minute briefing:

Domestic Homicide Review into the death of 'Carol', 2020

Carol's life

Carol was a 39-year-old woman who had adult children. She had suffered significant trauma from childhood abuse. Her relationship history is impossible to determine from information held by agencies but it is clear that she suffered abuse at the hands of many men.

Carol was a vulnerable woman who held a number of police convictions including theft, shoplifting, assault, robbery, and breaches of community orders. Drug use became a way of coping with trauma but the drugs eventually became dominant factor in her life.

A significant number of difficulties contributed to Carols' vulnerability including accommodation, lifestyle and associates, alcohol and substance misuse, relationships, and emotional wellbeing. She had been abused in a number of previous relationships and exploited by men for sex over a number of years.

Carol died by suicide, leaving notes which indicated her sense of despair.

Purpose of the review

The review was commissioned by North East Lincolnshire Community Safety Partnership on receiving notification of the death of Carol in circumstances which appeared to meet the criteria of Section 9 (3)(a) of the Domestic Violence, Crime and Victims Act 2004.

The Community Safety Partnership has a legal duty to conduct a multi-agency review to understand where public services may improve their responses to similar situations in the future. The review does not consider who is to blame but seeks to support the prevention of similar incidents from happening in the future.

Good practice identified

Open Door has a standard appointment time of 15 minutes which is longer than other practices in the area who have an appointment time of 7 minutes. This allows for longer discussion and exploration of concerns.

When Carol was an in-patient in hospital a worker from The Junction (previous substance support service) worker supported Carol to commence a methadone programme and discussed her care and community follow up with medical staff prior to discharge.

When Carol was recalled to HMP New Hall the support worker in prison spent time with her, identifying all the areas of concern and putting referrals and plans in place.

During the Covid-19 pandemic face to face contact by the Probation Service was moved to telephone contact. When Probation could not contact Carol by telephone they checked with the Emerge Hub to establish that the number was still correct.

Key learning points

- Carol experienced multiple and complex needs which were not always considered holistically.
- Services need effective systems to communicate and record information when an individual is accessing
- Where individuals disengage with support services and / or have complex needs, explorations should be made to ensure everything is being done to encourage them to re-engage.
- Individuals with dual diagnoses for substance misuse and mental health problems should receive services suitable for both needs.
- Evidence could not be found to reassure the review that the duties of the Homelessness Reduction Act 2017 are understood and followed when a patient presents as homeless at a healthcare setting.
- There is a need for language change amongst all professionals and agencies as this will positively alter mindsets and make a huge difference to the way engagement with and support for women with multiple needs is considered and delivered.
- Trauma awareness within local services needs to be embedded into everyday practice.

Next steps

- Primary care staff have increased confidence in using professional curiosity to ask pertinent safeguarding questions following training.
- Training on homelessness has been integrated into Level 3 Safeguarding Adults training to ensure patients presenting in hospital who are victims of domestic abuse and are also homeless are given appropriate onward referrals and support.
- Improvements are being made to police systems to ensure that records of MARAC cases and their agreed actions are held in a clear and comprehensive manner which will allow for victims to be more effectively safeguarded. This will be supported by a force policy which sets out how crimes recorded through MARAC meetings will be investigated.
- Regular case discussions are held with a manager in the Probation Service to provide oversight of individuals who have 'disengaged' to find out why they were unable to continue and those who have complex needs.
- Substance and alcohol use support services have reviewed their expectations about appointment planning and attendance to ensure high risk clients with complex circumstances are supported to gain stability in their access of help. Capacity has been increased by the introduction of an outreach team.
- Individuals with dual diagnosis are now supported in a single setting with a holistic approach to supporting their needs.
- Domestic abuse is now included as a specific priority within the sixth annual progress report of the National Suicide Prevention Strategy.

The full action plan for this review, and a copy of the quality assurance letter from the Home Office can be found at:

https://www.safernel.co.uk/crime-and-staying-safe/domestic-homicide-review/

NORTH EAST LINCOLNSHIRE
Community Safety Partnership