Gateshead Council

Community Safety
Overview and Scrutiny Sub Committee
27 June 2017

TITLE OF REPORT: **Domestic Homicide Reviews (DHRs) – Update**

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Summary
This report provides Community Safety Overview and Scrutiny Sub-Committee with an update in relation to the ongoing Domestic Homicide Reviews (DHR) as well as details of a project being carried out in conjunction with the Police and Crime Commissioner for Northumbria and the Queen Elizabeth Hospital to improve support provisions within healthcare settings for victims of domestic abuse. *It forms part of a wider presentation on violent crime and complements the work undertaken by the Independent Domestic Violence Adviser and Multi-agency Safeguarding Hub.*

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1 Introduction

1.1 This report provides Community Safety Overview and Scrutiny Sub-Committee with an update in relation to the ongoing Domestic Homicide Reviews (DHR) as well as details of a project being carried out in conjunction with the Police and Crime Commissioner for Northumbria and Queen Elizabeth Hospital to improve support provisions within healthcare settings for victims of domestic abuse.

2 Domestic Homicide Reviews

2.1 As a reminder, DHRs were established on a statutory basis under Section 9 (3) of Domestic Violence, Crime and Victims Act (2004) and came into force on 13 April 2011. DHRs require certain partner agencies to come together to review a domestic-related homicide (in order to identify any lessons to be learnt so as to minimise the potential for future deaths).

2.2 The overall responsibility for establishing a DHR rests with the Chair of the local Community Safety Partnership and involves reviewing the circumstances in which the death of a person aged 16yrs+ has, or appears to have, resulted from violence, abuse or neglect by: a person to whom he was related, a person with whom he was or had been in an intimate relationship, or a member of the same household as himself.

2.3 The purpose of a DHR is not to reinvestigate the death or apportion blame, but to establish what lessons are to be learned, regarding the way in which local professionals and organisations work individually and together to safeguard victims of domestic abuse and to apply these lessons to change service policies and procedures to prevent future domestic violence homicides.

2.4 The refresh guidance, published by the Home Office in December 2016, places a greater emphasis on 'victim prominence' within the process (including further interaction with the victims' family members, friends and colleagues etc). It also includes an additional element, and states that where a victim takes their own life (through suicide) and the circumstances give rise to concern, for example, if it emerges there was coercive controlling behaviour in the relationship, a DHR should potentially be undertaken. Community Safety is currently drafting a process for when and how this should be completed, which will be shared with relevant Boards for endorsement.

3 Finalised DHRs

3.1 Within Gateshead, we have successfully completed a total of 2 DHRs:

- Adult A (finalised September 2011) which related to the death of a father from his son; and,
- Adult B (finalised August 2016) which related to the murder of a female from her current partner.

3.2 An Independent Chair and an Overview Report Writer were commissioned to undertake each of the DHRs on behalf of the Community Safety Board and a formal Domestic Homicide Review Panel was established. The DHR Panel was comprised of statutory and non-statutory partners, internal Council services and representatives from voluntary and community sectors.

3.3 The Panels have identified the scope/remit of each DHR, establish appropriate timescales, for both the chronological documents and Individual Management Reviews, and scrutinizing the various drafts of the Overview Report to ensure that the information contained from their organisation is fairly represented within the report (prior to being submitted to Community Safety Board for approval).

4 Current DHRs

4.1 We are also undertaking a further 2 x DHRs (which are yet to be finalised):

- Adult C – relates to a homicide of a female back in September 2015 which involved French national. The final Panel meeting has taken place and the final Overview Report and Action Plan will be considered for approval by the Community Safety Board in July prior to submission to the Home Office Quality Assurance Panel.

- Adult D – relates to the murder of a female that took place in October 2016. The first Panel meeting took place following the trial in April 2017 and has met on two occasions – agreeing the scope, timescales and remit of the Panel. It is anticipated the DHR will be quite broad and covers a number of geographical areas (due to the residence of the victim and the perpetrator). It is also envisaged that the DHR will be quite high profile, with the potential for national, regional and local recommendations being identified linked with stalking and harassment, social media and use of Police Information Notice for perpetrators. In addition, family members of the deceased appear to be keen to take positive action to raise awareness of domestic abuse as a result of the tragic death of their daughter. There will also be high levels of interest from the Police and Crime Commissioner in the outcome of the DHR and its recommendations.

4.2 For reassurance, the Community Safety Board has a DHR Framework which outlines the steps that will be undertaken by Community Safety in the event of a domestic homicide occurring, and has been updated to reflect the changes in set out in the national guidance document. It also provides standardised report and templates that are expected from partner agencies as well as details on how the partnership will publicise the findings from the DHR. This Framework has been successfully followed for all 4 x DHRs undertaken within the Borough.

5 Health Project

5.1 Evidence shows that the NHS spends more time dealing with the impact and effects of domestic abuse than almost any other partner agency – and we know that health services are often the first point of contact for those individuals who experience violence (for both physical injuries as well as psychological trauma caused by emotional abuse which can often manifests itself into self-harming, substance misuse as a coping mechanism, eating disorders, anxiety attacks and/or can trigger other physical health problems).

5.2 We know through various nationally evaluated projects ('A Cry for Health' and IRIS: Identification and Referral to Improve Safety) by extending the presence of specialist domestic abuse services into health settings, they can intervene at a much earlier stage by reaching victims both who are hidden from the criminal justice system as well as those who have a different victim profile compared with those accessing community-based services (e.g. BME, Older Persons etc). We also know victims who come to the attention of health services are more likely to be at an earlier stage of an abusive relationship and are more likely to be still living with the perpetrator – increasing their risk to further abuse/incident and usually at their most vulnerable. Moreover, domestic homicide reviews and serious adult reviews across the UK regularly identify missed opportunities to spot the signs of abuse, ask about it and act – particularly in health settings.

5.3 To address these concerns, we are working in conjunction with the Police and Crime Commissioner and the Queen Elizabeth Hospital in order to develop a project designed to improve the response that victims of domestic abuse get when accessing health services within Gateshead.

5.4 The project will initially last for three years, starting in July 2017, and is funded by PCC, Queen Elizabeth Hospital and Community Safety – and involves a full-time specialist Domestic Abuse Advocate being located within Queen Elizabeth Hospital in the Adult Safeguarding Team. This individual will be the single point of contact for domestic abuse within the hospital setting and will be available to support staff (through providing specialist advice and guidance) during peak times for domestic abuse presentations (with evidence showing presentations are higher late evening through to early morning during weekend periods).

5.5 The Advocate will be expected to deliver tailored training to hospital staff and GPs (based within the walk-in centre) to increase understanding and signs of domestic abuse so that practitioners are better equipped to be able to identify, respond to and help prevent further abuse through earlier intervention, support, and referring patients to the right services (e.g. substance misuse and mental health). It is hoped this will translate directly into increased referrals from GPs and health professionals across the Borough to domestic abuse services.

5.5 It is envisaged the Domestic Abuse Advocate will hold a small caseload and will be the expert/single point of contact in the hospital for all domestic abuse issues and is responsible for referring patients, and attending, the Multi-Agency Risk Assessment Conference held on a fortnightly basis to discuss actions to support high-risk victims. They will also be expected to make referrals into the Multi-Agency Safeguarding Hub and Independent Domestic Violence Adviser Service, as necessary, as well as sharing appropriate information with the local Neighbourhood Policing Teams and Multi-Agency Tasking and Co-ordination Groups to ensure that joined-up actions can take place to protect clients.

5.6 The project aims to upskill every single member of staff based in Accident and Emergency, Gynecology and Midwifery departments to be more effective in recognizing the signs of an abusive relationship and to provide suitable advice, guidance and support to improve the quality of life for patients experiencing domestic abuse. Although it is difficult to quantify the total number of patients that will benefit from the project, throughout its lifetime – it is likely hundreds of individuals will be supported (particularly if based on national estimates that 1 in 4 women and 1 in 6 men experience some form of domestic abuse throughout their lives).

5.7 Further updates will be provided to Community Safety Board and Overview and Scrutiny Committee outlining the progress and outcomes achieved throughout the next 12 months.

6 Recommendations

6.1 The Committee is asked to consider the following proposals:

(i) Comment on contents of report;

(ii) Agree to receive progress updates on DHRs and Health Project at future Committees, as necessary.

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