

Domestic Homicide Review Rita February 2022 Overview Report

Author: David Pryde

Commissioned by:
Kent Community Safety Partnership
Medway Community Safety Partnership

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One thing that's more important to Rita than anything was her family, even drugs never broke our bond.

She had so many people who loved her and one of her closest friends was a 90-year-old devout Christian church goer, who was devastated by her passing.

I think that speaks tons about her relationships with people and it's why we love her as her heart was as big as the ocean".

Brenda and Polly (Rita's mother and sister)

1 Introduction

- 1.1 This Domestic Homicide Review (DHR) examines agency responses and the support given to Rita, a resident of Kent, prior to her death at her home in 2022.
- 1.2 In addition to agency involvement the review will also examine the past to identify any relevant background or trail of abuse before Rita's death, whether support was accessed within the community and whether there were any barriers to accessing this support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer.
- 1.3 This DHR examines the involvement that organisations had with Rita and her partner, Jim between August 2019 and the date of Rita's death in 2022. The family believe Rita and Jim were known to each other in London before Rita relocated to the North East in late 2017. Agency records can only say for certain Rita and Jim were in an intimate relationship in August 2019. The first allegation of domestic abuse by Rita against Jim was made to Kent Police in May 2020.
- 1.4 Kent Police made a referral to the Kent Community Safety Partnership in June 2022. As the death had not been recorded as either a homicide or a suicide, alignment with the current criteria for a DHR was not clear. The Community Safety Partnership wrote to the Home Office to seek their advice.
- 1.5 The Home Office advised on 13 December 2022 that the circumstances surrounding Rita's death had been reviewed by the DHR Quality Assurance Panel. This panel of experts and advisors were satisfied the criteria for a DHR had been met.
- 1.6 The Kent Community Safety Partnership commissioned a Domestic Homicide Review in accordance with Section 9 of the Domestic Violence, Crime and Victims Act 2004.
- 1.7 The key reasons for conducting a Domestic Homicide Review are to:
 - a) establish what lessons can be learned from a domestic homicide about the way in which local professionals and organisations work individually and together to safeguard victims.

- b) identify clearly what those lessons are both within and between organisations, how and within what timescales these will be acted on, and what is expected to change.
- c) apply these lessons to service responses including changes to policies and procedures as appropriate.
- d) prevent domestic violence and abuse and improve service responses for all domestic violence and abuse victims and their children, through improved intra and inter-organisation working.
- e) contribute to a better understanding of the nature of domestic violence and abuse and
- f) highlight good practice.

1.8 The Chair on behalf of the Kent Community Safety Partnership was able to offer their condolences to Rita's mother and sister when they met in February 2023. The members of the Review Panel took the opportunity to offer their personal condolences to Rita's sister when she addressed the panel members in April 2023.

2 **Timescales**

2.1 The panel met on five occasions during the review. The Independent Chair was appointed on 10 January 2023 and the Terms of Reference Meeting held on 09 March 2023. The Panel met with Rita's sister to hear first-hand about Rita as a person and the impact the circumstances surrounding Rita's death has had on the family on 25 April 2023. This was deliberately held ahead of the review writers briefing on 18 May 2023, to allow the panel members to brief their reviewers accordingly.

2.2 The Individual Management Report (IMR) Review Panel Meeting met on 06 September 2023 to review each IMR. The first draft overview report scrutiny meeting was held on 04 November 2023.

2.3 At the November meeting the draft report was discussed and number of observations made that required further work.

2.4 The panel met for the last time on 23 February 2024 to ratify the amendments and make any final alterations before the draft report was shared with Brenda,

Polly and their AAFDA¹ Advocate. It was agreed the family could have a period of four weeks to read and digest the draft report before they were invited to provide any feedback on its contents.

- 2.5 This review initially ran in tandem with the Coroner's Inquest. The coroner decided to put their process on hold until the DHR was completed, and the draft overview report was made available to them. At the time of writing the Inquest remains open.

3 Confidentiality

- 3.1 The contents of this DHR are confidential. Information is available only to participating officers/professionals and their line managers, until after the DHR has been approved by the Home Office Quality Assurance Panel and published.
- 3.2 As recommended by the statutory guidance, pseudonyms have been used for the deceased, her partner, family and friends. The pseudonyms have been provided and agreed by Rita's mother and sister. Locations and dates have been generalised to protect the identity of Rita.
- 3.3 Details of the deceased and her partner.

Pseudonym	Gender	Age Range	Status	Ethnicity
Rita	Female	Early 40s	Deceased	White British
Jim	Male	Late 30s	Partner	White Irish

- 3.4 The family members who were known to the Review Panel have been given the following pseudonyms.

Pseudonym	Relationship to the deceased
Brenda	Mother
Polly	Sister
Moiria	Close Friend

¹ [AAFDA: Home](#)

3.5 The members of the DHR Panel are identified by their real names.

3.6 Dissemination of the final report is addressed in Section 11 below.

4 Terms of Reference

4.1 The Review Panel met on 03 March 2023 to consider the draft Terms of Reference (ToR), the scope of the DHR and those organisations whose involvement should be reviewed. The Terms of Reference were agreed subsequently by correspondence and are attached at Appendix A. The Terms of Reference have been anonymised.

4.2 The period under review and the reason why these dates were chosen are detailed at paragraph 1.3.

4.3 At the Terms of Reference meeting the following key lines of enquiry were agreed:

- Rita was a vulnerable person as a long-standing illicit drug user and a person with mental wellbeing challenges. Was everything done that was reasonable to help Rita overcome the addiction(s) and/or assist Rita securing a more positive mental health outlook?
- Rita was a repeat victim of domestic abuse. Was everything put in place by statutory agencies that was reasonable and proportionate in the circumstances to help and protect Rita from further abuse? Were these effective in reducing any potential risk or harm to Rita?
- Was Rita's voice heard and/or was the voice of Rita's advocate (IDVA) heard and listened to? Did Statutory Agencies make assumptions because Rita was an intravenous drug user and empowering Rita to secure Rita's cooperation was challenging? Did Statutory Agencies "*roll their eyes to the ceiling*" when requests for help and assistance were made?
- Rita was a victim in various geographical jurisdictions. Were the mechanisms that were in place for cross border liaison effective in reducing the harm and risk to Rita? Did agencies and organisations share information known to them in a timely and effective manner?

- What actions or interventions were made with Jim as an alleged perpetrator of domestic abuse against Rita? Were these effective? Were there any missed opportunities that could have been reasonably foreseen?
- What were the specific challenges or obstacles agencies faced in trying to engage with Rita? Does this identify any lessons that are feasible or realistic with the statutory powers that are either available and/or the constraints posed by the current level of resources, both human and financial?
- What impact did the Covid 19 restrictions that were in place have on Rita accessing services or support and these services or assistance being provided?

4.4 The Focus of the DHR.

- 4.4.1 This review will establish whether any agencies have identified possible and/or actual domestic abuse that may have been relevant to the death of Rita.
- 4.4.2 If such abuse took place and was not identified, the review will consider why not, and how such abuse can be identified in future cases.
- 4.4.3 If domestic abuse was identified, this DHR will focus on whether each agency response to it was in accordance with its own and multi-agency policies, protocols, and procedures in existence at the time. If domestic abuse was identified, the review will examine the method used to identify risk and the action plan put in place to reduce that risk.
- 4.4.4 This review will also consider current legislation and good practice. The review will examine how the pattern of domestic abuse was recorded and what information was shared with other agencies.

5 **Methodology**

- 5.1 The decision-making process undertaken to progress this DHR are outlined in paragraphs 1.4 to 1.6.
- 5.2 The independent chair was appointed on 10 January 2023 and the family informed on 17 January 2023, when arrangements were made to have an introductory meeting to explain the purpose of this review.

- 5.3 The detailed information in this report is based on the Individual Management Reviews (IMR) completed by each organisation that had significant involvement with Rita. An IMR is a written document submitted on a template and includes a full chronology of the organisation's involvement.
- 5.4 Each IMR was written by a member of staff from the organisation to which it relates. Each was signed off by a senior manager of that organisation before being submitted to the DHR Panel. Neither the IMR authors nor the senior managers had any involvement with Rita and Jim during the period covered by the review, nor did they directly supervise staff who did.
- 5.5 Minutes from various MARAC meetings were provided and several agencies submitted summary reports either because their involvement was limited or was historical and outside the scope of the period set for the review.

6 **Involvement of Family Members and Friends**

- 6.1 The Independent Chair met Polly (sister) and Brenda (mother) on 06 February 2023 at the family home. By prior arrangement, an AAFDA advocate was present. The DHR process was fully explained and the Home Office Information leaflets for family members provided.
- 6.2 Polly and Brenda shared a detailed personal history of Rita. It was clear the circumstances surrounding Rita's death had caused Polly and Brenda considerable distress.
- 6.3 Regular contact was maintained with the family throughout the process by email, Microsoft Teams, and phone calls. The AAFDA advocate was involved in all correspondence and contact.
- 6.4 The family believe Rita had been in a coercive and controlling relationship with Jim. Polly said Rita was "... *scared, absolutely petrified of Jim*" and Jim saw Rita "*as a walking ATM*".
- 6.5 Polly and Brenda are unhappy with the outcome of the police investigation into Rita's death. They believe Rita's death was a direct consequence of the relationship with Jim. They also believe Rita appeared to have turned a corner when released from prison in 2022. Rita seemed determined to start

afresh and had been inspired by her IDVA² that Rita could help people who had similar 'lived in' experiences. This determination to change crumbled when Jim reappeared.

- 6.6 Polly and Brenda were advised the DHR process could not review the police investigation into Rita's death. The circumstances as to how Rita lost her life would be explored at the Inquest. The DHR would closely scrutinise what action had been taken with the preceding allegations of domestic abuse made by Rita against Jim.
- 6.7 Polly and Brenda acknowledged that Rita's substance dependencies could be harmful to Rita's long-term health. They did feel Rita may have been disadvantaged because of these substance dependencies. They wanted some reassurance that Rita would be viewed as a person who had tried to deal with the substance misuse. Just because Rita was a long-term illicit drug user, Rita should not have been considered as "a lost cause". Brenda and Polly said:
- 6.7.1 *"Rita's drug use was down to traumas that had never been dealt with. She was difficult to deal with when she was on them, however when she wasn't, and was level headed, she was the most wonderful person in the world and our relationship in that time was fabulous. Even when she was on drugs, we must reiterate that we were always there for her, and she would still always be there for us".*
- 6.8 Polly and Brenda explained Rita could at times "be a pickle" with those who cared for her. Polly and Brenda did not approve of the relationship with Jim and made that clear to Rita. They hold Jim responsible for facilitating Rita's drug use. This did cause some family tensions, but when Jim was not present, the family rallied round to help Rita.
- 6.9 The draft Terms of Reference (ToR) were shared on 23 March 2023 and copied to the AAFDA Advocate and the family solicitors. Polly and Brenda were satisfied the ToR captured the issues they would like the DHR to explore as discussed at the meeting held with them on the 06 February 2023.
- 6.10 Polly was invited and agreed to address the panel by Microsoft Teams on 25 April 2023 to reinforce her desire to ensure the panel understood Rita was not just another drug user. The panel were unanimous in recognising the courage and passion Polly displayed describing her sister and were very

² Independent Domestic Violence Advocate

grateful for the insight this gave them about Rita as a person. The panel expressed their sadness and condolences for Rita's untimely passing. (Brenda was invited to participate but wanted Polly to represent her views to the panel).

- 6.11 On 13 September 2023 the initial findings/themes discussed at the IMR review meeting held the previous week were shared with the family in a Microsoft Teams meeting facilitated by the AAFDA advocate. Polly and Brenda were able to provide their thoughts and feelings on the matters discussed at the IMR meeting. They were pleased there was a recognition that people in coercive and controlling relationships did not have a free choice and that a trauma informed approach was what had been missing when trying to support Rita.
- 6.12 Polly and Brenda were worried about the Independent Chair contacting Jim. Both felt Jim would try and blame Rita and this would cause them additional distress if Jim was allowed to do this. Their preference was not to involve Jim. They expressed a concern that if Jim was aware of this process, he would make efforts to contact them, and this was not something they wanted to happen. The Independent Chair was content to follow their wishes.
- 6.13 Members of the DHR Panel made a valid point that contacting Jim could possibly provide the review with additional learning that could support the overall aims of the DHR. There was a general view Jim would probably not engage but an effort should be made to establish this one way or the other.
- 6.14 The coroner advised that Jim was 'an interested party' in the Inquest but that did not stop him from participating in the DHR process. There was no objection to Jim being contacted.
- 6.15 Brenda and Polly were made aware of the DHR Panels views and expressed genuine fears this would prompt Jim to get in touch with them and this concerned them. Polly shared her suspicions that a prowler in their back garden recently could have been Jim. Security measures to provide some reassurance around their personal safety were discussed. Ring door bells were fitted to allow Brenda and Polly to monitor who was at the front door remotely.
- 6.16 Brenda and Polly were not reassured any measures put in place would protect them. They believed Jim had deliberately broken Rita's leg and probably her arm and therefore he had no hesitation in using violence against others.

- 6.17 The Chair in consultation with the Community Safety Team felt the perceived potential risks to their personal safety and the fear of violence expressed by Brenda and Polly took precedence over the views of the DHR Panel. No contact was made with Jim. This decision was shared with the Panel on 02 November 2023 and their views sought. The Panel agreed this was the best option to protect and support Polly and Brenda.
- 6.18 On 07 March 2024 the draft report was shared with the family and the AAFDA advocate. A follow up meeting was held on 18 April 2024 to seek their views on the report and any comments they wished to make.
- 6.19 Following this meeting the family submitted a written response. This is reproduced below.
- 6.20 *“Rita was a force of nature – she was the most intelligent, kind, and caring person. As a family, it is important that this is known because when someone is going through a difficult situation, it is easy for others to forget who that person is. The love that Rita had for her family was admirable. We are sad that Rita has been stripped of the opportunity to become the person that she always wanted to be – a healthy and happy mother, a traveller³, and someone who could help others who were experiencing domestic abuse. There is a huge hole in our family, and no one will ever fill that gap – we will forever miss her and struggle to digest her loss.*
- 6.21 *As a family, we feel that the DHR for Rita was quite accurate and informative. But words are just words – action is needed to support future “Rita’s”. Rita paid for the missed opportunities by organisations with her life, and subsequently as a family, we are paying for them with our grief. We look forward to watching future actions come to fruition as part of Rita’s legacy – we would like to remain involved to aid this process and ensure that she is never forgotten. There are a few significant areas that we would like to respond to, following what has been uncovered during the DHR process.*
- 6.22 *Longevity of Rita’s relationship with Jim. Rita’s relationship with Jim pre-dated 2019. We would like to note that when Rita moved to the North East in 2017, it was to flee from Jim. The move was supported by Rita’s Independent Domestic Violence Adviser (IDVA), who helped her with securing accommodation.*
- 6.23 *Coercive and controlling behaviour. As a family, we feel strongly about the coercive and controlling behaviour that Rita was subjected to by Jim. We feel*

³ This comment relates to Rita’s desire to travel abroad. This is not a reference to the travelling community.

that it was not adequately identified or taken seriously enough by the agencies involved with Rita. We would like to highlight some key incidents which stand out for us and heighten our concerns around the prevalence of coercive and controlling behaviour.

- 6.23.1 *There was an incident in May 2020 when Kent Police Officers witnessed Jim slap Rita across the face when Rita was in a verbal argument with another person. Rita stated that she had given Jim permission to slap her when she was becoming irate. We feel concerned that Rita may have been coerced into allowing Jim to slap her. It would have been out of character for Rita to freely give someone permission to assault her - the sister and daughter that we knew for 38 years would never allow anyone to do this.*
- 6.23.2 *There was an incident in June 2020 whereby Rita described an assault as “tit for tat”. This relates to an assault whereby Jim had grabbed her by the throat. We feel that this was an attempt by Rita to minimise the abuse that she was experiencing and keep herself safe – Rita was petrified of Jim, and this was her main reason for not pursuing prosecutions over the course of their relationship. We feel that evidence-led prosecutions should always be considered in cases of coercive and controlling behaviour.*
- 6.23.3 *Several people observed that Jim was always leering over Rita’s shoulder when she used cash points. Jim would control Rita’s money, and, on several occasions, he tried to persuade Credit Union to transfer “his” money from her account, at times using other females to voice Rita over the phone to try and defraud her.*
- 6.23.4 *As a family, we informed the police of our concerns regarding coercive and controlling behaviour after Rita’s death, but we remain disappointed that no action was taken.*
- 6.24 *Rita’s mental health. As a family, we are deeply dissatisfied with how the Criminal Justice Liaison and Diversion Service (CJLADS) responded to Rita. Our concerns particularly centre around the assessment that CJLADS made in March 2020, whereby they concluded that Rita was not suffering from a mental health episode. The conclusion of CJLADS informed Rita’s subsequent lack of support from the mental health team (she was discharged back to her GP) which is of significant concern to us.*
- 6.24.1 *We strongly disagree that Rita was not suffering with a mental health episode at the time that she was assessed by CJLADS. Rita had a history of mental*

health issues (something which is prevalent within our wider family) and had suffered with hallucinations and hearing voices. In the recent weeks beforehand, there was a disclosure of a rape which must have been particularly traumatic for Rita. Furthermore, the week before her assessment with CJLADS Rita had attempted to hang herself which resulted in her being detained under Section 136 of the Mental Health Act (something which

CJLADS were aware of). We feel that all these events, coupled with her history of mental health and drug use, would have had an adverse impact upon her mental wellbeing. We feel that drug use and mental health go hand in hand and should be viewed as such by professionals – they are not two separate issues.

6.24.2 *We feel that the assessment by CJLADS was not thorough and did not reach the correct conclusion. It had a profoundly negative impact on Rita not receiving the support that she so desperately needed, as other agencies were influenced by the conclusion that she was not suffering with a mental health episode.*

6.25 *Rita's relationship with the police. There is a comment in the DHR where Rita was described as "sardonic and scornful of the police". We would like to clarify that, although Rita didn't have the greatest of relationships with the police, there were two local police officers whom she did like – they saw her for who she was, and that was "a good Rita", not just an addict. However, we do feel that in the main, Rita was labelled as an addict and viewed as not important by most police officers who were involved with her at various points during her life and following her death.*

6.26 *Stigma around drug addiction. We feel that Rita was stigmatised because of her drug addiction and that this profoundly impacted her emotional wellbeing. On one occasion, she managed to secure a job locally, however her employer found out that she was a recovering addict and terminated her employment. On other occasions, she was subjected to degrading comments. We feel that professionals and society should try and see life through an addict's eyes – Rita had tremendously difficult experiences and her drug use was a symptom of this. As a family, we feel that professionals should have a good understanding of the complexities of drug use and how often, it can be a coping mechanism stemming from immense trauma".*

7 **Contributing Organisations**

7.1 The following organisations contributed towards the review:

Agency/ Contributor	Nature of Contribution
Kent County Council (KCC) Adult Social Care	IMR
Kent & Medway Integrated Commissioning Board (ICB)	IMR
Acute Hospital	Report
Kent Police	IMR
South East Coast Ambulance Service (SECAmb)	Report
IDVA Support Service	IMR
Kent & Medway NHS and Social Care Partnership Trust (KMPT)	IMR
Change Grow Live (Substance Misuse Service)	IMR
The Probation Service	IMR
Kent Fire and Rescue Service (KFRS)	Report
Kent Community Health NHS Foundation Trust (KCHFT)	IMR
MARAC	Copies of Minutes provided.

8 **Review Panel Members**

- 8.1 The Review Panel was made up of an Independent Chair and senior representatives of organisations that had relevant contact with Rita and/or Jim. The Panel members were completely independent and they had no direct dealings with Rita or Jim, nor did they have any supervisory responsibilities for the members of staff from their organisations who did.
- 8.2 The panel members are highly qualified senior professionals with many years of experience in their respective fields. There were several subject matter experts in such areas as addiction treatment, mental health treatment, domestic abuse and safeguarding.
- 8.3 Although not a panel member Jess Mookherjee, the lead Public Health Consultant for Substance Misuse, Mental Health, Suicide Prevention and Wellbeing was asked to review the report in respect of how victims of

domestic abuse with substance dependencies could be supported more effectively in the future. Her comments have been incorporated in the report.

8.4 The members of the panel were:

Name	Organisation	Job Title
Catherine Collins	KCC Adult Social Care	Adult Strategic Safeguarding Manager
Jill Redman	Kent Fire and Rescue Service	Safeguarding Lead
Kathleen Dardry	KCC Community Safety	Community Safety Practice Development Officer
Michelle Rabey	Kent Police	Detective Chief Inspector
Henu Cummins	Mid Kent Domestic Abuse Support Service	Independent Domestic Abuse Specialist
Diane Butler/ Tracey Creaton	Kent and Medway ICB	Safeguarding Designate Nurse(s)
Alison Deakin	Kent & Medway NHS and Social Care Partnership Trust (KMPT) -Specialist Mental Health providers	Head of Safeguarding
Violet Ng	Kent Community Health NHS Foundation Trust (KCHFT)	Named Nurse for Safeguarding
Satinder Kang	Change Grow Live (CGL) - Substance Misuse Service	Locality Manager
Nadine Nightingale /David Satchell	Probation Service	Senior Probation Officer/Deputy Head

Mike Bansback	IDVA provider	Head of Safeguarding and Quality
Suada Rahman	Borough Council	DA Lead – Community Safety Team
Natasha Munslow	HMP Prison	Prison Officer
Rachel Westlake	KCC	Senior Commissioner
David Pryde		Independent Chair

9 Independent Chair and Author

- 9.1 The Independent Chair and the author of this Overview Report is a retired Assistant Chief Constable (Hampshire), who has no association with any of the organisations represented on the panel. The Chair previously served with Kent Police but left the organisation on promotion in 2007.
- 9.2 The Independent Chair has a background in conducting Domestic Homicide Reviews and Adult Safeguarding Reviews. This experience has been enhanced with the feedback from the expert panel on previous reviews and assisted by the training courses aimed at Chairs and Report Writers.
- 9.3 The Chair spent nine years as the strategic police lead for Safeguarding, representing the police service as a board member in multi-agency Safeguarding Boards across two Counties and two Unitary Authorities. This demonstrates a good understanding of domestic abuse and the roles and responsibilities of organisations involved in a multi-agency response to safeguarding in a domestic abuse context.
- 9.4 The Independent Chair is the Safeguarding Advisor to the Bishop of Winchester and the Chair of the Diocese Safeguarding Board. To support this role, the Chair is an associate member of the Social Care Institute of Excellence and has a post Graduate Diploma in Criminology.

10 Parallel Reviews

- 10.1 The coroner adjourned the Inquest on 25 February 2023, pending the completion of the DHR process. The coroner will be supplied with a copy of this report in draft, on the understanding that it is still to be ratified by the Home Office Quality Assurance Panel, and as such, remains a draft and should not be shared further.
- 10.2 The family have lodged a complaint with the Independent Office for Police Conduct (IOPC). This concerns the investigation conducted by Kent Police following Rita's death.

11 Equality and Diversity

- 11.1 The DHR Panel gave close attention to the nine protected characteristics⁴ under the Equality Act 2010 when ratifying the Terms of Reference.
- 11.2 This was benchmarked against the doctrine of intersectionality and that the Panel should consider “everything and anything” that can marginalise people.⁵
- 11.3 Rita was female, who had a self-declared illicit drug dependence (and probably alcohol), suffered from mental health issues (depression/auditory hallucinations) and was a victim of domestic abuse, in an alleged coercive and controlling relationship. Suffering from depression is recognised as a disability.
- 11.4 There are statistics that show around 57% of women killed knew their assailant, with them being most commonly a partner or former partner. 70% of women killed, are killed in their own home.⁶
- 11.5 There is a caveat to this observation. At this time, there is no evidence to suggest Jim was directly responsible for Rita’s death. Jim was however Rita’s partner or former partner and was present in Rita’s home, at the time of Rita died.
- 11.6 The Panel were very attuned to the possible disadvantages people who are dependent on illicit drugs and/or alcohol may suffer in terms of access to services or their delivery and did make the following observation.
- 11.7 Addiction or substance dependency is a disorder that is complex. Individuals experience compulsions for the addiction despite the serious health and social consequences this may bring. Substance dependency is a chronic health disorder. There is a need to delve deeper into what has triggered this dependency. This may provide an insight into why a person may or may not respond to offers of support. This is described as a ‘trauma informed’ approach.⁷

⁴ Age, Disability/Learning disability, Gender reassignment, Marriage/Civil partnerships, Pregnancy/ Maternity, Race, Religion and belief, Ethnicity, Sex/Sexual orientation.

⁵ [Intersectionality, explained: meet Kimberlé Crenshaw ... – Vox](#)

⁶ <https://www.femicidecensus.org>

⁷ [Working definition of trauma-informed practice](#)

- 11.8 There is the issue of unconscious bias. A long-term intravenous drug user is generally viewed negatively by society, and it is almost inevitable this will transfer across, albeit in a very diluted form, to some professionals undertaking their role. The Panel were alert to the possibility there was a risk that Rita could have been disadvantaged because of her substance misuse. The panel noted special consideration needs to be applied when a person has a dependency on drugs and/or alcohol and/or has mental health issues and/or is in an abusive relationship. The decision not to co-operate or engage may not be a choice a person can freely make because of their personal circumstances.
- 11.9 Rita disclosed in 2020 for the first time that she was the victim/survivor of a serious sexual assault when a young teenager by an older local man. Polly and Brenda now believe this was the catalyst for Rita to get involved in illicit drugs and explains the change in demeanour at an early age.
- 11.10 Research shows that child sexual abuse can continue to affect the victim into adulthood.⁸ The cognitive functioning of an adult victim of child sexual abuse maybe disrupted⁹, which may lead to issues with depression, anxiety, and fear.¹⁰ This research does appear to resonate with Rita's life experiences.¹¹
- 11.11 Of relevance to this DHR is a conclusion drawn from Kent DHR Jean where the report writer identified the importance of a trauma informed approach and research that identified *"non engagement (can be) seen as a refusal of services, not a common symptom of mental health, trauma and complex needs, when sometimes attending appointments can feel overwhelming and frightening"*.

12 Dissemination

- 12.1 This Overview Report will be published on the websites of Kent and Medway Community Safety Partnership.
- 12.2 Family members will be provided with the website addresses and will be offered in advance hard copies of the final report when it has been approved by the Home Office.

⁸ Widom, CS "Long Term Effects of Child Abuse and Neglect on Alcohol Use and Excessive Drinking in Middle Adulthood" *Journal of Studies on Alcohol and Drugs* 68 (3) pp.317-326 (2007)

⁹ Gould, F et al "The Effects of Child Abuse and Neglect on Cognitive Functioning in Adulthood" *Journal of Psychiatric Research* 46 (4) pp.500-506 (2012)

¹⁰ Young, JC and Widom, CS "Long Term Effects of Child Abuse and Neglect on Emotion Processing in Adulthood" *Child Abuse and Neglect* 38 (8) pp.1369-1381 (2014)

¹¹ <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

12.3 Further dissemination will include:

- The Kent and Medway DHR Steering Group, the membership of which includes Kent Police, Kent and Medway Clinical Commissioning Group and the Office of the Kent Police and Crime Commissioner.
- The Kent and Medway Safeguarding Adults Board.
- The Kent Safeguarding Children Multi-Agency Partnership
- Additional agencies and professionals identified who would benefit from having the learning shared with them, including the relevant London CSP.
- Briefings are offered to the local CSPs by KCC's Community Safety Unit at the partnership meetings.
- A short briefing document highlighting key learning is circulated upon publication.
- Learning events held by the KCSP.

13 Background Information (The Facts)

- 13.1 Paramedics responded to a call for help from Rita's partner, Jim. Jim advised he had woken up beside Rita in bed and could not rouse Rita after they had both injected heroin earlier that evening. Jim performed CPR aided by a SECamb call handler and administered two vials of Naloxone.¹² Paramedics on their arrival could not resuscitate Rita and declared life extinct.
- 13.2 Kent Police attended and carried out an initial investigation. The Investigating Officer concluded there was nothing to indicate any third-party involvement in Rita's death.¹³ It was suspected Rita had suffered an accidental overdose. A report has been submitted to the coroner, which detailed the evidence available and that no suspicious circumstances had been identified.
- 13.3 As previously stated, the circumstances around Rita's death were felt to meet the criteria for a DHR process by the Home Office Quality Assurance Panel.

¹² [Naloxone – the overdose reversal drug - Change Grow Live](#)

¹³ The family wanted it noted at this paragraph they strongly dispute the conclusion there was no third-party involvement. Given the history of domestic abuse between Rita and Jim, the family believe the death should have been treated as suspicious.

- 13.4 A post-mortem toxicology report determined the cause of death as mixed drug toxicity.
- 13.5 Rita was the sole tenant of a Local Authority Housing Association property located in a small village community, a street away from where Rita's mother lives. Jim, while a regular visitor, had accommodation in London. There were no children or other persons resident in Rita's household. Rita and Jim were intimate partners in August 2019.
- 13.6 Rita was brought up with three older brothers and a younger sister, Polly. Rita was described as an intelligent, larger than life individual, who knew everyone in the village. Rita attended the local secondary school and did have an ambition to be a social worker.
- 13.7 It has since come to light that Rita suffered severe trauma at an early age. Rita was sexually assaulted by an older man who was local. This was an incident that Rita did not share until many years later. It was after this sexual assault that Rita started to dabble in illicit drugs, culminating in running away with another older man and becoming opiate dependent at sixteen years of age. Rita did return home, went to college and worked as a secretary. Polly believes Rita successfully managed the substance misuse (or was clean) for approximately five years before Rita's son was born in December 2001.
- 13.8 This child was the result of a steady relationship with a local man. However, this relationship faltered because Rita's partner worked away from home for long periods of time. When it was decided not to seek more local employment, the relationship ended. This was Rita's decision.
- 13.9 Rita found it increasingly difficult to cope as a single mum. Rita was treated for postnatal depression exacerbated by financial difficulties and substance misuse in late 2003.
- 13.10 In 2005 Rita's youngest child was voluntarily placed in the care of the paternal grandmother. In 2006 Rita's brother took his own life by hanging and this had a profound effect on Rita. Struggling with this trauma Rita did self-harm. Rita's father passed away suddenly with cancer in 2009. Rita was very close to her dad and this death left a significant gap¹⁴. The same year

¹⁴ Research indicates that mothers who have lost custody of a child through child protection services have higher rates of mental illness following separation from their child than mothers who experienced the death of a child. [Maternal health and social outcomes after having a child ...](#)

Rita had another child, who was later taken into care and adopted. Rita did keep in touch with the children once or twice a year when they visited Polly or Brenda and did pass on presents and money to them.

- 13.11 Polly believes Rita did love the children and because of the addictions, was not able to rebuild the relationship with them, something Rita desperately wanted to do. Poly remains in contact with both niblings¹⁵ and Brenda is close to the grandchild who is now an adult and was looked after by the paternal grandmother.
- 13.12 Rita had five treatment journeys of drug rehabilitation between 2012 and 2019 of varying durations. (Rita did engage with substance misuse support services prior to 2012, but these records are not available).
- 13.13 In 2017 Rita found solace and stability whilst living in the North East. This intimate relationship ended suddenly in June 2018 when her partner, who was alcohol dependent, died in bed with liver failure. The month before, Rita had fallen from a first-floor window and sustained serious injuries to her leg. This leg injury proved to be a significant burden, causing constant pain and discomfort, right up to the date of Rita's passing.
- 13.14 Rita returned to Kent in August 2018 and was supported by Adult Social Care (ASC) with the mobility issues (injured leg) and provided with home carers and bereavement counselling. The home care provider withdrew their support after a few weeks because Rita was injecting illicit drugs. This presented a needle hazard to their staff.
- 13.15 Polly and Brenda stepped in to help Rita, who engaged with another period of treatment with the alcohol and drug support services provider. New home care providers started visits in January 2019.
- 13.16 This home care support was maintained until September 2019 when the care provider made complaints about the conduct and behaviour of Rita's partner, Jim. This involved the use of alcohol and illicit drugs at the house. The care staff reported they felt intimidated by Jim and his associates. They withdrew their services on the grounds of staff safety. Around the same time, Rita stopped engaging with the drug and alcohol support worker.
- 13.17 The chronology covers significant incidents in Rita's life from this point on.

¹⁵ A gender neutral term for nieces and nephews.

- 13.18 There is not much known about Jim. The information that is available has been extracted from various documents and the accounts provided by Polly, Brenda and Moira (Rita's friend). They describe Jim as a manipulative person, who took every opportunity to take advantage of Rita, especially financially. All three were very wary of Jim and his volatile nature.
- 13.19 Jim originates from Eire. There are recorded convictions between 2008 and 2016 which led to periods of imprisonment in the Irish Republic. It is not known exactly when Jim came to the UK, but records do show Jim did have addresses in London in 2018. It is not known what his occupation or work history is or what his interests or hobbies are. Jim does have family members still resident in Ireland, who Jim told Rita, have some affiliation with the IRA.
- 13.20 Jim is a self-admitted intravenous drug user. As this report details further on, Jim has been arrested on multiple occasions on allegations of assault made by Rita and others. Jim spent time in prison following repeated breaches of a Domestic Violence Protection Order.

14 **Chronology**

- 14.1 Jim came to notice to Kent Adult Social Care (ASC) in August 2019, when the home care provider raised their concerns about Jim's behaviour towards their staff.
- 14.2 In September 2019 Rita and Jim were arrested by Kent Police for verbally abusing passers-by and assaulting an unknown male outside Rita's home address. They both assaulted police officers on being detained and were later charged with this offence. The original offences were not pursued because no one would provide statements to support the allegation of assault or abusive behaviour.
- 14.3 At the end of October 2019 and through the following week, multiple attempts were made by the local Community Mental Health Team to contact Rita, responding to a referral they had received from a London hospital. The referral was closed when there was no response to the voicemail messages asking Rita to get in touch. This included a voicemail on the mobile number provided by the GP. This number was active because Rita called the GP two days later advising Think Action¹⁶ had not been in touch.

¹⁶ [We Are With You \(formerly Think Action\) Mental Health support charity.](#)

- 14.4 In mid-November 2019 ASC tried to contact Rita by phone to check how Rita was coping without any home care support. Unable to contact Rita they contacted Brenda (mother), who explained Rita needed mental health support, which had not materialised following a referral by the GP. Brenda offered to be a point of contact for the Community Mental Health Team to arrange an appointment for Rita.
- 14.5 At the end of November 2019 ASC made a home visit. Jim told the social workers Rita was out at a GP appointment. (This was not true as Rita was upstairs when they called). ASC contacted Rita's mother. Brenda advised the family had stopped visiting Rita because of Jim. Brenda repeated the concern what Rita needed was some mental health support.
- 14.6 In December 2019 ASC flagged Rita as a vulnerable person to the local Community Safety Unit. They highlighted home carers and close family members were no longer involved, predominantly because of Jim's behaviour. This was followed up by a welfare telephone call to Rita. Rita advised Jim was being supportive and no further help from ASC was required.
- 14.7 At the beginning of January 2020 Kent Police attended Rita's home address and arrested Jim, following allegations of theft and assault on a neighbour. Jim was charged with these offences in May 2020.
- 14.8 In late January 2020 Rita contacted Kent Police to report an allegation of rape, which occurred in London some years ago. Rita was transferred to the Metropolitan Police Service (MPS) who commenced an investigation. A week later the MPS contacted Kent Police and asked for a welfare check. They were concerned for Rita's wellbeing following a confusing phone call to them concerning the allegation of rape.
- 14.9 Kent Police made numerous attempts to locate Rita the same day and did find Rita at home the following morning. Rita was arrested on a fail to appear warrant issued by a London Magistrates' Court. Whilst in Kent Police custody Rita was offered a vulnerability assessment. Rita declined any further help stating this was already in hand with counselling being provided by MIND. (There are no records of this counselling support).
- 14.10 At the end of February 2020 Rita contacted the GP practice. Rita was suffering from hallucinations, seeing spiders and black spots and hearing an unknown voice calling her name. Rita was explicit that this did not involve the use of illicit drugs. The GP made an urgent referral to KMPT's Single Point of Access (SPoA) for mental health support.

- 14.11 The SPoA reviewed the GP referral and determined this did not require immediate action because Rita had made no mention of self-harm or harm to others.
- 14.12 The following day Rita was detained by Metropolitan Police Officers under Section 136 of the Mental Health Act. Rita had tried to hang herself. A London Borough Mental Health Team contacted the Kent SPoA to advise them of this detention and that their intention was to discharge Rita shortly. Attempts by the SPoA to contact Rita over the next few days by phone were unsuccessful. Rita was referred to the local Community Mental Health Team (CMHT) to make contact.
- 14.13 A week later, in early March 2020, Rita was arrested by Kent Police on a no bail court warrant. They were aware of the recent Section 136 detention in London. Rita was seen by a Criminal Justice Liaison and Diversion Service (CJLADS) nurse, who concluded Rita was not suffering from a mental health episode and should remain in the criminal justice system¹⁷.
- 14.14 The assessment that Rita did not have a mental health illness by the CJLADS nurse was used by a psychiatrist led CMHT referral meeting the next day to determine any further involvement by mental health specialists. This was following up on the referral by the London mental health team and the Kent GP. The decision was made Rita did not need mental health support by KMPT specialist services and could be supported by the GP.
- 14.15 Rita contacted the GP practice a few days later and advised the GP of the Section 136 detention and that mental health had not been in touch. The GP assumed this could have been because Rita had changed her mobile number and updated the SPoA with Rita's new contact number. This generated a further review of Rita's mental health needs at the next CMHT referral meeting. This meeting concluded the original decision made two days previously was still valid and discharged Rita back to the GP on the grounds no mental health disorder had been identified when Rita had been seen by the CJLADS nurse.

¹⁷ Polly asked that it be noted at this point in the report that she strongly contests Rita was not suffering with a mental health episode, given recent events in her life. Polly is concerned by how this conclusion influenced Rita's lack of support from the mental health team thereafter.

Phase 1 Covid Lockdown in place from 23 March 2020

- 14.16 Towards the end of March 2020 Rita contacted Kent Police to report an allegation of rape that occurred sometime in 2017. It was confirmed this matter had already been reported and was being investigated by the Metropolitan Police (MPS). This was a confusing and erratic conversation. The call handler was concerned about Rita's mental health wellbeing and persuaded Rita to allow the call handler to pass on contact details to the 24/7 Mental Health Crisis Team. The outcome is not known as KMPT have no record of this contact.
- 14.17 In mid-April 2020 Rita called 999 in distress, stating she was at home and was suicidal. Kent Police attended and spoke to Rita who stated she had self-harmed because of financial difficulties. Jim was present in the house. Rita was spoken to privately and declined any medical assistance or support from mental health specialists.
- 14.18 Over the next few days, Kent Police attended Rita's home address in response to multiple complaints of anti-social behaviour against Rita involving neighbours and counter allegations made by Rita against the same neighbours. In the end, no one wished for their complaints to be pursued.
- 14.19 During one of these anti-social behaviour complaints, Rita disclosed to the attending officers she had been the victim of rape many years ago and that this had not been previously reported. Rita was drinking heavily at this time, and several follow up visits were undertaken by the police investigator to get sufficient details from Rita to commence an investigation.
- 14.20 It was established the alleged perpetrator was a local man and Rita was fourteen when the alleged rape occurred. The investigation stalled because Rita was not available or contactable to undertake the ABE¹⁸ interview to substantiate the original complaint. The investigation was closed in November 2020.
- 14.21 During May 2020 Kent Police were called to multiple complaints of anti-social behaviour made against Rita. None of the complainants wanted any formal action taken. In mid-May 2020 an allegation was made that Jim had stolen a wallet from a car and had used a stolen bank card in a local shop, near to Rita's home. Jim was arrested and charged with theft.

¹⁸ [Achieving best evidence in criminal proceedings](#)

- 14.22 Few days later Jim was arrested by the MPS in London for threats to kill and later charged with assault. (Rita was not the victim of the threats/assault). Still in May 2020 Rita made an allegation of theft against Jim to Kent Police but would not support any prosecution. A DARA risk assessment¹⁹ was completed. It was assessed as a 'medium risk'.
- 14.23 In the last week of May 2020 Kent Police responded to a report by neighbours of a violent disturbance at Rita's address. Rita and Jim were spoken to separately and both denied there had been any altercation between them. Neither had any apparent injuries and no other persons were present.
- 14.24 The next day Kent Police officers witnessed Jim slap Rita across the face when Rita was in a verbal argument with another person. Jim was arrested. Both Rita and Jim gave separate accounts that Rita had given Jim permission to slap her when Rita was becoming irate. An 'evidence led prosecution' was considered but was not deemed feasible given the explanation provided by Rita.
- 14.25 There continued to be allegations and counter allegations of anti-social behaviour on almost a daily basis at or around Rita's home address for the next week. No action was taken against any party.
- 14.26 At the beginning of June 2020, a welfare concern was raised by the housing provider to Kent Police that they could not contact Rita. Rita was traced two days later in London, safe and well.
- 14.27 In mid-June 2020 Rita was arrested on a 'fail to appear' warrant by Kent Police. Rita appeared at a Magistrates' Court and was fined for the offence of assaulting a police officer. (See paragraph 14.3).
- 14.28 The following day a Community Protection Warning was issued followed by a Community Protection Notice²⁰ to Rita after multiple complaints of anti-social behaviour.
- 14.29 A few days later Rita alleged Jim had stolen property from her two days previously (money, medication, and mobile phone). In the process of doing so, Jim had grabbed Rita by the throat and was thrown against the television.

¹⁹ Domestic Abuse Risk Assessment – See glossary.

²⁰ [Anti-social behaviour powers](#)

- A DARA risk assessment was completed and recorded as a 'high risk' and a MARAC referral made. Jim was circulated as wanted for theft and assault.
- 14.30 Rita initially engaged with the investigating officers but as time went by, Rita became less enthusiastic to support a prosecution. In the meantime, a panic alarm was installed, and the house door locks changed. Adult Social Care became involved and launched a Section 42 Enquiry²¹.
- 14.31 Rita was encouraged to engage with substance misuse support services and domestic abuse specialists and referrals were made to these organisations by the social worker leading the Section 42 Enquiry.

Phase 1 Covid Lockdown ends 23 June 2020

- 14.32 Towards the end of June 2020 Rita contacted Adult Social Care stating she did not feel safe, that she felt suicidal (wanted to hang herself) and needed to move to the North East. A home visit was made but Rita was not in. Kent Police were alerted that Jim was likely to be at the address at some point later that day. Jim was still wanted for the allegations Rita had made of assault and theft. (See paragraph 14.29).
- 14.33 Kent Police visited the address to arrest Jim. Rita admitted Jim had been there earlier but had left. The house was searched to confirm Jim was not hiding in the house.
- 14.34 During this interaction Rita was verbally abusive to the attending officers and others, which led to Rita's arrest for a racially aggravated public order offence. Rita's behaviour was recorded on police body worn video cameras. Rita was charged with a public order offence the next morning.
- 14.35 At the end of June 2020, efforts were made to find suitable accommodation in the North East. Rita wanted to return to the homeless shelter Rita had been in 2018. Rita was uncontactable and various agencies made multiple enquiries to locate her. It was eventually established by Rita's IDVA that Rita was with a friend in London.
- 14.36 At the beginning of July 2020 Adult Social Care contacted Rita by telephone. The phone was answered by a male and Rita could be heard in the background. The call was terminated abruptly. Kent Police were asked to attend Rita's address urgently. Jim was arrested later that day at Rita's home for the previously reported offences of theft and assault.

²¹[Care Act 2014 \(section 42\).](#)

- 14.37 Jim was released without charge. Rita would not support a prosecution. Kent Police issued a Domestic Violence Protection Notice (DVPN) against Jim prior to his release from custody. Rita on being advised of this, expressed her annoyance a DVPN had been issued. Kent Police solicitors did obtain a Domestic Violence Protection Order²² (DVPO) at Magistrates' Court to protect Rita.
- 14.38 In mid-July 2020 Rita was arrested by the MPS and charged with a racially aggravated public order offence in London. Jim was arrested at the same time and charged with assaulting a store security officer.
- 14.39 Rita and Jim appeared at a London Magistrates' Court. Rita was bailed pending a pre-sentence report from the Probation Service.
- 14.40 Towards the end of July 2020, a third-party alleged Rita had been assaulted by Jim and property stolen. Jim was arrested. Jim denied the allegation of assault claiming Rita had attacked him. The property allegedly stolen was located at Rita's home. A MARAC referral was submitted. There was no further action taken for the allegations of assault/theft, but Jim was taken to court for the breach of the DVPO. He was fined and released.
- 14.41 Two days after Jim's arrest, Rita returned home to find Jim indoors. When Rita asked him to leave, it is alleged Jim pushed Rita out of the way and stole money. Jim was arrested. The allegations of assault and theft were not pursued because Rita would not make a statement against Jim. Jim was taken to court for the offence of breaching his DVPO, as evidenced by the arresting police officers, and sentenced to 30 days imprisonment.
- 14.42 Over the next few days multiple allegations of threats and anti-social behaviour were made against Rita by neighbours including chasing an unknown male down the street with a screwdriver. Although this was videoed by the person reporting the incident, Rita denied any involvement and stated she had not left the house. No further action was taken as the witnesses advised they were either too frightened to make a complaint or were not prepared to make a statement as Rita was unwell and needed help.

²² [Domestic Violence Protection Notices \(DVPNs\) and ...](#)

- 14.43 Various agencies tried to relocate Rita to the North East to support Rita's desire to leave Kent and start afresh. The Homeless Shelter and Women's Refuge in the North East were not able to accommodate Rita.
- 14.44 In early August 2020 Adult Social Care contacted the mental health team, GP, Kings College London and the National Probation Service on Rita's behalf. They established that all had tried to contact Rita by mobile phone on multiple occasions. Rita's phone was either busy or the call not answered. Voicemail messages were left but Rita did not respond. Except for the Probation Service all had written requesting Rita get in contact.
- 14.45 Rita received a letter from Jim from prison. This was in breach of the DVPO. Rita's IDVA reported this to Kent Police, who eventually tracked down Rita to obtain a statement and take control of the letter. There was some urgency to this as the DVPO was due to expire the next day. Rita did not keep her appointment and the necessary evidence to take Jim back to Court was not obtained.
- 14.46 In mid-August 2020 Rita was reported to Kent Police as missing by the IDVA. The IDVA had put Rita on a train the day before, but Rita had not arrived at the prebooked B&B in the North East, which had been arranged as alternative to the Homeless Shelter or Women's Refuge.
- 14.47 Enquiries established that Rita had been treated for an opiate overdose and excess alcohol at a North East Emergency Department the same day Rita had left Kent.
- 14.48 In mid-August 2020 Rita was inducted as a new patient with the North East substance misuse support service. Rita disclosed daily heroin injections and used crack cocaine twice a week. Rita wanted help to manage this drug use but was comfortable the alcohol consumption was under control. Rita estimated an alcohol consumption of 22 units a day. Rita was prescribed a daily dose of supervised methadone.
- 14.49 In September 2020 the North East IDVA contacted the Kent IDVA to advise Rita had decided to return to Kent. Efforts to contact Rita were unsuccessful. In late September 2020 Adult Social Care did make contact by telephone and Rita advised them she was staying with friends. The same day Rita contacted the GP practice asking for the monthly prescription to be forwarded to a pharmacy in London.
- 14.50 In October 2020 Rita's IDVA emailed Adult Social Care to advise Rita had disengaged and was not returning any calls. Kent Police, at the behest of

Adult Social Care, asked the MPS to carry out a welfare check at Jim's address in London. Rita contacted Kent Police the next day advising all was well and was visiting friends in Doncaster. Rita intended to return to Kent in the next day or so.

- 14.51 During the preceding weeks, several case conferences and MARAC meetings were held but these were not productive because no one was sure where Rita was living. During one of these meetings, it was concluded that although the risk of harm to Rita by Jim remained high, the Section 42 Enquiry would be closed. Significant help and assistance had been offered to Rita and this effort had not achieved much success in terms of empowering Rita to change her personal circumstances or stopping contact with Jim.
- 14.52 Rita contacted the GP practice in November 2020 to obtain a repeat prescription. Rita advised she was currently living in North London and did not know when it would be possible to return to Kent.

Phase 2 Covid lockdown starts 05 November 2020

- 14.53 Rita contacted GP practice in mid-December 2020 and asked for the repeat prescription to be sent to a London pharmacy. Rita explained until the lockdown rules were relaxed over the festive period, it would not be possible to return to Kent. Rita contacted the GP surgery three days later and stated this medication had been lost on a train and requested a repeat prescription. The GP provided a replacement for the diazepam²³, but not the pregabalin.²⁴ The GP did confirm with the pharmacy in London that half of the previous prescription for pregabalin was still available for collection at the pharmacy.
- 14.54 Rita was arrested for a public order offence by the MPS during the Christmas holiday. Following this arrest Rita alleged an associate of Jim had deliberately broken her arm. Rita was taken to hospital where it was confirmed there was a fracture. Rita would not provide a statement of complaint. Rita was charged with the public order offence and bailed.
- 14.55 Rita returned to Kent towards the end of December 2020. Rita contacted the GP surgery seeking a further prescription claiming her medication had been stolen by Jim. Rita disclosed Jim had broken her arm and stated Jim had been charged with this offence. A week's prescription was provided pending a consultation with Rita's named GP.

²³ [Diazepam: medicine for anxiety, muscle spasms and seizures](#)

²⁴ [Pregabalin: medicine to treat epilepsy and anxiety.](#)

- 14.56 Rita spoke to the named GP the next day and reiterated Jim had broken her arm and that she was hearing voices and seeing spiders. The GP reissued a full prescription and made an urgent referral to the mental health Single Point of Access (SPoA) and the local hospital fracture clinic.
- 14.57 On receipt of the GP's urgent referral, SPoA were unable to contact Rita by telephone and after 72 hours referred Rita to the local Community Mental Health Team to make contact.

Phase 3 Covid restrictions from 06 January 2021 - phased removal commences 08 March 2021

- 14.58 During the first week of January 2021 Rita spoke to the IDVA, advising she was currently in a Kent Emergency Department getting a cast on a fractured arm. The fracture had occurred following an altercation involving Jim and his friend in Jim's London address and that as a consequence Rita had fallen down the stairs, breaking the arm. Rita was not pressing charges against Jim or his friend and was now living in Kent.
- 14.59 A few days later Rita contacted the GP Surgery seeking a further prescription. Rita alleged the police had seized her medication and she had been in a London Hospital getting a cast on a broken arm. Rita advised she was staying in London with a brother-in-law for a week. A prescription for a week's worth of medication was sent to a London pharmacy.
- 14.60 In mid-January 2021 Rita was arrested by Kent Police on two London Magistrates' Court no bail warrants, having attended at a Kent Magistrates' Court that morning. Rita was seen by a CJLADS practitioner whilst in police custody. Rita was intoxicated and aggressive but did engage.
- 14.61 Simultaneously, two practitioners from the CMHT unaware Rita had been arrested, made a cold call to her home address. This was because no contact had been made by phone throughout the previous week in response to the GP's urgent referral. (See paragraph 14.57)
- 14.62 At the end of January 2021 paramedics attended Rita's home address. The occupants of the house which included Jim and a friend were intoxicated and aggressive towards the ambulance crew to such an extent, they were unable to treat Rita. Kent Police were called. Rita stated to the attending police officers that the injury had occurred accidentally when Rita had fallen down the stairs. Rita was conveyed to the Emergency Department by ambulance.

- 14.63 A safeguarding concern was raised by the hospital and Rita's sister subsequently alleged that Jim had broken Rita's leg deliberately. Jim was arrested the same day and later bailed with pre charge conditions not to contact Rita, not to return to Kent and to sign on daily at a London Police Station.
- 14.64 Rita had an operation to the injured leg following her admission to the Emergency Department. Various medical post operative procedures were undertaken over the next week, including safeguarding activity by the hospital based IDVA. Against medical advice, Rita discharged herself from hospital. A police panic alarm was installed at her home address at short notice.
- 14.65 Rita had declined any home care support when discharged from hospital. With one leg in a protective boot (from the injury in June 2018), the other leg requiring daily wound management and a broken arm, Rita was supported by her mother and sister, which the hospital had confirmed before her discharge. Rita's IDVA contacted Adult Social Care requesting a care needs assessment.
- 14.66 Morning and evening visits were made from the end of February 2021 by the Rapid Response Service, a post hospital discharge home care provider. Rita's mother and sister continued to offer their help and these visits were reduced to evenings only at Rita's request after a week.
- 14.67 Rita declined any further home care support in mid-March 2021. The care staff had made several interventions with Rita, who had not been administering the drug prescribed to reduce the risk of blood clotting following the surgery to the injured leg.
- 14.68 In April 2021 neighbours reported Jim was at the house. The police attended and Rita advised Jim had been there earlier to collect personal possessions but had since left. The house was searched to confirm Jim was not hiding in the property.
- 14.69 Rita contacted the GP Surgery in mid-May 2021 seeking a repeat prescription on the basis Rita was currently living with a sister in North London and needed the prescription sent to a London pharmacy. A prescription was issued.
- 14.70 Rita contacted the surgery the following day stating the medication had been stolen. Rita advised she had suffered a couple of fits and needed another prescription sent to the London pharmacy urgently. A male could be heard in the background whispering commentary and instructions. When

the GP asked who was whispering in the background, Rita stated it was her sister's boyfriend. The GP spoke to the boyfriend, who confirmed the medication had been stolen and this had been reported to the police. The GP advised if Rita had suffered some fits, Rita should attend the local Emergency Department to have this checked out. When the GP asked for an incident number or the details of the police officer dealing with the theft, the boyfriend hung up.

- 14.71 Around the end of May 2021 Rita was arrested by the MPS in London. It was alleged Rita had tried to stab one of Jim's friends with a screwdriver. A screwdriver was found concealed in Rita's hair bun along with white powder and a driving licence in another person's name. Rita assaulted the arresting officer during the process of being detained. Rita was charged with various offences, taken to court and remanded to prison pending trial.
- 14.72 In mid-June 2021 Rita was produced at Magistrates' Court from prison for the offences committed in Kent and London over the preceding 12 months. (This did not include the offences Rita was on remand for). Rita was sentenced to 120 days imprisonment.
- 14.73 Rita was scheduled for release at the end of July 2021. The prison noted Rita was a victim of domestic abuse and referrals were made to the existing IDVA and checks made to ensure the release home address was safe. This included completing a DASH assessment and making a MARAC referral.
- 14.74 Rita remained in prison on remand after the scheduled release date. The May 2021 offences were still outstanding and an application for bail was turned down. A Crown Court Hearing date was set for 2022.
- 14.75 Rita appeared at Crown Court and received a sentence of 28 weeks imprisonment. Given the time spent on remand, Rita was entitled to be immediately released, but would remain on licence until later on in 2022.
- 14.76 Rita did not attend the scheduled appointment with the Probation Service, which was a mandatory requirement of being released from prison on licence. With no explanation or contact from Rita, the process to revoke Rita's licence was put in motion and the decision made the prison recall would be for a fixed period of 14 days.
- 14.77 Rita did contact Change Grow Live (CGL), a substance misuse support service provider, who agreed to provide an interim prescription at a local pharmacy until Rita could complete their medical assessment. Rita never

attended the pharmacy for a supervised daily methadone treatment but did obtain alternative medication from the GP.

- 14.78 In early 2022 the outstanding case for the assault when Rita suffered a serious leg injury was discontinued for evidential reasons by the Crown Prosecution Service. Jim's conditional bail for this offence had lapsed in September 2021 because Rita was in prison and the grounds to continue these conditions no longer applied.
- 14.79 Polly contacted Kent Police a few weeks after Rita's release from prison and informed them Rita was harbouring Jim at the Kent address, in breach of the bail conditions. The police attended and arrested Rita for the prison recall and Jim for outstanding court warrants.
- 14.80 Polly further reported to Kent Police that since Rita's arrest, Polly had possession of Rita's phone and Jim had been contacting this number. Polly expressed concerns Jim would cause Rita serious harm if something was not done.
- 14.81 Rita was released from the prison recall after 11 days detention. Rita called the Probation Service to let them know because of mobility issues, it would not be possible to make the scheduled appointment that afternoon. The Probation Service agreed Rita could attend the next day.
- 14.82 Rita did have a prescription arranged by CGL for the prison release date but Rita did not attend the pharmacy nor the arranged appointment with CGL for their mandatory medical assessment. This assessment includes a urine test to identify what drugs are in a person's system.
- 14.83 Rita subsequently contacted CGL to explain following contact with the local GP, Buprenorphine patches²⁵ had been prescribed to manage the pain caused by an a recently injured toe. Consequently, Rita did not need the medication provided by CGL, but would appreciate psychosocial support.
- 14.84 Polly contacted Kent Police the same day and advised Jim was present in the house and this was in breach of his bail. (The bail conditions were no longer in force). Police officers attended in the early hours of the next morning and spoke to Rita, who refused entry and spoke to the officers through a window. Rita advised Jim had not been at the house for several

²⁵ [Buprenorphine for pain: medicine to treat moderate ...](#)

weeks. Another male present in the house was questioned and it was established this male was not Jim.

14.85 Rita contacted CGL the same morning to advise an ex-partner (not Jim) had left rude and aggressive text and voice messages.

14.86 Jim called 999 later that evening stating Rita would not wake up and was not responding to attempts to revive her. They had both taken heroin. Paramedics attended and pronounced life extinct. Jim and the male who had been in the house in the early hours of the morning were present when Kent Police arrived.

15 **Overview**

15.1 Most agencies were aware of Rita's drug and alcohol misuse and some were aware that there were periods when Rita had successfully managed these substance dependencies. For the period under review in this report, Rita was less successful in seeking support or help, and drugs and alcohol were part of Rita's lived experience for most of the review period, excluding the time spent in prison.

15.2 Most agencies were aware post the allegation of assault in June 2020 that Rita was a victim of domestic abuse. Jim's illicit drug misuse was also known to most organisations. Rita's mum and sister while supportive, distanced themselves from Rita because of Jim. Some organisations did communicate with the family, so they could try and influence or support Rita to seek further help.

15.3 Rita's difficulties with her mental health wellbeing were known, because of her general behaviour and her requests to the GP for mental health support. Her family and IDVA made repeated requests for some form of mental health intervention with several agencies.

15.4 KMPT, the specialist mental health support provider did not provide mental health support for various reasons. Rita did not respond to multiple contacts from them to get in touch to allow them to assess what assistance they could provide. When Rita did see mental health practitioners from CJLADS, their conclusion was Rita did not have a mental health illness requiring specialist support, noting the dependency on illicit drugs and alcohol. Most people with mental health needs and addictions can and are supported in primary care by the GP.

15.5 There is a distinction between general mental health well-being and a diagnosed mental health illness. Substance dependency can be a

Substance Misuse Disorder, which is a mental health problem. The diagnosis of this disorder is complex and is predicated upon the skills and qualifications of the person making the assessment and ratified by a Doctor.

- 15.6 Rita's dependence and use of illicit drugs and alcohol was a contributing factor to decisions made by mental health practitioners. Practice at that time defaulted to the position that people with issues with drug and alcohol misuse, had to address these first before any mental health intervention

could take place. This position is changing, with a greater acceptance that a dual diagnosis approach to the treatment for people in such circumstances is needed, and mental health and substance misuse should be managed simultaneously.

- 15.7 It was acknowledged Rita was in a 'High Risk' relationship and this influenced some partnership working and information sharing to protect Rita and to encourage Rita to make decisions that would enhance her personal safety and well-being.

- 15.8 Rita's broader history of trauma related incidents such as the impact of the suicide of a brother in 2006, the death of a partner in 2018 and the allegations of historical rapes were known to some agencies to varying degrees. Several agencies commented if they had known more about Rita's lived in experiences, they may have taken a different approach when assessing the support and help they could have offered and how this could be accessed by Rita. These observations are discussed in the next section.

16 **Analysis**

16.1 **KCC Adult Social Care**

- 16.1.1 Kent County Council (KCC) has a statutory responsibility for safeguarding as defined by The Care Act 2014. The Act requires KCC to make enquiries or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect.
- 16.1.2 The Care and Support Statutory Guidance includes the concept of 'Making Safeguarding Personal'. This requires any intervention to be person led and outcome focused. The process should engage the person in a conversation about how to respond to their safeguarding situation in a way that enhances their involvement, choice and control.

- 16.1.3 During the period under review Adult Social Care (ASC) had an operating model that was separated into specialist teams. There were three social care teams from ASC involved with Rita. These were Older Persons and Physical Disabilities (OPPD) team, the Mental Health Social Care Team (MHSCT) and the Safeguarding Team (SGT). The structure of these teams has since changed with the introduction of new operating model in April 2023.
- 16.1.4 Many of the interactions between Rita and the ASC teams took place during the Covid pandemic. Covid saw a significant increase in demand for social care support with a corresponding decrease in staff numbers due to self-isolation, and the introduction of national guidelines that closed offices and led to significant changes in how social workers operated. Home visits were reduced and contact with clients was predominantly by phone.
- 16.1.5 Rita was known to ASC prior to the period under review. They were aware of the complexities Rita faced with the leg injury and lack of mobility, the death of a partner in the North East, and the substance dependencies.
- 16.1.6 It was ASC who commissioned the care provider to help Rita at home in early 2019 and they were aware when this service was withdrawn on the grounds of staff safety. ASC did try and source another care provider, but this proved unsuccessful.
- 16.1.7 Rita was originally disappointed the care support had ceased and did not agree the care staff involved were at risk. Rita decided after a few months that home care support was not required, because Jim was looking after her needs. This prompted ASC to speak to Brenda (mother) who informed them she was no longer visiting Rita, because of Jim.
- 16.1.8 ASC raised a vulnerability concern with the local community safety team on the grounds there was no family contact or external carers now involved with Rita on a regular basis. This was good practice.
- 16.1.9 As Rita no longer required any care support, ASC ceased engagement.
- 16.1.10 ASC were informed by a London Borough Social Care Department of Rita's attempts to self-harm by hanging and being detained under Section 136 of the Mental Health Act. ASC did reopen Rita's file and made a referral to KMPT for mental health support.

- 16.1.11 ASC do have social workers that have mental health expertise. This should not be confused with mental health social workers from KMPT, who provide specialist mental health support (Community Mental Health Team).
- 16.1.12 ASC referred Rita for mental health support to KMPT, but also referred Rita to their own mental health team. The ASC mental health team made various attempts to contact Rita noting on the first occasion Rita answered their phone call, Rita was too agitated to reply and a male in the background

kept interjecting. This generated a home visit by two social workers. Rita was not in and according to neighbours had not been seen for five days. The social workers asked the police for a welfare check which was good practice. The police informed them they had attended the address earlier that day and had spoken to Rita, with no safeguarding concerns raised.

- 16.1.13 A further home visit on in June 2020 alerted the ASC mental health social workers to Jim's assault on Rita four days previously, where it was alleged, Jim had assaulted Rita by strangulation. This prompted ASC to commence a Section 42 Enquiry under the Care Act to protect and help Rita.
- 16.1.14 The Investigating Officer (IO) appointed to conduct the Section 42 Enquiry took prompt action with Rita to put safety plans in place and liaised with the housing provider and a domestic abuse support service. The IO confirmed a MARAC referral had been made. The IO in interview with IMR writer stated they did not feel there was any real issues with information sharing with the MARAC or other partner agencies. The detailed commentary in the IMR however reflected a sense of frustration by more senior managers in ASC with the lack of information provided when requested. This specifically concerned the DARA risk assessment that the police withheld mistakenly under the impression this was personal information that could not be disclosed.
- 16.1.15 The Section 42 Enquiry was originally assessed as 'substantial', moved to 'critical' then downgraded to 'substantial' as more information became available to ASC. What would have had the most influence moving the Enquiry from 'critical' to 'substantial' was the passage of time and Rita's response to various actions by the IO to put measures in place to offer some protection.
- 16.1.16 One example of this was the IO's efforts to get Jim removed from the same GP practice as Rita, an action Rita agreed with. When the GP contacted

Rita, the GP was advised Rita was content for Jim to stay registered at the GP practice. The GP was therefore unable to remove Jim from the practice list unless Jim volunteered to do so or moved away from the area.

- 16.1.17 The IO did their best to maintain a working relationship with Rita, often in challenging circumstances, and was a strong advocate of Rita's interests with other partner agencies.
- 16.1.18 The IO committed a lot of time and effort to put preventative measures in place to protect Rita and was supported in these endeavours by her senior management. One of the outcomes of a Section 42 Enquiry is to assess the need for care and support. The conclusion that was eventually drawn was Rita did not qualify for further help or social care support. Rita's continued contact with Jim both in Kent and in London did much to undo the IO's efforts to protect Rita.
- 16.1.19 The IO was aware Rita was in a difficult position. Rita knew contact with Jim posed a risk, but Rita also wanted to maintain this relationship. Rita referred to Jim as "*her carer*" and when he was imprisoned for the breach of the DVPO stated "*they have taken Jim away from me*". The IO recognised this as the product of a coercive and controlling relationship and did not judge Rita for making these comments. On the contrary, it seemed to spur the IO on to continue to offer help and support.
- 16.1.20 The professional practice 'Making Safeguarding Personal' means unless there is a compelling and legal reason not to, a person's wishes should be respected. Rita may have made what some people consider to be unwise decisions, but there was no suggestion at any stage when Rita was sober and not under the influence of opiates, that Rita did not have the capacity to do so. It was a reasonable decision, taken by a senior manager, to close the Section 42 Enquiry on that basis.
- 16.1.21 After the Section 42 Enquiry closure in November 2020, there are aspects of practice that ASC have acknowledged could have been managed with more care. When the IDVA contacted ASC presenting Rita's care and support needs due to a fractured arm and leg following the assault in January 2021, ASC responded by exploring Rita's physical health needs, choosing a social care assessment.

- 16.1.22 There was no evidence that the recent Section 42 Enquiry closure was referenced which would have identified Rita as a repeat victim of domestic abuse and would have generated further multi-agency safeguarding engagement. This was a missed opportunity.
- 16.1.23 Contact by the OPPD Team confirmed with Rita there was not a home care package arranged by the hospital. This included a conversation that encouraged Rita not to contact Jim to help with any care needs. Other than this advice, the focus remained on obtaining home care support and did not consider the risk Jim might pose to Rita. Once home care support had been provided by Community Health, ASC disengaged.
- 16.1.24 A safeguarding concern was raised with ASC in June 2021 by the housing provider. They advised Rita had contacted them about lost medication and that Rita was living with Jim in London. At this time Jim was still on pre charge bail for the assault in January 2021. Enquiries were limited to contacting the police and establishing that Rita had since been arrested and was currently in prison. The safeguarding concern was closed.
- 16.1.25 Strictly speaking, Rita was not at any risk of immediate harm from Jim while in prison, but it was probably premature to close the referral without checking what arrangements were in place for Rita's release. The risk was not immediate but it had not gone away.
- 16.1.26 A possible explanation for not making the links to the history of previous contact and the risk Jim posed was Rita was engaged with three different teams and different individuals in these teams, at different times. This was a direct consequence of the operating structure that ASC had at that time, where cases were passed over to different teams depending on need. Each new practitioner had to trawl the information management system to understand any previous contact.
- 16.1.27 The ASC IMR was candid that this background research was heavily dependent on the time available to do so. The pressure on resources meant difficult choices were made about how much background work was done.
- 16.1.28 The ASC operating structure was re-organised in April 2023. Multi-disciplinary teams are now co-located and have a geographical area of responsibility that they are collectively responsible for. It is hoped this structure will provide a more holistic and integrated service.
- 16.1.29 Comments were also made in the IMR about gaps in knowledge. When Rita disclosed the allegation of a serious sexual assault when a child in April 2020,

it is not entirely clear when ASC became aware of this allegation. Had this been highlighted, this could have triggered a different approach. The link between adverse childhood experiences and how a person behaves in later life is well documented.²⁶

- 16.1.30 The IMR suggested ASC should have considered a more trauma informed approach when dealing with the complex needs Rita exhibited. This observation is included in the recommendations.

16.2 **Kent and Medway ICB**

- 16.2.1 Rita was a long-standing patient at the local Kent GP practice. Jim was registered at the same practice in May 2020. There are nine GPs with a full complement of support staff including five nurses and a clinical pharmacist. The Care Quality Commission (CQC) inspection in 2017 rated the practice as good in all areas. Rita and Jim had the same nominated GP.
- 16.2.2 The chronology provides a record of the interactions between Rita and the GP practice.
- 16.2.3 In summary the GP, and on occasions when they spoke to Rita, other GP partners at the surgery were all sympathetic to Rita's requests for repeat prescriptions, even when these were sent to pharmacies not in Kent. This was viewed as the best option to protect Rita from further harm even though this was outside of their contractual obligations.
- 16.2.4 The GP did have difficulties contacting Rita by mobile phone which was problematic given this was the recommended means of communication following the introduction of the national guidelines to combat the Covid pandemic.
- 16.2.5 The GP did make multiple referrals on Rita's behalf to KMPT for mental health support, community nursing services, drug and alcohol support services and Hospital follow up appointments. Rita did not respond when these services tried to get in contact and did not attend the arranged appointments. The GP recognised that Rita did seem to be unduly influenced by Jim and was the victim of domestic abuse and therefore continued to make mental health referrals, even though previous referrals had not come to fruition.

²⁶[ISTSS - Childhood Trauma](#)

- 16.2.6 The GP was repeatedly faced with difficult clinical decisions, often compromising best practice, when Rita decided not to follow the medical advice provided. This led to the provision of different types of prescription drugs to manage Rita's pain and substance dependencies. The GP did acquiesce to Rita's requests for various drug changes because it seemed the best option to reduce the risk of further harm.
- 16.2.7 There was good liaison and exchange of information with Adult Social Care and a willingness to try and help with a harm reduction strategy by exploring how to remove Jim from the practice list when requested to do so.
- 16.2.8 In contrast to the approach with Rita, when Jim asked the GP to provide additional prescription medicine, a robust stance was taken, and Jim's requests were denied. It is likely this was why Jim's last contact with the GP practice was in December 2020, when Jim telephoned requesting a repeat prescription and this was refused.
- 16.2.9 The GP was aware of Rita's issues with illicit drugs and mental health, along with various safeguarding notifications by the police and the acute hospital. In a telephone conversation with Rita, it was apparent there was a male in the background prompting her responses. It would have been good practice to have raised a safeguarding alert. (See paragraph 14.70). The GP could have called the NHS Multi-Disciplinary Team (MDT) meeting given Rita had not engaged with various support services that Rita had been referred to. However, it was Rita's decision not to follow the advice given and it is difficult to see what benefit the MDT would have brought.
- 16.2.10 The GP prescribed the Buprenorphine patches at Rita's request to manage significant pain following a toe injury and as a replacement for the detox remedies offered by the Drug and Alcohol Service (CGL) which Rita said did not agree with her. This is strange because CGL were also prescribing Buprenorphine under supervised doses. Although Rita had not collected the prescription provided by CGL and probably told the GP this was the case, no checks were made to confirm this. It would have been good practice to do so.
- 16.2.11 The GP accepted the claim Rita was not using heroin. Rita had been in prison for the previous six months, so there was no reason to disbelieve it was Rita's intention to stay off illicit drugs.

- 16.2.12 There is a significant risk of combining Buprenorphine with illicit drugs, especially heroin. Buprenorphine's effect of respiratory depression is relatively resistant to the reversal effects of Naloxone. This is a drug used to combat opiate overdoses and is provided as a safety net to people who may be tempted to use street drugs. (Rita had been provided Naloxone when released from prison).
- 16.2.13 The prescription provided was for four patches at the lowest dose available. A prescription for a month was the normal practice for Rita. It was described by Jim as a weeks' worth of patches to the police when they questioned him on the night of Rita's death.
- 16.2.14 The post mortem toxicology report²⁷ did not identify any trace of buprenorphine in Rita's system. The panel member from Change Grow Live felt this was strange, given Rita was found with all four patches on her body when Rita passed away.
- 16.2.15 The GP did try and help Rita and the GP Practice were neither judgemental nor displayed any unconscious bias that as a drug user, Rita might overplay her addiction needs. They displayed patience and understanding when Rita made multiple requests for additional prescriptions. These were provided when they could have been refused. This was not seen as an easy option but as a means of reducing further harm by not making Rita resort to other means to satisfy the substance dependency needs.
- 16.2.16 The IMR has recommended the GP Practice should carry out a review of its prescribing practices in respect of quantities of addictive medications and conduct a significant event meeting to discuss what the GP Practice could learn from their contact with Rita and what they would do in the future, should a similar set of circumstances be presented.

16.3 **Acute Hospital**

- 16.3.1 Rita was admitted by ambulance and had surgery to the injured leg on 28 January 2021. A safeguarding referral was made by the Emergency Department Doctor to the Hospital Safeguarding Team. Rita was seen by the hospital based IDVA on the ward whilst recovering from the surgery. The IDVA noted the injury was sustained because of domestic abuse and took the necessary action to ensure the police were involved, a MARAC referral had

²⁷ The toxicology report identified therapeutic levels of morphine, diazepam, desmethyldiazepam and pregabalin. Traces of cocaine and benzoylecgonine were also detected.

been made and Rita had the support of a domestic abuse support worker based in the community.

- 16.3.2 Rita followed the normal post operative procedures that would follow the level of injury sustained. Rita was seen by the Physiotherapy and Occupational Health Departments and the appropriate treatment provided. As part of the normal discharge process Rita was offered home support and a Care Needs Assessment, which Rita declined. Rita advised friends and family would provide any support required.
- 16.3.3 Rita was discharged from the hospital ward a week later. This was against medical advice. Rita was not open to the staff's suggestion for Rita to remain on the ward.
- 16.3.4 The hospital duty manager spoke directly to Rita to ensure Rita fully understood what the potential medical risks were by opting to discharge against medical advice. They made the necessary checks to confirm the treatment received to date allowed Rita to go home safely and that Rita had the capacity to make this decision. Rita had been seen by a hospital based mental health nurse whilst on the ward. (See paragraph 16.6.40).
- 16.3.5 Rita's mother was contacted and advised that Rita was leaving their care and Rita would need some assistance at home. Rita's mother was prepared to offer this support.
- 16.3.6 Referrals had already been made to the community nurses for post operative wound management and arrangements had been made for a commode and walking frame to be delivered to Rita's home.
- 16.3.7 At the time, the hospital did take proactive action to discharge patients as promptly as possible to free up bed space because of the pandemic. In Rita's case the discharge was not brought forward because of the Covid measures in place.
- 16.3.8 The hospital commented there is a growing trend of patients with complex needs discharging themselves from hospital care against medical advice. The hospital has nearly completed a review of how patients discharging themselves against medical advice can be managed effectively and will share their findings and recommendations as a matter of best practice with partners when available.

16.4 **Kent Police**

- 16.4.1 Throughout the period of this review, Kent Police had and continues to have comprehensive policies on how to respond to domestic abuse. There is an expectation of positive action for all reports of domestic violence, including the arrest of the perpetrator, irrespective of their gender, coupled with comprehensive safety planning for the victim(s).
- 16.4.2 Reports of domestic abuse will generate a police response and the officers who attend must complete a DARA risk assessment for all domestic abuse incidents. When a victim chooses not to provide the necessary details to complete the DARA assessment, the officers are required to complete this on their behalf using the circumstances of the incident and their professional judgement to assess the risk.
- 16.4.3 A DARA assessment has three outcomes. It is either a standard, medium or high risk. All assessments that are high risk or involve intimate partners, are passed to one of three Vulnerable Investigation Teams (VIT) for investigation. VIT officers are experienced investigators and have had specialist training to allow them to provide an enhanced level of service to victims of domestic abuse or victims who are otherwise deemed to be vulnerable.
- 16.4.4 Rita was known to Kent Police as both a victim and perpetrator dating back to 1999. Rita was identified as a victim of domestic abuse in 2005, with subsequent reports of domestic abuse by various partners thereafter. Rita's other contacts with the police were generally around anti-social behaviour and/or alcohol related.
- 16.4.5 There were multiple contacts with Rita and Jim throughout the review period for allegations of anti-social behaviour at or outside the Kent address. Almost without exception Rita and Jim were intoxicated through alcohol or under the influence of illicit drugs when spoken too.
- 16.4.6 In June 2020 the Community Safety Unit served Rita with a Community Protection Warning, followed by Community Protection Notice (CPN).
- 16.4.7 Rita made as many counter allegations against her neighbours, as they made against Rita. It was difficult to differentiate on occasions who had started the dispute, with conflicting versions of the same event.
- 16.4.8 None of the complaints made by neighbours were pursued because the witnesses were unwilling to make statements. They stated they were either

too frightened to do so, or they felt Rita had a drug problem and needed help. Similarly, Rita was unwilling to support any prosecution. Without this evidence, the police were unable to pursue any of the alleged offences or in respect of Rita, a prosecution for a breach of the Community Protection Notice.

16.4.9 When Rita was arrested, it was because of Rita's conduct towards the attending police officers and the substantive offences committed in their presence, or for outstanding court issued arrest warrants.

16.4.10 Whenever Rita was arrested and in custody, Rita was offered a referral to the KMPT custody based CJLADS support worker. This is a service that seeks to help people in the criminal justice system who may have mental health issues, substance dependencies, or other forms of vulnerability. The

idea is to either refer or sign post a person to the appropriate support agency or organisation that is appropriate to their identified needs. This does require the persons permission to make a referral. Rita did not always engage with the CJLADS nurse or support worker, which was a decision Rita was entitled to make.

16.4.11 Rita made multiple allegations of domestic abuse committed by Jim which Rita decided not to pursue either at the time of making the complaint or subsequently, when Rita did not engage fully with the investigating officers. Part of the difficulty of engagement was Rita was frequently living away from Kent and not contactable. It would be wrong to suggest this was a deliberate act of disengagement on Rita's part and it could have been more the product of the circumstances Rita was in with the relationship with Jim. There are a number of these domestic abuse allegations that need to be examined in more detail in this report.

16.4.12 In May 2020 the police were called to a pub close to Rita's home. It was alleged Rita had been verbally abusive to several neighbours, also at the pub. Both Rita and Jim had been drinking heavily. The attending officers witnessed Jim slap Rita across the face. Jim was arrested.

16.4.13 Jim when interviewed claimed Rita had given him permission to slap her face when Rita had been drinking and/or had a mental health episode and Rita was being unreasonable or aggressive towards others.

16.4.14 Rita was spoken to separately and did not have the opportunity to speak to Jim following his arrest. Rita gave the investigating officer the identical

explanation as to why Jim had slapped her face. Jim had Rita's permission to do so and therefore Rita was not prepared to make a statement of complaint.

- 16.4.15 At first sight the offence of assault could be proved by the evidence of the two police eye witnesses. However, with Rita's statement Jim had permission to do so, there is considerable doubt a criminal assault had taken place. This may seem counter intuitive, but people do have the right to permit or invite another person to inflict pain on them, within reason.
- 16.4.16 In June 2020 Rita alleged Jim had grabbed her by the throat, taken a mobile and money from her debit card. Jim was not present when police attended. Attempted strangulation is recognised as an aggravated form of assault, and especially dangerous when it involves intimate partners.²⁸
- 16.4.17 A MARAC referral was submitted. The DARA assessment was graded as high. Rita provided an initial statement and was prepared to support a prosecution. A police panic alarm was installed, and arrangements made to change the locks, along with other safety planning facilitated by Adult Social Care. The police actively sought Jim's whereabouts.
- 16.4.18 A week later the police attended Rita's home following a call from a concerned neighbour, who reported loud music with a track being repeatedly played. They found Rita slumped on the sofa intoxicated but not incapable. They made sure the house was secure and confirmed with neighbours Jim had not been seen at the address for several days.
- 16.4.19 At the end of June 2020, the police attended Rita's home to arrest Jim. Adult Social Care had alerted them Rita had complained Jim had been at the house and Rita didn't feel safe. Rita wanted to be relocated as a matter of urgency. (To the North East).
- 16.4.20 Jim was not at the address and despite multiple warnings to stop swearing and moderate her language, Rita was arrested for racially abusing the attending police officers. This encounter was recorded on police body worn video.
- 16.4.21 What was unfortunate, from a victim's perspective and in terms of confidence building to secure a prosecution against Jim, was Rita's arrest. The intention of the attending officers was to arrest Jim, not Rita, but circumstances dictated otherwise.

²⁸Section 70 Domestic Abuse Act 2021 became law 07 June 2020. See [Institute for Addressing Strangulation: IFAS](#)

- 16.4.22 The following day Rita spoke to the VIT Investigating Officer and stated that she would not support any prosecution against Jim for assault or theft. Rita stated that the assault had been “*tit for tat*”. It is probably understandable Rita felt this way following Rita’s recent detention and charge. The police still sought to arrest Jim.
- 16.4.23 Jim was arrested at the beginning of July 2020 for the alleged offences of assault by strangulation, theft of cash and theft of a mobile phone. Rita declined to support any prosecution and would not co-operate with the investigating officers as detailed in the previous paragraph. In such circumstances, there was no option but to release Jim without charge. Kent Police did issue a Domestic Violence Protection Notice (DVPN) to Jim to protect Rita. Rita expressed her dismay this had been issued.
- 16.4.24 At the end of July 2020 Jim was arrested at Rita’s home on suspicion of assault, following a third-party report made to Kent Police. The allegation of assault was not pursued because when Rita was spoken to, Rita denied Jim had carried out any assault. The police had obtained a Domestic Violence Protection Order (DVPO) against Jim following his previous arrest for the alleged assault by strangulation, reflecting their concerns about Jim’s violent behaviour towards Rita. Jim was taken to Magistrates Court for the DVPO breach and fined.
- 16.4.25 Later the same week, Rita complained Jim had assaulted her. It is not entirely clear what the substance of the allegations were as Rita did not engage with the investigating officers. However, based on the evidence of the arresting officers who found Jim at Rita’s home, Jim was taken to court for a further breach of the DVPO. He was sentenced to 30 days imprisonment.
- 16.4.26 Rita was upset Jim had been sent to prison and made this view known to the police investigators. This reaction is not uncommon. Investigators do understand victims of domestic abuse have complex and mixed emotions when involved in an intimate relationship with a perpetrator of domestic abuse. It did not prevent the investigators pursuing another breach of the DVPO when the opportunity arose.
- 16.4.27 In August 2020 Rita received a letter from Jim from prison. The police investigator learned of this third hand as it was reported to them by Rita’s IDVA. Rita was not immediately available but when contact was made, arrangements were made to meet Rita, to obtain a statement and

evidentially secure the letter. The DVPO was due to expire that day. Rita did not keep the appointment and it is not known why this was the case.

- 16.4.28 A decision was made in the absence of the letter and a statement from Rita not to pursue this further breach. Rita was unhappy Jim was in prison and there was concern there was a danger of alienating Rita further. There was also the practical reality that without the letter, there was no evidence of a breach of the DVPO.
- 16.4.29 The next allegation of domestic abuse occurred in London and was dealt with by the Metropolitan Police Service (MPS) in late December 2020. It is alleged by Rita that she was asleep in bed when Jim and an associate kicked down the front door of Jim's flat and physically removed Rita from the premises. As Rita was being dragged down the stairs, Rita took hold of the stair banister. Jim's friend kicked her arm and Rita heard a snapping noise and felt extreme pain. Jim and his friend were laughing and left Rita at the property stating they were going to buy some drugs.
- 16.4.30 The MPS patrol responding to a report of a disturbance at Jim's address were flagged down by Jim and his associate. They alleged that Rita had damaged the front door of Jim's flat trying to get in. Rita was found by the police patrol sitting on the first-floor landing. Rita was described as verbally aggressive and abusive. This led to Rita's arrest for a public order offence.
- 16.4.31 Once in custody Rita complained of a painful arm and the officers could see it was swollen. Rita was taken to hospital, where an x-ray confirmed an arm fracture. It was at the hospital Rita told the MPS that Jim's friend had deliberately injured her arm by kicking it.
- 16.4.32 After treatment Rita was charged with the public order offence and bailed to the address in Kent. The MPS advised Kent Police that Rita had been arrested for a public order offence and had made an allegation of rape that had occurred two years ago in London. The MPS investigating officer noted that Rita was very unpredictable and there was a history of suicidal ideation. No mention was made of the injury to Rita's arm.
- 16.4.33 A few days prior to Rita's arrest for the public order offence, Jim had attempted to hang himself and Rita had cut him down. Rita and Jim were uncooperative with the attending paramedics and police officers, refusing any treatment nor willing to provide personal details. Jim was later detained under Section 136 of the Mental Health Act and taken to place of safety to be assessed. This generated a referral to London Social Services

identifying Rita as being at risk of domestic abuse by Jim because of his drug use.

- 16.4.34 Rita in the meantime had been arrested on a court warrant and was taken to a London Magistrates Court, where Rita disputed being found guilty when not present in court. The case was remitted back to original court for trial and Rita released. (Rita was arrested two days later as at paragraph 16.4.30).
- 16.4.35 London Social Services picked up the referral following the festive break. They made a visit to Jim's flat in January 2021. Jim was abusive and uncooperative, stating Rita was not there and lived in Kent. Social Services contacted the MPS who advised that Rita had been bailed to live at her Kent address. Social Services closed the referral and asked the MPS to contact Kent Police with a recommendation Rita was put in touch with a domestic abuse advocate. There is no record of any contact being made at that time. (See 16.4.37).
- 16.4.36 Rita spoke to her IDVA on the in January 2021 and advised following an altercation with Jim and his friend in London, Rita had fallen down the stairs and ended up with a broken arm. Rita had decided not to pursue this with the police. Rita related the same incident to Kent Police at the end of January 2021 stating the broken arm was caused by a friend of Jim's around Christmas time. This was recorded and forwarded on to the MPS.
- 16.4.37 The MPS advised Kent Police via a MARAC referral of the alleged December assault by Jim's friend in March 2021. This detailed Rita would not make a statement and coupled with the incident related to them by Rita involving a broken leg in Kent (January 2021), they believed Rita was at serious risk of domestic abuse by Jim.
- 16.4.38 Rita suffered a serious injury to her leg at the end of January 2021. Initially Rita claimed it was an accident. Following information from Rita's sister and a safeguarding referral at the hospital, the resident IDVA became involved, and Rita confirmed Jim had deliberately caused the leg injury.
- 16.4.39 Jim was arrested by Kent Police. The casefile was sent to the Crown Prosecution Service (CPS) for a charging decision and a request for a remand in custody. The initial request to charge was turned down and an action plan agreed with the Investigators and the CPS Lawyer to gather the

necessary evidence to resubmit the evidence file for further consideration before the police custody time limit expired.²⁹

- 16.4.40 The requested additional evidence was completed as far as possible but due to the unavailability of some of the witnesses (specifically the paramedics), and a pressing need to keep within the custody time limits, when the file was resubmitted, the CPS lawyer decided no further action should be taken.
- 16.4.41 The investigating officer appealed this decision. The CPS conceded that the decision to take no further action may have been premature, but they were still not prepared to authorise a charge on the evidence available. Jim was bailed on pre charge conditional bail.
- 16.4.42 Kent Police resubmitted the evidential file in March 2021. The CPS completed a lengthy decision note, stating that there were not just inconsistencies between the victims initial account and her later evidence but material inconsistencies between the victim statements and evidence of numerous other witnesses. The decision remained no further action. The CPS advised that the only possible line of enquiry capable of altering this decision would be a medical expert outlining the possible mechanics of how the injury to Rita's leg had been caused to prove it had not been an accident.
- 16.4.43 In August 2021 the evidential file was submitted with the medical evidence of the clinicians who treated Rita at hospital. The CPS took the view the medical professionals who dealt with Rita could not give evidence of the mechanics of the injury, and it was a matter for the investigating officer as to whether they wished to pursue this any further.
- 16.4.44 Kent Police sent all the medical evidence to a pathologist with significant experience of evidential post-mortems to interpret how the injury had been caused. The Pathologist concluded that they could not add anything meaningful to state how the injury had occurred. The case was discontinued in January 2022.
- 16.4.45 The CPS have strict guidelines when reviewing allegations of domestic abuse and carefully consider all the relevant circumstances. They are however bound by the prosecutor's code. They are the prosecuting authority and the decision ultimately rests with them. It is difficult to see

²⁹ Suspects can be detained by the police for up to a maximum of 36 hours. This can be extended by a magistrate up to a maximum of 96 hours in total.

what more the police investigators could have done to secure the evidence the CPS sought, nor is it appropriate to challenge the evidential decision made by the CPS.

- 16.4.46 In April 2021 Kent Police spoke to Rita at home, who admitted Jim had been at the house earlier to collect personal possessions but had since left. This was a breach of his pre charge conditional bail. While technically Jim could have been arrested, unless the police are able to charge immediately, the suspect must be released from custody without delay. Due to this, breaches of pre charge bail are not regularly actioned. In this case, the investigation was still with the investigators to gather sufficient evidence to charge. While the IMR does not specifically comment on this, it is more likely than not the attending police officers would have checked to see what the status of the investigation was, before taking active steps to locate Jim and make an arrest. If there was no prospect of charging Jim for the original offence, as was the case, then no action would have been taken.³⁰
- 16.4.47 The issue of unconscious bias is particularly relevant to the police. Rita in the encounters with the police was as a suspect/offender, as well as a victim. Operational Officers, by and large, do not have the benefit of detailed background information and treat people involved in incidents they attend, as they find.
- 16.4.48 Rita's arrest for the public order offences by both Kent Police and the MPS were because these offences were committed towards, or in the presence of, the attending police officers. Rita was later convicted of these offences at Court.
- 16.4.49 There is a degree of discretion as to whether a person is charged with less serious offences that do not require the approval of the CPS. This depends on the persons personal history and the circumstances of each offence. There is no discretion applied if an offence has a racial element to it or it involves a physical assault on an emergency worker. When the police made the public order arrests, both these elements were present.
- 16.4.50 Similarly, the police do not have any discretion when it comes to a court issued arrest warrant. If they come across a person wanted on warrant, they have no option other than to arrest them. To do otherwise would leave the officers liable to disciplinary action.

³⁰ See The CPS guidance on [Bail](#).

- 16.4.51 Rita was dealt with for the allegations of domestic abuse in Kent by specialist officers from the Vulnerable Investigation Team. These officers do obtain background information which allows them to take a more holistic view. Rita's reluctance to provide statements of complaint against Jim were highlighted as a concern and the officers did their best to try and remove potential barriers by working with partners. It was the police that pushed for a housing move to safeguard Rita. It is also of note that when the police did have discretion, they chose not to pursue a prosecution for cannabis possession or pursue the alleged breaches of the Community Protection Order.
- 16.4.52 The IMR made no reference to any disclosures made by Kent Police under Clare's Law.³¹ Based on Jim's previous convictions, there was no history of domestic abuse that would have prompted a disclosure under the 'right to know' criteria. Arguably the multiple allegations Rita made against him made this unnecessary, as Rita had first-hand knowledge of his alleged violent behaviour.
- 16.4.53 The Community Safety Unit who had previously managed the multiple complaints of anti-social behaviour alleged by Rita and against her, were also responsible for conducting a multi-agency risk assessment with Community Safety Partners to try and protect Rita in February 2021. They raised Rita's profile at the Borough Councils monthly Vulnerable Persons review so local partners could be kept up to date about what was happening and used this as a conduit to secure help from Housing, Substance Misuse Support Services, IDVA and other community-based agencies. This demonstrated a non-judgemental approach to Rita's addictions to illicit drugs and alcohol.
- 16.4.54 Kent Police applied for and secured a DVPO at Magistrates Court, a course of action Rita did not support. Of all the interventions that were made, this was the most successful in preventing further physical harm to Rita by Jim. There is a risk this course of action can alienate a victim by effectively going against their wishes. The relationship and emotions involved between a victim and perpetrator are complex, but as this DHR demonstrates, Jim's period of imprisonment was the only time Rita was truly safe from further physical harm by him.

³¹ [Clare's Law](#)

- 16.4.55 Kent Police in their various encounters with Rita in respect of domestic abuse did follow their policies and completed DARA assessments and make MARAC referrals. They made various other notifications or referrals to ASC and the mental health SPoA when they dealt with Rita and her demeanour gave them cause for concern. Polly contacted Kent Police in 2022 to express concerns about messages from Jim on Rita's phone (Rita was in prison). These details were passed on to the VIT investigators, but not actioned. This has prompted the police to recommend that there should be additional arrangements put in place when victims of domestic abuse are released from prison and they then become at risk of domestic abuse by a known perpetrator because they are back in the community.
- 16.4.56 There was a discussion as to whether this was an action for the Police Service, the Probation Service or the Prison Service. It has since been identified the Probation Service need to follow the recommendations made by HM Inspectorate of Probation in their review of Domestic Abuse dated July 2023.³² The responsibility for ensuring a person is released into a safe environment and partners are aware of this renewed risk rests with them.
- 16.4.57 There were no direct examples Kent Police acted with any prejudice or treated Rita any differently because Rita suffered from alcohol or illicit drug dependencies. There probably was a sense of frustration that despite the efforts by the police investigators to encourage Rita to support prosecutions against Jim, these were unsuccessful. Rita's reaction to Jim's imprisonment following his arrest for the DVPO would not have surprised the investigators as this is not an unusual reaction.
- 16.4.58 Rita's interactions with MPS have not been reviewed in detail on the grounds there were no allegations made to them by Rita of domestic abuse committed by Jim. Rita did allege Jim's friend broke her arm, but Rita would not make a statement of complaint. Given Jim and the friend had already alleged Rita had broken into the flat, a prosecution would have been unlikely in the absence of any other witnesses to support Rita's account. The allegation of historical rape was recorded. The details provided were limited and Rita did not engage with the investigating officers. There is nothing to suggest the MPS did not treat Rita any differently from any other victim of crime. They did contact Kent Police expressing their concerns for Rita's welfare and did make a MARAC referral to Kent, not solely based on complaints made to them, but on information passed on by Rita about an

³² [Thematic inspection report: Domestic abuse and victim protection - GOV.UK](#)

offence in Kent which they considered to present a serious risk. (This was the assault when Rita suffered a broken leg).

16.5 South East Coast Ambulance Service (SECamb)

- 16.5.1 SECamb had five engagements with Rita in 2020. Ambulance crews responded and their offer of medical assistance was either declined or not required. None of these call outs needed a clinical intervention to prevent the risk of further harm.
- 16.5.2 The one attendance in 2021 followed Rita's leg injury in January. Rita, Jim and other occupants of the house were intoxicated and uncooperative. The ambulance crew withdrew from the house for their own safety and requested the police to attend so they could administer the necessary treatment to Rita unmolested.
- 16.5.3 With the assistance of Kent Police, Rita was conveyed to the local Emergency Department.
- 16.5.4 The last encounter with Rita was on the night Rita passed away. The paramedics did their best to resuscitate Rita but were sadly unsuccessful.
- 16.5.5 At no time were SECamb aware Rita was the victim of domestic abuse. Their encounters with Rita were so limited there is no need for any further comment.

16.6 Kent and Medway NHS and Social Care Partnership Trust (KMPT)

- 16.6.1 KMPT are commissioned to provide specialist mental health services across Kent and Medway. This support is provided through community services, inpatient services, and crisis intervention. Most people suffering from mental health issues are under the care of their GP. It is only the more acute cases that are assessed and subsequently accepted by KMPT for specialist help and support.
- 16.6.2 Single Point of Access³³ (SPoA) is a telephone-based service offering a mental health telephone triage to provide advice and guidance for the public, alongside accepting a professional referral from a GP or other health provider.

³³ SPoA is now called the Kent and Medway Urgent Mental Health Helpline

- 16.6.3 The Criminal Justice Liaison and Diversion Service (CJLADS) are based in police custody centres and Magistrate Courts to screen people going through the criminal justice system. The service screens people for mental and physical health vulnerabilities (including learning disabilities) to support sign posting or referral to other services. CJLADS is staffed by trained support workers and qualified mental health practitioners.
- 16.6.4 Support Workers are staff without a professional registration but they do receive specialist training to conduct screening/triage vulnerability assessments for people in police custody or attending court. This is not a mental health assessment.
- 16.6.5 When the screening identifies a mental health need, a referral is made to a Specialist Liaison and Diversion Practitioner (SLDP), who are professionally qualified, to carry out a further assessment.
- 16.6.6 Community Mental Health Teams (CMHT) are geographically based and provide support and treatment in the community to adults between the ages of 18-65 who are experiencing a mental illness. The teams include psychiatrists, community mental health nurses, occupational therapists, psychological services, and support staff. The teams work in close partnership with Adult Social Care, who line manage their own Mental Health Social Care Workers.
- 16.6.7 The Liaison Psychiatry Service (LPS) are based in each Kent Acute Hospital Emergency Department and provide an urgent mental health assessment for patients who are being treated for other medical needs but have been identified as having a mental health concern.
- 16.6.8 The Primary Care Mental Health Team provide support to GP Practices. They assist with care plans, are a conduit into KMPT specialist services, provide medication education and support psychosocial interventions, Cognitive Behaviour Therapy (CBT) and Interpersonal Therapy (IPT). They support patients with low to moderate mental health needs.
- 16.6.9 KMPT received a referral from a London Hospital in October 2019. Rita had been arrested and charged with assault and affray in London. After being released from police custody, Rita was found by Jim at his London flat with a noose around her neck.
- 16.6.10 CMHT accepted the referral and staff attempted to call Rita during the first week of November 2019. 5 calls were made including a call to the GP to seek alternative telephone numbers. Unfortunately, all calls went straight to

voicemail. A letter was sent advising Rita to contact the GP to seek another referral to obtain mental health support. The letter was copied to the GP.

- 16.6.11 In January 2020, Rita was offered a vulnerability screening assessment by CJLADS staff while Rita was in custody on a court arrest warrant. Rita declined. A screening assessment is only conducted with a person's consent.
- 16.6.12 A referral was received by the Single Point of Access (SPoA) in February 2020. The referral was made by Rita's GP requesting support due to low mood, suicidal ideation, and visual hallucinations. The GP reported that Rita was self-medicating with Olanzapine³⁴ and had a previous history of heroin misuse. The referral was accepted, rated as Amber (no immediate risk to self and others) which requires contacted by telephone within 72 hours.
- 16.6.13 A telephone call was received from a London Mental Health NHS Foundation Trust two days later, requesting information about Rita. Rita had been detained under Section 136 the Mental Health Act because of an attempt to hang herself.
- 16.6.14 The SPoA attempted to contact Rita twice by mobile with no success. In line with their policy after two failed telephone attempts, the referral was passed to the local Community Mental Health Team to make contact.
- 16.6.15 A week later in March 2020 Rita was seen by a CJLADS nurse, having been arrested on a court warrant. Rita was under constant observations due to threats to harm herself and the recent Section 136 detention in London. The CJLADS nurse was aware of the GP referral and CMHT had been trying to contact Rita. They also noted the Section 136 detention had not generated a follow up referral with KMPT and concluded Rita must have been discharged from the Section 136 detention back into the care of her GP.
- 16.6.16 Rita was spoken to in the cell and engaged enough for a superficial rapport to be established and maintained. Rita was described as sardonic and scornful of the police and mental health services. Rita stated as a person recovering from a heroin dependency, there was now dependency on pregabalin, diazepam and methadone to manage the heroin recovery successfully. Rita claimed to be unaware of the event leading to the Section 136 detention other than what she had been told. Rita did not believe taking

³⁴ Olanzapine is an antipsychotic medicine used to treat schizophrenia and bipolar disorder.

alcohol or illicit drugs was the cause of this memory loss. The CJLADS Nurse formed the opinion that Rita did not have a mental illness. Rita's CMHT record was updated with details of this diagnosis.

- 16.6.17 This assessment was used by a psychiatrist led referral panel later that day to conclude CMHT resources were not required and the referral by the GP that had been made in February 2020 was closed. Letters to this effect were sent to Rita and the GP.
- 16.6.18 The GP made another referral to the SPoA at Rita's request in March 2020, providing a new contact mobile number. This was reviewed the same day by the same referral panel who decided their original decision still applied. Letters were sent to Rita and the GP.
- 16.6.19 The NICE guidelines³⁵ advise that mental health support should not be refused to people who also have alcohol or illicit drug dependencies. The guidelines do state it must be a diagnosed severe mental illness³⁶ before the recommended dual diagnosis treatment plan should be considered. There are many reasons why a mental health illness can develop. It is a very complex diagnosis to make.
- 16.6.20 The psychiatrist led board were correct when they concluded Rita did not have a diagnosed severe mental health illness and therefore the dual diagnosis guidelines did not apply. However, rather than discharging two GP referrals in as many days because of this, a more compassionate approach would have been to invite Rita for a mental health assessment to establish if there was any link to the illicit drug and alcohol use and the mental health episodes or vice versa. This would have helped to decide whether these episodes did qualify as a severe mental health illness and if the dual diagnosis guidelines were applicable.
- 16.6.21 There is also the issue that the assessment of Rita on which this decision was based, was made in police custody and as the commentary above reflects, Rita was probably not fully engaged because of the environment Rita was in.
- 16.6.22 There is a counter argument around the best use of finite mental health resources and that is acknowledged, but vulnerable people with complex needs should be given the benefit of the doubt. The discharge of the GP's

³⁵ [Severe mental illness and substance misuse \(dual ... - NICE](#)

³⁶ [Coexisting severe mental illness and substance misuse ...](#)

second referral with an up-to-date contact mobile number was a missed opportunity to try and engage with Rita.

- 16.6.23 Kent Police made a referral to KMPT in April 2020 after they had attended Rita's home address after self-harming. Rita explained this had been done through frustration because there was no money for essentials such as food. Rita declined any medical assistance for the cut wrist or any mental health support. Based on the information provided, KMPT took no further action. Rita had not asked the police to make a referral and had declined the offer for them to do so. Given mental health support or treatment is predicated on a person's willingness to engage and needs their consent, this was not an unreasonable decision.
- 16.6.24 In June 2020, an email was received by the CMHT from the duty social worker from Social Services. Rita had called them stating she wanted to "*hang herself*". The CMHT practitioner attempted to call Rita, but the number provided stated it was invalid.
- 16.6.25 The next day the CMHT social worker telephoned Rita on the new number provided by the ASC social worker. Rita stated a desire to move to the North East, explaining that the fleeting suicidal ideations were driven by living in Kent. Rita explained a previous good working relationship with keyworkers from the substance misuse service in the North East would provide the necessary support to tackle the drug dependency.
- 16.6.26 Rita further explained living in Kent brought back many bad memories, citing finding a partner deceased in bed as an example. (This may have been an error on the part of the note taker or the information provided was not accurate. Rita found their partner deceased in bed when living in the North East). Rita also expressed frustration that her home was being raided by the police looking for Jim and being close to London was too much of a temptation to resort to illicit drug use.
- 16.6.27 The CMHT social worker concluded that Rita's mental health issues could be resolved by a relocation to the North East and a re-engagement with the substance misuse service Rita seemed to have some affinity with. The referral was returned to Adult Social Care to facilitate a house move. There was no mention of Rita being a victim of domestic abuse. If this was discussed, it was not recorded.
- 16.6.28 In July 2020 a MARAC request was received for any further information known about Rita. From this point on, KMPT would have known Rita was a

victim of domestic abuse by Jim on their internal record management system.

- 16.6.29 Between August 2020 and October 2020 Rita was open to the CMHT but all attempts to contact Rita by phone and letter to arrange a mental health assessment and care plan were unsuccessful. The CMHT did not know Rita had been relocated to the North East by the IDVA, nor that Rita had subsequently left the North East. Rita was discharged back to the GP following the MARAC meeting held in October 2020, when it was reported Rita's whereabouts were not known and it was believed Rita was not currently living in Kent. This was not an unreasonable decision. CMHT are not able to provide effective support to anyone living outside of Kent. They were also unable to make a referral to another mental health service because they did not know where Rita was.
- 16.6.30 At the end of December 2020, the GP made an urgent referral to the SPoA stating Rita was hearing voices and seeing spiders. Rita had requested anti-psychotic drugs but before prescribing these, the GP needed an urgent mental health assessment. This referral was graded as amber, which means making contact was important but not urgent. Urgent or immediate contact would have been required had the GP suggested Rita would self-harm or be a serious risk to others.
- 16.6.31 The SPoA tried to contact Rita over the next two days and in accordance with their standing policy, after two failed attempts at telephone contact within 72 hours, the referral was passed to the CMHT to reach out to Rita. The CMHT identified the need to contact Rita to get a mental health assessment completed.
- 16.6.32 This was at the start of the Phase 3 Covid lockdown which would remain in force until the end of March 2021. This created additional strain on staff availability and complications to home visits, with special precautions put in place to protect staff.
- 16.6.33 Telephone contact was tried in January 2021. Following a second unsuccessful telephone contact, a decision was made to make a 'cold call' at Rita's home address. This was good practice. The mental health social worker was concerned that being unable to contact Rita could be because of the relationship with Jim or because of issues with alcohol or illicit drugs.

- 16.6.34 Unbeknown to the two mental health social workers, Rita was in police custody waiting to go to court when they made their home visit.
- 16.6.35 Rita was seen by a CJLADS support worker whilst in custody. Rita was intoxicated and initially aggressive when arrested but did speak to the CJLADS worker who conducted a vulnerabilities screening assessment. This concluded that Rita was probably underestimating the alcohol and illicit drug consumption which may be the cause of the psychotic symptoms. The support worker did not identify any psychotic behaviour or thought disorder and did not think Rita had an acute mental health illness. It was stressed this was not a mental health assessment and the CJLADS worker recommended CMHT should still make a home visit and liaise with drug and alcohol support services. This was good practice. Rita did have a new phone, but the number was either not known or disclosed.
- 16.6.36 CMHT decided the best way forward was to invite Rita by letter to their office to conduct the necessary mental health assessments. This was based on Rita's demeanour when in police custody and that there was no contact mobile number.
- 16.6.37 An appointment was made for the end of January 2021 which Rita did not keep. It was probably unrealistic to expect Rita to attend, given the past track record of non-engagement. An appointment was however arranged because the start of any successful mental health treatment or therapy does require a patient to be willing to engage. Had Rita been able to make the appointment, it would have been a good indicator Rita was serious about seeking help.
- 16.6.38 There is still a sense that despite this legitimate rationale why an appointment had been made, the bar for Rita was set too high and it was almost inevitable Rita would not keep the appointment.
- 16.6.39 While it is not the responsibility of CMHT to facilitate the attendance of perspective patients to physically get to an appointment, Rita was known to, and engaged with, other support services. Rita had built a working relationship with the IDVA. It is a pity no contact was made with the IDVA to secure their help to make sure Rita attended the appointment. A conversation with ASC would have identified Rita's family as another avenue to explore to encourage/assist Rita to attend.
- 16.6.40 Rita was seen by the Liaison Psychiatry Service (LPS) when treated for the serious leg injury at the acute hospital on 30 January 2021. Rita disclosed Jim had deliberately broken her leg and engaged with the practitioner, displaying no signs of acute mental health illness. While it was not

specifically noted, the nature and content of the verbal exchanges between Rita and the LPS mental health nurse and the information subsequently gathered, it is reasonable to conclude there was no concerns about Rita's mental capacity.

- 16.6.41 CMHT decided at the beginning of February 2021 to discharge Rita back to the GP on the grounds Rita had not kept the appointments made. That may be factually accurate, but it would have been helpful to both Rita and the GP to include details of the face-to-face assessments with the mental health nurse at the hospital. These did not identify any acute mental health illness.
- 16.6.42 The last encounter with KMPT was in 2022 when Rita's licence was revoked and waiting to be transferred to prison. Rita declined to engage with the CJLADS practitioner because of the imminent transfer back to prison.
- 16.6.43 Referrals made to KMPT and historical information already in their possession meant they were aware of Rita's dependency with illicit drugs and alcohol. There did not appear to be any recognition that difficulties with these substances had a bearing on their inability to engage with Rita, save for the home visit in January 2021.
- 16.6.44 Past practice held the view that before mental health issues could be addressed with people with substance misuse difficulties, the substance misuse had to be treated first. There were snippets of comments or gaps in information in various documents that suggested this may be a view that is still held by some practitioners.
- 16.6.45 The IMR recognised this gap and acknowledged more work needs to be done with operational staff to raise awareness and understanding of the existing Mental Health and Substance Abuse Co-Occurring Conditions Protocol. This includes adopting a trauma informed approach.
- 16.6.46 A recommendation of this DHR is for KMPT to strengthen their internal discussions and training and consider what the discharge process should be when there is clear evidence that the person referred to them with mental health concerns, is also the victim of domestic abuse and has a substance dependency. This is referred to in the NHS as the trio of vulnerabilities. Any decision to discharge a patient with a trio of these vulnerabilities should have a robust and defensible rationale documented why this decision has been made.
- 16.6.47 It is recognised this may involve a significant number of the people who are referred to KMPT. However, it is incongruous not to acknowledge a

combination of these three well-known factors presents an almost inevitable future threat and risk of serious harm.

16.7 **The Probation Service**

- 16.7.1 The Probation Service were engaged with Rita following the appearance at Magistrates Court in June 2020 for an offence of Racially Aggravated Public Order. The court requested a pre-sentence report (PSR) in advance of Rita's next appearance in August 2020.
- 16.7.2 Rita failed to appear at court and an arrest warrant was issued. The PSR covered details of the offence, previous convictions and what was known about Rita from past records. Rita had not engaged with the probation officer compiling the report and therefore details of employment, relationships, finances, mental and physical medical history, and experiences of past trauma were limited. Never-the-less the recommendation was for a community-based disposal.
- 16.7.3 Rita's next court appearance was scheduled for March 2021, but this coincided with Rita's hospitalisation for the serious leg injury and the case was adjourned until April 2021. At this court hearing the case was adjourned again at the request of Rita's solicitor for the completion of a psychiatric report. Rita did not attend the next court hearing in May 2021 due to mobility issues with the leg injury. The psychiatric report confirmed Rita did have severe physical health conditions and with this in mind, the case was remitted to a local Magistrates Court to facilitate Rita's attendance.
- 16.7.4 Rita did not attend this court date and an arrest warrant was issued. Rita eventually appeared at Magistrates Court in June 2021, whilst on remand in prison for other offences. Rita was sentenced to 120 days custody for various public order and assault charges committed in London and Kent in the previous year.
- 16.7.5 At the time of sentence, the privately owned Community Rehabilitation Company (CRC) was still in existence and Rita was allocated a Community Offender Manager (COM) from this organisation.
- 16.7.6 In June 2021 the CRC was disbanded, and this organisation and its staff combined with the National Probation Service to form a new unified organisation called the Probation Service. Such a major restructure did have impact on Rita insofar as the staff involved with her from the CRC had

to learn new processes and procedures and a new IT system that the National Probation Service operated.

- 16.7.7 The legacy of Covid and the measures brought in to manage the crisis still lingered with the Exceptional Delivery Model causing significant disruption to what had been normal working practices, including ongoing training and supervision of assessments and post release plans.
- 16.7.8 Rita on sentencing moved from a remand prisoner to a convicted prisoner and was allocated a Prison Offender Manager (POM) who took steps to prepare Rita for release when the custody time expired in July 2021.
- 16.7.9 There was contact between the prison resettlement team and the COM during early July. The COM made the necessary checks and sought further information on Jim as the alleged domestic abuser with a view to obtaining a restraining order. The COM proposed additional licence conditions which included not contacting/associating with Jim without prior permission and to engage with Change Grow Live to seek support for the alcohol and drug dependencies.
- 16.7.10 The prison advised the COM that Rita would not now be released in July 2021 because Rita would revert to being a remand prisoner for the other outstanding matters. Rita was due to appear at Crown Court in 2022.
- 16.7.11 Between July 2021 and early 2022 there was no contact instigated by the COM to the POM. This was despite multiple entries made by the POM throughout this period on the Probation IT system, NDelius. The entries detailed concerns about domestic abuse, social isolation, and substance misuse. References were made about community-based support including family members and Rita's dedicated IDVA. The entries did record the IDVA was fully engaged with Rita and safety plans and measures were in place in anticipation of Rita's eventual release.
- 16.7.12 It is considered best practice for the COM to engage with key influencers and other statutory agencies to ensure there is a multi-agency response to manage identified risks. The lack of engagement with the IDVA was a missed opportunity.
- 16.7.13 The COM should have completed a pre-release assessment in consultation with the POM, which in turn should have generated a risk management plan. Neither of these were completed. Good practice promotes that any

handover pre-release from the POM to the COM should be a face to face to meeting. This did not happen.

- 16.7.14 The IMR highlighted there was an expectation that the COM, aware of Rita's detention until 2022, could have used that time to contact Rita in prison and build a relationship with Rita. This was considered a missed opportunity.
- 16.7.15 The explanation for these gaps in procedure or missed opportunities lies predominantly with the transition of staff from CRC working practices to the Probation Service operating model. CRC staff took considerable time to become familiar with the different IT systems, operating procedures and supervision protocols they were now expected to use. There is no reason to challenge this explanation, given the magnitude of organisational change the Probation Service faced when trying to merge two separate organisations and maintain business as usual. This level of change takes significant time to embed, but the Probation Service has now successfully transitioned into one organisation.
- 16.7.16 The other contributing factor was the number of vacancies that were in place both then and now. It remains a challenge to recruit and retain probation officers. It also means that there is a disproportionately high number of staff who have limited experience and need guidance and mentoring to become operationally competent. The capacity to provide the appropriate level of supervision and support to new staff remains a barrier to more rapid recruitment.
- 16.7.17 Rita was released from Crown Court immediately after appearing. The sanction of 28 weeks imprisonment imposed for the offences heard by the Crown Court were negated by the time Rita had spent in custody on remand. The same additional licence conditions were applied to those suggested the previous July. (See paragraph 16.7.9)
- 16.7.18 Rita did not attend the scheduled probation appointment the following day, nor make any contact with them. The IMR did not give an explanation why Rita had not attended but Polly explained Rita had said she did not know which probation office to attend. Polly took Rita to a local Crown Court to try find out where Rita was required to report to, but no one was able to assist. Rita was given these details when released from Crown Court on the licence agreement and Rita countersigned this document to acknowledge the appointment with probation the next day, detailing the time of the interview, contact details and the location of the probation office.
- 16.7.19 It was around this time Rita shared with Polly the desire and determination to stay off illicit drugs and turn her life around.

- 16.7.20 Rita's non-attendance and lack of contact meant a decision was made to revoke Rita's licence and a fixed term recall for 14 days agreed. The IMR does not allude to any effort to try and locate Rita. It does seem a pity that given what was known of Rita's family and IDVA support, no attempt was made to try and contact this network to establish Rita's whereabouts. This is not a criticism as the correct procedure was followed. It is merely a comment that had contact been made with the family or IDVA, Rita's apparent misunderstanding of what was required could have been resolved.
- 16.7.21 By the second week of January 2022 the probation sentence plan was completed on the limited information available. The IMR concluded while the sentence plan did correctly identify the risk Rita may pose to others, it did not deal with the potential risk posed to Rita from domestic abuse.
- 16.7.22 It does seem premature to complete a sentence plan without the benefit of any information or insight from the person it relates to, but the rules state the sentence plan must be completed within 15 days of release. That may account for the identified gaps. What is questionable is the second sentence plan completed after Rita had attended the probation interview, made no material difference to the contents of the first sentence plan, even with all the additional information provided by Rita.
- 16.7.23 Both sentence plans were considered by the IMR writer to be below the standard expected. The reason why both these plans were not challenged was because they were not signed off or quality assured by a Senior Probation Officer (SPO). This was another legacy of what happened to sentence plans under the CRC rules, and what was now required under the Probation Service guidelines. Both plans should have been reviewed and agreed by a SPO.
- 16.7.24 Rita was returned to HMP Bronzefield and released 11 days later. No one can account for why Rita was released 3 days early. This early release meant that Rita only had standard licence conditions. The additional conditions imposed when Rita was released from Crown Court the previously were omitted.
- 16.7.25 Rita was required to attend a probation appointment on the day of the recall release, but Rita contacted the COM and advised she was still in London struggling with the mobility issues caused by the leg injury. It was agreed Rita could attend the following morning. Rita did attend the next day five hours late, but the COM exercised their discretion and let this pass. Both

decisions demonstrated a compassionate response to Rita's personal circumstances and should be considered as good practice.

- 16.7.26 Rita shared a significant amount of information during the interview with the COM. There was no triangulation with other partner agencies or existing documents such as MARAC minutes that would have given the COM a more complete picture of the bits of information Rita had not fully detailed. It does make any subsequent sentencing plan of dubious value when it is not based on all the known facts.
- 16.7.27 To the credit of the COM, they did check with Children Services, who confirmed Rita and the children were known to them. From the information provided, the COM would have been aware that Rita did not pose any potential risk to the children.
- 16.7.28 Rita under the operating model at the time would have had a face-to-face encounter with her COM every four weeks. Rita's death precluded further meetings taking place.
- 16.7.29 The COM was contacted by the Drug and Alcohol Service (CGL) after being released from the recall to confirm Rita was now engaging with them, which was part of the sentencing plan (but not a licence condition). The following day the COM was contacted by CGL to advise Rita had complained an ex-partner (not Jim) was leaving aggressive messages on the phone. The COM responded that they had not been contacted by Rita but would try and get in touch. In between time Rita was found dead.
- 16.7.30 The IMR felt the COM should have taken more immediate action on the grounds of Rita's vulnerability and contacted Rita and/or the IDVA and/or the police for a welfare check. This is a learning point for the COM.
- 16.7.31 In May 2022 the Probation Service Delivery Unit that manages this part of Kent was inspected by the Her Majesty's Inspectorate of Probation (HMIP). The subsequent report and action plan has addressed many of the issues identified by this DHR around compliance with guidelines and best practice around risk assessments, sentence planning, supervision, and quality control.

16.7.32 The IMR commented that the COM dealing with Rita had no Trauma Informed practice training. The Female Offender Strategy³⁷ published in June 2018 focused on improving outcomes for women in the Criminal Justice System, recognised the unique challenges women face. The strategy recommends utilising a trauma informed approach when working with women. It would be helpful that whenever possible, probation staff who are allocated women to manage through the probation system, have been trained in this approach.

16.8 **Change Grow Live**

16.8.1 Change Grow Live (CGL) are a national charity and have been contracted to provide a Drug and Alcohol Support Service to a large part of Kent since April 2014. The support services available include prescribed Opioid Substitution Therapy (OST), alcohol detoxification, psychological therapies, and social and harm reduction interventions. These programmes or treatments are voluntary unless ordered to do so by the courts.

16.8.2 Rita was well known to CGL and had six treatment journeys of varying lengths between 2012 and 2022. These engagements were predominately self-referrals, and this does demonstrate Rita was willing to try and break free from the cycle of dependency.

16.8.3 Rita engaged with CGL between 14 September 2018 and 03 October 2019. This engagement coincided with the difficulties with the home care providers who decided they could no longer provide this service in September 2018 because of Rita's drug use. Rita was prescribed a daily supervised methadone prescription. It is not entirely clear when Rita stopped picking up the daily prescription or when Rita did not respond to calls from CGL, but Rita's client file was closed on the date stated above.

16.8.4 Rita's engagement with CGL discontinued at or around the time Jim was living with Rita in Kent. The second home care provider who had taken up the role in January 2019 withdrew their services in September 2019 following complaints about drug use and Jim's behaviour. It would be reasonable to conclude Rita's return to using illicit drugs was heavily influenced by Jim's presence.

³⁷ [Female Offender Strategy](#)

- 16.8.5 Rita contacted CGL the day after being released from Crown Court. CGL agreed to provide a bridging prescription and arranged a medical assessment. Rita did not pick up the prescription or contact CGL again. This treatment episode was closed when CGL discovered Rita was back in prison on the licence recall.
- 16.8.6 CGL contacted the prison with an invitation for a post recall release appointment for Rita and arranged for a bridging prescription of 8mg of supervised buprenorphine after confirming with the prison this was what Rita was currently receiving from them. The prison advised Rita had been released and been provided with a Naxolone take home kit.
- 16.8.7 Rita did not pick up her CGL medication from the local pharmacy, nor did Rita attend the scheduled appointment. Rita was not required as a condition of the prison release licence to engage with CGL, but Rita did contact CGL a week later requesting a call back as Rita had missed the appointment due to ill health. CGL attempted to call Rita back but were unsuccessful.
- 16.8.8 A week or so later, Rita contacted CGL again stating she wanted to re-engage. She wanted to get back on opiate substitute medication. Rita called again advising her GP had prescribed her morphine so she would not be attending the medical appointment as she didn't need a prescription from CGL. She did request psychosocial support and an appointment was made for the following week. As part of this conversation Rita was given advice about using illicit substances due to her low tolerance levels and the risks involved when combined with prescribed medicine. Rita affirmed she had not used any illicit drugs.
- 16.8.9 Rita subsequently contacted CGL to complain an ex-partner was leaving rude and abusive voice and text messages. Rita's nominated CGL worker was not immediately available but tried to contact Rita later that afternoon. When Rita did not respond to the phone call, The Probation Service were alerted of this development. This was good practice.
- 16.8.10 CGL offered their help and encouragement and tried to meet Rita's needs when raised with them. They made numerous appointments and arranged for bridging prescriptions which Rita did not attend or collect.
- 16.8.11 CGL have identified as part of the learning taken from this DHR process they would like to increase their knowledge of domestic abuse and explore how a trauma informed approach could enhance the impact of their

psychosocial interventions with people seeking support. They have arranged for the relevant staff to undertake additional specialist training.

16.9 IDVA Support Service

- 16.9.1 The IDVA support service is part of an established housing association charity that has a long history of providing support around homelessness, people with learning disabilities, mental health, and social care needs. The IDVA service is a little detached from the charities more mainstreamed activities, but this role is expanding with additional funding and responsibilities awarded in a recently revised contract.
- 16.9.2 Like most social care providers Covid did have a disproportionate impact on the ability to manage a significant increase in demand, with a reduced capability of staff due to changes in working practices to manage the restrictions imposed.
- 16.9.3 Homeworking, issues with IT and the exponential increase in casework did mean processes and procedures around case notes, safety plans and other associated documentation were not always followed or completed as thoroughly as they could have been.
- 16.9.4 Rita first became involved with the IDVA in July 2020, after being referred to this service by a Kent MARAC in recognition of the need for specialist support to manage Rita's complex needs.
- 16.9.5 The allocated IDVA quickly built a rapport with Rita and the non-judgemental approach was instrumental in securing Rita's confidence that the IDVA was a supporter and the substance misuse irrelevant in respect of being a domestic abuse victim.
- 16.9.6 It was the IDVA who managed to secure accommodation for Rita in August 2020 in the North East in private B&B accommodation. Rita was transferred to the local IDVA provider and substance misuse support services, which closed the Kent IDVA's involvement.
- 16.9.7 The North East IDVA contacted the Kent IDVA to advise Rita had decided to return to Kent in September 2020. Efforts to contact Rita were unsuccessful and for several months Rita's whereabouts were not known to the IDVA, although it was suspected Rita was in London with Jim.
- 16.9.8 Rita contacted the Kent IDVA in January 2021 from the local hospital in Kent advising the IDVA about the broken arm. Rita's next contact was during

Rita's admission to hospital for the broken leg in February 2021. From then on Rita was in regular contact and the IDVA made several positive interventions on Rita's behalf with many of the agencies and organisations involved.

- 16.9.9 The IDVA provided a useful insight into Rita's behaviour. She believed Rita, when working with other professionals, would either tell them what Rita thought they wanted to hear to leave her alone, or be verbally abusive and aggressive resulting in the professionals withdrawing and therefore leaving Rita alone.
- 16.9.10 The IDVA also provided a view on how statutory agencies responded to Rita's needs. In the Terms of Reference, a comment was made about agencies "*rolling their eyes*" when discussing how to help Rita. The IMR did not provide any more detail on what that meant. The IMR did expand that in the interactions between the IDVA and various professionals when pursuing Rita's cause for help and support, the agencies were generally helpful and supportive.
- 16.9.11 There is a sense that because the IDVA had managed to successfully engage with Rita there may have been an over reliance on the IDVA to facilitate engagement with Rita by other statutory agencies. To some extent that is an IDVA's role, but there does need to be some boundaries set in partnership working. The IDVA should not have been the sole response or left to be 'the go between' for Rita and the statutory service providers without everyone being clear what this was seeking to achieve.
- 16.9.12 Part of the responsibility for setting these boundaries rests with the IDVA but during the draft report review meeting it was explained that the IDVA felt partners did not move fast enough or did not give due consideration to what needed to be done. A good example would be when it came to re-housing Rita. This was not a straightforward process given the challenges Rita's

particular circumstances brought. Another factor that may have prompted a feeling partners were "*rolling their eyes*" was a lot of the information Rita was providing to the IDVA was selective. This was not unique to the IDVA but partners who were aware of all the facts as against Rita's version of events, would not have placed the same weight on this information, as the IDVA did.

- 16.9.13 Rita's concern about Jim's alleged connections with the IRA was a point of contention that was highlighted in the IMR. Jim was arrested on multiple occasions. Had Jim been of any interest to Counter Terrorism Policing, this would have become quickly apparent. Jim did not appear have any links with the IRA and this should have been explained to Rita. If this was explained to Rita, this was not something Rita shared with the IDVA. Regardless, it was clear the suggestion Jim had IRA connections deeply troubled Rita and would have heightened her fear of Jim and correspondingly Jim's increased level of control.
- 16.9.14 There were other occasions when information that was known to partners was not shared in a timely manner with the IDVA. Jim's pre charge conditional bail expired when Rita was in prison in September 2021. The IDVA was under the impression these were still in force in 2022. Similarly, a plan to obtain an injunction by the Probation Service against Jim never materialised.
- 16.9.15 The IDVA was contacted when Rita wanted something done. Sorting out additional GP prescriptions, rent arrears and benefits were undoubtedly helpful and probably necessary to maintain a working relationship. When the IDVA wanted to contact Rita, the telephone calls, voice messages and texts did not always generate a response. This was no different from the experience of every other agency that was involved with Rita.
- 16.9.16 There can be no doubt of the commitment of the Kent IDVA in their efforts to support Rita and this is commendable. The work to support Rita's mental health wellbeing when confined at home following the significant leg injuries post January 2021 is one good example. The IDVA's work and engagement with Rita while on remand in prison and preparing for Rita's release is another, although this should have been a partnership role with the Probation Service. In this respect the IDVA filled a gap that should not have been there.
- 16.9.17 The IDVA told Rita after the prison recall in 2022 that if Rita continued to contact Jim, the IDVA could no longer provide their support. This was a difficult conversation to have but one that was necessary to set expectations and boundaries when managing ongoing domestic abuse. The IDVA asked Rita to consider what the future would hold and this was not unreasonable.

- 16.9.18 There has been significant learning for the housing charity in conducting their review for this DHR. It is very encouraging the charity has recently established a new post and appointed a Head of Service for Domestic Abuse with the responsibility of delivering a comprehensive action plan to address the areas for improvement the IMR identified for internal processes, procedures, and staff supervision and support.
- 16.10 **Borough Council**
- 16.10.1 The Borough Councils involvement with Rita was predominantly with their Housing Provider and their role as the lead for the local Community Safety Partnership.
- 16.10.2 The Housing Provider first became involved with Rita in November 2019. Rita was seeking a move to another property, possibly a bungalow, because of mobility issues caused by the leg injury. The Housing Provider was unable to source a property that met Rita's needs and looked to make some adaptations to Rita's existing home instead.
- 16.10.3 The Housing Officer alerted Adult Social Care in April 2020 that Rita's continued drug use meant Rita was "*in a downward spiral*" and this would put the house tenancy at risk.
- 16.10.4 The Housing Officer requested a welfare check by the police in June 2020 as Rita had been uncontactable for a week. Enquiries by the police discovered Rita was in London, safe and well.
- 16.10.5 The Housing Provider engaged with various partners including Kent Police, Adult Social Care and Rita's IDVA between July 2020 and April 2021. They changed the house locks when requested to do so. They attended all the MARAC meetings and were open to trying to rehouse Rita within the housing rules. They were also open to discussing discretionary payments to cover Rita's rent arrears, which by March 2021 were substantial.
- 16.10.6 The Housing Provider displayed a sympathetic approach to Rita's needs as a victim of domestic abuse and was very open to explore what they could do to help Rita. When Rita went to prison, they maintained the property, so it was habitable and ready for when Rita was released. Like many other organisations, Rita's non-contact meant their assistance ended up being very limited, but they did choose not to pursue any formal action to remove Rita's tenancy, which was an option open to them.

- 16.10.7 Rita was placed on the Borough Council's Community Safety Partnership Monthly Vulnerable Persons Review meeting in February 2021 after Rita's leg had been allegedly broken by Jim. They maintained a watching brief with the various agency's interactions with Rita and contributed to the police led community risk assessment/safety plan.
- 16.10.8 In June 2021 the review meeting panel members were updated that Rita was not engaging with the Housing Provider, and they were not able to help with the rent arrears because of this. At some stage action would have to be taken about Rita's tenancy. At the next scheduled meeting Rita was in prison and Rita was taken off the vulnerable persons list, until Rita was released from custody.
- 16.10.9 There is sufficient evidence that the Housing Provider and the broader Community Safety Partnership did work together to try and resolve some of the challenges Rita faced. They collectively exercised considerable discretion because of the complex needs around the housing tenancy, rent arrears and reported anti-social behaviour.
- 16.11 **Kent Community Health NHS Foundation Trust (KCHFT)**
- 16.11.1 During the period under review, Rita accessed various KCHFT community services such as the Rapid Response Service and Community Adult Nursing. Rita was also referred to the Community Adult Rehab and Pathway 3 services.
- 16.11.2 In February 2021 the community nurse visited Rita at home. The community nurse recorded Rita's surgical wounds were healing and did not require further medical support. It was noted Rita did have mobility issues and was receiving care support from family members (Mother and Sister). The community nurse was surprised a hospital home care package was not in place but would not have known this had been offered and declined by Rita.
- 16.11.3 The Rapid Response Service started visiting Rita morning and evening from the end of February 2021. This is a nursing service designed to support hospital discharges and provide 24/7 crisis nursing support for a maximum of 7 days. Support after this 7-day period should be provided by other health services, social care, or the voluntary sector. The route to obtain this support is called the Pathway 3 Service.
- 16.11.4 Rita's Pathway 3 documentation was completed in March 2021. Shortly after this Rita declined any medical support around her pressure areas and advised that she had stopped taking the prescribed Fragmin, which was a precaution

against blood clotting following the leg surgery. The Rapid Response Staff were only required to make Rita a cup of tea and put food in the microwave.

- 16.11.5 Rapid Response Practitioners spoke to Rita's GP to advise Rita was no longer administering the Fragmin. The GP responded that was a decision Rita was entitled to make and although it was probably unwise, unless there were concerns that Rita did not have the mental capacity to make this decision, Rita had the right to choose to take the medicine or not.
- 16.11.6 Further contact was made with the GP a few days later because the staff were worried about Rita not taking the Fragmin. The GP advised Rita had decided to stop taking this drug because it was painful. The GP had warned Rita of the potential risks of not taking Fragmin, but it was Rita's decision to make. By this time Rita had cancelled the morning visits. Referrals had been made to Community Rehab to provide support to assist with Rita's general mobility.
- 16.11.7 The GP was contacted again and advised Rita had decided to remove the arm cast because it was itchy. The GP was aware that Rita had already missed the follow up appointment at the fracture clinic and reiterated that this was a decision Rita was entitled to make, even if it was not a wise thing to do.
- 16.11.8 Rita asked the Rapid Response Team to stop their evening visits in mid-March 2021. Rita now had a friend helping with meals and domestic chores.
- 16.11.9 The on duty named nurse for safeguarding was concerned because Rita was a victim of domestic abuse this may be the reason why Rita had disengaged. The necessary enquiries with the Rapid Response Team were made and it was confirmed there was no evidence to suggest Rita's decision to stop all visits had been influenced by Jim. This fact checking was good safeguarding practice.
- 16.11.10 The Community Adult Rehab Team tried to contact Rita by telephone on 3 occasions but were unsuccessful. They sent a letter asking Rita to get in touch. Rita did not respond, and the referral was discharged in June 2021.
- 16.11.11 On reflection, and in response to a question posed by the IMR writer, given they knew Rita was difficult to contact and was possibly a person at risk through domestic abuse, a different approach by the Community Rehab Team could have been taken. A joint home visit could have been made with another team who were successfully engaged with Rita, or a cold call could have been considered. Community Adult Rehab are now revisiting their procedures to

see if a more flexible process that acknowledges individual circumstances and the level of risk this presents can be developed. This is good practice.

- 16.11.12 The Rapid Response Team remained engaged with Rita well beyond the 7-day cut off period, which is commendable given they were carrying out visits that did not utilise their specialist medical skills. They listened to Rita when her mood was low and encouraged Rita to be positive. They actioned repeated concerns about Rita's decision not to continue taking Fragmin, encouraging Rita to administer the medicine and involved the GP in this process. This was good practice.

16.12 **Kent Fire and Rescue Service (KFRS)**

- 16.12.1 Rita made a visit to the local fire station open day in July 2019, which generated a safe and well 'cold call' visit in August 2019 after six attempts to make an appointment. Rita was described as confused and vague but made an allegation a man had come to her home the previous evening and had beaten her up. Rita advised the police were aware and did not want any further action taken. During the visit Rita's brother turned up and took Rita out. No further action was taken.
- 16.12.2 In March 2021 another safe and well visit was made following an earlier attendance to deal with a report of flooding. On this occasion Rita disclosed she had two broken legs, and these injuries had been caused by an ex-partner. Rita advised the police and Housing Association were already involved and did not wish any further assistance. No further action was taken.
- 16.12.3 Significant investment has since been made in safeguarding training with different levels for different roles. Safe and Well Officers now receive enhanced training and specialist safeguarding officers are available 24/7 to respond to mandatory referrals that are required when allegations of any form of domestic abuse are made to any KFRS member of staff.
- 16.12.4 These significant changes in working practices are a direct consequence of a previous Kent DHR recommendations.³⁸
- 16.12.5 In February 2023 a safeguarding internal audit was undertaken and no areas for improvement were identified to the safeguarding processes and

³⁸ Kent DHR Leanne

procedures now in place. KFRS now check all safeguarding issues with the relevant safeguarding agency and triangulate what they have been told with the information held by the lead agency. There are no recommendations made.

16.13 Response to the Terms of Reference.

16.13.1 *Rita was a vulnerable person as a long-standing illicit drug user and a person with mental wellbeing challenges. Was everything done that was reasonable to help Rita overcome the addiction(s) and/or assist Rita securing a more positive mental health outlook to safeguard herself or seek help? Did agencies apply or consider a trauma informed approach to assess how best to support Rita?*

16.13.2 Most agencies recognised Rita had alcohol and drug dependencies and made referrals to mental health support services via the GP or directly to the SPoA or the 24/7 mental health crisis team. Rita was encouraged to engage with substance misuse support services, but for most of the period under review this could only be achieved on a voluntary basis and often, Rita did not pursue offers of support.

16.13.3 When Rita was first released from prison in 2022, a condition of her licence was to engage with Change Grow Live (CGL). Rita did contact CGL the day after being released although Rita did not turn up for the medical assessment or have any further contact. Not complying with this licence condition would have ultimately led to a prison recall, had this condition remained in place.

16.13.4 When Rita was released from prison after the recall, engagement with CGL defaulted to being voluntary and Rita opted out of Opiate Substitute Therapy. Rita, and this should be viewed as a positive step by Rita, did request psychosocial support which CGL were prepared to offer.

16.13.5 Several agencies have acknowledged the importance of a trauma informed approach and how this could have led to a different response being developed or a better understanding of what the obstacles were to effective engagement with Rita were and how these could be overcome. This is reflected in the recommendations.

16.13.6 *Rita was a repeat victim of domestic abuse. Was Rita's history of victimisation considered? Was everything put in place by statutory agencies that was*

reasonable and proportionate in the circumstances to help and protect Rita from further abuse? Were these effective in reducing any potential risk or harm to Rita?

- 16.13.7 Kent Police were the predominant agency when considering repeat victimisation. The police did recognise the risks posed by repeated allegations of domestic abuse and put various measures in place including multiagency risk assessments and safety plans, repeated MARAC referrals, panic alarms and inter agency liaison to try and co-ordinate a cohesive response. Pushing through the DVPO and prosecuting Jim for the breaches of this order was probably the most effective measure in reducing the risk of harm to Rita, especially when Jim was imprisoned.
- 16.13.8 That said, Jim did not consider the DVPO as much of a deterrent, as evidenced by the breaches. The same can be said about the pre-charge bail conditions, which were breached on at least two occasions.
- 16.13.9 Adult Social Care (ASC) played a prominent role and did very good work to try and prevent further harm with their Section 42 Enquiry. The responses by ASC that followed the closure of the first Section 42 Investigation could have been more comprehensive and it did not appear due regard was taken of the fact Rita was a repeat victim of domestic abuse. The emphasis was placed on securing home care support. The ASC operating structure in place at that time and a lack of capacity due to Covid to trawl records of past contact were the main reasons why this repeat victimisation was not actioned or picked up.
- 16.13.10 Various other agencies were cognisant of Rita's status as a repeat victim. The work undertaken by Rita's IDVA and the efforts with partners such as Housing and ASC reflected their collective efforts to reduce the threat of Rita becoming a victim again.
- 16.13.11 Without Rita's engagement with the safeguarding agencies involved, the measures and actions undertaken were always going to have a limited impact in terms of reducing future risks. It is probably debateable how much choice Rita had. Rita was in an abusive relationship but wanted to maintain that relationship. Rita had illicit drug and alcohol dependencies, and it would be reasonable to conclude the contact with Jim did facilitate at least one of these. It was judged Rita did have capacity and therefore the decisions Rita made for whatever reason, were Rita's to make. It is recognised that more could have been done to understand what was driving these decisions and identify what could have been done differently in response to Rita's non-engagement.

- 16.13.12 *Was Rita's voice heard and/or was the voice of Rita's advocate (IDVA) heard and listened to? Did Statutory Agencies make assumptions because Rita was an intravenous drug user and empowering her to secure her cooperation was challenging? Did Statutory Agencies display unconscious bias or exasperation because of Rita's background and history when requests for help and assistance were made?*
- 16.13.13 Rita's voice was heard in terms of her wishes and desires and while these were not always considered to be wise, they were not challenged beyond expressing a view that these might not be wise. Rita at no time was without the capacity to make the decisions that were made, accepting that sometimes this may have had to wait until the effects of alcohol and/or illicit drugs had worn off before this view was confirmed.
- 16.13.14 With Rita's requests for mental health support, her voice was heard, and she was processed through the KMPT mental health assessment process. It was Rita that then subsequently did not respond, which meant there was nothing for the mental health specialists to take forward. The one exception was the decision by the CMHT referrals panel when they elected to discharge the referrals made by the GP based on an assessment conducted when Rita was in police custody. This was technically correct but a more compassionate and trauma focussed approach might have been to offer Rita further support when Rita was in a more sympathetic environment and not in police custody.
- 16.13.15 The NICE guidelines are clear there is a requirement to provide support for patients who have a mental health illness and a substance dependency. At practitioner level there is still a belief unless there is a commitment by the patient to tackle their substance dependency first, the prospect of a successful mental health treatment is slim. This view will inevitably influence future decision making around people who have co-occurring problems of illicit drugs or alcohol and mental health concerns. The IMR by KMPT acknowledged this. This is reflected in the recommendations where there is a commitment to ensure mental health practitioners are aware that a substance dependency should not be a bar to mental health support.
- 16.13.16 Health professionals such as the GP and the Hospital Emergency Department made no discernible judgement about Rita's background and treated Rita as they would any other patient. If anything, they made special concessions to meet Rita's needs, including going beyond their contractual obligations.

- 16.13.17 The response provided by Kent Police has been covered in some detail in the analysis of the Kent Police actions in this report. This was because of all the agencies who dealt with the Rita, it was this organisation that was most likely to display some form of unconscious bias by the very nature of their interactions with Rita. No specific examples Rita was directly disadvantaged because of her addictions, or what Rita did, were identified.
- 16.13.18 It would be unrealistic to claim there was no form of unconscious bias. In Rita's case, her IDVA (who spoke to the panel) felt Rita had a deep mistrust of persons in authority because Rita was a drug user. It probably did not help in terms of building a victim centred relationship, that Rita did not fully engage with the various agencies who were trying to help. Rita did however face some very complex challenges including being arrested a number of times and it is understandable why Rita may have adopted this approach.
- 16.13.19 It is fair to claim there was no evidence of obvious examples of unconscious bias or exasperation. It is equally right to identify there were occasions when Rita's disengagement was not pursued with the same vigour that would have occurred, had she not had a drug and alcohol dependency that sometimes made her aggressive or violent, or difficult to contact or engage with. The recommendations do acknowledge this with the adoption of a trauma centred approach.
- 16.13.20 *Rita was a victim in various geographical jurisdictions. Were the mechanisms that were in place for cross border liaison effective in reducing the harm and risk to Rita? Did agencies and organisations share information known to them in a timely and effective manner?*
- 16.13.21 Rita did touch several different jurisdictions and there was good evidence of information sharing on a bilateral basis between various organisations such as the Metropolitan Police to Kent Police (and vice versa) or London Mental Health Trusts to KMPT or IDVA to IDVA. These were especially effective when conducted in real time or when they related to specific requests.
- 16.13.22 Retrospective information exchanges such as MARAC referrals were less timely, and by the time they were received were often historical and the information's value diminished because things had moved on. These information exchanges did however happen and often followed on when bi-lateral exchanges had already taken place.

- 16.13.23 It is usual for investigations to remain within the geographical domain of the organisations investigating the alleged offence and there is a view that as Rita moved on, the threat of future risk and harm moved with Rita to the location that Rita found herself. Rita moved between Kent and London on a regular basis and was a victim in both jurisdictions. The MPS did identify a potential risk to Rita in their MARAC referral to Kent.
- 16.13.24 The emphasis in Kent was to protect Rita in Kent. When it was suspected Rita was frequenting Jim's residence in London, no action was taken to engage with Safeguarding Partners in London to alert them of the risks Jim posed to Rita. While it was suspected Rita may have been in London with Jim, Rita was vague about her whereabouts, claiming to be in Doncaster or staying with relatives or friends in the London area.
- 16.13.25 The location of where Rita was frequenting in London was probably known collectively to the agencies involved, but there did not seem a mechanism for this information to be collated and the potential risks to be forwarded on. There would have been a direct correlation between the pharmacy the GP was sending their prescriptions to and the proximity of Jim's London address. While the MARAC partners were trying to identify Rita's whereabouts, the GP was sending repeat prescriptions to the same London pharmacy. There is probably a degree of hindsight bias in this observation. However, Rita remained a vulnerable person at risk from a known perpetrator and more could have been done, probably through the MARAC-to-MARAC procedures. This did happen between Kent and the North East but not for London. This was a missed opportunity and is reflected in the recommendations.
- 16.13.26 *What actions or interventions were made with Jim as an alleged perpetrator of domestic abuse against Rita? Were these effective? Were there any missed opportunities that could have been reasonably foreseen?*
- 16.13.27 Jim was arrested in Kent at every opportunity. Where charges could be made, they were pursued through to prosecution. Securing a DVPO did prove very successful in protecting Rita from further physical harm.
- 16.13.28 There is a rehabilitation course available for perpetrators of domestic abuse and stalking funded by the Police and Crime Commissioner for Kent. Perpetrators are offered group or individual sessions. To be eligible perpetrators need to take responsibility for their actions and be willing to change their behaviour. Jim would not have been eligible for this course.

- 16.13.29 It was identified that signposting to support agencies was undertaken by CJLADS for all victims of domestic abuse but not for alleged perpetrators or suspects. This missed opportunity has been recognised and is included in the recommendations.
- 16.13.30 Convicted perpetrators of domestic abuse can be required to undertake several courses run by the Probation Service.³⁹ Jim was never convicted.
- 16.13.31 ASC did undertake work to get Jim removed from the Kent GP Practice Rita was registered at, as part of their harm reduction strategy. Although unsuccessful, it was good practice to try and remove Jim's coercive control of Rita's prescriptions. It also probably influenced the GP's approach to Jim, which ultimately meant he chose to register elsewhere.
- 16.13.32 *What were the specific challenges or obstacles agencies faced in trying to engage with Rita? Does this identify any lessons that are feasible or realistic with the statutory powers that are either available and/or the constraints posed by the current level of resources, both human and financial?*
- 16.13.33 Rita's multiple and complex needs were a challenge for all the agencies involved. It was recognised that these needs were a product of several factors, such as the relationship with Jim and the use of illicit drugs and alcohol, which had a direct impact on Rita's physical and mental wellbeing.
- 16.13.34 Agencies will always face difficulties when the people they are trying to help either disengage or elect not to follow their advice to reduce the risks the situation or circumstances people find themselves in generate. What has been identified is the need to take more effort to understand why this is the approach the person has taken and what more agencies can do to identify what the barriers to engagement are. This is the foundation of a trauma informed approach.
- 16.13.35 The Mental Capacity Act, Mental Health Acts, Social Care Acts and Human Rights Act all protect a person's right to make their own decisions and it is only when there can be no doubt a person has lost the capacity to do so, can Authorities intervene and take that choice away from them.
- 16.13.36 Rita never reached a position where her capacity could be challenged, save when she was under the relatively short-term effects of drugs and alcohol.

³⁹[Domestic Violence Programmes](#)

- 16.13.37 Drug Addiction Charities and lobby groups maintain most drug overdose related deaths are preventable. The independent review conducted by Professor Dame Carol Black⁴⁰ did conclude death prevention is directly linked to the funding and resources available to provide the necessary support and intervention to ensure this does not happen. This is a view Polly and Brenda share. They believe Rita should have been able to access a residential rehabilitation programme to receive the treatment Rita needed.
- 16.13.38 Both recognise that this may not be realistic with the conflicting demands and priorities Health and Social Care face based on current funding and resources. They still hold the view more could have been done had the resources been available.
- 16.13.39 The answer may lie in the Governments 'Harm to Hope' 10 Year Drugs Strategy, especially the pillar of the strategy that focuses on the provision of substantial increases in residential rehab capability and the promised funding that is required to support this ambition.⁴¹ In the first annual report for 2022 - 2023⁴², encouraging progress has been made. However, as the name of the strategy suggests, this will not happen quickly, and it will take time for these measures especially around structures and resources for treatment and rehabilitation to become established. Until then, Practitioners will still face difficult choices around how finite resources can be used in the most effective way and make decisions based on who is likely to benefit the most in terms of possible future harm reduction with the resources available.
- 16.13.40 However, the circumstances of this DHR do highlight the pressing need for additional support to be made available to highly vulnerable women, who are the victims of serious domestic abuse. Part of the reason residential rehabilitation would not have been considered for Rita is this capability is currently limited to a relatively small cohort of people. A recommendation has been made that the provision of bespoke long-term detox and residential recovery for women who face the same challenges that Rita faced should be a priority for the County Councils Substance Misuse Commissioners.

⁴⁰ [Review of drugs part two: prevention, treatment and recovery](#)

⁴¹ [A 10-year drugs plan to cut crime and save lives.](#)

⁴² [From harm to hope first annual report 2022 to 2023 \(accessible\)](#)

- 16.13.41 *What impact did the Covid 19 restrictions that were in place have on Rita accessing services or support and these services or assistance being provided.*
- 16.13.42 Covid and the national lockdowns did impact significantly on many of the organisations involved. Social Care agencies faced challenges around increased demand and diminishing resources. Normal working practices were changed and organisations that relied heavily on face-to-face encounters to be effective, moved to remote contact. Many organisations have since reflected separately on the legacy Covid has left and what they did then, is not what they would do now.
- 16.13.43 Rita's decisions were central to how agencies responded. A service or support was offered, and Rita did not follow these offers up. That does reflect that agencies were respectful of the apparent decisions Rita had made, in line with the 'Making Safeguarding Personal' approach. It was also probably a product of the pressure organisations were under with Covid which meant there was not the capacity to probe further to understand what the barriers were to Rita engaging.

17 **Conclusions**

- 17.1 Rita suffered several significant adverse experiences including serious sexual assault at a tender age, rape and personal loss of close family and an intimate partner during her life that caused her significant trauma. There were periods when Rita managed her dependencies and engaged successfully with various support services. There were other periods in her life when Rita relapsed and did use illicit drugs and regularly consumed alcohol more than the recommended NHS guidelines.
- 17.2 For most of the period under review in this DHR, excluding the time spent in prison, Rita was in relapse.
- 17.3 There is medical evidence and research that using illicit drugs and/or alcohol can have an adverse impact on a person's mental health. Research also indicates that mental health illness can be a contributing factor to people resorting to illicit drug use and/or drinking alcohol to excess.⁴³ Further research as previously cited in this report identifies people who suffer severe trauma at any stage in their lives may resort to excessive use of alcohol and/or illicit drugs as a coping mechanism.

⁴³ [The Relationship Between Alcohol, Drugs & Mental Health](#)

- 17.4 In Rita's case, Rita was treated for depression by her GP over a long period of time. Rita did have issues with illicit drugs and alcohol and did suffer from a childhood experience that caused considerable trauma. Without a detailed assessment, it is impossible to say what the triggers were for Rita. Was it alcohol or drugs or childhood trauma that impacted on Rita's mental health or vice versa or was it a combination of all four at different points in Rita's life, compounded by being a victim of domestic abuse?
- 17.5 The disclosures of Rita's childhood experiences did prompt many of the agencies in their analysis of their responses to Rita's needs to comment that a trauma informed approach by them could have added value. This may help organisations to understand why people are not engaging and how this barrier might be overcome.
- 17.6 The family believe Rita was in a coercive and controlling relationship and Rita did complain to the GP that Jim did isolate her from friends and family. Police DARA assessments concluded there were coercive and controlling elements to Jim's behaviour, but Jim was never charged with this offence. This reflects the complexity of emotions that are present in intimate relationships and Rita would have been conflicted by the need to maintain her relationship with Jim, even though this could cause her harm.
- 17.7 There were allegations of economic abuse⁴⁴. Rita's friend Moira explained she took Rita and Jim to the cashpoint on many occasions, where Rita took out money for Jim. Rita made several complaints Jim had stolen her bank card to get money. Moira described Jim was always begging for food or tobacco from her, and when he could get away with it, he would simply take what he wanted without asking. Rita once explained to Moira that Jim's benefits were paid into her bank account and that was why Jim was always asking Rita for money. This has not been verified but it does seem highly unlikely. Jim, as evidenced by third party accounts, was 'a taker' and it is more likely than not Polly's description of Rita "*being a walking ATM*" was nearer to the truth and another means of exerting control.
- 17.8 There did not appear to be much weight placed on the impact of the allegations of the theft of cash and the effect this may have had on Rita as part of a broader theme of a coercive and controlling relationship. The absence of a formal complaint by Rita probably diluted the police response to the underlying consequences this behaviour may have had. The impact of

⁴⁴ [Surviving Economic Abuse: Transforming responses to ...](#)

economic abuse and the correlation with coercive behaviour has been previously identified as an issue in Kent DHR Leanne.

18 **Lessons to be Learnt**

- 18.1 Each IMR identified what went well and what could be improved. These are organisation specific and are reflected in the next section as Recommendations numbered 7 to 18 for these organisations to manage internally, without the oversight of the DHR process.
- 18.2 In a more general sense that was applicable to more than one organisation, is the acknowledgement a more trauma informed approach is the direction to take. This reflected a recognition that policy and procedures are generic and will not always be appropriate for people who display the complex needs Rita had, without further exploration.
- 18.3 Most organisations by necessity have a policy around cut off points for non-attendance or compliance. The unintended consequence of this means once the threshold has been reached to discharge a person from their care because of non-engagement, this is the course of action taken. Rarely do organisations pursue the underlying reasons why a person has disengaged. This is where a trauma informed approach becomes useful to understand what the barriers are that prevents engagement.
- 18.4 Adopting a trauma informed approach to complex issues has already been identified in Kent DHR Jean and the recommendations made in this DHR are directly transferable to the learning in this process.
- 18.5 People taking illicit substances and/or alcohol to excess often lack the motivation to engage with support services. The issue of choice has already been highlighted as possibly misleading as the person, because of their dependency, may not have the ability to make a choice. When this is combined with mental health issues and domestic abuse, the risk of harm increases exponentially. This has been identified as the trio of vulnerabilities. All agencies but especially mental health practitioners, need to take extra care applying their policy and procedures when the trio of vulnerabilities are present.
- 18.6 For mental health practitioners, the NICE guidelines state people with co-occurring conditions involving a substance dependency and mental health should not be excluded from mental health support because of their

dependency. There is still a view at a practitioner level that a substance dependency needs to be treated first before any mental health support can be provided. This misunderstanding needs to be addressed and this is reflected in the recommendations.

- 18.7 The bar is set high with the requirement that the dual diagnosis protocol requires the mental health illness to be severe and that can be a barrier in its own right to the protocol being invoked. The driver for this approach is the lack of resources than can cater for people suffering from co-occurring conditions that are both complex and not easily resolved. There needs to be additional resources provided that deliver parallel care to enable a stabilisation of these complex needs to reach a point that the journey for mental health recovery can be undertaken successfully. This is reflected in the Governments Harm to Hope overarching drugs strategy and a recommendation has been made to seek additional resources specifically for women who are at a higher risk of significant harm because of the trio of vulnerabilities.
- 18.8 Organisations have always acknowledged the importance of triangulating information provided to them with partners when responding to individuals who have a footprint or engagement with other agencies. Having oversight of all the IMR responses, it was apparent several organisations were acting or shaping their response to the information they had that was either inconsistent or at variance to what other organisations knew.
- 18.9 There are policies and processes in place that identify “fact checking” as good practice and this needs to be highlighted at a practitioner level, as does accurate record keeping, for certain agencies. This is covered in the recommendations that are organisation specific.
- 18.10 Sharing information on a bi-lateral basis was effective but probably because of the number of agencies involved and their different interventions at different times, the benefit of collating all the information that was available was not realised.
- 18.11 The MARAC process is there to provide a conduit for information sharing and the MARAC process did achieve this with good attendance and information sharing. What was not as good as it could have been was the clarity around the outcomes the meetings sought to achieve, and which agency was taking the lead to do what.

- 18.12 Previous DHRs have made recommendations about the effectiveness of the MARAC process.⁴⁵ Consequently, the structure has been reviewed and various changes introduced via a multi-agency Tasking and Finishing Group. This is work in progress and the aim is to provide a well-resourced

MARAC funded by all agencies, with clear roles and responsibilities identified for each organisation in each case, with the highest risk victims kept under regular review. A recommendation of this DHR is to confirm what progress has been made and when the new model or way of working will be delivered.

19 Recommendations

- 19.1 The Review Panel makes the following recommendations that should have the oversight of the Kent Community Safety Partnership.

No	Rationale	Recommendation	Responsible Organisation
1	Supporting previous learning	The recommendations made in Kent DHR Jean concerning adopting a trauma informed approach, training and subject matter experts to provide advice and guidance on trauma informed approaches are supported by this DHR. It is recommended that each agency provides an update on the progress that has been made in adopting a trauma informed approach to their service delivery.	All agencies.
2	Supporting previous learning	The recommendation made by Kent DHR Leanne concerning training in the link between economic abuse and coercive and controlling behaviour is supported by this DHR.	All agencies.

⁴⁵ Kent DHR's Ann, Jean and Leanne. Kent SAR Jodie

		It is recommended each agency provides an update on what has been done to improve practitioners' knowledge of economic abuse and coercive control.	
3	Supporting previous learning	KCSP should check the progress of the proposed new MARAC structure and request that part of this implementation involves an awareness campaign that all participating organisations know what is expected of them in the new way of working.	Existing action Plan
4	Ensure continuity and effective management of known risks	The Probation Service should provide an update on the status of the measures put in place to tackle Recommendations 11-13 of HM Inspectorate of Probation Thematic Report on Domestic Abuse published in July 2023. This concerns the assessment of domestic abuse risks and the role of Domestic Abuse Safety Officers. See Domestic-Abuse-Thematic-inspection-report- ...	Probation Service
5	Provide additional resources to reduce future harm	Victims of serious domestic abuse with co-occurring mental health issues and substance dependencies need special consideration. This should complement the 10-year Government Drug Action Plan. The County Council Substance Misuse Commissioners should be approached to consider additional	KCC Public Health Kent Community Safety Partnership (KCSP)

		detox and residential treatment and recovery programmes that meet this need and mitigate the high-risk implications of the trio of vulnerabilities.	
6	Change current working practices	Mental health practitioners need to understand that people with substance dependencies and mental health issues should be offered parallel care. KMPT should detail what action they propose to take that closes the default position that a dependency should be treated first before any mental health support is offered. This should include training forums, internal reflective briefings, monthly newsletter, dip checks of discharge decisions made for referrals where the trio of vulnerabilities is evident. The DNA policy for CMHT and the urgent mental health helpline for people with co-occurring conditions of substance misuse and domestic abuse should be reviewed.	KMPT

19.2 The following recommendations are agency specific and can be managed internally as part of their existing processes and procedures. ***(These will not be monitored by the Kent Community Safety Partnership)***

No	Rationale	Recommendation	Responsible Organisation
7	Disseminate best practice and developing	The Acute Hospital to share the findings of their review of patients with complex needs discharging	NHS Acute Hospital

	harm reduction strategies.	themselves against medical advice. The research will be hospital centric and patient good practice can be shared internally within the NHS. KCSP to seek updates from the Kent and Medway Safeguarding Adults Board regarding the progress of the Kent and Medway Multi-Agency Risk Management (MARM) Framework currently in development to be trialled. MARM seeks to improve multi-agency responses for adults at risk. (MARM frameworks may be used where there is risk of harm due to disengagement from services, as well as a number of other scenarios.)	KCSP
8	Manage effectively drug seeking patients	The General Practice should review its prescribing practices in respect of quantities of addictive medications. There should be regular liaison with the substance misuse service providers to avoid the risk of dual prescriptions for patients being prescribed medicine used for Opiate Substitute Therapy. Conducting a Significant Event Meeting to discuss the response by the GP Practice to the needs of Rita will assist in this process.	KMICB
9	Facilitate effective cross border communication on known risks	Explore the feasibility for a PNC marker for high-risk victims of domestic abuse. The PNC is in the process of being replaced so this may be a capability that is provided in the new system. The	Kent Police/Home Office NLEDS Development Team

		functionality of the PND may be another direction to take to achieve this outcome.	
10	Apply current policy	Female prisoners released on licence should be managed by probation officers who have been trained in a trauma informed approach as recommended by the Probation Service Female Offender Strategy.	Probation Service
11	Effective information sharing	ASC should promote good practice in effective information sharing with multi-agency partners.	KCC ASC
12	Protecting non-compliant vulnerable people	Vulnerable patients should not be discharged until identified risks have been mitigated. Triage process to be aligned to disengagement guidelines and professional curiosity promoted, documented in an accurate and timely way on patient records.	KCHFT
13	Identifying additional risks/causation factors	Promote KMSAB task and finishing group findings on co-occurring conditions including substance and alcohol abuse.	KCHFT
14	Promoting domestic abuse awareness	Implement the new domestic abuse policy and provide additional training for housing/customer service operatives in domestic abuse.	Borough Council
15	Preventing missed opportunities	Robust record keeping demonstrating the provenance of source information, action taken and the rationale for decisions made will provide a comprehensive history to manage repeat referrals in an informed way.	KMPT

16	Reducing the risk of repeat offending	Introduce a process for alleged perpetrators in police custody for domestic abuse are signposted to support programmes or organisations that facilitate behavioural change/support alcohol and/or drug dependencies when appropriate. Currently only victims of domestic abuse are signposted to support services.	KMPT
17	Learning from experience	Review policy, procedures and working practices generated by the missed opportunities/good practice identified in the completion of the IMR for this DHR. This includes case management and supervision, completion of documentation and fact checking, boundaries of partnership working and the role of the IDVA.	Housing Charity
18	Managing co-occurring conditions	All staff should undertake refresher training in domestic abuse and trauma informed approaches to manage complex cases.	CGL

Appendix A

Kent & Medway - Domestic Homicide Review

Deceased – Rita

Terms of Reference - Part 1

Introduction

Following advice from the Home Office DHR Quality Assurance Panel the criteria for a Domestic Homicide Review (DHR) has been met and the Independent Chair has been appointed. The first stage of a DHR is the establishment of clear Terms of Reference (ToR). Guidance for setting DHR ToR is provided in Section 4, Paragraphs 40-42 of the [Home Office Statutory Guidance for the conduct of DHRs](#).

1. Background

- 1.1 On the date of death, police officers attended a dwelling house in Kent. One of the occupants Rita, had suffered a cardiac arrest. The attending paramedics pronounced life extinct. Also present at that time was Jim, the deceased's partner, and another man who identified himself as an associate of Jim.
- 1.2 Jim advised the police they had both injected heroin earlier that day and they had both fallen asleep in bed. When Jim woke up, Rita didn't. Jim performed CPR aided by a SECAmb call handler, having already injected Rita with two vials of Naxolone. Jim further disclosed Rita had collected a seven-day prescription of morphine patches the previous day from the GP and had applied these all at once.
- 1.3 Both Rita and Jim were known heroin users and had been in an "on/off" relationship from around August 2019. There was a history of domestic abuse between the couple, and Jim had spent some time in prison custody for offences committed against Rita and breaching a Domestic Violence Protection Order (DVPO). It has been alleged that

in December 2020 Jim broke her arm whilst she was living with him in London and in January 2021 Jim may have been responsible for Rita suffering a broken leg in Kent. This second allegation was investigated but not pursued following guidance from the Crown Prosecution Service (CPS).

- 1.4 Rita was the subject of various MARAC referrals in Kent, London and the North East between June 2020 and April 2021.
- 1.5 The police investigation determined there is nothing to indicate any third-party involvement leading to the death of Rita. The Investigating Officer believes Rita suffered an accidental overdose, having taken a weeks' worth of morphine patches and injecting herself with heroin. A report has been submitted to the coroner detailing the evidence available and no suspicious circumstances have been identified.
- 1.6 Rita has been described by her mother and younger sister as a vibrant, larger than life individual, who would do anything for anyone and a person who everyone knew in their small village community. Rita attended the local school and had ambitions to become a social worker. It has since transpired Rita was the survivor of a serious sexual assault by a local man when aged 14. When Rita was 16, she ran away with an older man and got involved in recreational drug use. Rita was an intravenous drug user from around 1996. Rita had a child in 2001 and a second child in 2009 but was estranged from both of them. The children remained in touch with their grandmother and extended family.
- 1.7 Rita had a history of self-harm, with the earliest incident recorded in 2002. Rita was in a successful relationship with a person Rita lived with in the North East for a year, but this ended when her partner passed away and Rita returned to Kent in June 2018. Rita's relationship with Jim has been described by her mother and sister as coercive and manipulative. Rita was *"... scared, absolutely petrified of Jim"*. Jim regarded Rita *"as a walking ATM"*.
- 1.8 Rita's mother and sister are unhappy with the outcome of the police investigation into Rita's death. They believe Rita's death can be directly related to the relationship with Jim. They also believe Rita appeared to have turned a corner when she was released from prison in 2022. Rita seemed determined to start afresh and had been inspired by the IDVA that Rita could help people who faced the same experiences Rita did. This determination to help others seemed to crumble when Jim reappeared. When Rita was asked *"Why did you take him back?"* Rita replied, *"I didn't have a choice"*.

- 1.9 The family recognise that Rita's addictions were not ideal in terms of promoting her long-term wellbeing but hold the view the right support or help was not offered over the years to empower her to change. They felt a specific gap was the lack of any residential rehab that was available.
- 1.10 In accordance with Section 9 of the Domestic Violence, Crime and Victims Act 2004, a Kent and Medway Domestic Homicide Review (DHR) Core Panel meeting was held on 13 July 2022. It was agreed that a review should take place, but the Panel were not sure if a DHR was the most appropriate way to do so. A view was requested from the Kent and Medway SAR Overview Panel, to see if this process would be a better way to achieve any learning outcomes. The Home Office were contacted, and their opinion was sought on how best to proceed. The Home Office advised on 13 December 2022 that this case had been considered by the DHR Quality Assurance Panel (in accordance with paragraph 26 of the Statutory Guidance) and they had concluded the criteria for a DHR had been met.
- 2.0 This decision has been ratified by the Chair of the Kent Community Safety Partnership (under a Kent & Medway CSP agreement to conduct DHRs jointly). In accordance with the statutory guidelines, this review will be referred to as Rita.

2. The Purpose of a DHR

- 2.1 The purpose of this review (as described in Section 2, paragraph 7 of the Home Office Guidance) is to:
- a. establish what lessons are to be learned from the death regarding the way in which local professionals and organisations work individually and together to safeguard victims.
 - b. 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.
 - c. apply these lessons to service responses, including changes to inform national and local policies and procedures as appropriate.
 - d. prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity.

- e. contribute to a better understanding of the nature of domestic violence and abuse; and
- f. highlight good practice.

3. The Focus of a DHR

- 3.1 Sec 2, Para. 8: Reviews should illuminate the past to make the future safer and it follows therefore that reviews should be professionally curious, find the trail of abuse and identify which agencies had contact with the victim, perpetrator or family and which agencies were in contact with each other. From this position, appropriate solutions can be recommended to help recognise abuse and either signpost victims to suitable support or design safe interventions.
- 3.2 Sec. 2. Para. 10: A successful DHR should go beyond focusing on the conduct of individuals and whether procedure was followed to evaluate whether the procedure / policy was sound. Does it operate in the best interests of victims? Could an adjustment in policy or procedure have secured a better outcome for the victim? This investigative technique is sometimes referred to as professional curiosity.
- 3.3 Sec. 2, Para.12: The rationale for the review includes ensuring that agencies are responding appropriately to victims of domestic abuse by offering and putting in place appropriate support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence. The review will also assess whether agencies have sufficient and robust procedures and protocols in place which were understood and adhered to by their staff.

4. DHR Methodology - IMRs (See Sec. 7 and Appendix One of the Home Office Guidance in relation to IMRs)

- 4.1 Independent Management Reviews (IMRs) must be submitted using the templates current at the time of completion.
- 4.2 This review will be based on IMRs provided by the agencies that were notified of, or had contact with, Rita in circumstances relevant to domestic abuse, or to factors that could have contributed towards domestic abuse, e.g., alcohol or substance misuse. Each IMR will be prepared by an appropriately skilled person who has not any direct

involvement with Rita, and who is not an immediate line manager of any staff whose actions are, or may be, subject to review within the IMR.

- 4.3 Each IMR will include a chronology, a genogram (if relevant), and analysis of the service provided by the agency submitting it. The IMR will highlight both good and poor practice, and will make recommendations for the individual agency and, where relevant, for multi-agency working. The IMR will include issues such as the resourcing/workload/supervision/support and training/experience of the professionals involved.
- 4.4 Each agency required to complete an IMR must include all information held about Rita and Jim from 01 August 2019 to date of death. If any information relating to Rita as the deceased, or Jim as an interested party, or vice versa, of domestic abuse before 01 August 2019 comes to light, that should also be included in the IMR.
- 4.5 Information held by an agency that has been required to complete an IMR, which is relevant to the death of Rita must be included in full. This might include for example: previous incidents of violence (as a victim or perpetrator), alcohol/substance misuse, or mental health issues relating to Rita and/or Jim. If the information is not relevant to the circumstances or nature of the death, a brief précis of it will be sufficient (e.g., In 2010, X was cautioned for an offence of shoplifting).
- 4.6 Any issues relevant to equality, i.e., age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation must be identified. If none are relevant, a statement to the effect that these have been considered must be included.
- 4.7 When each agency that has been required to submit an IMR does so in accordance with the agreed timescale, the IMRs will be considered at a meeting of the DHR Panel, and an overview report will then be drafted by the Chair of the panel. The draft overview report will be considered at a further meeting of the DHR Panel and a final, agreed version will be submitted to the Chair of Kent CSP.

5. Specific Issues to be Addressed

5.1 Appendix One of the Home Office Guidance outlines the requirements for agencies' analysis of involvement. The following are given as examples of the areas that will need to be considered in agency IMRs, along with any further specific issues to the case. These can be edited and added to and will form the **Key Lines Of Enquiry** expected to be addressed in the Analysis section of the Overview report (Page 37 – Home Office Guidance):

- i. Were practitioners sensitive to the needs of Rita and Jim and knowledgeable about potential indicators of domestic abuse and aware of what to do if they had concerns about a victim or perpetrator? Was it reasonable to expect them, given their level of training and knowledge, to fulfil these expectations?
- ii. Did the agency have policies and procedures for Domestic Abuse, Stalking and Harassment (DASH) risk assessment and risk management for domestic abuse victims or perpetrators, and were those assessments correctly used in the case of Rita? Did the agency have policies and procedures in place for dealing with concerns about domestic abuse? Were these assessment tools, procedures and policies professionally accepted as being effective? Was Rita subject to a MARAC or other multi-agency fora?
- iii. Did the agency comply with domestic violence and abuse protocols agreed with other agencies including any information sharing protocols?
- iv. What were the key points or opportunities for assessment and decision making in this case? Do assessments and decisions appear to have been reached in an informed and professional way?
- v. Did actions or risk management plans fit with the assessment and decisions made? Were appropriate services offered or provided, or relevant enquiries made in the light of the assessments, given what was known or what should have been known at the time?
- vi. When, and in what way, were the deceased's wishes and feelings ascertained and considered? Is it reasonable to assume that the wishes of the deceased should have been known? Was the deceased informed of options/choices to make informed decisions? Were they signposted to other agencies?

- vii. Was anything known about Jim? For example, were they being managed under MAPPA? Were there any injunctions or protection orders that were, or previously had been, in place?
- viii. Had the deceased disclosed to any practitioners or professionals and, if so, was the response appropriate?
- ix. Was this information recorded and shared, where appropriate?

- x. Were procedures sensitive to the ethnic, cultural, linguistic and religious identity of the deceased, her partner and their families? Was consideration for vulnerability and disability necessary? Were any of the other protected characteristics relevant in this case?
- xi. Were senior managers or other agencies and professionals involved at the appropriate points?
- xii. Are there other questions that may be appropriate and could add to the content of the case?
- xiii. Are there ways of working effectively that could be passed on to other organisations or individuals?
- xiv. Are there lessons to be learned from this review relating to the way in which an agency or agencies worked to safeguard Rita and promote their welfare, or the way it identified, assessed and managed the risks posed by Jim? Where can practice be improved? Are there implications for ways of working, training, management and supervision, working in partnership with other agencies and resources?
- xv. Did any staff make use of available training?
- xvi. Did any restructuring take place during the period under review and is it likely to have had an impact on the quality of the service delivered?
- xvii. How accessible were the services to Rita and Jim?

6. Document Control

- 6.1 The two parts of these Terms of Reference form one document, on which will be marked the version number, author and date of writing/amendment.
- 6.2 The document is subject to change as a result of new information coming to light during the review process, and as a result of decisions and agreements made by the DHR Panel. Where changes are made to the document, the version number, date and author will be amended accordingly, and that version will be used subsequently.
- 6.3 A record of the version control is included in the appendix to the document.

END OF PART 1

GLOSSARY

Abbreviation/Acronym	Expansion
ABE	Achieving best evidence in criminal proceedings
ASC	Adult Social Care (KCC)
CJLADS	Criminal Justice Liaison Diversionary Service
CMHT	Community Mental Health Team
CSP	Community Safety Partnership
CSU	Community Safety Unit
DA	Domestic Abuse
DARA	Domestic Abuse Risk Assessment
DASH	Risk-led policing of domestic abuse and the DASH risk model.
DHR	Domestic Homicide Review
DNA	Did not attend
DVPN	Domestic Violence Protection Notice
DVPO	Domestic Violence Protection Order
GP	General Practitioner
IMR	Individual Management Review
KMPT	Kent & Medway NHS & Social Care Partnership Trust
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
NHS	National Health Service
NPS	National Probation Service (Now Probation Service)
PSR	Pre-Sentence Report
SECamb	South East Coast Ambulance Service
SLDP	Specialist Liaison and Diversion Practitioner
SPoA	(KMPT) Single Point of Access
ToR	Terms of Reference
VIT	Vulnerable Investigation Team

Domestic Abuse Risk Assessment (DARA)

See - [DOMESTIC ABUSE RISK ASSESSMENT](#)

Domestic Abuse (Definition)

The definition of domestic violence and abuse states:

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

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

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.

Multi-Agency Risk Assessment Conference (MARAC)

A MARAC is a meeting where information is shared between representations of relevant statutory and voluntary sector organisations about victims of domestic abuse who are at the greatest risk. Victims do not attend MARAC meetings; they are represented by their Independent Domestic Violence Advisor (IDVA).

The new MARAC model proposes a co-funded multi-agency MARAC Hub that manages a MARAC system based on quick information sharing and agency accountability. A multiagency team is currently being formed with recruitment underway.

The MARAC will be hosted by Police but staffed through shared funding. The Hub will enable all referred high-risk cases across Kent and Medway to benefit from immediate access to multi-agency information to create quality case summaries, the capacity to hold meaningful committees, where informed risk management plans direct activity, which will be tracked through a new case management system (CMS).

Criminal Justice Liaison and Diversion Service (CJLADS)

CJLADS provides early identification and screening of vulnerable people of all ages within the criminal justice system. The team adopts a multi-disciplinary approach consisting of nurses, social workers, a youth specialist, a speech and language therapist, consultants, psychology and support workers.

The service screens for all health and social vulnerabilities that may be contributing to increased contact with the criminal justice system. The team, where appropriate, will support individuals through the criminal justice system and where eligible, provide follow up in the community to support access to services and resources to meet their identified needs. The team will make referrals to appropriate care providers when necessary and link in with existing care providers to ensure clear pathways for follow up.

Based on screening/assessment, CJLADS practitioners offer advice and guidance to police officers, Magistrates and other colleagues within the criminal justice system, to help determine the most appropriate level of support and outcome for each person.

Domestic Violence Protection Notice (DVPN)

A DVPN is an emergency non-molestation and eviction notice which can be issued by the police, when attending to a domestic abuse incident, to a perpetrator.

The DVPN is a police-issued notice, it is effective from the time of issue giving the victim the immediate protection they require in such a situation.

Within 48 hours of the DVPN being served on the perpetrator, an application by the police to a Magistrates' Court for a Domestic Violence Protection Order (DVPO) must be heard. A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim for up to 28 days. This allows the victim a degree of breathing space to consider their options with the help of a support agency.

Community Protection Warning and Notice

See [Anti-Social Behaviour, Crime and Policing Act 2014 - ...](#)

Home Office Feedback Letter



Interpersonal Abuse Unit 2
Marsham Street
London
SW1P 4DF

Tel: 020 7035 4848

www.homeoffice.gov.uk

Cllr Clair Bell,
Kent County Council
Sessions House
County Hall
Maidstone
ME14 1XQ

25th March 2025

Dear Cllr Clair Bell,

Thank you for submitting the Domestic Homicide Review (DHR) report (Rita) for Kent Community Safety Partnership (CSP) to the Home Office Quality Assurance (QA) Panel. The report was considered at the QA Panel meeting in February 2025. I apologise for the delay in responding to you.

The QA Panel commented that the report is sensitive and includes contributions from the family that help to see events through the eyes of the victim, being mindful of her past lived traumas. The victim's very frequent interactions with health, social care and criminal justice services are clearly evidenced and present the organisations as generally understanding the complex and chronic needs of the victim.

There is evidence of very good engagement with the victim's family who were clearly feeling very dissatisfied with the lack of any legal accountability for their loved one's death.

The QA Panel felt that there are some aspects of the report which may benefit from further revision, but the Home Office is content that on completion of these changes, the DHR may be published.

Areas for final development:

- The dissemination list includes "*Additional agencies and professionals identified who would benefit from having the learning shared with them.*" But these are not specified. The victim had been subject to a MARAC within a London borough and the report should be made available to the CSP for the relevant area.

- Paragraph 16.4.47 states “*Rita in the encounters with the police was as a perpetrator, as well as a victim.*” The use of the word “perpetrator” to describe the victim suggests she was also the perpetrator of domestic abuse and the alternative words “suspect” and “offender” might be considered.
- The Domestic Violence Disclosure Scheme is referred to as “*Claire’s Law*” in paragraph 16.4.52. The scheme is named after the domestic homicide victim Clare Wood and every effort should be made to spell her name correctly as “Clare’s Law”.
- Paragraph 16.4.56 cites a review of probation services but states this was a report in 1923, but this must have been in 2023.
- Paragraph 18.1 refers to “*Recommendations numbered 8 to 19 for these organisations to manage internally*” but there are only 18 recommendations listed in the report.
- The Summary Chronology within the Executive Summary extends over 99 paragraphs, whereas within the original overview report, the full Chronology is only 86 paragraphs in length. The version within the executive summary ideally needs to be more succinct, requiring only the key facts of agency interactions.

Once completed the Home Office would be grateful if you could provide us with a digital copy of the revised final version of the report with all finalised attachments and appendices and the weblink to the site where the report will be published. Please ensure this letter is published alongside the report.

Please send the digital copy and weblink to DHREnquiries@homeoffice.gov.uk. This is for our own records for future analysis to go towards highlighting best practice and to inform public policy.

The DHR report including the executive summary and action plan should be converted to a PDF document and be smaller than 20 MB in size; this final Home Office QA Panel feedback letter should be attached to the end of the report as an annex; and the DHR Action Plan should be added to the report as an annex. This should include all implementation updates and note that the action plan is a live document and subject to change as outcomes are delivered.

Please also send a digital copy to the Domestic Abuse Commissioner at DHR@domesticabusecommissioner.independent.gov.uk

On behalf of the QA Panel, I would like to thank you, the report chair and author, and other colleagues for the considerable work that you have put into this review.

Yours sincerely,

Home Office DHR Quality Assurance Panel

Action Plan

The action plan is a live document and subject to change as outcomes are delivered.

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
1 The recommendations made in Kent DHR Jean concerning adopting a trauma informed approach, training and subject matter experts to provide advice and guidance on trauma informed approaches are supported by this DHR. It is recommended that each agency provides an update on the progress that has been made in adopting a trauma informed approach to their service delivery. ALL AGENCIES	KCHFT to raise awareness of Trauma informed care across organisation and to provide access to trauma informed care training to all staff	KCHFT	Sep-24	Trauma informed Care (TiC) fits in the Trust We Care Strategy under the ambition of Putting communities first and Better patient experience. The awareness of TiC training is now available via elearning for health platform and accessible to all KCHFT staff. A virtual trauma-informed care session has been facilitated to KCHFT staff by a guest speaker on 18.10.2023. Trauma-informed care conference in November 2023 arranged by SPACE matters has been advertised on trust intranet. There were also workshops held by the KCHFT Safeguarding practitioners during the Safeguarding Awareness week in November 2023. KCHFT Safeguarding supervision has been reviewed to incorporate TiC. There is also ongoing discussion with KSCMP for KCHFT to be a pilot site for TiC supervision.	<i>Green</i>	Staff to have access to trauma informed care training. Training to be promoted. Trauma informed care to be incorporated in supervision.

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	The service is risk led but adopts a trauma informed approach where possible. The service to add a requirement for client input into all Safety Plans in the Service ISSP Policy.	Look Ahead	Mar-24	Completed - added to Policy: "IDVAs will work with the client to create the Own My Life Safety Plan and where possible this should be shared with the client in order for them to take an active role in managing their own risk which will empower them and avoid dependency on the service."	Green	To be monitored ongoing in case management.
	IDVA clients will be asked at point of referral if they are already working with another domestic abuse agency and given the choice to remain with them or move over to Look Ahead. This will be set out in the Referral Policy.	Look Ahead	Mar-24	Completed - added to Policy: "Clients should be asked at referral if they are currently working with another domestic abuse agency and if they are should be given a choice of whether to remain with that agency or transfer to the IDVA service. This is to ensure that the IDVA service is acting in a trauma informed way and giving clients choice and control but not duplicating work and making repeat calls to victims."	Green	To be monitored ongoing in case management.
	Ric will be carried out every six weeks unless there are certain exceptions around risks to client as outlined in the Risk Assessment Policy.	Look Ahead	Mar-24	Completed: added to Policy: "Ric should be carried out as a minimum every six weeks or if another incident occurs. Exceptions to this are as follows: a)If carrying out the Ric would cause the client to be re traumatised b)If carrying out the Ric could cause disengagement by the client c)If the client is unwilling or unable due to a learning disability or language issue	Green	To be monitored ongoing in case management.

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	Onward referrals will be according to client needs and wishes as outlined in the Safe Onward Referral Policy.	Look Ahead	Mar-24	Completed - added to Policy: "There is a commitment to ensure that Look Aheads IDVA service only refers clients to other voluntary agencies or services that are appropriate to the client's situation which adhere to national service standards, delivers the service that they promote and that the service practices in a way that keeps clients and their children safe."	Green	To be monitored ongoing in case management.
	All staff have been booked on training on professional boundaries to support with closing cases in a timely but trauma informed manner.	Look Ahead	May-24	Staff have been booked on training in May 2024.	Green	Staff attend training
	KFRS have delivered multiple CPD sessions available to all colleagues on "What is Trauma Informed Practice?" as part of Safeguarding Adults Week 20th -24th November 2023	KFRS Customer Safety Team	24-Nov-23	Complete	Green	Sessions were attended by KFRS Designated Safeguarding Officers with representation from the Safe and Well Team.

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	For all staff to have trauma informed care training	Change Grow Live	Aug-24	CGL West Kent have implemented aspects of trauma informed care. Staff have been booked onto trauma informed care training	Green	By having all staff trained in domestic abuse they will be able to highlight potential risks that are associated and safety plan with the client. They will also be able to continue to work jointly with other professionals such as IDVA, domestic abuse services

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	A series of trauma informed workshops to be held in conjunction with Children and Adult Services which will emphasise the importance of a 'think family' approach, using a published DHR to learn lessons. Trauma informed approaches and learning from DHR and SAR's to be promoted in the Strategic Safeguarding Unit (SSU) Monthly Newsletter and ongoing ASC Team Talks. Produce an ASC Reflective Briefing on Trauma Informed work.	KCC ACS	Jul-24	The SSU worked with Public Health and CYPE to deliver four half day sessions on 'Working Together – Understanding a Whole Family Trauma Informed Approach' in June/July 2023. Information relating to trauma informed approaches has been shared with operational teams via the SSU monthly newsletter and on the safeguarding Knet/Kent Academy pages. A trauma informed briefing is in the process of being written.	Green	Feedback was received after the Trauma Informed events in June/July involving KCC, Public Health & CYPE including practice examples where the training had led practitioners to think differently eg, where the think family approach was considered. Trauma informed discussions have taken place as part of ASC team talks delivered by SSU when discussing DHRs/SARs that have this as a running theme. The trauma briefing will be highlighted to staff via the SSU newsletter, ASC bulletin and safeguarding KNet/Kent Academy pages once it has been finalised.

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	Training around DA Awareness, including trauma informed approaches has been completed as well as more DA training booked to be completed around Domestic abuse. Dates are to be confirmed.	TMBC for TMBC staff.	Nov-24	Training being booked in, dates to be confirmed.	Green	Staff to be aware of trauma informed approaches.
	KMPT have implemented Trauma Informed Approach Task Group to improve TIC within KMPT. This is a longer term project lead by Sara Casado Director of Psychological Therapies and Chief Psychological Professions Officer Consultant Forensic Psychologist.	KMPT	The TIA protect is a longer piece of work with December 2025 as a review.	A significant amount of work has been stimulated and implemented as part of KMPT's TIA journey. TIA requires a change approach which does require time for delivery. Therefore any activity that is deliverable has been completed with other work requiring more time.	Amber	KMPT evident TIA as part of excellent patient care, this will be seen in policy , training and staff and patient experience (survey)

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	KMPT have implemented TIA within promoting safe services training, safeguarding training and veteran training.	KMPT	KMPT have successfully implemented TIA within promoting safer service training. This is complete.	A significant amount of work has been stimulated and implemented as part of KMPT's TIA journey. TIA requires a change approach which does require time for delivery. Therefore any activity that is deliverable has been completed with other work requiring more time.	Green	KMPT evident TIA as part of excellent patient care, this will be seen in policy , training and staff and patient experience (survey)
	KMPT to stimulated discussions around TIA as part of this continuous approach to improving care.	KMPT	KMPT TIA discussion stimulation is completed and lead to the TIA project. this action is complete	A significant amount of work has been stimulated and implemented as part of KMPT's TIA journey. TIA requires a change approach which does require time for delivery. Therefore any activity that is deliverable has been completed with other work requiring more time.	Green	KMPT evident TIA as part of excellent patient care, this will be seen in policy , training and staff and patient experience (survey)
	TIA to be evident in policy	KMPT	TIA is evident in a few policies, however the TIA protect will support wider TIA care delivery expectations	A significant amount of work has been stimulated and implemented as part of KMPT's TIA journey. TIA requires a change approach which does require time for delivery. Therefore any activity that is deliverable has been completed with other work requiring more time.	Amber	KMPT evident TIA as part of excellent patient care, this will be seen in policy , training and staff and patient experience (survey)

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	The ICB will provide an update on the promotion of trauma informed approach to service delivery within the Organisation.	ICB	Aug-24	NHS Kent & Medway ICB has made significant progress in supporting clinical staff to adopt a trauma informed approach as detailed below. • 7 Minutes briefing on Trauma Informed Approach shared with Primary Care and All Age Continuing Care (AACC).	Green	Training provided by a Named GP to Primary care, slides 20 onward detail the use of trauma informed care. • To reach across the Kent & Medway system a link to Trauma informed approach was shared via the K&M GP bulletin in February & May2024. • Further training has been shared across the K&M system as detailed in attached flyer • The ICB All Age Safeguarding L3 training covers the importance of a trauma informed approach to safeguarding as detailed in slides 19 & 63. Evidence in the folder.

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	Kent Police- to ensure that trauma informed practice is embedded across training provided to officers and staff	Kent Police	Summer 2024	Kent Police Learning and Development and Crime Academy have ensured that trauma informed practice is understood and embedded across the force. Kristina Massey, Director of the MSc in Forensic & Investigative Psychology at Canterbury Christ Church University and a Trauma specialist provides a day input to all officers undertaking Specialist ABE Interviewing. All officers working in DA in Vulnerability teams have to undertake the Vulnerability Investigations Development Programme- an online module which also involves multiple video input from Kristina Massey. Trauma informed service delivery is also covered in SCAIDP (Specialist Child Abuse Investigators Development Programme) training, Adults at risk training, Trauma Incident Management training and Family Liaison Officer training.	Green	Kent Police- over 1000 officers trained, with courses ongoing

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
2 The recommendation made by Kent DHR Leanne concerning training in the link between economic abuse and coercive and controlling behaviour is supported by this DHR. It is recommended each agency provides an update on what has been done to improve practitioners' knowledge of economic abuse and coercive control. ALL AGENCIES	KCHFT Safeguarding training to include information on economic abuse and coercive control as part of the Domestic abuse topic.	KCHFT	Sep-24	KCHFT Safeguarding training now contains information on economic abuse and coercive control. The 5 '7 minutes snippets' developed by Oasis Domestic Abuse Service and East Kent Domestic Abuse Forum has been shared with KCHFT staff and information is available on the Trust Intranet encouraging staff and managers to facilitate staff breaks to increase awareness around domestic abuse and including economic abuse and coercive control. The KCHFT safeguarding team is in a process of developing a recorded webinar on topic of domestic abuse, DASH assessment and MARAC referrals. The new KMSAB multiagency training that includes domestic abuse training has been advertised to staff to access.	Green	Training to include economic abuse and coercive control. Resources to be promoted on this topic.
	Domestic Abuse training is being created across Look Ahead for internal managers and front-line staff and looking at the nuances of how abuse may manifest in different customer groups. This will include highlighting coercive control and other forms of abuse as this may go unnoticed in services	Look Ahead	May-24	In planning stage	Green	

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	with staff mainly recognising physical abuse and will support staff to spot the signs of abuse and look at safe enquiry.					
	There is now a Domestic abuse Managers Forum and Community of Practice to share good practice across Look Ahead domestic abuse services, receive support with difficult cases and develop a consistent offer across the organisation.	Look Ahead	Feb-24	Taking place every six weeks	Green	Minutes of meetings
	2a Current internal KFRS safeguarding training includes identifying economic/financial abuse as domestic abuse and a safeguarding issue. 2b CPD session to be arranged for DSOs and Safe and Well team that explores the complexities of	KFRS Customer Safety Team	Aug-24	2a Complete. 2b to be commenced	Green	2a - Already in place - This is evidenced by KFRS colleagues raising safeguarding cases where economic/financial abuse linked to coercion and control has been identified. 2b Explore if budget can be obtained for delivery by a domestic abuse trainer or design internal

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	domestic abuse relationships.					training - this will link with actions arising from a subsequent DHR
	Caroline ASC SAR briefing and KMSAB Jodie learning tool on Coercion & Control to be shared with ASC staff. E-learning training on coercion and control to be highlighted in SSU newsletter/safeguarding Knet page. Information on economic abuse/financial toolkit to be shared.	KCC ACS	Jul-24	ASC reflective briefing & KMSAB SAR learning tool covers coercion and control. This was circulated to ASC staff via SSU newsletter, ASC bulletin & safeguarding Knet/Kent Academy pages. E-learning training to be re-highlighted in June SSU newsletter. Economic abuse information shared with ASC staff via the intranet Viva Engage and within SSU as part of 16 days of action. A scamming and safeguarding open session held by the KMSAB was also shared with operational staff.	Green	As part of the Reflective Briefing for Caroline being shared with staff a feedback form was also circulated so that evidence and impact could be measured. Economic abuse has been highlighted on Viva Engage and in communications to staff around the SAR Alice and on the ASC SAR interactive tool on the safeguarding page on KNet .
	for all staff to be able to feel confident in working with clients who have suffered from domestic abuse in particular being familiar with economic, coercive and controlling behaviour	Change Grow Live	Aug-24	CGL West Kent have commenced domestic abuse training and some staff have already completed this. There will be updated refresher training covering a range of areas provided by local domestic abuse services.	Green	By having all staff trained in all aspects of domestic abuse they will be able to highlight potential risks that are associated and safety plan with the client. They will also be able to continue to work jointly with other professionals such as IDVA, domestic abuse services

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	Training around DA Awareness, including Economic abuse and coercive and controlling behaviour has been completed as well as more DA training booked to be completed around Domestic abuse. Dates are to be confirmed.	TMBC for TMBC staff.	Nov-24	Training being booked in, dates to be confirmed.	Green	Staff to be aware of economic abuse, coercive and controlling behaviour and how to recognise and approach in a trauma informed manner.

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	The ICB will provide an update on the promotion of economic abuse & Coercive control to Primary Care & AACC	ICB	Aug-24	NHS Kent & Medway ICB has made significant progress in raising staff awareness of economic abuse and coercive control by the following means: • GP Bulletin April 2023.	Green	• The ICB L3 Safeguarding Training covers Coercive control slides 53, 76 & 79 - Economic Abuse slides 53, 58, 59 & 72 • The ICB also sign posts staff to the NHS England Safeguarding App which provides information on Coercive control and economic abuse as elements of domestic abuse by way of a QR code leading to the following site: https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/ where the App can be accessed / downloaded. • The attached slide deck above was shared with safeguarding leads in June 2024 to emphasis the learning from DHR Leanne including economic abuse. Evidence in folder.

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	Domestic Abuse and Safeguarding Training content evidences staff have been given to the tools to respond and recognise the links between financial/economic abuse, control and coercion.	KMPT	Implemented	Complete	Green	
	Kent Police- to ensure officers and staff are aware of economic abuse and coercive control	Kent Police	Late 2025/Early 2025	All officers working in DA in Vulnerability teams have to undertake the Vulnerability Investigations Development Programme- an online module. This includes training on economic abuse and CCB and the link between them both. Officers also undertake the specialist DA course; CCB, in all its many forms is the continuous theme of the specialist DA investigators course and this includes economic abuse. The IDVA input on the course addresses the economic aspect of CCB as part of the discussions about the power & control wheel. CCB is covered also in Specialist ABE training. Economic Abuse and CCB has also been covered in DA training provided to entire departments- including the FCR, Front Counter Staff, Professional Standards Department, Disclosure and Barring Service, the MARAC team, and Custody. DA matters currently going through procurement, this will be rolled out to all front-line officers	Green	Kent Police- over 1000 officers trained with courses ongoing on a continual basis.

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
				but as per the action update DA training is in place for all officers, it is mandatory.		
3 KCSP should check the progress of the proposed new MARAC structure and request that part of this implementation involves an awareness campaign that all participating organisations know what is expected of them in the new way of working.	The Kent and Medway DHR Steering Group (Sub-Group of the KCSP) will monitor progress of the new MARAC structure through regular updates into the quarterly meetings and attendance including the new MARAC Hub manager.	KCSP	Dec-24	Written and/or verbal updates on progress have been provided at the March and June meetings in 2024. The need for an awareness campaign so that all participating organisations know what is expected of them in the new way of working has been raised with the MARAC Hub Manager. Relevant work is underway within an Operating Protocols working group and a Training working group.	Green	

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
4 The Probation Service should provide an update on the status of the measures put in place to tackle Recommendations 11-13 of HM Inspectorate of Probation Thematic Report on Domestic Abuse published in July 2023. This concerns the assessment of domestic abuse risks and the role of Domestic Abuse Safety Officers. See https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2023/07/Domestic-Abuse-Thematic-inspection-report-v1.1.pdf	The thematic inspection on Domestic Abuse provided the Probation Service with 5 objectives which all are contained within our Regional Quality Improvement Plan and tracked. The following are specific to this action: 11. ensure that all practitioners complete high-quality assessments and reviews in domestic abuse cases that fully analyse information from specialist assessment tools, such as the spousal assault risk assessment (SARA), and all available information from other agencies 12. ensure that sentence delivery in all relevant domestic abuse cases includes an active	Probation Service	08/05/2024	The Region continues to undertake work to address the actions raised and are currently exploring our next programme of work to start for 2024-25, and the Regional Quality Improvement Plan will be updated for 2024 -25 and include these actions.	Green	

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	role in multi-agency forums and draws on specialist domestic abuse services to ensure that the victim voice is considered fully 13. ensure that the respective roles and responsibilities of sentence management and programme teams, including domestic abuse safety officers, are clear. This should include the responsibility to prepare people on probation to attend programmes, to share information and to support risk management throughout sentence delivery. The activity undertaken to address these actions has included to date • Delivery of the Fundamentals First programme to					

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	Sentence Management staff which focused on Domestic Abuse and focused on increasing the understanding of domestic abuse, whilst working in a multi-agency approach. Developing awareness of SARA and MARAC and how they support working with DA perpetrators and a video introducing the DASO (Domestic Abuse Safety Officers) role and how DASO's work alongside SM staff.					

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	- Fundamentals first sessions for Sentence Management staff has also included a focus on 4 steps and 4 pillars approach to risk management, increasing knowledge of triggers and contingency planning, interventions and desistance and MAPPA - Fundamentals First was also delivered to Interventions staff to help develop their understanding on the Domestic Abuse Policy Framework and increase interventions staff understanding of their role in a multi-agency forum - SARA data has been shared with Heads of Service to support staff in completing SARA assessments - Programmes teams have delivered				Green	

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	briefings and training to PDU colleagues to increase awareness and provided information to assist PPs in managing cases with programmes/RAR requirements • DASO workshop has been delivered to court staff and report writer to promote the understanding of the DASO role, and how this links with BBR, improving referrals • Programme and Treatment Managers having rolling interface meetings with PDU Management staff to raise any issues and discuss cases, as required • BBR 3-ways have been introduced for end of programme to ensure learning discussed and how to support person on Probation further and risk meetings pre,					

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	mid and post term with DASO present to discuss risk management • Further BBR training for Sentence Management staff continues to be rolled out to support engagement with programme The Region has 5 x DASO currently in place.					
5 Victims of serious domestic abuse with co-occurring mental health issues and substance dependencies need special consideration. This should complement the 10-year Government Drug Action Plan. The County Council Substance Misuse Commissioners should be approached to consider additional detox and residential treatment and recovery programmes that meet this need and mitigate the high-risk implications of the trio of vulnerabilities.	Embed the special considerations for people with high degrees of vulnerabilities into the contract for people with substance misuse.	KCC Public Health	Complete	Complete This is part of the 10 year Drug Strategy and the local Kent Drug and Alcohol Strategy.	Green	Progress of Vulnerable people pathway in Drug and Alcohol Strategy are implemented and reviewed annually.

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
	Embed the special considerations for people with high degrees of vulnerabilities into the joint working protocol for co-occurring conditions.	KCC Public Health	Feb-25	Protocol is under review.	Amber	Report of review of protocol is shared with Safeguarding Board.
	Investigate the issue of additional detox and recovery. (This is via the Inpatient Detox and Recovery pathway.)	KCC Substance Misuse Commissioners.	Feb-25	Kent is leading a consortium of 3 local authorities to secure additional and better flow for inpatient detox and rehab for vulnerable people and more placements have been secured in the last 12 months. In addition the substance use commissioners are working with the HCP / ICB and providers on improving the rough sleeper pathways - for there are some highly vulnerable women presenting across Kent. This is early days for this pathways as there are a number of agencies involved. However substance misuse commissioners are currently reviewing the commissioning quality standards in light of DHRs	Green	Progress report on commissioning of drug and alcohol services regarding key pathway for drug strategy: IPD and Rehab to be shared with key stakeholders and via Combatting Drugs Strategy. Progress on the Homeless and Rough Sleeper pathway to be shared with substance misuse commissioners and lived experience leads from the leads in ICB.

Recommendation	Action to take	Lead Agency/ Accountable Professional	Target Date	Progress (Milestones, risks, further actions)	RAG	Outcomes / Measures
6 Mental health practitioners need to understand that people with substance dependencies and mental health issues should be offered parallel care. KMPT should detail what action they propose to take that closes the default position that a dependency should be treated first before any mental health support is offered. This should include training forums, internal reflective briefings, monthly newsletter, dip checks of discharge decisions made for referrals where the trio of vulnerabilities is evident. The DNA policy for CMHT and the urgent mental health helpline for people with co-occurring conditions of substance misuse and domestic abuse should be reviewed.	KMPT to support and contribute to the co-occurring conditions multi agency protocol KMPT policy to reflect the need to consider and response to cooccurring conditions. KMPT to produce comms to staff raising awareness of co-cooccurring conditions and how to support safely. CMHT DNA policy to be reviewed to ensure people with cooccurring conditions have the right support and are discharged safely.	KMPT	Nov-24	The DNA policy has recently been updated to reflect the need to safeguard patients and discharge safety. A review will establish whether cooccurring conditions is clearly considered prior to DNA activity as part of safe discharge processes	Green	The DNA policy reflects cooccurring conditions vulnerability and safeguarding and DNA safe discharge expectations.