



Bristol Community Safety Partnership

DOMESTIC HOMICIDE REVIEW

Executive Summary of the Overview Report

Into the death of Jean on 20th July 2013

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Report completed: 28th July 2014

1. Introduction

This Domestic Homicide Review examines the circumstances surrounding the death of Jean (pseudonym), 48 years of age, in Bristol.

1.1 Jean was killed at approximately 3am on the 20th July 2013. She had been hit several times with a blunt instrument (a dumbbell) in the bedroom of the property she was sharing with her husband and daughter.

1.2 Although living in the same property as her husband, they were estranged. There are two children of the marriage, the son had left the family home and lived independently.

1.3 The 18 year old daughter had been out late that night and when she arrived home all was quiet. She woke at midday and went into her mother's bedroom, discovering her dead on the floor, with her father Mohinder (pseudonym) on the bed next to her. Mohinder left the house and was later arrested by police. He admitted striking Jean on the head at least 12 times with a dumbbell bar.

1.4 Mohinder was later charged with Jean's murder and subsequently found guilty and sentenced to life imprisonment with a tariff that he services a minimum of 17 years in jail.

2. The Review Process

2.1 This summary outlines the process undertaken by the Bristol Domestic Homicide Review Panel in reviewing the death of Jean.

2.2 A Domestic Homicide Review (DHR) was recommended and commissioned by the Bristol Community Safety Partnership in line with the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews 2011 on 20th August 2013.

2.3 The Home Office was informed of the intention to conduct a DHR on 21st August 2013.

2.4 The process began with an initial Review Panel meeting on the 9th October 2013 of all agencies that potentially had contact with the victim Jean, the perpetrator Mohinder or their children prior to the point of Jean's death.

2.5 The families of both the victim and perpetrator were contacted at the start of the Review. Jean's family and one of Mohinder's sisters asked to be informed of the findings and recommendations at the end of the Review. Neither Mohinder nor his mother and other sister wished to be involved with the Review. Jean's family were informed about the specialist support they could receive from AAFDA and a leaflet was left with each of them. They were receiving close support from the police family liaison officer and from the Homicide Support Service. Sadly the victim's mother died prior to the criminal trial and the Review Panel offer their condolences to the family.

2.6 The lessons learnt, conclusions and recommendations of the Review were read to members of Jean's family, her ex-husband and one of Mohinder's sisters.

2.7 The agencies participating in the Review are:-

- Association of British Investigators
- Avon and Somerset Constabulary
- Avon and Somerset Probation Trust (now Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company)
- Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)
- Bristol City Council Safeguarding Adults
- Bristol City Council Children & Young Peoples Services
- Bristol Multi Agency Risk Assessment Conference (MARAC)
- Corporate Alliance Against Domestic Violence

- Fairfield High School
- Information Commissioners Office
- NHS Bristol Clinical Commissioning Group
- Next Link Domestic Abuse Service*
- North Bristol Hospital NHS Trust
- Riding Ltd*
- St Mungo's (now St Mungo's Broadway)
- The Co-op Food Regional Distribution Centre
- University Hospitals Bristol Foundation Trust
- Validium Group

2.8 Agencies were asked to give chronological accounts of their contacts with the victim, perpetrator or their children prior to the homicide. Where agencies had no involvement or insignificant involvement, they informed the Review accordingly. In line with the Terms of Reference, the DHR has covered in detail the period from 1st January 2010 and the death of Jean on 20th July 2013, other than the Police and the Bristol Clinical Commissioning Group (CCG) who have included relevant incidents prior to that date.

2.9 Nineteen agencies / multi-agency partnerships were contacted about this Review. Ten responded as having had no contact with the victim, perpetrator or either of their children. One, Jean's employer, British Telecom, was invited to contribute to the Review as it was known that Jean had discussed her marital problems widely with work colleagues. BT declined the invitation. Two, the Corporate Alliance Against Domestic Violence and the Information Commissioners Office provided information and advice.

2.10 The six agencies that completed either an Independent Management Review (IMR) or a report have responded with information indicating some level of involvement with members of the family.

2.10.1 Avon and Somerset Constabulary

Avon and Somerset Constabulary's first contact with Jean was on 9th June 2013 when she telephoned that she was intending to end her marriage and her husband was angry, and had blocked her car in the garage so she could not leave. Although no threats had been made, she was scared, as he had hit her five years previously. She was given advice but no officer was sent to the home, as no criminal offence

had been committed. This was in line with the then Force policy “Public First”, which has now been altered to ensure an officer attends all reports of domestic abuse.

On 15th June 2013 Jean again telephoned the police, explaining that she was frightened of her husband and had gone into the garden with her daughter as he had locked her in the house and blocked her car in the garage. She was told officers would attend, but forty minutes later she again phoned saying she was frightened as her husband was being intimidating and no officers had turned up. Officers arrived 15 minutes later and found that Mohinder had left; the officers gave Jean advice and completed an incident report.

Consequently a risk assessment was conducted which assessed the risk as medium. The papers were referred to the “Police Victim Advocacy Unit” and a member of the Unit spoke to Jean, by telephone, on 19th June 2103. During that call, while the accuracy of the risk assessment was being checked, Jean pointed out, that although she had instigated divorce procedures, Mohinder had refused to accept the situation and was still living in the family home. All of the fish in her garden pond had died and she suspected Mohinder was responsible; (during his trial he admitted he had poisoned the fish). She was advised to phone “101” for assessment and to have the incident recorded. A referral was made to the support organisation, Next Link.

On 21st June 2013 Jean telephoned the police to report that Mohinder was missing. She explained that before going out in the morning he had written his will and told her he was going to meet his Maker. The police checked his mother’s and sisters’ addresses. Later that day, Mohinder contacted the police to say he was OK and did not want to see any officers. Jean telephoned the police during that evening, to request assistance; she was concerned for her safety, as she had let him into the house he would not leave. Officers attended and noted that Jean was intoxicated. Mohinder appeared calm and reasonable. He agreed to leave the house voluntarily. The daughter was at the house when the police arrived and told them, she did not think there was a risk of any violence between her mother and father. No further action was taken and a domestic incident was not recorded on the police guardian system.

2.10.2 NHS Bristol Clinical Commissioning Group

Jean’s medical records show that in 2000 Jean saw her GP after Mohinder had pushed and slapped her. In 2004 Jean again went to her GP surgery, after being head butted by her husband. She told the doctor that it was the second time, as he had hit her previously. On examination she had a laceration on the bridge of her nose and swelling and bruising to the front of her face. Her teeth and gums were painful but not loose. At that time she did not report these incidents to the police or seek help from a domestic abuse support group.

On the advice of the Validium Group, a private counselling service, Mohinder made an appointment to see his GP, at the same GP practice as his wife had attended, on 8th July 2013. He told his GP, he was feeling low and had taken an overdose of

paracetamol two weeks earlier as he was having marital problems. He said his wife was going out five times a week, staying out late and that she had made accusations to the police about him. He was not eating and was sleeping poorly. He told the doctor, they had two children and the youngest, who was 18 years of age, lived at home. The GP told him, that she would see him again in two weeks, that he should “check out” a marriage counsellor; and gave him the contact details of the Samaritans, and the “LIFT Psychology Service”, part of the national Improving Access to Psychological Therapies scheme.

2.10.3 Next Link Domestic Abuse Service

Avon and Somerset Police made a referral about Jean to Next Link on 21st June 2013. The referral detailed the incidents of the 15th and 19th June and included a CAADA DASH risk assessment carried out by the police. The referral gave set limited times when Jean could be safely contacted. It was only on the seventh attempt to speak to her on the telephone that contact was made. Jean said she could not talk then and would phone back the following week, stressing she did not want to be called again. She never telephoned back and on 15^h July the file was closed.

2.10.4 Riding Ltd

The private detective agency, employed by Mohinder to follow Jean, provided a report to the DHR. The report describes the assessment procedures used to ascertain “why we should not be assisting” a potential client and how information is later provided to the client by a case manager. There is no mention of the use of technical equipment in the report.

2.10.5 St. Mungo’s

St Mungo’s a charitable support service has taken over services previously run by the “People Can” Night Shelter which went into liquidation in November 2012. Whilst the “People Can” company records have been destroyed by the Administrators, a “seen check list” has been retained which indicates that Jean stayed at the night shelter for one night on 25th August 2011. There are no other details known.

2.10.6 The Validium Group

Under a scheme provided to Co-op staff, Mohinder contacted The Validium Group, which amongst other services provides confidential counselling support. During the initial telephone risk assessment, he explained he was feeling depressed because of his domestic situation and had considered suicide. The counsellor advised him to make an appointment to see his doctor as soon as possible. During the period he was waiting for the appointment, the Validium counsellor ensured there were daily telephone welfare checks with him. After he saw his GP he told the counsellor there was no need for further contact as his GP had recommended a local service.

3. The Terms of Reference (as set out at the commencement of the review)

3.1 The purpose¹ of the Domestic Homicide Review is to:

- Ensure the review is conducted according to best practice, with effective analysis and conclusions of the information related to the case.
- Establish what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and support victims of domestic violence including their dependent children.
- 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.
- Apply these lessons to service responses including changes to policies and procedures as appropriate.
- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

3.2 Overview and Accountability:

3.2.1 The decision for Bristol to undertake a Domestic Homicide Review (DHR) was taken by the Chair of the Bristol Community Safety Partnership on the 20th August 2013 and the Home Office informed on 21st August 2013.

3.2.2 The Home Office Statutory Guidance advises where practically possible the DHR should be completed within 6 months of the decision made to proceed with the review.

3.2.3 Due to the pending trial, a decision has been agreed to adjourn the review following the initial meeting on 9th October 2013 until the conclusion of the criminal proceedings. This will enable the Panel to access witnesses after the trial.

3.2.4 This Domestic Homicide Review which is committed, within the spirit of the Equalities Act 2010, to an ethos of fairness, equality, openness, and transparency, will be conducted in a thorough, accurate and meticulous manner.

3.3 The Domestic Homicide Review will consider:

¹ Paragraph 3.3 Home Office Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews

3.3.1 Each agency's involvement with the following family members from 1st January 2012 and the death of Jean on 20th July 2013 other than the Police and CCG who will cover incidents prior to that date which are relevant to this case.

- (a) Jean- 48 years of age at time of her death- of Bristol
- (b) Mohinder – 47 years of age at date of incident- of Bristol
- (c) Son– 21 years of age at date of incident –of Bristol
- (d) Daughter – 18 years of age at date of incident –of Bristol

3.3.2 Whether there was any previous history of abusive behaviour towards the deceased or their children, and whether this was known to any agencies.

3.3.3 Whether family, friends or colleagues want to participate in the review. If so, ascertain whether they were aware of any abusive behaviour to the victim or her children, prior to the homicide.

3.3.4 In relation to the family members, were there any barriers experienced in reporting abuse?

3.3.5 Could improvement in any of the following have led to a different outcome for Jean considering: -

- (a) Communication and information sharing between services.
- (b) Information sharing between services with regard to the safeguarding of adults and children.
- (c) Communication within services.
- (d) Communication to the general public and non specialist services about available specialist services.

3.3.6 Whether the work undertaken by services in this case are consistent with each organisation's:

- (a) Professional standards
- (b) Domestic abuse policy, procedures and protocols

3.3.7 The response of the relevant agencies to any referrals relating to Jean concerning domestic abuse or other significant harm from 1st January 2012. It will seek to understand what decisions were taken and what actions were carried out, or not, and establish the reasons. In particular, the following areas will be explored:

- (a) Identification of the key opportunities for assessment, decision making and effective intervention in this case from the point of any first contact onwards with victim, perpetrator or their children.

(b) Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective.

(c) Whether appropriate services were offered / provided and/or relevant enquiries made in the light of any assessments made.

(d) The quality of any risk assessments undertaken by each agency in respect of Jean, her husband, son or daughter.

3.3.8 Whether thresholds for intervention were appropriately calibrated and applied correctly in this case.

3.3.9 Whether practices by all agencies were sensitive to the ethnic, cultural, linguistic and religious identity of the respective family members and whether any specialist needs on the part of the subjects were explored, shared appropriately and recorded.

3.3.10 Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and completed in a timely manner.

3.3.11 Whether the impact of organisational change over the period covered by the review had been communicated well enough between partnership agencies and whether that impacted in any way on agencies' ability to respond effectively.

3.3.12 Whether, any training or awareness raising requirements are identified to ensure a greater knowledge and understanding of domestic abuse processes and/or services.

3.3.13 The review will consider any other information that is found to be relevant.

4. Key Issues

4.1 The DHR provided an opportunity to analyse information obtained from agencies, and from family, friends and work colleagues of both the victim and perpetrator.

4.2 The Review Panel highlighted the need that the contributors consider all aspects of the Equality Act. Whilst it was acknowledged that Jean and Mohinder were from different ethnic backgrounds and that Mohinder reacted negatively when his son “came out” as gay, neither of these issues had any bearing on the nature of Jean and Mohinder’s marital problems nor on Jean’s murder.

4.3 Jean had previously been married between 1982 and 1986. That marriage had failed as her husband had worked away from home for much of the time and spent his remaining free time in the Territorial Army; after their divorce they had remained friends.

4.4 Mohinder had been in a relationship whilst serving in the Army in Germany between 1985 and 1987, however when his partner told him she was leaving him, he assaulted her and was sentenced to 18 months for wounding her. He was dismissed from the Army as a result of this conviction.

4.5 Jean and Mohinder married in 1989, family members recount that Mohinder saw himself as the breadwinner and Jean stayed at home with their two children. He was strict with the children and when the son came out as gay, his reaction was so negative that the son left home.

4.6 During the criminal trial, evidence was given that in February 2000, Jean saw her GP after being assaulted by her husband. She told the GP that he had “smacked her with an open hand on the left hand side of her face and hit her in the chest.” She also stated he had previously pushed her down stairs. She described a deteriorating relationship as he had accused her of having an affair and she wants to leave with the children. The GP recorded that there was tenderness on her left mandible, bruising and redness and tenderness on her left breast. An earlier GP record in 1995, noted Jean was depressed, crying, had a loss of libido and a poor relationship with her husband.

4.7 In 2001 Jean gained employment with BT in Bristol. She worked in a mixed environment and told a number of her work colleagues’ details of her unhappy marriage and how her husband had abused her physically and verbally.

4.8 In 2004 she went to her GP with facial injuries after Mohinder had head butted her, she told the doctor there had been a previous assault about twelve months earlier. Neither assault was reported to the police. She told friends of another occasion when he hurt her leg by driving forward while she was getting into their car.

4.9 Early in 2013 Jean rekindled her friendship with her ex-husband and later her relationship with him, telling him she was going to divorce Mohinder. In June 2013 she told Mohinder she wanted a divorce. As she was regularly going out in the evening, he became suspicious and employed a private enquiry agency to have her followed.

4.10 The private enquiry agent, after conducting a cursory risk assessment on the telephone, put a tracker device under Jean's car. On 17th July 2013 the agency sent Mohinder a text message informing him of Jean's movements and location. Mohinder drove there and saw her in the ex-husband's car. Two days later Mohinder agreed with Jean that the marriage was over; but later the same day, he sent her a text message. In it he stated he had two stipulations to agreeing to leave. One was that they would sleep together one last time; the other was that they should make love. She refused.

4.11 Jean returned home at about 10pm that night and found Mohinder asleep on the sofa in the living room. She went to bed but during the night Mohinder went to the bedroom and attempted to have sex with her. She called him pathetic and he left the room returning with a dumbbell bar with which he hit her on the head about twelve times. During his trial he admitted attempting to have sex with her 20 minutes after her death.

4.12 Their daughter came home during the night and all was quiet but when she got up about noon the next day she saw her mother's bedroom door was closed which was unusual so she went in and found her mother lying naked on the floor next to the bed. Her head was covered in blood. Mohinder was sitting on the bed also naked. He got dressed and left the house, giving himself up to the police later that day.

5. Lessons to be learnt

5.1 The following agencies that had contacts with Jean or Mohinder have identified lessons they have learnt from the Review.

5.2 Avon & Somerset Constabulary

5.2.1 The short lived police procedural policy “People First” which restricted police attendance to specific criminal offences did not properly cater for victims of domestic abuse. That policy has already been changed.

5.2.2 Effective practice, and Force Policy, is that officers physically attend every single domestic abuse call or report, to check the welfare of all parties. The first contact between Jean and the police, on the 9th June 2013, did not result in any police attendance.

5.2.3 The response from the Police Victim Advocacy Unit, that Jean would need to telephone the “101” number, to have the incidents she had contacted the police about, placed on the police “Guardian” system rather than it being done on her behalf by the Unit staff, fell well below the standards one would expect.

5.3 NHS Bristol CCG

5.3.1 The GP could not recall the policy and practice at the time of Jean’s consultations in 2000 and 2004, however, she felt that these situations would have led to appropriate referrals should they happen now as there are set procedures, which she listed, in place at the surgery. The information provided by the GP shows clear improvements have been made since 21 August 2004 and that more robust processes are in place.

5.3.2 The GP who saw Mohinder on 8th July 2013 did not recognise the high risk factors in his presentation, nor did she understand the significance of what Mohinder had told her relating to his wife making allegations about him to the police. She did not refer him to the Primary Care Liaison Mental Health Team, but instead left him to contact the Samaritans and LIFT himself.

5.4 Riding Ltd

5.4.1 As a consequence of Jean’s murder the company has considered its current policy and makes sure that all staff continue to risk assess all cases and know who to report to when they have concerns. Where they do have concerns they will continue to escalate to the necessary service/agency

5.5 The Validium Group

5.5.1 The company identified that they need to review the confidentiality contract they agree with clients, to ensure that it is clear that they will share information, with the appropriate bodies, without consent, if they have reasonable grounds to believe the client may cause harm to themselves or to another person.

6. Conclusions

6.1 In reaching their conclusions the Review Panel has focused on the questions:

- Have the agencies involved in the DHR used the opportunity to review their contacts with Jean, Mohinder and their children in line with the Terms of Reference (ToR) of the Review and to openly identify and address lessons learnt?
- Will the actions they take improve the safety of domestic abuse victims in Bristol in the future?
- Was Jean's death predictable?
- Could it have been prevented?

6.2 The Review Panel is satisfied that the IMRs have been open, thorough and questioning from the view point of the victim. The organisations have used their participation in the Review, to identify and address lessons learnt from their contacts with Jean and Mohinder in line with the Terms of Reference (ToR).

6.3 The Panel is of the opinion that the agreed recommendations appropriately address the needs identified from the lessons learnt. The Panel also recognises that the Bristol Community Safety Partnership and the individual agencies represented on the Review now have comprehensive domestic abuse strategies and policies in place. Provided those recommendations, strategies and policies are fully and promptly implemented, they will improve the safety of domestic abuse victims in Bristol in the future.

6.4 The Review Panel, after considering all of the information provided, believes that Jean's murder could not have reasonably been predicted. At different times, Jean expressed concerns to the police and to her friends about her own safety, and her worries that Mohinder might cause himself serious self-harm. The Panel believes that the police had insufficient information to conclude that he would resort to violence at that time; Jean's daughter did not think her father would hurt her mother or herself and said that to police officers on 21st June 2013. The GP on seeing Mohinder on the 8th July 2014 formed the opinion, from his demeanour, that Mohinder was a mild tempered man and she consequently did not recognise the evident risk indicators. Riding Ltd, which frequently conducts work on behalf of individuals who suspect their partners of infidelity, highlights that when people contact them for the first time with such cases they regularly sound upset or stressed. When they conducted their routine risk assessment they did not identify warning signs that Mohinder may pose a threat to his wife.

6.5 Could her death have been prevented? The errors made by the police on the 15th June 2013 in failing to identify the offences of false imprisonment and

harassment when Mohinder blocked Jean's car in the garage and stopped her leaving the house were not considered by the Panel to be critical to preventing Mohinder's future actions. Several of Jean's friends and work colleagues were aware of the abuse she suffered during the marriage but there is no evidence that any of them encouraged her to seek help, although they were aware she had contacted the police. The question more difficult to answer is that regarding the contact Mohinder had with his GP on the 8th July 2013. While the notes of the consultation set out in detail Mohinder's marital problems and how low he felt, the GP's temporary or interim solution to his cry for help appears inadequate considering his emotional state. Immediate positive action should have been a priority to address his needs and the risks evident from the information he gave during the consultation.

7. Recommendations

7.1 National Recommendations

7.1.1 Changes should be made to the Domestic Violence, Crime and Victims Act 2004 and/or Revised Multi-Agency Guidance on the Conduct of Domestic Homicide Reviews. (Home Office 2013), to require non-statutory organisations to participate in Domestic Homicide Reviews. Currently such agencies can choose whether or not to participate and this can leave employees vulnerable, as lessons are neither acknowledged nor addressed.

7.1.2 Guidance is required from the Department of Health as to which organisation should conduct IMRs relating to GP practices. Currently CCGs regularly fill this role, however, on occasions, it has been challenged by GP Practices and in this case the CCG has asked for clarity on this point.

7.1.3 That the Home Office, when drawing up the regulation of the private security industry under the auspices of the Security Industry Authority (SIA), considers regulatory reforms relating to controls on how private information is obtained and utilised, and additionally the restrictions on the use of technical aids, which may impinge on the privacy of individuals. (Currently there appears to be more controls on the Police than there are on private companies).

7.2 Cross agency recommendations

7.2.2 The Safer Bristol “Information Sharing Protocol For Assessing and Protecting Victims Of Domestic and Sexual Violence and Abuse” (April 2011) should be updated to ensure agencies are clear that they can share information without consent on a case by case basis to prevent serious violence or crime.

7.2.3 Organisations working with victims of domestic or sexual abuse should be signatories to the above mentioned information sharing protocol.

7.2.4 Organisations should support the work of the Bristol Domestic and Sexual Abuse Strategy Group, and identify an agency domestic abuse champion, similar to those already introduced by the Bristol Community Safety Partnership, the Bristol CCG, the North Bristol NHS Trust and University Hospitals Bristol Foundation Trust.

7.3 Individual Agency Recommendations

7.3.1 Avon & Somerset Constabulary;-

- Refresher training needs to be delivered, to response officers, to recognise the signs of domestic abuse, as well as ensuring that “Guardian” reports are put onto the system appropriately. As domestic abuse is already a Police Crime Commissioner (PCC) and Force priority, training has already been

rolled out throughout the summer of 2013, delivered by the Public Protection Unit. This is part of an ongoing programme of mandatory training. Specific case studies should be used to demonstrate best practice as well as lessons to be learnt.

- Refresher training needs to be delivered to the Force Service Centre. It must be focused on recognising and listening to what the victims are telling them. For example, if the Force Service Centre had raised an incident relating to false imprisonment, the officers attending at the scene may have dealt with the situation differently and recorded the incident correctly. Again, case studies should be used. The Force Service Centre should also be well-versed in what support agencies are available across the Force. This way, should a victim be adamant that she wishes for no further involvement, referrals to support agencies are still made. This should be carried out within the next three months.
- Refresher training needs to be delivered to the Victim Advocacy Unit, in relation to what needs to occur should further offences be disclosed during their telephone conversation. Rather than advising the victim to ring 101, they should have been more pro-active and either raised the incident themselves, put Jean through to the Force Service Centre, or raised a log themselves in order for officers to attend. This should occur within the next month.

7.3.2 NHS Bristol Clinical Commissioning Group:-

- The GP Practice should become part of IRIS ((Identification and Referral to Improve Safety) programme.
- The GP Practice undergoes refresher training regarding domestic abuse.
- That a significant event audit is undertaken with regards to this event and that the practice explores more fully their use of risk assessments and their policy framework.

7.3.3 Riding Ltd.

- The company's policy on risk assessments has been reviewed to ensure staff continue to risk assess all cases and know who to report to when they have concerns.

7.3.4 The Validium Group has reviewed the wording of the confidentiality agreement it makes with patients to ensure it contains a clause that any information that relates to a person's safety will be shared with the appropriate authorities even if consent is not given.

7.3.5 Safer Bristol Partnership

- A public awareness campaign should be rolled out encouraging friends and family aware of domestic abuse to seek help.
- Encourage companies and organisations to implement HR workplace policies in relation to domestic abuse.

8. Appendix 1 Action Plan

Recommendation	Scope of recommendation ie local/ regional/national	Action to take	Lead agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and outcome
1. Changes should be made to the Domestic Violence, Crime and Victims Act 2004 and/or Revised Multi-Agency Guidance on the Conduct of Domestic Homicide Reviews. (Home Office 2013), to require non-statutory organisations to participate in Domestic Homicide Reviews. Currently such agencies can choose whether or not to participate and this can leave employees vulnerable, as lessons are neither acknowledged nor addressed.	National	Government should amend the legislation to ensure private companies participate in DHRs to improve the safety of their employees	Home Office	To be set by Central Government	TBA	
2. Guidance is required from the Department of Health as to which organisation should conduct IMRs relating to GP practices. Currently CCGs regularly fill this role, however, on occasions, it has been challenged by GP Practices and in this case the CCG has asked for clarity on this point.	National	As a matter of some urgency, the Department of Health should give guidance to GPs, NHS England, and Clinical Commissioning Groups (CCG) on which agency should conduct IMRs and sit as panel members on DHRs	Department of Health	To be set by Department of Health	Jan 2015	
3. That the Home Office, when drawing up the regulation of the private security industry under the auspices of the	National	Home Office to consult with the Information Commissioner's Office (ICO)	Home Office, ICO, SIA	To be set by Central Government	TBA	

Security Industry Authority (SIA), considers regulatory reforms relating to controls on how private information is obtained and utilised, and additionally the restrictions on the use of technical aids, which may impinge on the privacy of individuals. (Currently there appears to be more controls on the Police than there are on private companies).						
4. The Safer Bristol “Information Sharing Protocol For Assessing and Protecting Victims Of Domestic and Sexual Violence and Abuse” (April 2011) should be updated to ensure agencies are clear that they can share information without consent on a case to case basis to prevent serious violence or crime.	Cross Bristol Agencies	Safer Bristol Partnership to update Information Sharing protocol and ensure partner agencies are signed up	Safer Bristol Partnership		March 2015	
5. Organisations working with victims of domestic or sexual abuse should be signatories to the above mentioned information sharing protocol.	Cross Bristol Agencies	Agencies to sign up to updated Information Sharing Protocol	All agencies		March 2015	
6. Organisations should support the work of the Bristol Domestic and Sexual Abuse Strategy Group, and identify an agency domestic abuse champion, similar to those already introduced by the Bristol Community Safety Partnership, the Bristol CCG, the North Bristol NHS Trust and University Hospital’s Bristol Foundation Trust.	Cross Bristol Agencies	Agencies to identify a domestic abuse champion	All agencies		March 2015	
7. Response officers will receive training, as part of their mandatory cycle of training, specifically in relation	Local	The PPU is currently reviewing the mandatory training programme for all response officers. It has been	Avon and Somerset Constabul	Public Protection Unit will monitor National Centre for Applied Learning	Ongoing	All Student officers receive a DA input as part of their initial

<p>to recognising the signs of domestic abuse and speaking to witnesses at the scene</p>		<p>recommended that case studies are used within the training.</p>	<p>ary (Police)</p>	<p>Technologies (NCALT) training figures and evaluate the completion rate with a view to developing further training and awareness.</p>		<p>training and an e-learning DA package also exists for all staff which, as at 23.07.14, 2256 officers had completed. The force is still awaiting a new national training package which is being developed by the College of Policing as a result of the national HMIC Inspection of forces into their processes and handling of Domestic Abuse</p>
<p>8. Ensure that response officers are able to record crime correctly on the Force IT systems.</p>	<p>Local</p>	<p>The way that the Force inputs incidents will change, with the implementation of officers being able to input directly into the system. There will be a period of training for all officers to enable them to complete this task. Again, dip-sampling will be introduced as a check and test measure to ensure that all training needs are addressed.</p>	<p>Avon and Somerset Constabulary (Police)</p>	<p>All incidents are reviewed by their line management. The Safeguarding Coordination Unit will also dip-sample STORM logs, to ensure that Guardian incidents/intelligence are recorded correctly.</p>	<p>Ongoing</p>	<p>The force change to the current Guardian crime recording system is still ongoing and is due to be implemented during 2015. Many officers currently have mobile data facilities which enables them to input their crimes directly onto the current system, and the new force operating model is</p>

						planning to issue all staff with Smartphone technology to enable this even further
9. Force Service Centre to receive training specifically around support agencies available to victims, even if they wish for no Police action to be taken.	Local	Joint training needs to be arranged, involving support agencies if necessary. The Force Service Centre has a safeguarding champion, who will lead this training with assistance from the Public Protection Unit.	Avon and Somerset Constabulary (Police)	Awareness will be increased as to the amount of safeguarding that is available to domestic abuse victims outside the scope of Police.	May 2014	Training will be delivered to each of the teams within the Force Service Centre by the end of May 2014.
10. Force Service Centre to receive updated training relating to domestic abuse including case studies. The training will be generic but will centre on the needs of a domestic abuse victim.	Local	Joint training needs to be arranged, involving support agencies if necessary. The Force Service Centre has a safeguarding champion, who will lead this training with assistance from the Public Protection Unit.	Avon and Somerset Constabulary (Police)	This training will remind and encourage staff of the need to support victims as appropriate at every stage of the reporting process.	May 2014	DA awareness training was delivered by specialist Public Protection staff to the Force Service centre at the end of 2013 and the FSC dedicated Safeguarding Champion has taken on the role to deliver this to all the FSC teams and any new staff who join.
11. The Victim Advocacy Unit will receive training in order to ensure they are aware of the options available when further disclosures are made during telephone contact. If there is a requirement for further crimes to be recorded, the Victim Advocacy Unit	Local	The Victim Advocacy Unit will be incorporated into the Integrated Victim Management pilot which will begin in March 2014. Training will be an integral part of the success of this pilot, and will focus on the safeguarding needs of the victim,	Avon and Somerset Constabulary (Police)	The Integrated Victim Management will be extremely scrutinised as part of the pilot process. Measures will be put in place to ensure that any issues are managed as they arise along	Ongoing	Due to the success of the Integrated Victim Care pilot which started in March 2014, this model which is known as 'Lighthouse' is being

should ensure that they record the crimes rather than relying on the victim to call 101.		how incidents are reported and the victim's journey through the process.		with feedback requested from staff and victims.		rolled out across the force area and starts fully in October 2014
12. The GP Practice should become part of IRIS (Identification and Referral to Improve Safety) training programme.	Local		Seymour Medical practice / Bristol Clinical Commissioning Group (BCCG)/ Bristol City Council Public Health		April 2015	
13. The GP Practice involved in this DHR undergo refresher training in regards to domestic abuse.	Local		Seymour Medical practice / Bristol Clinical Commissioning Group (BCCG)/ NHS England	Training has been undertaken.	April 2015	
14. That a significant event audit is undertaken with regards to this event and that the practice explores more fully their use of risk assessments and their policy framework.	Local	There should be further exploration within the practice about the application of the policies and procedures they have in place with regards to domestic abuse.	Seymour Medical practice / Bristol Clinical Commissioning	There is evidence that a significant audit has taken place.	December 2014	

			oning Group (BCCG)/ NHS England			
15. The Company's policy on risk assessments to be reviewed	National company-wide	– Completed	Riding Ltd	The company's policy on risk assessments has been reviewed to ensure staff continue to risk assess all cases and know who to report to when they have concerns.		Completed 2014 June
16. The Company should review the wording of the confidentiality agreement made with patients to ensure that it contains a clause that information that relates to a person's safety will be shared with the appropriate authorities even when consent is not given.	National company-wide	– Completed	Validium Group	The company has reviewed the wording of the confidentiality agreement it makes with patients to ensure it contains a clause that any information that relates to a person's safety will be shared with the appropriate authorities even if consent is not given.		Completed 2014 April
17. A public awareness campaign should be rolled out encouraging friends and family aware of domestic abuse to seek help.	Local	Development and implementation of a public awareness campaign	Safer Bristol Partnership		March 2015	
18. Encourage companies and organisations to implement HR workplace policies in relation to domestic abuse.	Local	Development of action plan to encourage statutory and non-statutory organisations across Bristol to implement Workplace policies in relation to domestic abuse.	Safer Bristol Partnership and Health & Wellbeing Board	Audit of organisations' policies and training has been undertaken. Organisations highlighting gaps will be supported to implement policies and training.	March 2015	

