



# **NEWHAM COMMUNITY SAFETY PARTNERSHIP DOMESTIC HOMICIDE REVIEW EXECUTIVE SUMMARY**

**Report into the death of Angela**

**June 2015**

**Independent Chair and Author of Report: Nicole Jacobs**

**CEO, Standing Together Against Domestic Violence**

**September 2017**



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# 1. Executive Summary

## 1.1 The Review Process

- 1.1.1 This summary outlines the process undertaken by Newham Community Safety Partnership domestic homicide review panel in reviewing the homicide of Angela who was a resident in their area.
- 1.1.2 The following pseudonyms have been used in this review for the victim and perpetrator (and other parties as appropriate) to protect their identities and those of their family members:
- The victim: Angela
  - The perpetrator: William
- 1.1.3 Criminal proceedings were completed on 21<sup>st</sup> December 2015 and the perpetrator was sentenced to life imprisonment with a minimum tariff of 21 years; arson with intent to endanger life for 5 years and 6 months; attempted murder for 8 years and 6 months.
- 1.1.4 The process began with an initial meeting of the Community Safety Partnership on 13<sup>th</sup> September 2016 when the decision to hold a domestic homicide review was agreed. All agencies that potentially had contact with (victim/perpetrator) prior to the point of death were contacted and asked to confirm whether they had involvement with them.

## 1.2 Contributors to the Review

- 1.2.1 This Review has followed the statutory guidance for Domestic Homicide Reviews (2016) issued following the implementation of Section 9 of the Domestic Violence Crime and Victims Act 2004. On notification of the homicide agencies were asked to check for their involvement with any of the parties concerned and secure their records. A total of ten agencies were contacted to check for involvement with the parties concerned with this Review. Five agencies returned a nil contact, three agencies submitted Independent Management Reviews (IMRs) and chronologies, one agency submitted a detailed letter regarding contact and one agencies (Woodgrange Medical Practice) submitted their medical notes. The chronologies were combined and a narrative chronology written by the Overview Report Writer.
- 1.2.2 The following agencies and their contributions to this Review are:

Change, Grow, Live (CGL) which is the current provider of substance misuse services commissioned by the London Borough of Newham	Contribution- IMR and Chronology
Woodgrange Medical Practice	Contribution- medical notes
Newham University Hospital	Contribution- IMR and Chronology
Barts Health Acute Trust	Contribution- IMR and Chronology
Metropolitan Police Service (MPS)	Detailed letter

1.2.3 Independence and Quality of IMRs: The IMRs were written by authors independent of case management or delivery of the service concerned. Most IMRs received were comprehensive and enabled the panel to analyse the contact with Angela or William, and to produce the learning for this review. Where necessary, further questions were sent to agencies and responses were received. The IMRs have informed the recommendations in this report. The IMRs have helpfully identified changes in practice and policies over time, and highlighted areas for improvement not necessarily linked to the terms of reference for this review.

1.2.4 The following agencies and their contributions to this Review are:

Change, Grow, Live (CGL) which is the current provider of substance misuse services commissioned by the London Borough of Newham	Contribution- IMR and Chronology
Woodgrange Medical Practice	Contribution- medical notes
Newham University Hospital	Contribution- IMR and Chronology
Barts Health Acute Trust	Contribution- IMR and Chronology
Metropolitan Police Service (MPS)	Detailed letter

### 1.3 The Review Panel Members

1.3.1 (List panel members)

Name	Job title, Organisation
Phillipa Uren	Safeguarding Coordinator, Barts Health
Rob Carrick	DSV Commissioning Officer, London Borough of Newham (LBN)
Justin Roper	Associate Director of Quality, Newham Clinical Commissioning Group (CCG)
Janette Clarke	Safeguarding Lead, East London Foundation Trust (ELFT)
Dr JB Berman	Consultant Forensic Psychiatrist, East London Foundation Trust (ELFT)
Tony Pape	Senior Safeguarding Officer, London Borough of Newham (LBN)
Mandy Oliver	Senior Safeguarding Adults Advisor   Safeguarding, Mental Capacity and DOLs Team, LBN Adult Social Care
Karen Bohan	Senior Safeguarding Adults Advisor   Safeguarding, Mental Capacity and DOLs Team, London Borough of Newham (LBN) Adult Social Care

Allison Hamer	Detective Superintendent, Metropolitan Police Service (MPS)/SCRG
Allison Buchanan	Domestic and Sexual Violence Commissioner, London Borough of Newham (LBN), Adults Services Commissioning
Neil Matthews	A/Supt, Newham Metropolitan Police Service (MPS) – left panel early in process and replaced temporarily with Sean Yates who attended 1 panel meeting only
Piers Adamson	Service Manager, Change Grow Live (CGL)
Sinéad Dervin	Senior Mental Health Commissioning Manager, Health in the Justice System NHS England
Karen Ingala-Smith	CEO, NIA Project
Greg Tillet	Head of Newham National Probation Service (NPS)
Anju Ahluwalia	North East Area Manager, Victim Support

- 1.3.2 Independence and expertise: Agency representatives had an appropriate level of knowledge, management and independence to represent their service or agency on the panel.
- 1.3.3 The Review Panel met a total of 3 times, with the first meeting of the Review Panel on the 16<sup>th</sup> December 2016. There were subsequent meetings on 20<sup>th</sup> April 2017 and 13<sup>th</sup> October 2017.
- 1.3.4 The Chair of the Review wishes to thank everyone who contributed their time, patience and cooperation to this review.

#### 1.4 Chair of the DHR and Author of the Overview Report

- 1.4.1 The Chair and Author of the Review is Nicole Jacobs, the CEO of Standing Together Against Domestic Violence (STADV). Nicole has received training from her predecessor at Standing Together, Anthony Wills and attended the Home Office training on DHRs in 2013. She has over 20 years of experience working in the domestic violence and abuse sector and has chaired five DHR reviews and has led in the work related to dissemination of findings of all the STADV-chaired DHRs with the Child and Women Abuse Studies Unit at London Metropolitan University, published in 2016.
- 1.4.2 Standing Together Against Domestic Violence (STADV) is a UK charity bringing communities together to end domestic abuse. We aim to see every area in the UK adopt the Coordinated Community Response (CCR). The CCR is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse survivor, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase survivors' safety, hold perpetrators to account and ultimately prevent domestic homicides
- 1.4.3 STADV has been involved in the Domestic Homicide Review process from its inception, chairing over 50 reviews, including 41% of all London DHRs from 01/01/2013 to 17/05/2016.

- 1.4.4 *Independence:* Nicole has no connection with Newham Community Safety Partnership (CSP) or any of the agencies involved in this case.

## 1.5 Terms of Reference for the Review

- 1.5.1 At the first meeting, the Review Panel shared brief information about agency contact with the individuals involved, and as a result, established that the time period to be reviewed would be from 1991 to the date of the homicide. This was the time period when there are first indications of William seeking help for smoking which panel members felt may have been link to possible cannabis use. In addition, there was little information provided in the initial scoping and so the panel agreed that it would be prudent to ensure a longer period of time to gather as much information as possible.
- 1.5.2 *Key Lines of Inquiry:* The Review Panel considered both the “generic issues” as set out in 2016 Guidance and identified and considered the following case specific issues such as substance misuse and links to mental ill health and adult child to parent violence.
- 1.5.3 A Consultant Forensic Psychologist at East London NHS Foundation Trust (ELFT) was invited to be part of the review due to his expertise in mental ill health and links to substance misuse even though he had not been previously aware of the individuals involved.

## 1.6 Summary of Chronology

- 1.6.1 *Metropolitan Police Service (MPS):* MPS had limited contact with William. Notably, in 2014, William recollects approaching the police for help before attending his drug and alcohol service. His recollection of this event was that he felt unwell but was not sure why so he would have appeared confused or unsure in his interaction with the Police.
- 1.6.2 *Bart's Health:* GP contact with both Angela and William were a result of GP referrals with one exception when William attended ED A&E for treatment of a wrist injury as a consequence of falling off his bike.
- 1.6.3 *Change, Grow, Live (CGL) and a previous substance misuse service in Newham:* William engaged with a substance misuse service in Newham in early 2014. William engaged well with this service for a period of 3-5 months but lost contact with the service when contracts for all substance misuse services in Newham changed. William's details were given to the new substance misuse service, CGL Newham Rise. His case had been transferred electronically by a previous substance misuse service provider on 1<sup>st</sup> July 2014. This is the date that CGL took on the Newham community substance misuse contract. No paper records for William were transferred and he was never seen by a CGL member of staff. He was telephoned by an assigned Recovery Worker on August 21<sup>st</sup>, 2014 in an attempt to engage him with the service, but there was a no reply and a voicemail was left. Due to the lack of response, William's case was closed.
- 1.6.4 *Background Information:* Angela was a white British woman, aged 65 who was born in Cornwall and moved to London when she was a baby. She was married at the time William was born but had divorced and was a single mother from the time William's was a small child. She worked at a

Medical Library where she was a valued and beloved member of staff. Angela was dedicated to the welfare of animals and had formed some of her close friendships with others because of fundraising and activities related to animal welfare. Her friends and neighbours remember her leaving food out for foxes and food for the birds. She sponsored programmes to support horses and orangutans. One friend described her by saying, "The word 'no' did not figure in her vocabulary." She was proactive and took an interest in a wide range of events and activities. If a friend suggested an activity or event, Angela was always enthusiastic to make it work.

- 1.6.5 Angela was an assertive person. She could ask neighbours to help her in the back garden or to suggest that they clean up or address work needed in their shared or overlapping space. One friend remembers her offering a local homeless man some work to paint her fence. She had noticed him and his dog at the station and thought that he may like to be offered some work to do. Her friend believes that her motivation may well have been to help his dog by helping him.
- 1.6.6 She was also private and cautious. She was not likely to attend a party or gathering where people were unknown to her. She enjoyed her close circle of friends and was most active when they would do things together, but not in wider social groups. When her friends invited her to anything, she was always careful to ask who else may be there and would sometimes decline if there were people in attendance who she did not know.
- 1.6.7 She was nearing retirement and she had spoken to her friends about her travel plans. She had a good friend who had lived in Belgium and asked her if they could travel there together once she was retired. She also planned to volunteer at the Theatre Royal and a charity shop for animal welfare.
- 1.6.8 William is a white British man who was aged 37 at the time of the murder. He lived at home with his mother and he worked as a street cleaner for 9 years up until the time of arrest. William recalled that he smoked cannabis regularly from the age of 16 -18. He could not recollect the exact age he began. He described his cannabis habit as dependent on his income. He often smoked from his pay day until mid-week when he would run out of money to be able to buy any more cannabis. William acknowledged that his mother knew about his cannabis use and they spoke from time to time about how to address or stop his drug use.
- 1.6.9 Angela spoke to certain friends about her concerns regarding William's cannabis use. She had a close friend who had worked in a drug dependency unit and Angela asked her friend for support and advice. She spoke to her friend about a time when William had sought help and was attending counselling. This was in the year before the murder and it aligns with William's recollection of help seeking to address his drug use.
- 1.6.10 William describes himself as someone who lacks self-confidence and to escape he would smoke cannabis and play video games. At the time of murder, he would play on an Xbox for several hours per day. His routine was to wake up, smoke cannabis, play video games and then go to work in the afternoon. He played Minecraft, Call of Duty and Battlefield and often played with other people via the internet. This took up most of his time out of work and he describes becoming increasingly drawn in to hours of video games in the time before the murder. He had a small number of friends but he did not see them often.
- 1.6.11 William confirmed that for a period of 2 years, he moved away from the family home but returned because it was hard to sustain independent living.

- 1.6.12 William explained that at aged 30, he considered attending college with ambitions in relation to nursing or infection control. He stated that he found that he could not juggle both coursework and working which was disappointing to both him and his mother.
- 1.6.13 William described his relationship with his mother as one of relative harmony. He said they had some minor disagreements but they got along on a daily basis. Their weekday routine was such that they only overlapped in the house for a couple of hours each day due to their differing schedules.
- 1.6.14 William's description of a lack of conflict between him and his mother is reflected in the interviews with the friends and family of both Angela and William. Angela's neighbour did not recall hearing anything through their adjoining walls except for occasionally hearing Angela raise her voice at William. When she spoke with Angela over the garden fence, she would often speak about William and occasionally complain if she had asked him to do something and he had not done it. None of these things raised concern for their neighbour.
- 1.6.15 Friends and family often visited the family home. Angela's sister visited once or twice a week. Friends and family describe coming to the house and being greeted by William who was often playing video games but would stop, and politely greet the visitor and then often go back to what he was doing. Angela did not describe or disclose to friends and family interviewed for this review that she had experienced conflict, violence or discord with William.
- 1.6.16 Angela recruited William to help at her work from time to time which seemed to work well and William got to know her co-workers and would sometimes go to dinner with Angela and her colleagues.
- 1.6.17 However, William admitted that both he and Angela wanted William to move out. He spoke that they were both frustrated with the fact that his finances were such that he could not live independently of her. She spoke to her close friend about her plans for retirement and her future about changing her will. She expressed concern to her friend that perhaps William would not be able to keep up the house and therefore she was considering leaving it to a charity. There is no indication that she had communicated that to others or to William.

## **1.7 Conclusions and Key issues arising from the review**

- 1.7.1 Domestic violence is a complex social problem. It harms the whole of society. The outcomes are the responsibility of all the agencies with a remit for health, social care and crime.<sup>1</sup> The adult child to parent violence which sits within this broader definition require more time, attention, research and development of practice. An understanding of risk factors for adult children who are dependent on their parent(s) financially, emotionally or due to substance misuse of mental ill-health requires much more awareness raising and proactive encouragement for early help and support.

## **1.8 Lessons to be learned**

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<sup>1</sup> Wills, A. and Standing Together Against Domestic Violence, 'In Search of Excellence: A Guide to Effective Domestic Violence Partnerships', 2013, p.3.



- 1.8.1 **Prioritising information to aid help seeking:** It is possible that William's use of cannabis for a period of approximately 20 years and the effect on him was not fully understood by him, his family, friends or GP services. It is possible that both he and Angela did not consider help was needed for a substantial period of those years. William only took steps for help seeking in 2013, although he had sought more general advice from the GP in previous years. It is also possible that William and others close to him assumed his general feeling of mental ill health stemmed from use or withdrawal from use of cannabis and therefore he never sought help from mental health services and none were offered to him via the GP or DASL. Making these possible links are critical for services to consider. Whether at the GP or drug and alcohol services, empowering patients and service users with information about where and how to seek help is an important aspect of their service.
- 1.8.2 **Commissioner practice in transition of services:** Commissioners of services should consider additional steps they can take to be certain that service users are provided with clear and accurate information when there is a change in service structures or a transition in commissioned services.
- 1.8.3 **Awareness of adult child to parent violence:** Although there was no evidence presented in this review that William was abusive to Angela prior to the murder, a significant minority of DHRs are of adult children who murder a parent or family member. Providers of community health services, substance misuse services and mental health services should be increasingly aware of adult child to parent/family violence and the gendered nature of these crimes and consider the risks to parents or family members of their adult service users, especially when living together and when the service user is financially dependent on them. In these circumstances, parents should be provided with information and support to ensure they feel confident and understand local service provision and can be encouraged to seek support in their own right if necessary.
- 1.8.4 **Importance of re-engagement pathways for substance misuse services:** Effective and systematic re-engagement pathway/process and discharge checklist within substance misuse services are critical.
- 1.8.5 **The importance of confidential services for families and carers affected by others' substance misuse:** CGL Newham Rise has a small team of experienced workers who specialise in engaging with families, carers and substance misusing parents. They offer carers' support groups, confidential support and advice, carers assessments, drug and alcohol awareness, 1 to 1 counselling and key work sessions, coffee mornings, courses and an evening clinic. Input from this team and linkages to domestic abuse services would be of mutual benefit to ensure that service users and front-line workers are fully aware of the possible support for them.
- 1.8.6 **The importance of training links in Newham in relation to domestic abuse:** CGL has internal training on domestic abuse for its staff team. In addition, the London Borough of Newham clearly promotes on its website the training offered to all services in the borough. This includes a course on Recognising and Responding to Domestic Abuse and another course on Intervention and Ways of Working.
- 1.8.7 **Learning from this review and other DHRs in Newham:** A prior DHR AB in Newham where a son killed his father cited lessons learned that the family did not have a point of contact with the team who were supporting the perpetrator (in this case, mental health services) who they could share their concerns with. There was no awareness of the family of carers' support available. The

case highlighted the importance of ensuring that carers, and health care providers are properly linked together to ensure that individuals are supported.

- 1.8.8 The London Borough of Newham is commended for promoting learning and training from DHRs but for also providing links to each DHR on their website, alongside a combined action plan and learning summary.

## 1.9 Recommendations from the review

- 1.9.1 The recommendations below should be acted on through the development of an action plan, with progress reported on to the Newham Community Safety Partnership within six months of the review being approved by the partnership.
- 1.9.2 **Recommendation 1: Adult Safeguarding Board-** Improved awareness and training around risk identification, management and access to support for adult child to parent violence and to ensure this is linked with increasing levels of adult children who will live at home as outlined in the London Poverty Profile Report<sup>2</sup>.
- 1.9.3 **Recommendation 2: Adult Safeguarding Board-** As with a previous DHR (Newham AB), review support, information and training related to these findings should be made for carers when mental health, substance misuse services or domestic abuse is present.
- 1.9.4 **Recommendation 3: London Borough of Newham Commissioning Services-** Consider if individual communication to all existing service users should be embeded when there is a significant change to commissioned services or when there is a transition to a newly commissioned service and consider any improvements that could be made to provide assurance that all services in transition abide by agreed practice and procedures specified in commissioning and mobilisation plans.
- 1.9.5 **Recommendation 4: Community Safety Partnership:** Further understanding of the services available for parents or family whose adult child is accessing substance misuse and promote an increase awareness of the commissioned services for families provided by CGL.
- 1.9.6 **Recommendation 7: CCG:** Consider increased awareness raising in relation to GP's understanding of the impact of long term cannabis use and promotion of CGL services in Newham.
- 1.9.7 **Recommendation 6: Home Office:** Support the dissemination of findings in relation to DHRs and recognise the required cost implications for local government to address changes and improvement of practice required.

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<sup>2</sup> [https://www.trustforlondon.org.uk/documents/272/LPP\\_2017\\_full\\_report.pdf](https://www.trustforlondon.org.uk/documents/272/LPP_2017_full_report.pdf)