing police resources.*<br><br>*In every domestic incident the parties involved should be checked using the Force Intelligence System (Unifi and Unifi Enquiry) to establish if any high risk markers are in place. Where children are present at the address checks should also be made to establish if they are subject to child protection plans.*<br><br>*Control room operators must also* | | | | |

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| | | | *check GCIS in order to provide the attending officers with a summary of the reported domestic abuse history between the parties involved.*<br><br>***Control Room Responsibilities***<br>*Make appropriate checks on GCIS or PPB Unifi Enquiry for previous reported domestic violence history, PNC checks, bail conditions, civil injunctions, court orders relating to child contact, child protection intelligence systems, child protection register, VISOR;*<br>*Inform the officer attending of the following:*<br>*Details of any children present,* | | | | |

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| | | | *Any relevant history, injunctions and child protection issues*<br><br>No action required. | | | | |
| 3 | Ensure the VIST Risk Assessment is updated with information known by Officers when a victim does not wish to engage with the question set. | Local | The Constabulary's DA policy states:<br><br>*'Victims may minimise the risk that they are facing. Officers should be objective and should not simply rely on the victim's perception of ongoing risk as being accurate. Officers are able to use their professional judgement and experience to categorise the risk level based on the information provided'.*<br><br>The systems and policies in place now mean that all | Police | Review of DA Policy in 2018 | Complete | 2018. Policy updated |

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| | | | VISTs are reviewed firstly by the submitting officer's supervisor and then via the Daily DA Meeting ensuring that any issues are identified and remedied and feedback provided to individuals as appropriate.<br><br>Staff receive VIST training during initial training and are monitored during their tutorship. There have been further refresher training events for frontline staff in 2019, .Guidance is also readily available on the Constabulary's intranet site for all staff. | | | | |
| 4 | Ensure information regarding potential breaches of bail/licence conditions are added to an individual's nominal record on Unifi. | Local | The current working practices within the Force Intelligence Bureau are as | Police | Existing protocols | Complete | Existing protocols |

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| | | | follows:<br><br>Any intelligence received will be reviewed and classified as DA related if appropriate. If considered high risk it will be reviewed by a supervisor and brought to the attention of the Central Referral Unit who will then make a decision around MARAC referral.<br><br>It is the responsibility of the original submitting officer to implement appropriate safeguarding actions (there is a section of the form that has to be filled out to this end). This is reviewed by the supervisor who | | | | |

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| | | | also raises any further actions which are all recorded as part of the decision making process. The report is linked to all mentioned parties' respective Unifi records.<br><br>No action required. | | | | |
| 5 | Ensure notifications of birth received from Social Care / EDT are forwarded to the Central Referral Unit for an individual's Domestic Abuse / Child Protection records to be updated accordingly, particularly those subject to a Child Protection Plan. | Local | Training to be given to all Control Room supervisors and staff | Police | Delivery of training | 1st September 2020 | |
| 6 | Ensure full review of intelligence systems to be completed upon receipt of intelligence linked to DA to identify opportunities to prosecute/safeguard and task appropriately | Local | The current working practices within the Force Intelligence Bureau are as follows:<br><br>Any intelligence received will be reviewed and classified as DA related if appropriate. If | Police | Existing protocols | Complete | Existing protocols |

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| | | | considered high risk it will be reviewed by a supervisor and brought to the attention of the Central Referral Unit who will then make a decision around MARAC referral.<br><br>It is the responsibility of the original submitting officer to implement appropriate safeguarding actions (there is a section of the form that has to be filled out to this end). This is reviewed by the supervisor who also raises any further actions which are all recorded as part of the decision making process. The report is linked to all mentioned parties' | | | | |

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| | | | respective Unifi records.<br><br>No action required. | | | | |
| 7 | Where intelligence is received relating to a live suspect on a crime, FIB to update the crime report to advise the OIC to review intelligence for information. | Local | Upon receipt of a piece of intelligence the Force Intelligence Bureau will review all live investigations linked to those persons subject of the intelligence. The crime report will be updated with the contents of the intelligence only if the crime is directly related to the subject of the intelligence. So in the case referred to in this recommendation the matter under investigation (aggravated burglary where both DL and JD were suspects) was completely unrelated to the domestic situation | Police | Delivery of training | 1st September 2020 | |

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| | | | existing between JD and DL and therefore the intelligence was not entered on to the crime report.<br><br>It is the individual OIC's responsibility to review the intelligence picture of any person connected to the offence that they are investigating. A flag (an 'Of Interest' flag) can be placed on the nominal record on Unifi so that the OIC is instantly notified of any new intelligence or other incident/mention of the nominal of interest.<br><br>Action – training to be provided to all operational staff regarding the use of this 'Of interest' | | | | |

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| | | | flag. | | | | |
| 8 | Ensure officers are aware of Crown Prosecution Service advice that proof of service of a Non-Molestation Order is only required where the suspect raises knowledge of the Order as an issue in interview. | Local | Action - Training to be given to all staff who deal with persons arrested for breach of non-molestation orders | Police | Delivery of training | 1st September 2020 | |
| 9A | Police to ensure all officers and staff are aware of the importance of full VIST completion and to remind supervisors of their responsibility for ensuring their accuracy. | Local | Action – all frontline staff to receive further refresher training on VIST completion. Supervisors to receive additional input on their role. | Police | Delivery of training | 1st April 2021 | |
| 9B | Consideration to be given to how the daily DA meeting can act as a second fail safe for reviewing the accuracy of the VIST, considering any potential resource implications | Local | The current procedure in the daily DA meeting is that every standard and medium VIST is quality assured by police, DAST, GDASS and Social Care. If there is insufficient information contained on the VIST the police will review intelligence systems to obtain further detail so that | Police | | 1st September 2020 | |

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| | | | an assessment can be made.<br><br>Action – police to devise a feedback pathway to officers and their supervisors where VISTs are sub-standard, including signposting to guidance material in order to drive up standards | | | | |
| | **Children's Social Care** | | | | | | |
| 1 | All social workers to have updated training on patterns of domestic violence with focus on child protection, parenting capacity. In addition, how to support parents who are potentially victims and perpetrators of domestic violence following this DHR's report publication, and refreshed on a regular basis. | Local Gloucestershire Children's social care | Essentials training by Gloucestershire Social Work Academy to include complexity of domestic violence where parents are both victims and perpetrators. The training should also include exercising professional curiosity in working | Gloucestershire Children's social care<br><br>Children's social care Academy | Yes, Recent neglect workshops have included the learning from this DHR and especially on co-morbidly dependent parents and Domestic violence | By End of December 2020. | Single Assessments, Child in Need, Child Protection Plans, Early Help support will identify male victims and co-morbidly dependent parents and |

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| | | | with co-morbidly dependent parents. | | | | Domestic violence |
| 2 | All social workers to have an improved understanding in their team meetings about impact of multiple removals of children on parents, especially mothers. | Local Gloucestershire Children's social care | Commissioning review on project for vulnerable women to assess the impact of the project on women who have had multiple removals.<br><br>Commissioning to review the contract with Children's Centres to assess how they can better support parents who have had multiple removals.<br><br>Pre-birth Implementation Group to review the level of need in | Gloucestershire Children's social care | Yes, Commissioning Team has a vulnerable women's project to provide support for women who have had multiple removals, the project has been in place for a year and an annual review is due to be completed within the next two months.<br><br>A multi-agency Pre-birth implementation group has | By End of December 2020. | Improvement in intelligence of numbers of women who have had multiple removals at birth and a plan to support them. Reduction in numbers of women who have multiple removals of children at birth. |

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| | | | Gloucestershire and work with Commissioning to agree a model of support for parents who have had multiple removals of their children. | | discussed the need to support women who have had multiple removals. The group is working with commissioning colleagues about agreeing a model of support for women who have had multiple children removed.<br><br>The Children's Centres contract lead has been working with Children's centres to assess the needs of parents who have had multiple | | |

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| | | | | | removals of their children. | | |
| 3 | All social workers, their managers and leaders to have workshop, team discussions on ACEs, wellbeing of parents and what resources are available for work with parents. A programme of activity to be started immediately and continue for the next calendar year in support of parents who have multiple ACEs. | Local Gloucestershire Children's Social Care | Gloucestershire's Advanced Practitioners are the frontline support staff to implement practice change. The Practice Learning Team is now Gloucestershire Academy. The Academy will train Advanced Practitioners to implement ACE's based trauma informed practice. | Gloucestershire Children's Social Care | Gloucestershire Children's Social Care has invested considerable resource to upskill social workers and their managers on implementing ACE's based practice.<br><br>The commissioning Team has adopted ACE and Trauma informed practice in its placement team etc. This will be developed | By End of December 2020. | Trauma Informed practice evidenced in decision making. Evidence of ACE's and trauma informed practice in Single Assessments, Child in Need, Child Protection Plans and Early Help. |

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| | | | | | within social work teams.<br><br>The Academy will work with Advanced practitioners to implement ACE's informed practice with Managers and social workers. | | |
| 4 | Social workers working with challenging and non-engaging parents and who consider themselves at personal risk, should complete a risk assessment. They should be immediately and effectively supported by their Team Managers. The management of risk should be overseen by their respective Heads of Service. | Local and Regional | A review of current risk assessment against staff by the Quality Assurance Team and Principal Social Worker.<br><br>Feedback from staff about their views on being and feeling safe when working with parents who | Gloucestershire Children's social care | Principal Social Worker Focus group with Advanced practitioners to review current position.<br><br>Communication with all staff regarding safety at work when | By End of December 2020. | Potential increase in the numbers of risk assessments completed by staff.<br><br>Feedback from staff via Advanced Practitioners |

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| | | | present a potential risk to them. | | working with parents/children who may pose a risk to staff.<br><br>H.R Department to review its polices and procedures to assure Director of Children's Social Care that they are fit for purpose and staff are aware of them. | | that staff feel safe when working with Parents and children who may pose a risk to them.<br><br>Outcome of Annual Staff Survey. |
| 6 | In situations where parents or carers are disengaging and are at risk of being denied services which impact on their capacity to provide care to their children; social workers should highlight concerns with the | Local and Regional | Children's Social Care to raise this issue with GSCE for discussion.<br>Review of current protocols for raising | Gloucesters hire Children's social care | The GSCE has currently amalgamated its workforce development group and its | By End of Decembe r 2020. | A more coordinated approach to working together between |

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| | responsible agency to form a multi-agency response. Children's Social Care to follow its responsibility to children if there is non-engagement; this will be highlighted through multi agency arrangements and the GSCE. (Gloucestershire Safeguarding Children's Board). | | concerns and assurance to Director of Children's Services that they are fit for purpose.<br>If they are not fit for purpose, Children's Social Care to work with GSCE and lead a multi-agency discussion about improvement using current GSCE structures. | | multi-agency audit group into one Group. This structure will be used to progress this recommendation. | This should be reviewed at the end of the year for the next three years up to and including 2023. | Children's Social care and other agencies involved with individual families |
| 5 | Children's Social Care and housing providers to regularly liaise in situations where there are child safeguarding concerns for unborn children to ensure that the impact on a tenancy or housing provision is | Local and Regional and potentially national. | A meeting to be held by the Director of Partnerships and Strategy to progress this recommendation. | Gloucesters hire Children's social care | Children's Social Care has identified this as a key issue of work with Housing organisations. | By End of Decembe r 2020. This should be reviewed | Women who are likely to have children removed at birth do not lose their housing accommodati |

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| | understood, assessed and an appropriate contingency is in place | | A protocol to be devised and implemented and shared across the South West to ensure that mothers who are children are due to be removed at birth do not lose their housing accommodation until after the child is born. If the child remains with them, then Children's Social Care will work with housing Departments to agree alternative accommodation. | | | at the end of the year for the next three years up to and including 2023. | on because they are pregnant.<br>Protocol will be reviewed annually |
| | **Adult Social Care** | | | | | | |
| | Review the Helpdesk practices put in place following this review (regular | Local | For staff to receive more specialist training in relation | Adult Social Care | Deputy Social Care Managers undertook a | On-going | This remains an on-going action as |

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| | refreshers from the safeguarding team and regular review of referrals not passed to the team) and ensure they are regular and effective | | to domestic abuse.<br><br>Customer Services Officers at the Adult Helpdesk to pass all concerns relating to domestic abuse to the referral centre/safeguarding team as appropriate to ensure they are fully explored. | Adult Social Care and Customer Services Team | training session with GDASS on 4th December 2018 and disseminated learning to staff within each of their teams.<br><br>Domestic Abuse training is available as an E-Learning for all staff.<br><br>Homicide Workshop has been arranged for 18th March 2020. Staff who attend will feed back their learning to the rest of the team.<br><br>Jessica Gane (Deputy Social Care Manager, Acute) notes within Adult | | training continues to be available for staff and regular refreshers are of benefit to staff knowledge. As a result of the training, Staff have a better understandin g of the signs of domestic abuse and the role that GDASS has is supporting individuals and professionals |

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| | | | For cases to be screened more promptly at the Gloucester referral centre. | Adult Social Care | Social Care IMR that she “met with Tricia Gallagher and Josie Sporaco who are managers within the Helpdesk who have agreed that all staff will receive regular refreshers from the safeguarding team in order to identify safeguarding concerns and that regular reviews will be undertaken of referrals that were not passed to the team but were closed for information only or for no further action.” | | Completed in Nov 2018. |

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| | | | | | Jessica Gane (Deputy Social Care Manager, Acute) notes within Adult Social Care IMR that “cases awaiting screening have already been reduced considerably and additional staff have been placed within the referral centre. There is also a streamlined system whereby referrals are not waiting to be screened by the referral centre manager (employed by Gloucestershire Care Services- health) and then also waiting to be screened by adult social care | | The referral centre continues to have a good number of staff. Referrals taken by the Customer Service Team are passed to a referral taker within the referral centre. This is passed to a Social Care Manager to make decisions on priority. This system remains to mean that cases are screened quicker than before. |

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| | | | | | staff." | | |
| | **Riverside** | | | | | | |
| | Cognitive Behaviour Coaching training to be delivered to support staff in the South West. | Regional | Work with our Learning & Development team to arrange training | Riverside | Source appropriate Training provider. Arrange dates Book Venue Advertise on Learning zone | Decembe r 2020 | |
| | Ensure the Riverside Domestic Abuse policy and procedure includes any good practice and lessons learnt from the DHR. | National | Riverside Safeguarding Lead to work with Riverside Domestic Abuse Lead to review Riverside Domestic Abuse procedure. | Riverside | Domestic Abuse Policy Review Date | March 2020 | March 2020 Complete. |
| | Recommendations from this case will be considered and actions implemented at a local and national level, where appropriate, to ensure the Riverside Group can effectively support the delivery of a coordinated community response to domestic abuse | Local and National | Riverside Safeguarding Lead to identify actions from the DHR to implement where appropriate in Riverside | Riverside | Date of full report is published | Decembe r 2020 | |
| | **BGSW CRC** | | | | | | |
| 1 | Probation services to continue working with domestic abuse | Local | Recruitment of programme | BGSW CRC | Recruitment ongoing | Septemb er 2020 | Service user will start BBR |

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| | perpetrators to get immediate starts on the Building Better Relationships Programme, or to identity where this intervention may not be suitable for an individual, so that the court can be informed of this and an alternative sentence imposed. | | facilitators required to improve BBR capacity.<br><br>Performance data on waiting times is being developed for Management Information | | Management Information available | June 2020 | within 6 weeks of commencement<br><br>Service users assessed as unsuitable for BBR will be returned to court within 12 weeks of commencement |
| 2 | Probation services to develop a pathway with P3 to effectively challenge each other's risk assessments when looking at a service user's suitability for accommodation. This may prevent delays in the system for vulnerable service users. The first step in this process will be to engage with the Gloucestershire Reducing Reoffending Board who are focussing on the Homelessness Reduction Act and accommodation | Local | Accommodation subgroup of the Reducing Reoffending (RR) Board to be set up with all partners present | BGSW CRC | RR Board is now set up with Local Authority involvement | June 2020 | Regular conversations are now ongoing with housing partners to discuss and challenge decisions. |

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| | for offenders as one of their objectives. | | | | | | |
| 3 | Probation services to ensure that Offender Managers are aware of the importance of exploring loss issues with service users when they do not have access to their children. This will need to be part of the Sentence planning process and clearly recorded. | Local | Discussion in team meeting and individual supervision<br><br>Case audits<br><br>Countersigning of assessments/sentence plans of less experienced staff | BGSW CRC | Audit of cases to be completed by July 2020 and will then be ongoing | September 2020 | All OM's will understand the importance of exploring loss issues with service users who do not have access to their children<br><br>Assessments and sentence plans will include consideration of loss issues and objectives to address this where appropriate |
| 4 | Probation services to ensure that all Offender Managers are proactive in their approach to partnership work, both together and share information, | Local | To improve Partnership Board links at Management and OM level | BGSW CRC | To have improved partnership board links with Mental | Ongoing | Ongoing<br><br>Consistent attendance by |

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| | particularly where there are safety concerns. | | | | Health partners | | BGSWCRC at partnership meetings |
| 5 | Probation services to continue to roll-out DASH and SARA training and to ensure, through case audits and discussion in supervision, that this is being applied. Probation services to monitor the identification of both male and female victims through these processes. | Local | SARA training and DASH training to be completed | BGSW CRC | SARA training already completed June 2019<br><br>DASH training programme to be establilshed | Decembe r 2020 | Improved monitoring of male and female perpetrators<br><br>Victims of DV will be identified and referred to MASH where appropriate |
| 6 | Probation services to identify a Women's SPOC in Gloucestershire LDU in line with BGSW CRC's policy in relation to working with female offenders. | Local | Women's SPOC identified | BGSW CRC | Already completed | | Already actioned<br><br>Women's SPOC actively involved in promoting best practice |
| 7 | BGSW to ensure that Offender Managers are proactive in making contact with mental health services to provide further information and support if required. | Local | Deliver MHCC Awareness training to all OM's in Glos<br><br>Attend Mental Health Wellbeing and Partnership Board | BGSW CRC | MHCC Awareness Facilitator trained<br><br>BGSW CRC signed up to MH | Decembe r 2020 | All Glos OM's trained in MH Crisis Care Awareness and aware of appropriate pathways for mental health |

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| | | | | | Concordat<br><br>Training rolled out to all OM's in Glos | | support.<br><br>Improved communication between Oms and MH services. |
| 8 | Probation services to work with housing providers to agree service level standards on response times following enquiries about offers of housing accommodation where there are concerns involving a particular individual or individuals. A process for escalating concerns to also be agreed. | | | | | | |
| | **Gloucestershire Clinical Commissioning Group** | | | | | | |
| 1 | Gloucestershire Clinical Commissioning Group to advise primary care regarding their response to vulnerable patients and where there are safeguarding | Local | Training to be undertaken about sensitive information being recorded in patient records (which can be seen on line) | CCG SG team | To be taken to GP Adult SG forum: Source trainer | November 2020 | |

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| | concerns. The advice should include:<br>-Practices to regularly discuss vulnerable patients amongst the team to ensure awareness of cases<br>-Patient notes to be kept up to date regarding vulnerability and safeguarding discussions, and management plans.<br>-The challenges to continuity of care – such as temporary registrations, prison time, or missed appointments for vital medications – to be document, discussed and escalated where unresolved by previous management plans. | | Case used as example of issues re temporary registrations/prison time/missed appt | | | | |
| 2 | Gloucestershire CCG to encourage primary care that when registering a patient, to enquire about household members and social history. | | Proposed registration form already on G-care. | CCG SG team | Will take to SGA forum | Novembe r 2020 | |
| 3 | Gloucestershire CCG to encourage primary care that patient records should be flagged with social care | | Update read codes wrt coding social care history for adults: to be discussed with | CCG SG team | Share appropriate read codes for use | Novembe r 2020 | |

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| | history, substance misuse as well as the children of the index patient. | | CCG read code team | | | | |
| | **Gloucestershire Hospitals Trust** | | | | | | |
| 1 | Annual anonymised audit of maternity records to be undertaken and results reported to Safer Gloucestershire. Audit methodology must demonstrate that questions have been asked about domestic abuse on two or more occasions ante-natally, that risk factors for domestic abuse have been assessed (and addressed if identified) and that the expectant mother has been asked about domestic abuse without anyone else present. This audit for the next two years , or until an electronic patient record is in place across maternity which provides assurance with respect to compliance with screening procedures | Local | Annual audit to be set up by maternity governance lead | GHFT Maternity services | Set up and schedule audit. | Decembe r 2020 | |
| | **Gloucester City Homes** | | | | | | |
| 1 | Upon breakdown of the Homeless Hostel placement due to non-engagement, GCH should make a | | | | | | |

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| | referral to a homeless rough sleeping outreach service, if available, to flag the vulnerable person to attempt further follow-up engagement. | | | | | | |
| 2 | GCH to put a 'flag' on the housing management systems to identify vulnerabilities/cautions concerning tenants to indicate that follow-up with an ASB officer is necessary to monitor safety. | | | | | | |
| 3 | Where a tenant has made statements that suggest vulnerabilities from visitors, GCH to undertake further post-letting informal contacts on a regular basis to help identify if there are further issues | | | | | | |
| Above under probation at Rec 8 | Housing providers and probation services to agree service level standards between them on response time following enquiries about offers of housing accommodation where there are concerns involving a particular | | | | | | |

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| | individual or individuals. Processes for escalating concerns to also be agreed | | | | | | |
| Above at MA Rec 4 | Housing providers to allow more time when making decisions about letting accommodation when seeking additional assurance from other professionals on matters of safety. Practice should be to not let the property until safety concerns are addressed. | | | | | | |
| Above at MA Rec 4 | Housing providers to review their lettings/sign-up policies and procedures to enable an offer to be withdrawn where the necessary reassurance concerning the safety of the proposed tenant and/or a member of their household is not in place. | | | | | | |
| | **Gloucester Health and Care NHS Foundation Trust** | | | | | | |
| 1 | Where there is a known history of domestic abuse within a relationship, GHC Trust staff will take every opportunity to explore this with the victim when it is safe to do so and | | | | | | |

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| | demonstrate consistent professional curiosity. This will be reinforced with the review of the policy and training, group supervision and all GHC Trust staff forum. | | | | | | |
| 2 | To review the GHC Trust Domestic Abuse Policy as the current focus is for staff to know what to do in the event of a disclosure. More guidance is required within this policy about the indicators of potential domestic abuse to enable more effective signposting to specialist services. | | | | | | |
| 3 | GHC Trust domestic abuse training to encompass all the indicators of domestic abuse which may be evident prior to a disclosure. | | | | | | |
| Above under G Hos Trust Maternity staff | GHC Trust maternity staff to dip sample case files to determine if refresher training has been effective, that questions about domestic abuse are being asked, risk factors for domestic abuse area identified and partners are separated to ask questions about domestic abuse. | | | | | | |

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| 4 | All client-facing staff to have mandatory domestic violence training that is refreshed regularly and that includes information about the dynamics of domestic abuse | | | | | | |
| | **The Riverside Group** | | | | | | |
| 1 | Cognitive Behaviour Coaching training to be delivered to support staff in the South West. | | | | | | |
| 2 | Ensure the Riverside Domestic Abuse policy and procedure includes any good practice and lessons learnt from the DHR. | | | | | | |