South Cambridgeshire Community Safety Partnership

Executive Summary of the Domestic Homicide Review into the death of Jasmin
December 2018

Official

Independent report writer: Elizabeth Hanlon

Review completed May 2021

Jasmin is described by family members as a lovely, caring person who enjoyed life. As the Chair of the panel, I would like to add my deepest sympathies, along with those of the panel, to Jasmin's family and all those who have been affected by her death. I would like to thank family and friends who have taken their time to speak to us and contribute to this report. Thank you for your time, your patience and your cooperation.

This Domestic Homicide Review process has taken place in compliance with legislation and within the Home Office guidelines. I would like to thank members of the panel for the professional manner in which they have conducted the review and the Independent Management Review Authors for their attention to detail, their honesty and thorough assessment and analysis in reviewing the conduct of their individual agencies.

Section 1: Introduction

1.1 The Commissioning of the review and timescales.

1.2 This overview report has been commissioned by the South Cambridgeshire Community Safety Partnership concerning the death of Jasmin which occurred in December 2018. Jasmin was killed by her partner Simon.

1.3 It is important to understand what happened in this case, to examine the professionals' perspective at that time, although it is likely as a consequence that hindsight will be encountered. This will be rationalised by taking key matters forward in order to broaden professionals' awareness, both for the future, and to ensure that best and current practice is embedded and that any learning is maximised both locally and nationally.

1.4 The Home Office were notified by South Cambridgeshire Community Safety Partnership (CSP) of their intention to carry out a Domestic Homicide review. The Cambridgeshire Coroner was also notified that a Domestic Homicide Review was taking place.

1.5 The Domestic Homicide Review was started in March 2019 when the first meeting took place and concluded in March 2020. The panel met on five occasions, where they identified the key learnings, set the terms of reference, examined the agencies Individual Management Reviews (IMR's) and agency information and scrutinised the overview report and its recommendations. Unfortunately, due to Covid-19 the last meeting was held remotely, however all comments received from the panel have been incorporated within the final report. The date to present the report to the CSP was also postponed due to the pandemic but this took place in November 2020. A final meeting to discuss the action plan was also postponed and took place in May 2021.

1.6 The court case in relation to the death of Jasmin was held in 2019 and Simon was found guilty of Jasmin's murder and was sentenced to life imprisonment with a minimum term of 18 years. The cause of Jasmin's death is recorded as death by strangulation.

1.7 The Senior Investigating Officer (SIO) and the Crown Prosecution Service were spoken to by the report writer and agreed that the DHR process could continue however, certain witnesses were identified and it was requested that they were not spoken to until after the criminal court case. The SIO contacted the coroner who stated that they were also happy for the DHR process to continue. A press statement was produced by the chair of the South Cambridgeshire CSP following consultation with other partner agencies. This will be amended prior to any publication of the report.

1.8 The findings of each Individual Management Reviews' (IMR) are confidential. At the beginning of the meetings of the review panel, attendees were asked to sign a confidential agreement. The information supplied throughout the review process was only available to those participating in the review and their line managers.

1.9 The victim in this case was a white female, aged 55 at the time of her death. The offender was the victim's partner and was a white male aged 44 years. The couple had been in an on/off relationship for 15 years.

1.10 **Reasons for conducting the review**

1.11 A Community Safety Partnership (CSP) has a statutory duty to enquire about the death of a person in accordance with the provisions of the Domestic Violence, Crime and Victims Act 2004, Section 9(3)(a). Domestic Homicide Reviews (DHRs) came into force on 13th April 2011. The Act states that a DHR should be a review:
Of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by –
A person to whom he/she was related or with whom he/she was or had been in an intimate relationship with, or
A member of the same household as themselves, held with a view to identifying the lessons learnt from the death.

1.12 The purpose of a Domestic Homicide Review (DHR) is to:

a) Establish what lessons are to be learnt from the domestic homicide 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 upon, and what is expected to change as a result;
c) Apply these lessons to service responses including changes to policies and procedures as appropriate; and
d) Prevent domestic violence and abuse homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.

1.13 One of the purposes of a Domestic Homicide Review (DHR) is to give an accurate as possible account of what originally transpired in an agency's response to Jasmin, to evaluate it fairly, and if necessary to identify any improvements for future practice.

1.14 This overall report is based on the relevant information obtained from the agencies IMR's and pen pictures, and information from family and friends of both Jasmin and Simon.

1.15 The IMR reports were written by professionals who are independent from any involvement with the victim, family, friends, or the perpetrator. Should actions be necessary by any of the agencies, the maintenance of, and strategic ownership of any action plan will be the overall responsibility of the South Cambridgeshire Community Safety Partnership (CSP). It is essential that any resulting ownership and recommended activity is addressed accordingly.

1.16 South Cambridgeshire Domestic Homicide Review

1.17 Terms of Reference

1.18 In conducting the Domestic Homicide Review into the death of Jasmin, the Panel shall have regard: -

1.19 Scope

1.20 This review is commissioned by the South Cambridge Community Safety Partnership as a result of the death of Jasmin in December 2018.

1.21 The review will focus on events from January 2014 until Jasmin's death. This date was chosen by the review panel as this is the first record of their relationship being described as a partnership. It appears that they had been friends and an on/off couple for 15 years, but this was not identified by agencies.

1.22 If it becomes apparent to the independent chair that the timescale in relation to some aspects of the review should be extended, this will be discussed with and agreed by the review panel.

1.23 The results of the review, including the panel's findings and recommendations will be shared with Jasmin's family.

1.24 Purpose

1.25 The purpose of the review is specific in relation to patterns of domestic abuse and/or coercive control, and will:

- Establish how effective agencies were in identifying both Jasmin's and Simon's health and social care needs and providing support.
- Establish the appropriateness of single and inter-agency responses to Jasmin and Simon until Jasmin's death.
- Establish whether, and to what extent, the single and inter-agency responses to any concerns about domestic abuse and/or coercive control were effective.
- To establish how well agencies worked together and to identify how inter-agency practice could be strengthened to improve the identification of, and safeguarding of, vulnerable adults where domestic abuse is a feature.

- Identify, based on the evidence available to the review, the need and required actions to improve policy and procedures in South Cambridgeshire, and more widely.
- State clearly, where apparent, when the death was deemed to be preventable and the rationale behind this.
- The review will exclude consideration of who was culpable for the death.

1.26 Key Lines of Enquiry

1.27 Information: How was information about Jasmin's and Simon's health and social care needs received and addressed by each agency, and how was this information shared between agencies and individuals?

1.28 Assessments and diagnosis:

- Were there any recent changes in Jasmin's or Simons' physical or mental health and well-being that may have affected Simon's behaviour?
- Could the physical or mental health and well-being of Jasmin and Simon have compounded any safeguarding concerns, or considerations, or masked evidence of domestic abuse and/or coercive control? Did this result in specific or increased risk and missed opportunities for agencies to probe and respond effectively?
- Is there any clear information in relation to domestic abuse and/or coercive control and its impact? Were any carer's/agency assessments completed?
- Was there any indication or sign of any cultural perceptions or beliefs that were relevant? Did these bring with them any implications on the relationship and behaviours?
- Were there any barriers to seeking support? What were they? How can these be overcome?
- Were agencies aware of alcohol or drug abuse for either Jasmin or Simon and if so, was the appropriate level of support offered. This section was added to the scope of the review following a discussion with Jasmin's sister.

1.29 Contact and support from agencies:

- What was the nature and extent of the contact each agency had with Jasmin and Simon?
- What support did they receive and from whom, individually and as a partnership?
- Were there any indicators or history of domestic abuse and/or coercive control? If so, were these indicators fully realised and how were they responded to? Was the immediate and wider impact of domestic abuse on Jasmin fully considered by agencies involved?
- Was there any collaboration and coordination between any agencies in working with Jasmin and Simon, individually and as a partnership? What was the nature of this collaboration and coordination, and which agencies were involved with whom and how?

- Were there any issues of intersectionality identified and how were they dealt with by agencies? Did the interventions of agencies demonstrate competent strategies and practice of intersectionality in their responses?
- What lessons can be learnt in respect of domestic abuse and/or coercive control, how it can affect adults, and how agencies should respond to any impact?

1.30 Any additional information considered relevant:

- The panel shall also request access to any parallel reviews taking place by individual agencies regarding their involvement with either Jasmin or Simon.
- The Panel shall seek Information in respect of the background and any previous convictions of Simon, and whether or not they had ever been subject to Multi Agency Public Protection (MAPPA) Arrangements or Domestic Violence Perpetrator Programmes (DVPP).

1.31 **Subjects of the review**

1.32 **Details of Victim and Perpetrator (pseudonyms)**

Name	**Relationship to victim**	**Ethnic origin**
Jasmin	Victim	British White
Simon	Partner and offender	British White

1.33 **Family involvement**

1.34 The death of any person in circumstances such as examined herein is a tragedy. Family members and friends of both Jasmin and Simon were contacted during this review and a request was made to speak to them regarding the family dynamics. The family and friends of Jasmin and Simon were provided with the Home Office leaflet for families and were informed that they could be represented by a specialist advocate from AAFDA (Advocacy After Fatal Domestic Abuse). This offer of an advocate was declined by Jasmin and Simon's family.

1.35 Jasmin's brother did not feel that he wished to be a part of the review process. Jasmin's sister was spoken to through emails and over the phone as she lives abroad and was therefore unable to be spoken to in person. Simon was contacted through the Prison Liaison Officer but declined to take part in the review process. Simon's mother was spoken to and gave a background into both Simon and Jasmin's relationship. The neighbour of both Jasmin and Simon was contacted and requests made to speak to him, however this did not take place and the report writer was unable to make any further contact with him. A close friend of Jasmin's was also identified within the review and the chair wrote to her asking whether she would like to be a part of the review process. No response was received. The review was provided with a copy of the statement that the police took from the neighbour which was shared with the panel.

1.36 The family were provided with a copy of the Terms of Reference and invited to contribute and comment. The initial terms of reference were amended following a discussion with Jasmin's sister. Family members were not able to become a part of or to meet the panel due to their location, however they were kept updated on the DHR process throughout the review. Jasmin's mother sadly died prior to the start of the review. The panel would like to thank all the family and friends of both Jasmin and Simon for speaking to them and giving them an insight into their relationship.

1.37 The panel wish to send their condolences to the family and friends of Jasmin. Pseudonyms for both the victim and the perpetrator have been used throughout this report to maintain anonymity. The name Jasmin was requested by her sister.

2.0 **Objectives of the review**

2.1 The purpose of Domestic Homicide Review (DHR) is to give an accurate as possible account of what originally transpired in an agency's response to Jasmin, to evaluate it fairly, and if necessary to identify any improvements for future practice.

2.2 This overall report is based on the relevant information obtained from Individual management reviews (IMR's).

2.3 Following a meeting, the chronologies were discussed and a decision was made that Individual Management Reviews would be requested from CGL Substance Misuse Service, Inclusion, GP of Jasmin and Simon. Some agencies had limited information but were requested to present pen pictures of their involvement with Jasmin and Simon. These agencies were the East of England Ambulance Service and Housing Association. The pen pictures from the two agencies did not provide any current relevant information and therefore the information is not within this report.

2.4 **Individual Management Reviews**

2.5 All IMR writers were identified by their agencies as not being involved with the subjects of the review nor had they managed any of the staff spoken to throughout the review process.

2.6 The aims of the Individual Management Reviews (IMRs) are to:

- enable and encourage agencies to look openly and critically at individual and organisational practice and the context within which people were working.
- identify whether the homicide indicates that changes to practice could and should be made.
- identify how those changes will be brought about; and Identify examples of good practice within agencies.

2.7 **The Review Panel in relation to the agreed report and recommendations**

Name	**Position/Organisation**
Elizabeth Hanlon	Independent Chair and Report Writer
Kathryn Hawkes	Programme Manager, South Cambridge District Council
Linda Coultrup	Named Nurse for Safeguarding, Clinical Commissioning Group
Linda Gallagher	Development Officer, Sustainable Communities Team, South Cambridge District Council
Paul Pescud	Registered Manager, CGL, Drug and Alcohol, Substance Misuse Service
Andrea Warren	Detective Chief Inspector, Cambridgeshire Police
Julia Cullum	DASV Partnership Manager and IDVA representative
Tracy Brown	Named Lead for Safeguarding, Addenbrookes Hospital
Carol Davies	Designated Nurse Safeguarding, Clinical Commissioning Groups
Angie Stewart	CEO, Cambridge Women's Aid. Independent member of panel

2.8 **Chair and overview report writer**

2.9 The Independent Chair and Report Writer for this latest review is Elizabeth Hanlon, who is independent of South Cambridgeshire Community Safety Partnership and all agencies associated with this overview report. She is a former (retired) Senior Police Detective from Hertfordshire Constabulary, having retired over 6 years ago, who has several years' experience of partnership working and involvement with several previous Domestic Homicide Reviews, Partnership Reviews and Serious Case Reviews. She has written several Domestic Homicide Review's for Hertfordshire and Essex County Council. She has received training in the writing of DHR's and has completed the Home Office online training. She has also attended several conferences on DHR's including conferences run by AAFDA. She also attends the yearly Domestic Abuse Conferences held in Hertfordshire and holds regular meetings with the chair of the Strategic Domestic Abuse Board in Hertfordshire to share learning across boards. She is also the current Independent Chair for the Hertfordshire Safeguarding Adults Board.

2.10 **Details of parallel reviews/processes**

2.11 There were no parallel reviews or processes. Neither Jasmin or Simon were referred to the MARRAC panel or were subjected to MAPPA or DVPP programmes. There are no recorded incidents of domestic abuse taking place between Jasmin or Simon, or between any previous partners of both.

2.12 **Equality and Diversity considerations**

2.13 The Panel considered the nine protected Characteristics under the Equality Act 2010, (age, disability, gender reassignment, race religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity). They sought to establish if they were applicable to the circumstances of the case and had any relevance in terms of the provision of services by agencies or had in any way acted as a barrier. The review identified that females were more likely to be killed by their partners than males.

2.14 Sex

2.15 There is extensive research to support that in the context of domestic violence, females are at a greater risk of being victimised, injured, or killed. In fact, the term "Femicide", which refers to the killing of women by men because they are women, was coined in the 1970s to raise awareness of the violent deaths of women.

2.16 Homicide represents the most extreme form of violence against women, a lethal act on a continuum of gender-based discrimination and abuse. As research shows, gender-related killings of women and girls is a problem across the world, in countries rich and poor. Whilst most homicide victims are men, killed by strangers, women are far more likely to die at the hands of someone they know.

2.17 Women killed by intimate partners or family members account for 58% of all female homicide victims reported globally last year, and little progress has been made in preventing such murders with a total of 87,000 women being killed across the world in 2017 alone. More than half of them (58%) were killed by intimate partners or family members, meaning that 137 women across the world are killed by a member of their own family every day. A third of these women were killed by a current or former partner - someone they would normally expect to trust.[1]

2.18 Between 2009 and 2018, at least 1,425 women were killed by men in the UK, meaning a man killed a woman every three days on average. The report shows that women are killed by their husbands, partners, and ex-partners, by sons, grandsons, and other male relatives, by acquaintances, colleagues, neighbours, and strangers. Unfortunately, but not unsurprisingly, a huge number of women were killed in the context of intimate partner violence[2].

2.19 In an extensive analysis of homicide in diverse cultures, Daly and Wilson (1988) identify male partner jealousy, possessiveness, and desire to control female partners as important precursors for intimate partner Femicide worldwide. This has been identified in this review, whereby Simon exercised control over Jasmin and tried to stop her spending time with her friends. He also showed signs of controlling Jasmin by changing situation to suit his own needs i.e. putting Jasmin in a situation where she would start drinking alcohol again.

2.20 Domestic violence does not discriminate on the basis of race, religion, or socioeconomic status.

[1] https://www.unodc.org/documents/data-and-analysis/GSH2018/GSH18_Gender-related_killing_of_women_and_girls.pdf

[2] UK Femicide 2009-2018

While domestic abuse impacts the lives of all women of all backgrounds, society does not treat all victims of abuse equally. Social biases influence how society perceives survivors of domestic violence, and stereotypes often create barriers for care and assistance. An intersectional approach allows for a more holistic understanding of an individual and their positioning in society. The approach calls attention to the fact that society cannot simply view an issue as one of race, gender, but must recognise that it is a problem that needs to take into account all parts of an individual's identity.[3]

2.21 Substance misuse

2.22 Whilst substance abuse is not a disability, it is relevant to consider as part of this review due to the agencies involvement with Jasmin following her alcohol addiction. It is necessary to be perfectly clear that alcohol and alcoholism are never a sole trigger for, or cause of, domestic abuse. Rather, they are compounding factors that could eventually trigger intimate partner abuse in a violent individual. Whilst there is evidence that alcohol use by perpetrators, and to some lesser extent by victims, increases the frequency of violence and the seriousness of the outcomes, this does not mean that alcohol use causes domestic abuse. It is neither an excuse nor an explanation.[4] A particular concern to be addressed is the frequency with which victims of domestic abuse who use alcohol problematically are viewed negatively because of their alcohol abuse. For example, victims may be seen as causing the abuse that is perpetrated against them due to their own seemingly antisocial behaviour, including their use of violence to defend themselves.

2.23 Alcohol use is a common theme in the sample of 39 DHRs examined, with 27 (69%) featuring varying levels of alcohol-related harm. Not all cases involve one or both partners having an ongoing alcohol "problem", however alcohol misuse is commonplace within the sample:

- In 22 reports (56% of the 39) the perpetrator of the homicide is identified as experiencing problems with alcohol
- In 15 reports (38%) the victim is identified as experiencing problems with alcohol with a possible problem identified in two further reports
- In 15 reports (38%) both the victim and perpetrator are identified as experiencing problems with alcohol. Every case in which the victim has an alcohol problem, the perpetrator also has a problem.
- This data is not a surprise. British Crime Survey data shows that in 2011, 38% of domestic violence incidents involved alcohol. [5]

2.24 Mental health

2.25 It is identified that domestic abuse can have a severe and lasting impact on mental health, and that survivors often find it difficult to access the support they need. Research shows that victims and survivors with mental health problems are more likely to have other complex

[3] Genesis women's shelter and support "*Intersectionality and domestic violence".*

[4] Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf (avaproject.org.uk))

[5] https://avaproject.org.uk/wp-content/uploads/2016/09/Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf

needs.[6] In 25 of the 33 intimate partner homicide examined, mental health issues were present. Twenty-one cases involved perpetrators mental health issues and of these, 15 cases where only the perpetrator had mental health issues and six cases where both the perpetrator and the victim had mental health issues. The remaining four cases involved victims with mental health issues but not perpetrators. Of the 21 DHRs involving perpetrators with mental health issues, the majority (n=16) were known to health professionals.[7]

2.26 Age

2.27 The most common age group for victims of homicides recorded in the year ending March 2020 was 16- to 24-year-olds (n=142). This was followed by:

- 25- to 34-year-olds (n=138)
- 35- to 44-year-olds (n=133)
- 45- to 54-year-olds (n=92)
-

2.28 Jasmin was ten years older than Simon however, there are no recent studies which highlight any additional risks between partners where there is an identified age difference. Jasmin did mention to her friend and professionals that on occasions the age difference between them did impact on their relationship as she noticed a lack of maturity on behalf of Simon which appeared to make their relationship more intense. The Crime Survey for England and Wales (CSEW) year ending March 2019 showed that women aged 20 to 24 years were significantly more likely to be victims of any domestic abuse in the last year than women aged 25 years and over[8]

2.29 Disability

2.30 Simon's mother identified to the Chair that Simon was dyslexic and as such this impacted the way he could read and complete online forms which became a barrier to gaining support. Dyslexia is a language-based learning disability. Dyslexia refers to a cluster of symptoms, which result in people having difficulties with specific language skills, particularly reading. Students with dyslexia usually experience difficulties with other language skills such as spelling, writing, and pronouncing words[9]. Dyslexia is a lifelong condition and has a significant impact on a person's day-to-day life, it meets the criteria of a disability and is covered by The Equality Act 2010.

2.31 Dissemination

2.32 The overview report will be published on the South Cambridgeshire Domestic Abuse website and a copy of the report will be disseminated to the following agencies:

[6] SafeLives "*Spotlight 7: Domestic abuse and mental health.*

[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf

[8] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019 - age

[9] https://www.nhs.uk/conditions/dyslexia/

3.0 Section 3: The facts

3.1 Case specific background

3.2 It appears that Jasmin and Simon had known each other for about 15 years. They were neighbours and at that time both were in different relationships. Whilst neighbours, Jasmin and Simon developed a friendship which meant that they spent quite a lot of time together, on their own but also with their different partners. They would often spend evenings together drinking alcohol. It is believed from Simon's mother that their friendship turned into a relationship sometime in July 2014. Even though they were considered as partners' they both maintained their separate flats. It appears that they would spend time together at each other's flats but would then have days and sometimes weeks apart. Simon was considerably younger than Jasmin, but this did not appear to impact on their relationship and it appears that Jasmin would often boast at having a younger boyfriend. Both Jasmin and Simon are recorded as having alcohol dependency problems. Simon described himself as being more of a binge drinker, stating that he could go weeks without alcohol but once he started drinking, he found it hard to stop.

3.3 Jasmin is described as having alcohol misuse problems which appear to span over several decades. There is recorded information that Jasmin was aware that she had an alcohol problem and that on several occasions she sought help from professionals. Jasmin was on several alcohol reduction programmes, monitored by her GP and drug and alcohol services throughout the review period and spent time alcohol free.

3.4 In December 2018, the Ambulance Service attend an address in response to a call from Simon reporting that his partner, Jasmin, was having a heart attack. The emergency call handler reported that Simon became uncooperative on the phone to the call handler, discontinued CPR and kept swearing at the call taker.

3.5 Upon arrival of the ambulance crew, Jasmin was found in cardiac arrest and was conveyed to hospital. Simon remained at the scene. Police were not notified of this incident at this stage. Concerns were identified as to why the ambulance crew did not notify the police regarding the injuries found on Jasmin's neck and that why these were not considered to have been abusive even though the crew had identified that bruising had started to appear when they took Jasmin to the hospital.

3.6 At 0130 hours, a police officer was at the hospital on a totally unrelated matter when she was approached by the Doctor, the injuries are said to have made the doctor suspicious that Jasmin may have been strangled. As a result of this the PC spoke to the ambulance crew who stated to the officer that upon their arrival, Simon was performing CPR on Jasmin. Simon was naked and Jasmin wore jogging bottoms and a top. Simon states to the crew that they had been having intercourse. Simon denied anything like choking or strangulation had occurred. The ambulance crew stated that Simon had a cut to one of his feet and said that he had cut it on broken glass. Ambulance crew could not recall seeing broken glass in the location where they had been working on Jasmin. Ambulance crew also states that bruising started to develop around Jasmin's neck as they loaded her onto the ambulance.

3.7 At 0305 hours' officers attend the offence location and arrest Simon on suspicion of attempted murder. Simon is compliant and describes himself as in shock. Following his arrest Simon can be heard to say 'SHE PASSED OUT, SHE WENT OUT, 'I'VE KNOWN HER FOR

FIFTEEN YEARS'. In the footage he later refers to being in shock and having done resus for 20 minutes.

3.8 The next day Jasmin died in hospital. Jasmin had numerous significant injuries, including extensive bruising around her eyes, neck and arms.

4.0 **Family's involvement**

4.1 The report writer spoke to Jasmin's sister who described Jasmin as being a lovely caring person who she had a close relationship within earlier life. She stated that Jasmin initially trained to be a beauty therapist and enjoyed her work although identified that Jasmin did start having a problem with misusing alcohol when she was a teenager. Jasmin had married when she was quite young, 21 years old, and that marriage had lasted 7 years. Her husband was in the Forces and as such they used to have to travel around a lot. The marriage ended when her husband started a relationship with a younger female. This appeared to have had a great impact on Jasmin and her confidence. She described Jasmin meeting another male who was quite abusive towards her and took her to parties in London which she didn't enjoy. Jasmin told her sister that she would go to the parties to keep her boyfriend happy but that she didn't like them and use to have to drink before she went.

4.2 She described Jasmin and Simon's relationship, stating that they had known each other for lots of years and that they use to live near to each other. She believed that they had been in a relationship for over 10 years. Jasmin's sister described her relationship with her sister as shifting when they got older and then when she moved to live abroad, they didn't see as much of each other as they used to. She stated that they would talk over the phone and that Jasmin would come and stay with her either on her own or sometimes with Simon. She said that Jasmin didn't share a great deal about her relationship with Simon but that she knew that they both had an alcohol problem. She was aware that Simon was a binge drinker and that Jasmin would drink alcohol on a regular basis.

4.3 She described Jasmin being off alcohol for quite some time and that she was being helped by her GP. She was on medication to help stop her drinking and that when she wasn't drinking she was a completely different person. She described Jasmin as being very anti-alcohol when she was sober and that at one point she didn't drink for a couple of years.

4.4 Jasmin's sister described the relationship between Jasmin and Simon as quite controlling, although she did state that she hadn't really considered it as such when they had been together. She said that Jasmin used to have to rely on Simon to take her to her GP appointments and counselling sessions as she could not drive there herself. Jasmin would state that she couldn't rely on Simon and that he would let her down at the last minute and that he would try and manipulate her to rely on him. She described them both being on holiday with her in Spain and that Jasmin had not been drinking for some time. She stated that whilst they were out for dinner that evening Simon had held a glass of wine under her nose and encouraged her to drink, saying that one wouldn't hurt her. This led to Jasmin drinking alcohol again and that Simon would then blame her for drinking again.

4.5 She also described an incident when again both Jasmin and Simon were on holiday together with her in Spain and that Simon had wanted to stay another week, Jasmin had wanted to go home as she felt that she needed to get back into her routine again and was afraid that if she stayed another week she would start drinking again. She described that they had both gone to the airport to get the flight home, but that Jasmin had gotten so drunk in the airport lounge that they hadn't been let on the flight. This had led to them both having to stay another week.

Jasmin's sister believed that Simon had done this deliberately so that he could get his own way.

4.6 She described several incidents where she believed that Simon would try and manipulate Jasmin. She stated that Jasmin would always spend Christmas with her mother and other family members and at Christmas a couple of years back Jasmin phoned at the last-minute stating that she couldn't come as Simon had come off his medication on his own and that she was afraid that he would harm himself. The panel were unable to identify which medication Simon was prescribed at the time and can therefore not establish what the impact of stopping the medication might have had on him.

4.7 She described Jasmin as being desperately unhappy in later life and that she was desperately ashamed of herself and her drinking. She described how Jasmin wasn't coping and that she needed a lot of support and that she couldn't cope on her own. Jasmin had told her sister that she wanted to stop drinking but that her GP would not prescribe her any more medication unless she attended counselling sessions. Jasmin had stated that the sessions offered were only group sessions and that she couldn't bear to be with other people as she felt too ashamed. She also stated that she couldn't rely on Simon to take her to the sessions as he would withdraw his support at the last minute.

4.8 Jasmin's sister also described Jasmin's housing situation and identified that when Jasmin had to move house, due to renovation work on the block she was living in, she was placed in an area where other alcoholics were also placed. She described this as being a toxic experience and that it made it even harder for Jasmin to stop drinking as there was always someone close by who had alcohol and who would encourage her to drink.

4.9 The report writer wrote to Simon following his conviction and asked whether he would be willing to speak to her regarding his relationship with Jasmin. He stated that he did not wish to be a part of the review. Simon's mother was also written to and agreed to talk to the report writer. She described Simon's background and that Simon and Jasmin had known each other for several years and that they had been friends. Both Simon and Jasmin were in different relationships when they first met and had become friends. Simon's mother stated that Simon had been diagnosed with bi-polar and that he had tried to harm himself on several occasions throughout his life. The panel were unable to confirm whether this was a confirmed medical diagnosis. Simon's mother put the incidents of self-harm down to an incident that had happened in Simons early childhood which had had a significant impact on his life. She identified that Simon would drink a lot on several occasions but that he would also go weeks without drinking. She knew that Jasmin was an alcoholic and felt that she believed that Simon was trying to help her reduce her drinking as he could see the impact that this was happening on her life.

4.10 She described knowing Jasmin well and that she would often meet her on a Friday night when they went to Simon's flat to visit him. She believes that Simon and Jasmin got together as a couple in 2013/14 and she was also aware that Jasmin had stopped drinking for quite a while. She believed that Jasmin was on medication from her GP to help her stop drinking. She stated that in 2016 Simon had been involved in a serious accident whilst helping someone move house and that he had ended up having to have some discs replaced in his back and neck and that he had had a steel rod inserted. She identified that he drank a lot more since the accident, she believes due to the pain that he was constantly in.

4.11 When they had first got together, she stated that Jasmin was in a lot of debt and that Simon helped her sort this out. Jasmin used to say that she was proud to have a 'toy boy' as Simon was 12 years younger than she was. She described Jasmin and Simon as house sitting their house when they went away on holiday and that they had a close relationship. She was not aware of any incident of abuse taking place within their relationship.

4.12 She described knowing that Simon also attended Inclusion on a few occasions but that he had to stop going due to work. She became aware that Simon had signed up as his binge drinking had gotten worse and that they both wanted to stop drinking. She also described Simon's neighbours as people who liked to drink alcohol. She stated that Simon and Jasmin became friends with their neighbours and as such would often socialise with them which would lead to them both drinking heavily.

4.13 Both Simon's mother and Jasmin's sister commented on the fact that both Jasmin and Simon had been placed in flats where the other tenants in the block also had drinking problems. This appeared to exacerbate their situation as they would often be drawn into situations that they did not want to get into. They described how difficult it was for them both to stop drinking when they were surrounded by drinkers.

4.14 Simon's mother commented on the fact that Simon was dyslexic and as such struggled to complete written and online forms. She stated that on several occasions when Simon had requested help from agencies, he had been given a form to complete and return which he had been unable to do. This had caused him a great deal of anxiety which had resulted in him not completing the form and therefore not getting the required support. Agencies have been unable to clarify this and were aware of several occasions where Simon completed paperwork without assistance.

5.0 **Analysis of agencies involvement**

5.1 Jasmin was known to several services in relation to her misuse of alcohol. As identified by Jasmin's sister, she started drinking a lot of alcohol as a teenager but appeared to become addicted to it following the breakdown of her marriage. Jasmin appears to have tried to come off alcohol on several occasions sometimes with the help of practitioners but sometimes on her own. Family members stated that Jasmin was a different person when she was sober and actually hated herself when she was drunk. Simon was identified as a binge drinker and that he would drink to excess on occasion but then would go weeks without drinking. Both Jasmin and Simon had attended Inclusion to gain support to stop drinking however, Simon had been discharged through non engagement, stating that he was unable to attend due to supporting a friend and work commitments. There are no significant GP records surrounding Simon, but it appears that he did suffer from mental health problems some years previously. The involvement of mental health services was out of the scope of the review and therefore although investigated, were not deemed as relevant to the review.

5.2 There are no recorded incidents of domestic abuse by any agencies involved with Jasmin and Simon however, Jasmin's sister identified throughout the review that she believed that Simon was controlling towards Jasmin and it is her belief that he started her drinking alcohol again on a couple of occasions so that she would be more compliant towards him. Jasmin had a long history of alcohol abuse and being compliant towards her partners and their wishes. Although there are no recorded incidents of domestic abuse within their relationship there is an identified pattern of behaviour from Simon towards Jasmin which was of a controlling

nature. There are reports from agencies that Jasmin had identified that she had been unable to attend appointments due to the fact that Simon had refused to take her and that she felt dependent upon him.

5.3 **General Practitioner (GP).**

5.4 Jasmin was known to the same GP practice for several years, and they built up a very strong relationship. Her GP practice identified that Jasmin had a long-term alcohol dependency[10] issue going back over several years with brief periods of managed abstinence. It was also identified that prior to the timeline for the terms of reference that Jasmin had received community detox[11] for alcohol addiction. Prior to the period being considered, Jasmin had been 'dry' since May 13 but after an upset in January 2014 had begun drinking again and was referred to a Drug and Alcohol abuse service and had a community Detox. Jasmin had a successful period without alcohol until January 15, when Jasmin elected to discontinue the medication prescribed, to support abstinence from alcohol, as she was visiting a friend in Canada that she apparently used to drink with. The GP offered her support should it be required.

5.5 Jasmin was managed by one GP initially and consistently from January 2014 to December 2016. This allowed for a strong and trusting relationship to build up between Jasmin and her GP and to provide continuity of care. It appears that the GP followed NICE guidelines in relation to Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence.[12]

5.6 Jasmin was given consistent advice in relation to seeking support from drug and alcohol services as this is a requirement for the medication to be prescribed. As was the case on a few occasions, it was not possible to immediately support a Detox, but she was constantly given the same advice to set drink limits. When Jasmin decided that she wanted to stop taking the medication and to start drinking again she was offered support by her GP.

5.7 Jasmin also went through periods without alcohol between August 2015 and June 2016 and December2016 and April 2017 where she requested additional support to stop drinking in January and November 2018. In the January request Jasmin did not appear to engage with alcohol and drug services and was therefore not supported with Antabuse. Records show that although Jasmin appeared to want to stop drinking by the end of March, she had still not attended Inclusion, which is a requirement to support a community detox.

5.8 There is evidence in Jasmin's records which indicate that she had stated that she was having travel problems and could not get to any Inclusion sessions which was the reason for her nonattendance. As someone that had been successful previously, and more motivated to address her alcohol problems, this statement could potentially have been a missed opportunity to explore this further, especially as it is later identified in the Inclusion IMR that 'Jasmin did not feel that she could cope' with getting public transport. There is some

[10] Harmful drinking is defined as a pattern of alcohol consumption causing health problems directly related to alcohol. This could include psychological problems such as depression, alcohol related accidents or physical illnesses. National Institute for Clinical Effectiveness (NICE).

[11] Community detox offers support to stop drinking whilst at home, medication is prescribed in conjunction with a local service which offers counselling and other confidential services to enable users to stop drinking alcohol.

[12] NICE guidelines cg115.

consideration as to whether the agencies should have delved further and asked follow up questions regarding Jasmin's travel difficulties.

5.9 The GP also recorded the fact that Jasmin had transport difficulties which had resulted in missed appointments and identified this as a problem for her. As above, agencies who identified travel difficulties, appeared to have looked at this as a means of getting transport and not the possibility that Jasmin might have been experiencing mental health difficulties as in anxiety or stress which could have stopped her getting to her appointments. It also does not appear to have been a consideration to the GP or Inclusion as to whether Jasmin was being subjected to control or coercion within her relationship. The fact that Jasmin had to rely on Simon to get her to appointments and that he would often attend those appointments with her could possibly be an indication that she was being controlled by Simon and as such additional questions should have been asked. It was described that the GP surgery was a 'safe place' for Jasmin, however she does not always appear to have been given the space and opportunity to communicate fully if she had wanted to.

5.10 Over the course of this review, the practice responded to national guidance regarding the safety and appropriate setting of community alcohol detox. Community alcohol detox programmes require specialist clinician training and regular patient follow-up. Most general practices have neither the capacity, nor the level of clinician training required to be classed as a specialist alcohol service. Antabuse and chlordiazepoxide1 are no longer recommended medications to prescribe or monitor within a general practice setting due to safety and concordance concerns. There is also a clear need for regular specialist counselling support for patients undergoing a community detox. As a result, attendance at a specialist, community alcohol service (e.g. CGL) is now required.

5.11 Jasmin failed to attend her April follow up appointment with her GP, so no medication was recorded as having been prescribed on the GP record. The medical records do not record if she commenced at Inclusion, as this is a patient-initiated, self-referral service. Due to patient confidentiality, there is no requirement for Inclusion to communicate with a patient's general practitioner when that patient is under the specialist alcohol service. Permission to share information is sometimes obtained to enable Inclusion to communicate with a patient's general practitioner, however in this case, no communication between Inclusion and the GP practice was found in Jasmin's medical record apart from the occasion when follow up counselling support was requested. Jasmin's missed appointment was followed up in the standard way by a system- generated text message. This standard message requests that appointments should be cancelled if patients are unable to attend, in order for the appointment to be released for others. There were no further visits to the GP for medication requests relating to community alcohol detox, however Jasmin failed to attend another GP appointment in July. Again, a routine follow-up text was sent by the practice reminding Jasmin to cancel her appointment if not attending. The panel were unable to identify why Jasmin did not attend her appointments, was she was experiencing health difficulties as in anxiety or stress which prevented her from attending or was she being prevented from attending by Simon?

5.12 January 2018 was Jasmin's next request for a community alcohol detox, including detox medication. In keeping with national and local guidance regarding safe community alcohol detox, she was again advised to self-refer to the community drug and alcohol service. Drug and alcohol services take self- referrals as well as referrals from professionals, but it is known that patients who are motivated to self-refer often demonstrate better longer-term

concordance with subsequent detox regimes offered. Advice on slowly reducing her alcohol intake was given by the GP.

5.13 The next time Jasmin attended requesting help was November 2018, and again she was advised to reduce her intake gradually. This time she had made an appointment for Inclusion already and was told to slowly reduce her alcohol intake leading up to the appointment.

5.14 Jasmin was alcohol dependent for much of the time period reviewed and was fortunate in that much of her alcohol related appointments were consistently with the same GP(s). She was given consistent advice in relation to seeking support from drug and alcohol support services, as this is a requirement for the medication to be prescribed. And as was the case on a few occasions, it was not possible to immediately support a Detox she was consistently given the same advice to set drink limits. When Jasmin decided she wanted to stop the medication and drink again, she was offered support by the GP, if needed.

5.15 Jasmin had seen a GP who was moving site and it was documented how she had been encouraged to build a relationship with another doctor, as a rapport was identified as important. NICE suggest the importance of patient centered care but also involving family and carers. It was documented on one occasion her mum was supporting her however, Jasmin's mother was diagnosed with terminal cancel around this time. There are frequent references to her partner on most occasions being supportive, conversely more latterly (2018) that was not apparent as it was documented in Jasmin's medical notes that he drinks in front of her and was a binge drinker.

5.16 There was no consistency in continuity of GP from 2017 regarding Jasmin's alcohol consumption and requests to stop drinking, although it would appear the actions taken were in keeping with NICE guidelines.[13]

5.17 There were two incidents where Jasmin either contacted or attended the GP following injuries. In March 2014 she attended a GP appointment with two black eyes. Jasmin was specifically asked whether the black eyes were as a result of an assault, which she denied. Jasmin was asked to make a further appointment to enable a reassessment however, a few days later she returned to the GP with her partner who reiterated that fact that she had sustained her injuries falling off a fridge whilst getting alcohol down. The GP did follow the correct processes as Jasmin was spoken to on her own and specifically asked whether her injuries were as a result of an assault, however, why was consideration not given to domestic abuse and the fact that Jasmin attended her follow up appointment with Simon.

5.18 The second recorded incident was when telephone contact was made stating that Jasmin had fallen down the stairs in November 2017. Simon stated that Jasmin had been sleep walking and had fallen down the stairs and had banged her head. General medical advice was given. It does not appear that any consideration was given to why these injuries had been sustained by Jasmin and additional follow up questions were not asked. It was discussed at the panel meeting whether the GP had considered that these incidents were more likely to be drink related accidents and as such further investigation had not taken place. It was considered that this was not the case as the two incidents had been several years apart and that the GP felt that she had built up a good relationship with Jasmin who she believed would have identified to her if any assault had taken place. There is, however, no record of any follow up question being asked of Jasmin specifically in relation to domestic abuse and whether she had received her injuries at the hands of Simon.

[13] https://www.nice.org.uk/guidance/cg115

5.19 Throughout the GP's IMR reference was made to Jasmin attending the surgery on numerous occasions throughout 2016 and 2017 with urinary tract infections and regular occurrences of cystitis. On each occasion, a 'rapid-access clinic' urgent appointment was attended. This emergency clinic is staffed by nurse practitioners and GPs and appointments are time-limited for acute problems only. On each occasion, Jasmin was advised to book a longer 'routine' appointment with a GP, so a more thorough assessment of her symptoms could be made. It is recorded throughout the review that Simon attended several of the appointments with Jasmin and is identified on some occasions as doing the majority of the talking. This may be an indicator of control that Simon was putting over Jasmin but should have been considered and appointments made to speak to Jasmin on her own.

5.20 It does not appear throughout the GP's IMR that thought was given as to whether Jasmin was vulnerable under the Care Act 2014, due to her numerous years of alcohol abuse and as to whether additional support should have been afforded her due to this. Jasmin was not considered for the Multi-Disciplinary Team (MDT) panels that were held within the GP surgery as she was not considered vulnerable. However, it is highlighted that when Jasmin missed appointments, text messages were sent to her as a reminder to cancel her appointments. It appears that the surgery had the wrong number for Jasmin on different occasions which resulted in call backs from the GP not going through to Jasmin when requested. The IMR writer highlighted the possibility of follow up telephone calls being made in preference to a text message with a select cohort of patients. This would appear to be good practice.

5.21 **Inclusion**

5.22 The Inclusion service is a part of the Midlands Partnership NHS Foundation Trust (MPFT). Jasmin described her substance of misuse / dependence as alcohol. Jasmin stated that she had first consumed alcohol at the age of 18 years and at the time of her referral was drinking 15 units daily. Jasmin did not disclose any history or current use of mental health treatment services

5.23 **Inclusion Episode 1:**

5.24 Jasmin was assessed and accepted by the Inclusion service in April 2014 for alcohol recovery support and alcohol psychosocial interventions. She was discharged in April 2015 as her treatment had been completed and she was assessed as being alcohol free.

5.25 Jasmin attended her appointment with the Inclusion service in April 2014. She was observed to have two black eyes which Jasmin stated she had sustained when she tried to get items from the top shelf at home and products than fell on her. This is consistent with the information that Jasmin had given to her GP regarding the cause of her injuries. Jasmin did not present at any future appointments during this or any future treatment episodes with any visible injuries. Nor did she mention any further incidents of injury.

5.26 Jasmin at no time during this treatment episode suggested that she had any safeguarding issues. It does not appear in the IMR however, that Jasmin was specifically asked as to whether the injuries had been as a result of an assault. The Inclusion IMR states that as there was no indication of any domestic abuse concerns, that this was not a consideration, but if there was any identified background then the question would have been asked. Agencies receive training regarding domestic abuse and coercion and control. On this occasions CGL identified that Jasmin had attended her appointment with black eyes but appeared to accept the

explanation given from Jasmin without any additional follow up or probing. Professional curiosity is a phrase often used with professionals where it identifies that the 'questions should always be asked'. There is a concern that some professionals do not feel that they are able or comfortable to ask additional or even direct or probing questions towards people they interact with, even in this case where there are visible injuries.

5.27 Jasmin stated she was drinking a bottle of white wine on alternate days and had no current intention to stop drinking. Jasmin stated she was completing drink diaries but had forgotten to bring them to her appointment. Jasmin stated she was getting additional support from her mother and boyfriend.

5.28 Jasmin was next seen by the Inclusion service in June 2014. Jasmin stated she had been in hospital two weeks ago as she had had a seizure. Jasmin disclosed that she had had episodes like this before, but this was much worse. Jasmin had seen her GP who prescribed her Antabuse (Disulfiram). Jasmin stated she was drinking alcohol free wine and felt that this was helping her not to drink alcohol.

5.29 Jasmin stated that she was eating regular meals ensuring she was sufficiently hydrated and taking her medication as prescribed. Jasmin spoke of how her whole life had revolved around socializing. She had run a restaurant, lived the army life and all her family members consumed alcohol. In summary, Jasmin felt that alcohol had been a huge part of her life. Support groups available were discussed with Jasmin who stated that she felt it was important that she should keep busy and agreed to keep an activity planner and to attend regular key worker appointments with the Inclusion service.

5.30 In July 2014 Jasmin was seen again, she remained alcohol free and continued to take Antabuse as prescribed with no reported side effects or cravings. Jasmin stated she continued to drink zero alcohol wine socially and said that her partner and her mum were supportive of her. Jasmin felt that her general health had improved and that she was keeping busy cycling and doing chores. Jasmin described a very lively sociable lifestyle in which she had travelled the world, met a lot of interesting people, but now felt that more stability was needed in her life. Jasmin was reminded again of available groups to support her at this time which included the Mill House[14] relapse prevention group and Alcoholics Anonymous[15] meetings.

5.31 Jasmin was next seen in August 2014 where it was stated that she looked well and continued to be alcohol free. Jasmin said she felt okay but did get tired and wanted to keep busy still. Jasmin stated she was happy in her relationship and wanted to look at employment options. In terms of drinking, Jasmin was beginning to think that she could do control drinking but was advised regarding the risks associated with this and that it would not be easy to adhere to.

[14] Mill House is part of the Inclusion Service: service offered: Service for adults aged 18+ experiencing problems with drugs. Advice and information, assessment, structured day programmes, individual counselling and group work. Detox service, tranquillizer dependency service, in-patient treatment. Prescribing service. Access to doctors, nurses, social workers, psychologists. Support for families and friends. Alcohol service. Target group**:** People with drug problems, their families and partners. Area served**:** Cambridge and surrounding villages, Ely, Royston.

[15] Alcoholics Anonymous is an international mutual aid fellowship with the stated purpose of enabling its members to "stay sober and help other alcoholics achieve sobriety." AA is nonprofessional, self-supporting, and apolitical. Its only membership requirement is a desire to stop drinking

Jasmin was reminded again about support groups available and continued to be prescribed Antabuse and Jasmin was seen by her GP regularly with regards to this.

5.32 At Jasmin's next appointment with the Inclusion service in September 2014, Jasmin remained alcohol free and continued to take Antabuse as prescribed. Whilst Jasmin acknowledged that she missed drinking, she now believed that she did need to be totally abstinent due to the potential consequences to her health. In October 2014, Jasmin attended her Inclusion appointment as scheduled and while she remained alcohol free and continued to take prescribed Antabuse, Jasmin said that she had been thinking a lot about drinking recently and missed it and wished that she could drink and it not be a problem for her. It was discussed why Jasmin had stopped drinking originally and the potential impact of drinking on her physical health and how much better she was feeling now. Additional support groups were discussed with Jasmin and she stated that her sister was due to visit in November 2014 for two weeks which she was looking forward to. Following several months of encouragement, it was recorded that Jasmin had attended the Inclusion relapse prevention group at Mill House and enjoyed it and planned to attend the next session.

5.33 Jasmin's next appointment occurred in November 2014. Jasmin reflected on her past 10 years of drinking from the age of 40 which resulted in her becoming quite tearful on this occasion. The focus of this appointment was on relapse prevention[16] and alternative coping strategies A letter was sent to Jasmin's GP informing the GP of the Inclusion services continued work with Jasmin. Jasmin had stated she may benefit from counselling to support her relapse prevention and the GP was asked to support this: There is no evidence within the available clinical records system as to whether or not Jasmin engaged in counselling from her GP surgery.

5.34 Jasmin was due to attend another meeting in November 2014 however this was cancelled due to the key worker's unforeseen sickness absence. Jasmin was then due to attend in December 2014 however she did not attend and did not contact the service, therefore an appointment letter was sent to her and her next appointment was rescheduled. Jasmin did attend her appointment in December 2014 she said that she felt well and was looking forward to Christmas and the New Year. Jasmin stated she was not worried about drinking over this time. Jasmin reflected on her sister's recent visit from Spain and said that her sister was really impressed with the fact that she had stopped drinking. Jasmin continued to take Antabuse as prescribed and perceived this as a safety net. Jasmin stated she was happy in her relationship with her partner and was concentrating on getting fit and keeping well physically and mentally.

5.35 Jasmin's key worker cancelled her two subsequent appointments in January and February 2015. The first appointment was cancelled as the key worker was involved in a car accident and the second due to sickness absence. Jasmin was informed of both cancellations and in early February 2015 informed the key worker that she would be in Canada for two weeks on holiday with a friend therefore it was agreed that her next appointment would occur in March 2015. There was no evidence that the lapse in appointments had a negative impact on Jasmin's recovery however, it has raised a concern regarding the follow up of staff availability when appointments were cancelled. Following her holiday to Canada, Jasmin attended her appointment with the Inclusion service. Jasmin remained alcohol free and continued to take Antabuse as prescribed by her GP. Jasmin continued to drink alcohol free wine when

[16] Relapse Prevention/management: Relapse prevention and management is the main goal when trying to reduce or eliminate drug use

socialising. Jasmin stated she was spending her time doing yoga, walking and cycling. It would appear that for the first time Jasmin made additional reference to her partner.

5.36 When talking about her relationships, Jasmin stated that she had a good family support system which included her mum and her sister; she also stated that she had a good older friend. Jasmin planned to visit her sister in Spain in the summer of 2015 and said that she had lots to look forward to. It was agreed that she should be seen in four weeks' time and that discharge would then be discussed.

5.37 Jasmin attended an appointment with the Inclusion service in April 2015. Jasmin had been alcohol free since June 2014 when she had a seizure and stopped drinking alcohol. She continued to be prescribed Antabuse by the GP and this had worked effectively for her. Jasmin had engaged in psychosocial support at her key worker one-to-one sessions which she said helped her a lot and she felt she had a lot to look forward to. Jasmin stated she continued to do yoga, cycle and walk; she planned to attend a party in May 2015 and a city break in June 2015. Whilst all these activities involved other people drinking alcohol Jasmin was definite that she wouldn't drink as she recognised it was risky. Discussed discharge from the Inclusion service with Jasmin and it was agreed that she was ready to be discharged from the Inclusion service. Jasmin would remain open to the GP who would continue to prescribe her Antabuse. Jasmin would be able to continue attending alcohol recovery support groups in the local area and could self-refer or be referred back to the Inclusion Service by a professional at any time. Jasmin was discharged from the inclusion service back to her GP as planned.

5.38 **Inclusion Episode 2:**

5.39 A self-referral received from Jasmin in May 2018; Jasmin attended for assessment with the Inclusion service for support with alcohol abuse. Jasmin was currently unemployed and stated that she was not making good use of the time whilst drinking. She stated she had close friends nearby who she socialised with regularly and good relationships with her neighbour. Jasmin also stated she was close to her mother who lived locally and her sister who lived in Spain. She also had a brother in Watford who she didn't see that often. Jasmin stated she had a supportive partner who had also identified as having an alcohol problem and presented for assessment on the same day as Jasmin.

5.40 Emotionally, Jasmin reported a history of depression and anxiety she was prescribed Citalopram[17] 20 mg (antidepressant) by her GP. There was no history of deliberate self-harm or risk of suicide and Jasmin was not involved with mental health services. Jasmin was living in council accommodation and reported no issues with this.

5.41 At that time Jasmin stated she had been abstinent from alcohol for six days. Prior to that Jasmin stated she had been drinking 1.5 to 2 bottles of 12% white wine daily (13.5 to 18 units). When she stopped drinking abruptly, Jasmin experienced violent shaking and nausea on day one. She stated she had no withdrawal symptoms since that time. Jasmin stated that historically she had had two previous alcohol withdrawal seizures and hospital inpatient detox. On assessment Jasmin stated that she had been a problematic drinker since her late 30s and had been an occasional user of cocaine and ecstasy, but that she had taken no illicit substances for over 20 years. There is no record as to why Jasmin had stated drinking again and why she had made a referral to Inclusion.

[17] Source BNF: Citalopram: Indications: Depressive illness 20 mg once daily, increased in steps of 20 mg daily if required, dose to be increased at intervals of 3–4 weeks; maximum 40 mg per day.

5.42 It was agreed that Jasmin should attend the first steps group and await a key worker allocation and work towards abstinence with abstinence-based medication as it had been successful in the past. In May 2018, Jasmin attended the first steps programmes and was allocated to a named key worker within the Inclusion service. In June 2018 Jasmin rang the Inclusion service to state that she was still awaiting her first appointment with a key worker. Jasmin stated she was still very committed to treatment but that she was going to stay with her sister in Spain for a couple of weeks. Subsequently Jasmin was allocated to a named key worker and an appointment letter sent to her in July 2018 which asked her to attend an appointment with her named Keyworker. Following this is a series of attempted telephone contacts with Jasmin to arrange a one-to-one appointment which culminated in Jasmin accepting an appointment for August 2018. This again raised concerns regarding the level of staff availability and follow up appointments with clients. There was a long gap between the initial appointment and a subsequent follow up appointment which may have impacted on Jasmin and her treatment.

5.43 Jasmin rang the Inclusion service informing them that she could not make the appointment today due to a cystitis flare up and a new appointment was arranged. Jasmin did not attend this appointment, her key worker telephoned Jasmin regarding this missed appointment however there was no answer and therefore a message was left. Jasmin's key worker again telephoned Jasmin: Jasmin was tearful and apologised for not attending. Jasmin stated that she was on her way to the appointment with her partner, but they argued in the car and he turned around and dropped her off back at home which meant she couldn't make the appointment. Jasmin commented that she didn't know what was happening in their relationship and that she was getting "horrible messages" from him (Jasmin did not provide any detail): advised this would be discussed at the next appointment. Jasmin's key worker also advised her that this would be the last appointment offered and if she missed this appointment she would be discharged from the service. It was documented that Jasmin understood this. There does not appear to have been any follow up by Inclusion in relation to the 'horrible messages' she was receiving from her partner or any probing into their relationship. The information provided by Jasmin regarding the failed lift and the horrible messages should have made staff consider domestic abuse and this should have been raised with Jasmin at the next meeting.

5.44 On the date of Jasmin's next planned appointment, August 2018, Jasmin telephoned the service crying and stated that she could not get a lift today and was aware that she would be discharged from the Inclusion service. Jasmin stated that her partner was unable to bring her and a friend could not bring her until the afternoon and she didn't feel able to catch the bus. It was agreed to change Jasmin's appointment. Jasmin was advised that if she did not attend this appointment she would be discharged from the service. Jasmin attended her key worker appointment. Jasmin did not talk about her relationships and instead she discussed her previous two years' sobriety after working with the Inclusion service and being prescribed Antabuse. Jasmin stated she took Antabuse for 10 months and remained sober for six months after this but relapsed following a trip to Spain to celebrate her sister's birthday. Jasmin stated during this holiday she initially sourced alcohol free wine but that on one night her boyfriend encouraged her to drink and the problem escalated from there. Jasmin was breathalysed at this appointment which registered a positive test. Jasmin indicated that she was drinking approximately two bottles of wine per day and had a few weeks ago, shared one line of cocaine with her boyfriend although stressed that prior to that she hadn't used any illicit substances in years. This is the third example of Jasmin possibly being in a controlling or abusive relationship with her boyfriend.

5.45 Jasmin stated she was in a relationship with a man and described their relationship as on and off which upset her. Jasmin did not provide any additional detail about this relationship, other than to state that he had also referred himself to the Inclusion service at the same time as her but had been discharged for non-engagement. Jasmin stated that her boyfriend didn't drink every day and that binge drinking was more of his problem. It was discussed how Jasmin intended to stay sober whilst in a relationship with him and Jasmin stated she has achieved this previously and drunk alcohol-free wine only. Based on Jasmin's disclosures and her previous history it was agreed that Jasmin needed to maintain a drink diary to document her drinking prior to commencing any form of alcohol reduction regime. Risk assessment and Management Plan[18] and treatment outcome profile (TOPS)[19] was completed with Jasmin. Jasmin planned to go to France in September 2018; it was agreed that she would see her key worker after that time.

5.46 Prior to Jasmin going away to France the key worker contacted her to find out how she was doing. Jasmin stated she was doing okay and had reduced her alcohol intake to between half and one full bottle of wine daily-she described no withdrawal symptoms. A further appointment was arranged for August 2018. On that date a voicemail was received from Jasmin who stated she was unable to attend her appointment as she was "full of cold". Jasmin's key worker attempted to ring her on two dates in September regarding her missed appointment, but Jasmin did not answer her phone therefore messages were left. A voicemail was received from Jasmin who apologised for not getting back to her key worker sooner but stated that she had a hectic week "dealing with other people's problems": Jasmin did not go into any further detail. She stated she was currently at her partner's house and that she felt well and was not drinking too much just sticking to a glass and a half of wine in the late evening. Jasmin's key worker telephoned her to arrange an appointment however Jasmin did not answer her phone therefore a message was left. There were no further entries in Jasmin's clinical records system after this date to indicate whether Jasmin was contacted any further or whether she contacted the service.

5.47 During both treatment episodes with the Inclusion Service, there were no safeguarding needs identified. There is no evidence that Jasmin was in need of care and support under the Care Act, due to her alcohol dependency. Two risk assessments were completed and her available clinical notes identified no risk of current domestic violence, sexual exploitation, emotional abuse, or threats from others. Jasmin did identify historical emotional abuse in a relationship with an ex-partner 9 -10 years ago, but nothing since that time. The comprehensive risk assessment and management plan was completed in line with the Trust's Clinical Risk Assessment and Management Policy.

5.48 The panel discussed the changing over of the alcohol service from Inclusion to CGL. There does not appear to have been a gap in the service offered to Jasmin and that all the information required to support Jasmin by the new service was available. There does appear to be a lack of 'professional curiosity' by the Inclusion case workers who identified several incidents of possible coercion and control surrounding the relationship that Jasmin had with Simon. These were not identified by the service and Jasmin was not quizzed further.

5.49 **CGL (Change, Grow, Live)**

[18] See appendix for copies of Comprehensive Risk assessment and Management Plans.

[19] Source: Gov.UK: Treatment Outcome Profiles (TOPS) Outcome monitoring forms and guidance on how alcohol and drug treatment outcomes information is collected and how it can be used to improve local services.

5.50 Jasmin began treatment with CGL in October 2018 after being transferred from the previous drug and alcohol service, Inclusion. Jasmin accessed the service to receive support by attending psychosocial groups. Jasmin was not seen face to face at CGL from October 2018 to November 2018 on which date she was discharged from treatment. Appointments to review the support plan were offered to Jasmin however she stated that she did not feel it was the right moment to be engaged in treatment for problematic alcohol use citing her mother's recent terminal cancer diagnosis as a reason for not wishing to engage at this time. No further action was taken.

6.0 **Conclusion**

6.1 Within domestic abuse, coercive and controlling behaviour is an important risk factor for domestic homicide, particularly for female victims of intimate partner homicide. A recent analysis of DHR's in 2019 identified potential risk indicators in victims which may have heightened vulnerability to victimisation, but which might also be understood as a consequence of domestic violence and abuse: mental health difficulties (29%), physical health difficulties (29%), alcohol (25%) and housing problems (16%).

6.2 In Jane Monckton-Smith's research she identified in 2016[20] the traits of perpetrators surrounding domestic abuse and coercive and controlling behaviour as having a recognisable psychology which is 'who they are', a deep-seated fear of the victim leaving them, that they are often unable to take rejection of challenge and possess traits of obsessive, repetitive and compulsive behaviours.

6.3 The victims themselves are often skilled managers of a dangerous individual. Someone who has had their ability to make choices taken away from them and a life dominated by fear and the needs of the perpetrator.

6.4 There are reported incidents where Jasmin identified a level of behaviour which can be identified as domestic abuse/coercion and control to either family members or professionals throughout her relationship with Simon. It is recorded in the GP's IMR that on several occasions Jasmin would be accompanied by Simon to her medical appointments and that he would do a great deal of the talking. This was not challenged by professionals.

6.5 The GP identified that domestic abuse was a consideration when Jasmin attended the surgery with two black eyes and that she was specifically asked the question regarding domestic abuse however, when asked to book a follow up appointment Jasmin attended with Simon which should have raised concerns. The second incident where Simon reported that Jasmin had fallen down the stairs after drinking a bottle of wine was not challenged and was accepted without any follow up due to Jasmin's previous alcohol history.

6.6 Concerns were not raised when Jasmin attended her meeting with Inclusion with black eyes and that her explanation was accepted at face value. There is a report from Jasmin to Inclusion regarding her receiving horrible text messages from her partner, believed to be Simon, however these were not examined any further. Jasmin was unable to keep appointments because Simon would not take her or that they had argued and he had turned the car around. There was no real consideration as to why Jasmin was continuing to drink alcohol and why

[20] Jane Monckton-Smith "Ava project. Org.uk"

she had started drinking again even though at her sister's birthday Simon had put a glass of alcohol under her nose to get her to have a drink.

6.7 Jasmin's sister stated that on at least two occasions Simon appeared to encourage Jasmin to start drinking alcohol again. It is not clear as to the reasons behind this, but it indicates that Jasmin was wishing to do something different to Simon, which he was not happy about. This resulted in Simon manufacturing a situation to get what he wanted, clear signs of controlling behaviour. There is evidence that Simon would manipulate Jasmin's dependency upon alcohol to gain what he wanted.

6.8 Although identified after Jasmin's death, Jasmin's sister had concerns regarding Simon's controlling behaviour, there is no indication that she felt that she was able to offer any support or guidance to Jasmin on how to speak to professionals or where she could go to get any support if required. Cambridgeshire have carried out work to try and raise awareness within the community of the signs of domestic abuse and where support is available. This work continues to be an important factor in society and the better the message is in the public arena the better support available to those suffering with domestic abuse.

6.9 Agencies did not consider or question the impact that Simon was having on Jasmin and the level of control that he had over their relationship. These are all missed opportunities to further delve into the relationship between Jasmin and Simon and to identify whether further support and signposting could have been offered to Jasmin.

6.10 There is a large body of research linking alcohol and domestic abuse. In particular, domestic abuse is associated with physical and severe physical domestic abuse.[21]

6.11 Although within the report there is analysis regarding Jasmin's alcohol misuse this is not used in any way to proportion any blame on Jasmin, it is solely described within the review to highlight the linkage of alcohol misuse and the impact that this has in relation to domestic abuse and the vulnerabilities of Jasmin which appear to have been missed by agencies. There is also no indication that professions asked the questions of Jasmin as to what impact her previous relationship history might have had on her mental health and alcohol abuse. Jasmin's alcohol misuse appears to have been accepted as a lifestyle choice.

6.12 Jasmin had a long history of alcohol misuse which agencies were aware of. What agencies did not consider however, was the impact that these could have had on a relationship and agencies should have had these in the back of their minds when dealing with Jasmin. Questions should have been asked regarding her relationship with Simon and frank discussions should have taken place.

6.13 There is a strong association between having mental health problems and being a victim of domestic abuse. Mental ill health is also a risk factor for abuse perpetration. Safelives research identified that victims with mental health needs were more likely to have problems with drug and alcohol use, 14% of females with mental health problems also misuse alcohol and 10% misuse drugs. Victims of domestic abuse with mental health needs were also more

[21] Galvani, S. (June 2010), 'Grasping the Nettle: alcohol and domestic violence', University of Bedfordshire & Alcohol Concern,

likely to have visited their GP and A&E before accessing support for the abuse, 83% of females will visit their GP and 22% will visit a hospital[22].

6.14 Alcohol misuse is consistently found in a high proportion of those who perpetrate domestic abuse and sexual assault, and it has been found within intimate relationships where one partner has a problem with alcohol or other drugs, domestic abuse is more likely than not to occur.[23] It was identified within this review that both parties were addicted to alcohol to various degrees. Alcohol misuse by both parties increases the level of risk and may mean agencies focus on the alcohol and do not recognise that the victim is drinking to cope with the abuse. Addressing the normalisation of violence within drinking couples is critical in reducing the risk of harm to all involved and should be included in any training on alcohol-related domestic abuse.[24]

6.15 Within the Cambridgeshire and Peterborough, Violence Against Women and Girls (VAWG) Needs Assessment, July 2017, harmful use of alcohol is a risk factor for perpetration of VAWG. This therefore suggests that any evidence-based intervention to reduce harmful levels of drinking could potentially be effective in reducing violence against women and girls.

6.16 The panel discussed the use of Multi-Disciplinary Team meetings (MDT) within the setting of the GP practice where Jasmin was resident.

6.17 Multidisciplinary teams (MDTs) are promoted to enable practitioners and other professionals in health and social care to collaborate successfully. Research suggests that MDTs can be effective in meeting the needs of some populations. They are identified in Social Care Institute for Excellence's **Integration Logic Model** as a core desire of what good integrated care looks like. Sufficient diversity of professions and disciplines, suitable leadership and team dynamics, and supportive organisations are important enablers. Multidisciplinary teams (MDTs) have been shown to be an effective tool to facilitate collaboration between professionals and hence improve care outcomes.

6.18 Integrated care requires professionals and practitioners from across different sectors to work together around the needs of people, their families and their communities. Not working together results in a poor experience of care, poor use of resources and in some cases, people suffering harm.

6.19 Alcohol misuse itself would not necessarily prompt discussion at an MDT meeting. A search of the GP practice computer reveals that 420 patients have alcohol problems (1% of the practice population). It would therefore not be feasible to discuss each of these patients at an MDT. It should also be noted that this is likely to be an underestimate, and another large group of patients may be attending the alcohol service without informing their GP or with undiagnosed alcohol problems.

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[22] https://safelives.org.uk/spotlights/spotlight-7-mental-health-and-domestic-abuse

[23] Galvani, S. (May 2010), 'Supporting families affected by substance use and domestic violence', The Tilda Goldberg Centre for Social Work and Social Care, University of Bedfordshire, ADFAM

Copello et al. 2000, Orford et al. 2001

[24] Alcohol Change uk

6.20 Alcohol is a clear example of a risk factor for vulnerability but, of course, not all alcohol dependent individuals will be 'vulnerable'. The Care Act 2014 defines a 'vulnerable adult' as someone who:

1) has needs for care and support (whether or not the local authority is meeting any of those needs) and;
2) is experiencing, or at risk of, abuse or neglect and;
3) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

6.21 Jasmin was not identified as vulnerable in her GP record. There are probably several reasons for this. Other than her alcohol abuse and chronic low mood, she was not known to have other vulnerabilities e.g. learning difficulties, severe mental health problems and self-harm episodes or documented history of domestic violence. Questions were asked about domestic violence on more than one occasion in the GP record, but this was denied. Whilst Jasmin did have some care and support needs (alcohol, chronic low mood), she had the capacity, and the capability, to take the autonomous decision to attend the alcohol service at times. It is difficult to know to what extent coercion and control from Simon restricted her ability to access services or put her at risk of abuse or neglect. Of course, the alcohol misuse itself would also have increased the risk of missed appointments, lack or reengagement with the alcohol service and failure to attend for routine follow-up regarding her urinary symptoms. It is therefore likely that her vulnerabilities fluctuated and therefore were not always apparent in consultations when presenting acutely. If Jasmin had been identified as a vulnerable adult, the MDT discussion would have included discussion around travel and failure to attend the alcohol service.

6.22 The panel read and discussed the publication 'Learning from tragedies' an analysis of alcohol-related Safeguarding Adult Reviews published in 2017 and re published 2019.[25] Alcohol Change UK is a leading alcohol charity who create evidence driven change by working towards five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment.

6.23 This report identifies some common characteristics among the adults whose deaths resulted in SAR's and DHR's and considers how their alcohol misuse was perceived by the practitioners who were working with them. It reveals the extent to which alcohol is a contributory factor in a number of tragic incidents and highlights some key themes that can inform improved future practice, such as better multi- agency working, more robust risk assessments, and improved understanding and training for practitioners to help them better identify and support, in a non-stigmatising way, vulnerable people who are experiencing alcohol harm.

6.24 Several factors highlighted within the report were discussed within the panel meeting. The 'lifestyle choice' and the behaviours of an individual person identified as their own personal choice. Through the review, agencies identified that they carried out mental capacity assessments with Jasmin and that they all felt that she had mental capacity. They did not however, consider the impact her alcohol abuse might have had on her decision making. It was identified that further training was required regarding the impact of alcohol and self-neglect, including drug misuse.

6.25 The report also highlights the lack of resources available for adults suffering with alcohol abuse problems. This does not appear to be significant within this case as it identified that

[25] Alcohol Change UK

Jasmin was offered a lot of help and support from agencies involved with her. It has already been identified the good practice surrounding the GP and the constant level of care that Jasmin received over several years. Jasmin was given consistent advice in relation to the support required but perhaps Jasmin's interests could have been better managed on a more multi agency basis if she had been a part of a MDT discussion at her local GP surgery. The Domestic Abuse Strategic Needs Assessment was reviewed by the independent report writer and although it identified a link between domestic abuse and alcohol dependency there did not appear to be a great deal of significant research or recommendations within the report.

6.26 Common characteristics among the adults whose deaths resulted in the Safeguarding Adult Review's and Domestic Homicide Review's and considers how their alcohol misuse was perceived by the practitioners who were working with them. It reveals the extent to which alcohol is a contributory factor in a number of tragic incidents and highlights some key themes that can inform improved future practice, such as better multi- agency working, stronger risk assessments, and improved understanding and training for practitioners to help them better identify and support, in a non-stigmatising way, vulnerable people who are experiencing alcohol harm.

6.27 At the time of this case the Multi Agency Risk Management Guidance (MARM)[26] was not in place in Cambridgeshire and Peterborough. MARM was introduced to provide a multi-agency response to adults with complex needs. MARM meetings were discussed with the business manager of the Adults Safeguarding Board who stated they the Board is currently looking at expanding the MARM meetings to incorporate those adults with alcohol dependency issues.

6.28 Integrated care requires professionals and practitioners from across different sectors to work together around the needs of people, their families, and their communities. Not working together results in a poor experience of care, a waste of resources and in some cases, people suffering harm. Treatment plans should take into consideration the fact that many victims will be using alcohol to manage symptoms of trauma such as flashbacks and general anxiety. If alcohol use is reduced before other coping strategies have been identified, this could result in the alcohol treatment being unsuccessful.

6.29 Many alcohol services state they already address domestic abuse in their practice by, for example, including questions about previous or current experiences of abuse in the referral and assessment forms. A more holistic response is still needed. This should be both gender responsive and trauma informed. As women's problematic alcohol use may stem from experiences of trauma (most often abuse), it is vital that services are aware of the impact of trauma on people's emotional and psychological well-being.

6.30 Trauma-Informed Practice is a strengths-based approach, which seeks to understand and respond to the impact of trauma on people's lives. The approach emphasises physical, psychological, and emotional safety for everyone and aims to empower individuals to re-establish control of their lives.

[26] Multi Agency Risk Management Guidance (MARM) - http://www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabprocedures/multi-agency-risk-management-guidance/

6.31 Trauma-informed practice recognises the prevalence of trauma and its impact on the emotional, psychological, and social wellbeing of people. Trauma often affects the way people approach potentially helpful relationships. This is because many survivors feel unsafe, lack trust, or live with anxiety. Becoming trauma-informed is about supporting people to feel safe enough in their interactions with services to build trust, and to help people overcome any barriers to an effective helping relationship.

- Trauma is the living legacy of the past -the psychological and emotional response to a deeply disturbing or distressing event
- Complex trauma describes the response to exposure to multiple traumas
- Trauma-informed practice:
- Acknowledge strengths in the face of adversity
- Feelings are validated, encouraging an understanding of the trauma and its impact
- Making sense of the past and the present, the unconscious world and the motivations that drive behaviour.

6.32 During the review Jasmin's sister and Simon's mother identified that both had been placed in accommodation where there were other people who were drug and alcohol dependent and as such this had not been helpful for both of them to stop drinking. The letting policy for South Cambridgeshire Council was examined by the chair of the review. The policy should be considered in conjunction with the Home-Link Partnership Guide, which outlines how the Home-Link choice-based lettings scheme works in Cambridgeshire and West Suffolk.

6.33 The Home-Link scheme and lettings policy were designed through collaboration between the partner organisations listed above, with the aim of having as much consistency in the letting of social housing as is possible in a very diverse area. The lettings policy aims to ensure that all people seeking social housing in South Cambridgeshire District Council can exercise choice in deciding where they wish to live and in the type of property they would prefer.

6.34 The policy enables South Cambridgeshire District Council to consider the individual needs of its applicants whilst making best use of the scarce resource of housing stock. South Cambridgeshire District Council also has regard to the Care Act 2014, which includes provisions for adults at risk of abuse or neglect. Social housing by its very scarcity and nature concentrates groups of people with social issues together. It was identified that the South Cambridgeshire District Council would not have been aware of any alcohol dependency for either Jasmin or Simon upon them being placed in Council accommodation and that any issues would have been identified at a later stage through agency contact.

6.35 The council has a group in place called Residents At Risk, which is a monthly meeting of council departments, other social landlords, support service, etc., to discuss the housing options and solutions for anybody at risk of homelessness. The Homeless Manager leads on this. It is uncertain if Jasmin's case would have triggered a referral to that group, although recorded historic rent arrears may have been a trigger. The other groups available in relation to housing considerations are a subgroup of the CSP and is call the PSG – Problem-Solving Group; this relates mainly to anti-social behaviour and cases where three or more agencies need to be involved to resolve an identified issue. It was identified throughout the review that partner agencies were not aware of these provisions or meetings and that it would be helpful for the processes and support services were disseminated and publicised more widely.

7.0 Recommendations

7.1 **GP Practices**

Recommendation 1
Consider running reports through Systm1 on patients that have failed to attend more than 3 appointments in 3 months and contrast this to any identified vulnerabilities to compile a report and take appropriate actions.

Recommendation 2
Follow up of persistent non-attenders or those considered at risk, not just by text as currently occurs, but also by phone. Consider telephone follow ups on vulnerable patients such as Jasmin when they do not attend their appointments. This is currently the recommended protocol when children do not attend their appointments.

Recommendation 3
Vulnerable patients should be booked in directly by the clinician at the end of the appointment, rather than being sent to book a routine appointment at reception. A 'task to self' could then be scheduled by the clinician booking the appointment to check attendance.

Recommendation 4
Domestic abuse training to be provided and attended by the GP Practice, including all the GPs, Registered Practitioners and Administrators with patient facing contact. The training is to include coercive and controlling behaviour within a relationship and the importance of GP's seeing patients on their own where they are able to give them the space and opportunity to identify any issues or concerns.

7.2 **Inclusion**

Recommendation 5
Inclusion's domestic abuse policy is to be updated to include coercion and control. Their domestic abuse training is also to be updated to provide their staff with a clear understanding of what coercion and control is and the impact this has on individuals. The impact of drug and alcohol dependency and people with complex needs is to be highlighted, looking at how these needs can be manipulated by partners or husbands as a means to control. The training is to include this DHR as a case study to reinforce the need for professionals to ask questions of their clients surrounding potential abuse.

7.3 **East of England Ambulance Service**

Recommendation 6
This review is to be highlighted in training within the Ambulance service regarding instances of possible strangulation and the necessity of reporting these to the police.

7.4 **The Cambridgeshire and Peterborough Safeguarding Adults Board.**

Recommendation 7
The Cambridgeshire and Peterborough Safeguarding Adults Board to review their training package surrounding self-neglect under the Care Act 2014 to include those with complex needs, including alcohol and drug misuse and the impact that these addictions have on their decision-making abilities. This is to include decision making and 'lifestyle choices' and

fluctuating capacity. To also review their MARM processes to include adults with alcohol dependency issues.

7.5 **Cambridgeshire and Peterborough Strategic Domestic Abuse and Sexual Violence Board**

Recommendation 8
To consider reviewing and updating the Violence against Women and Girls Strategic needs assessment 2017, to identify issues surrounding alcohol and drug dependency and the impact on victims and to develop multi agency practices and training. The training should look at a whole systems approach in relation to adults with complex needs, including alcohol and/or drug dependency and the impact that these needs have on the adult's vulnerability and how these needs can be manipulated by partners and husbands within relationships.

Recommendation 9

The Board should promote guidance available to friends, family, or colleagues of someone they suspect is in an abusive or unhealthy relationship on how they could help them in an informed, supportive and non-judgmental way to identify possible options and solutions.

7.6 **South Cambridgeshire District Council**

Recommendation 10
To publish and disseminate the Home-Link scheme and lettings policy to partner agencies, together with the referral mechanism for the Residents at Risk group and the Problem-Solving Group.

7.7 **All agencies**

Recommendation 11
All agencies to review their online applications forms to make sure that they are in an easy -to-read format and/or that there is a reference for adults with additional needs, i.e. dyslexia, signposting them to where they can gain the additional support required to complete the relevant forms.

7.8 **National Recommendation**

Recommendation 12
A vulnerability scoring system is to be looked at to provide consistency among GP practices in relation to the assessment of their most vulnerable patients for inclusion onto MDT discussions. At the moment 'vulnerability' is multifactorial and will vary hugely in nuance and severity between individual patients (incorporating physical illness factors, presence or absence of learning disability, drugs / alcohol factors, severity of mental illness, social inclusion, risk of coercion / control). There are currently no formal 'vulnerability' scorings systems available. Patients with a particular known risk factor (e.g. Alcohol misuse) could then be asked a list of screening questions to determine their 'vulnerability score' and whether a more formal discussion at an MDT might be beneficial.

Glossary

IMR's – Individual Management Reviews

DHR – Domestic Homicide Reviews

CSP – Community Safety Partnerships

MAPPA – Multi Agency Public Protection Arrangements

DVPP – Domestic Violence Perpetrators

BeNCH – Bedfordshire, Northampton, Cambridgeshire and Hertfordshire Community Rehabilitation Company

IDVA – Independent Domestic Violence Advocate

GP – General Practitioner

CGL – Change, Grow, Live

DASV – Domestic Abuse and Sexual Violence Partnership

MARAC – Multi Agency Rick Assessment Conference

CCG – Clinical Commissioning Group

VAWG – Violence Against Women and Girls