

Domestic Homicide Review Rita February 2022 Executive Summary

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Commissioned by:

Kent Community Safety Partnership
Medway Community Safety Partnership

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One thing that's more important to Rita than anything was her family, even drugs never broke our bond.

She had so many people who loved her and one of her closest friends was a 90-year-old devout Christian church goer, who was devastated by her passing.

I think that speaks tons about her relationships with people and it's why we love her as her heart was as big as the ocean".

Brenda and Polly (Rita's mother and sister)

1 The Review Process

1.1 This summary outlines the process undertaken by the Kent and Medway domestic homicide review panel in reviewing the death of Rita, who was a resident in their area.

1.2 The following pseudonyms have been used in this review for the deceased and her ex-partner. This is to protect their identities.

Pseudonym	Gender	Age Range	Status	Ethnicity
Rita	Female	Early 40s	Deceased	White British
Jim	Male	Late 30s	Ex-partner	White Irish

1.2.1 The family members who were known to the Review Panel have been given the following pseudonyms.

Pseudonym	Relationship to the deceased
Brenda	Mother
Polly	Sister
Moira	Close Friend

1.3 Kent Police made a referral to the Kent Community Safety Partnership in June 2022. As the death had not been recorded as either a homicide or a suicide, alignment with the current criteria for a DHR was not clear. The Community Safety Partnership wrote to the Home Office to seek their advice.

1.4 On the 13 December 2022 the Home Office Quality Assurance Panel advised the circumstances of Rita's death met the criteria for a Domestic Homicide Review (DHR).

1.5 Based on this advice the Kent and Medway Community Safety Partnerships commenced the DHR process. All agencies that potentially had contact with Rita and Jim prior to the point of death were contacted and asked to secure their files.

2 Contributors to the Review

2.1 The following organisations contributed to the review.

Agency/Contributor	Nature of Contribution
Kent County Council (KCC) Adult Social Care	IMR
Kent & Medway Integrated Commissioning Board (ICB)	IMR
Acute Hospital	Report
Kent Police	IMR
South East Coast Ambulance Service (SECAmb)	Report
Kent & Medway NHS and Social Care Partnership Trust (KMPT)	IMR
Change Grow Live (Substance Misuse Service)	IMR
The Probation Service	IMR
Kent Fire and Rescue Service (KFRS)	Report
Kent Community Health NHS Foundation Trust (KCHFT)	IMR
IDVA Support Service	IMR
MARAC	Copies of Minutes provided.

2.2 The detailed information in this report is based on the Individual Management Reviews (IMR) completed by each organisation. The IMR is a written document submitted on a template and includes a full chronology of the organisation's involvement.

2.3 Each IMR was written by a member of staff from the organisation to which it relates. The IMR authors were senior practitioners and able to critically review the service provided independently using their knowledge and experience. The authors did not have any involvement with Rita and Jim nor did they supervise the members of staff who did have contact during the period covered by the review.

3 The Review Panel Members

- 3.1 The Review Panel consisted of representatives of organisations that had relevant contact with Rita and/or Jim. The panel members were completely independent and had no direct dealings with Rita or Jim, nor did they have any supervisory responsibilities for the members of staff from their organisations who did.
- 3.2 The panel members are highly qualified senior professionals with many years of experience in their respective fields. There were several subject matter experts in such areas as addiction treatment, mental health treatment, domestic abuse and safeguarding.
- 3.3 The members of the panel were;

Name	Organisation	Job Title
Catherine Collins	KCC Adult Social Care	Adult Strategic Safeguarding Manager
Jill Redman	Kent Fire and Rescue Service	Safeguarding Lead
Kathleen Dardry	KCC Community Safety	Community Safety Practice Development Officer
Michelle Rabey	Kent Police	Detective Chief Inspector
Henu Cummins	Mid Kent Domestic Abuse Support Service	Independent Domestic Abuse Specialist
Diane Butler/ Tracey Creaton	Kent and Medway ICB	Safeguarding Designate Nurse(s)
Alison Deakin	Kent & Medway NHS and Social Care Partnership Trust (KMPT) - Specialist Mental Health providers	Head of Safeguarding
Violet Ng	Kent Community Health NHS Foundation Trust (KCHFT)	Named Nurse for Safeguarding
Satinder Kang	Change Grow Live (CGL) - Substance Misuse Service	Locality Manager
Nadine Nightingale/ David Satchell	Probation Service	Senior Probation Officer/Deputy Head
Mike Bansback	IDVA provider	Head of Safeguarding and Quality
Suada Rahman	Borough Council	DA Lead – Community Safety Team

Natasha Munslow	HMP Prison	Prison Officer
Rachel Westlake	KCC	Senior Commissioner
David Pryde		Independent Chair

4 **Author of the Overview Report**

- 4.1 The Independent Chair and the author of this Overview Report is a retired Assistant Chief Constable (Hampshire), who has no association with any of the organisations represented on the panel. The Chair previously served with Kent Police but left the organisation on promotion in 2007.
- 4.2 The Independent Chair has a background in conducting Domestic Homicide Reviews and Adult Safeguarding Reviews. This experience has been enhanced with the feedback from the expert panel on previous reviews and assisted by the training courses aimed at Chairs and Report Writers.
- 4.3 The Chair spent nine years as the strategic police lead for safeguarding, representing the police service as a board member in multi-agency Safeguarding Boards across two Counties and two Unitary Authorities. This demonstrates a good understanding of domestic abuse and the roles and responsibilities of organisations involved in a multi-agency response to safeguarding in a domestic abuse context.
- 4.4 The Chair is the Safeguarding Advisor to the Bishop of Winchester and the Independent Chair of the Diocese Safeguarding Board. To support this role, the Chair is an associate member of the Social Care Institute of Excellence and has a post Graduate Diploma in Criminology.

5 **Terms of Reference for the Review**

- 5.1 The full Terms of Reference can be viewed at Appendix A of the Overview Report. The following key lines of enquiry were identified;
- Rita was a vulnerable person as a long-standing illicit drug user and a person with mental wellbeing challenges. Was everything done that was reasonable to help Rita overcome the addiction(s) and/or assist Rita securing a more positive mental health outlook?
 - Rita was a repeat victim of domestic abuse. Was everything put in place by statutory agencies that was reasonable and proportionate in the circumstances to help and protect Rita from further abuse? Were these effective in reducing any potential risk or harm to Rita?

- Was Rita's voice heard and/or was the voice of Rita's advocate (IDVA) heard and listened to? Did Statutory Agencies make assumptions because Rita was an intravenous drug user and empowering Rita to secure Rita's cooperation was challenging? Did Statutory Agencies "*roll their eyes to the ceiling*" when requests for help and assistance were made?
- Rita was a victim in various geographical jurisdictions. Were the mechanisms that were in place for cross border liaison effective in reducing the harm and risk to Rita? Did agencies and organisations share information known to them in a timely and effective manner?
- What actions or interventions were made with Jim as an alleged perpetrator of domestic abuse against Rita? Were these effective? Were there any missed opportunities that could have been reasonably foreseen?
- What were the specific challenges or obstacles agencies faced in trying to engage with Rita? Does this identify any lessons that are feasible or realistic with the statutory powers that are either available and/or the constraints posed by the current level of resources, both human and financial?
- What impact did the Covid 19 restrictions that were in place have on Rita accessing services or support and these services or assistance being provided?

6 Summary Chronology

- 6.1 Rita was a self-declared intravenous drug user. Rita was seriously sexually assaulted aged 14 by a local man. Rita did not disclose this offence until 2020. The family now believe this was the catalyst that led to Rita's substance misuse. Rita was very close to an older brother, who took his own life in 2006. This had a profound effect on her mental health wellbeing resulting in acts of self-harm. Rita had a long history of suffering from depression and anxiety. Rita did have two children but, in part, due to her substance misuse, one child was brought up by their paternal grandmother and one child was adopted.
- 6.2 Rita was identified as a victim of domestic abuse in 2005, with subsequent reports of domestic abuse by various partners thereafter. Rita's other contacts with the police were generally around anti-social behaviour and/or alcohol related.
- 6.3 Rita had five drug treatment journeys between 2012 and 2019 of varying durations. In 2017 Rita found solace and stability whilst living in the North East. The intimate relationship she had at the time ended suddenly when her partner, who was alcohol dependent, died in bed. Rita returned to Kent in July 2018 where she was the sole tenant of a Housing Association house. This property was located in a small village community, a street away from Rita's childhood home where Rita's mother still lived.

- 6.4 Rita was supported by Adult Social Care (ASC), who arranged for home care support and bereavement counselling. A month before Rita's partner passed away, Rita suffered a serious injury to her leg. This meant Rita had limited mobility. After a few weeks the home care support was withdrawn because of the needle risk to the carers through Rita's drug use. It was later reinstated when Rita engaged with a substance misuse support service.
- 6.5 The first indication Rita and Jim were together was in August 2019 when Jim was living with Rita in Kent. The family believe Rita knew Jim prior to this date and this was why Rita moved to the North East in 2017; to move away from him and live with another man.
- 6.6 Rita's mother, sister and friend describe Jim as a manipulative person, who took every opportunity to take advantage of Rita, especially financially. All three were very wary of Jim and his volatile nature.
- 6.7 Jim originates from Eire. There are recorded convictions between 2008 and 2016 which led to periods of imprisonment in the Irish Republic. It is not known exactly when Jim came to the UK, but records do show Jim did have addresses in London in 2018. Jim is a self-admitted intravenous drug user.
- 6.8 In September 2019, Rita and Jim were arrested for verbal abuse and assault of passers-by at Rita's home address; charges were later dropped as allegations were not supported. They both assaulted police officers on being detained and were later charged with this offence. The same month, the home care support provider complained about Jim's behaviour, including alcohol and illicit drug use, and reported feeling intimidated by Jim and his associates. They withdrew their services for staff safety. Around the same time, Rita stopped engaging with the drug and alcohol support worker. Attempts by mental health services to contact Rita in late October were unsuccessful. In mid-November, Rita's mother, Brenda, expressed concerns to ASC about Rita's need for mental health support. By December, ASC flagged Rita as vulnerable due to the lack of home care support and concerns over Jim's behaviour. Rita declined further help, stating that Jim was supportive at the time.
- 6.9 In early 2020, Kent Police arrested Jim for theft and assault on a neighbour, and he was charged in May. Rita reported a historical rape allegation in the London area to Kent Police and the Metropolitan Police. The following week, concerned for Rita's wellbeing following a confused call to the police, Kent Police sought to locate Rita. When they did so, she was arrested as there was also a warrant for her arrest due to failure to appear at Magistrates' court.
- 6.10 In February, Rita experienced hallucinations and attempted suicide, resulting in multiple referrals to mental health services. Despite these efforts, assessments concluded Rita did not require specialist mental health support, and she was discharged back to her GP for ongoing care.

- 6.11 In May 2020, Jim was arrested in London for threats to kill and later charged with assault. (Rita was not the victim in this instance.). Rita made an allegation of theft against Jim but did not support prosecution. Kent Police responded to reports of disturbances at Rita's address, but no action was taken as Jim and Rita responded that no altercation had taken place. Kent Police Officers witnessed Jim slapping Rita. An evidence led prosecution was considered, but Rita's account of the circumstances meant this was not deemed feasible. Rita and Jim faced daily accusations of anti-social behaviour (ASB).
- 6.12 In June, Rita was arrested and fined for assaulting a police officer, and a Community Protection Notice was issued to Rita regarding the ASB complaints. Rita alleged Jim stole property and assaulted her, leading to a MARAC referral. Despite initial engagement, Rita stopped supporting prosecution. Rita was encouraged to seek support services.
- 6.13 Towards late June 2020, Rita felt unsafe and suicidal, leading to police intervention to locate Jim, who was wanted for theft and assault. Rita was arrested for a racially aggravated public order offence. Efforts were made to find Rita accommodation, and she was located in London. Jim was arrested but released without charge due to Rita not supporting prosecution. A DVPN and DVPO were issued against Jim. In mid-July, Rita and Jim were arrested for separate offences and appeared in court. Towards the end of July, Jim was arrested for assault and theft, but Rita did not support prosecution. Jim was fined for breaching the DVPO and released.

Phase 1 Covid Lockdown ends 23 June 2020

- 6.14 Towards the end of June 2020 Rita contacted ASC stating she did not feel safe, that she felt suicidal and needed to move to the North East. A home visit was made but Rita was not in. Kent Police were alerted that Jim was likely to be at the address at some point later that day. Jim was still wanted for the allegations Rita had made of assault and theft. Kent Police visited the address to arrest Jim but he was not there. During this interaction Rita was verbally abusive to the attending officers and others, which led to Rita's arrest for a racially aggravated public order offence. Rita was charged with a public order offence the next morning.
- 6.15 The following day Rita spoke to the VIT¹ Investigating Officer and stated that she would not support any prosecution against Jim for assault or theft.
- 6.16 At the end of June 2020, efforts were made to find suitable accommodation in the North East. Rita wanted to return to the homeless shelter she had used in 2018. Rita was uncontactable and various agencies made multiple enquiries to locate her. It was eventually established by Rita's IDVA² that Rita was with a friend in London.

¹ Vulnerable Investigation Team. A specialist police team that deals exclusively with domestic abuse victims.

² Independent Domestic Violence Advisor. A domestic abuse expert whose role is to directly support victims of domestic abuse and advocate on their behalf with statutory agencies.

- 6.17 At the beginning of July 2020 Adult Social Care contacted Rita by telephone. The phone was answered by a male and Rita could be heard in the background. The call was terminated abruptly. Kent Police were asked to attend Rita's address urgently. Jim was arrested later that day at Rita's home for the previously reported offences of theft and assault.
- 6.18 Jim was released without charge. Rita would not support a prosecution. Kent Police issued a Domestic Violence Protection Notice (DVPN) against Jim prior to his release from custody. Rita expressed her annoyance a DVPN had been issued. Kent Police still pursued and obtained a Domestic Violence Protection Order³ (DVPO) at Magistrates' Court to safeguard Rita.
- 6.19 In mid-July 2020 Rita was arrested by the MPS and charged with a racially aggravated public order offence. Jim was arrested at the same time and charged with assaulting a store security officer. Rita and Jim appeared at a London Magistrates' Court. Both were bailed pending a pre-sentence report from the Probation Service.
- 6.20 Towards the end of July 2020, a third-party alleged Rita had been assaulted by Jim and property stolen. Jim was arrested. Jim denied the allegation of assault claiming Rita had attacked him. The property allegedly stolen was located at Rita's home. A MARAC referral was submitted. There was no further action taken for the allegations of assault/theft, but Jim was taken to court for the breach of the DVPO. He was fined and released.
- 6.21 Two days after Jim's arrest, Rita returned home to find Jim indoors. When Rita asked him to leave, it is alleged Jim pushed Rita out of the way and stole money. Jim was arrested. The allegations of assault and theft were not pursued because Rita would not make a statement against Jim. Jim was taken to court for the offence of breaching his DVPO, as evidenced by the arresting police officers, and sentenced to 30 days imprisonment.
- 6.22 Over the next few days multiple allegations of threats and anti-social behaviour were made against Rita by neighbours. No further action was taken as the witnesses advised they were either too frightened to make a complaint or were not prepared to make a statement as Rita was unwell and needed help.
- 6.23 Various agencies tried to relocate Rita to the North East to support Rita's desire to leave Kent and start afresh. The Homeless Shelter and Women's Refuge in the North East were not able to accommodate Rita.
- 6.24 In August 2020, efforts by Adult Social Care, the mental health team, and others to contact Rita (by phone and letter) were unsuccessful.

³ <https://www.gov.uk/government/publications/domestic-violence-protection-orders/domestic-violence-protection-notices-dvpns-and-domestic-violence-protection-orders-dvpos-guidance-sections-24-33-crime-and-security-act-2010>

- 6.25 Rita received a letter from Jim, breaching his DVPO, which was reported to the police, but the necessary evidence was not obtained before the DVPO expired.
- 6.26 Rita then went missing, was later treated for an overdose, and sought substance misuse support in the North East. She disclosed heavy drug and alcohol use and was prescribed methadone.
- 6.27 By September 2020, Rita decided to return to Kent where agencies attempted contact. In October, a welfare check was conducted, and Rita assured the police she was fine.
- 6.28 During the preceding weeks, several case conferences and MARAC meetings were held but these were not productive because no one was sure where Rita was. During one of these meetings, it was concluded that although the risk of harm to Rita by Jim remained high, the Section 42 Enquiry would be closed. Significant help and assistance had been offered to Rita and this effort had not achieved much success in terms of empowering Rita to change her personal circumstances or stopping contact with Jim.
- 6.29 Rita continued to seek prescriptions, indicating she was living in North London by November 2020.

Phase 2 Covid lockdown starts 05 November 2020

- 6.30 In December 2020, Rita contacted her GP for repeat prescriptions while staying in London due to lockdown.
- 6.31 Just before Christmas Jim tried to hang himself. This generated a safeguarding concern for Rita because of Jim's behaviour⁴. Rita in the meantime appeared at court for a no bail warrant and was later released on bail, pending trial.
- 6.32 Two days later Rita alleged Jim and a friend had forcibly evicted her from Jim's flat. Jim and his associate made a counter allegation that Rita had tried to gain entry to the flat and damaged the flat door. Rita was arrested for a public order offence and assaulting one of the attending police officers. Rita complained of a painful arm at the police station and was taken to hospital. It was at the hospital that Rita disclosed it was Jim's friend who had deliberately injured her arm by stamping on it. Rita however would not make a formal complaint.
- 6.33 Rita returned to Kent towards the end of December 2020. Rita contacted the GP surgery seeking a further prescription claiming her medication had been stolen by Jim. Rita disclosed Jim had broken her arm and stated Jim had been charged with this offence. A week's prescription was provided pending a consultation with Rita's named GP.

⁴ London Social Services made a home visit in early January 2021. They spoke to Jim who was very aggressive and advised Rita was at the Kent address. The referral was closed on the basis Rita was now in Kent.

6.34 Rita spoke to the named GP the next day who made an urgent referral to the mental health Single Point of Access (SPoA) and the local hospital fracture clinic. On receipt of the GP's urgent referral, SPoA were unable to contact Rita by telephone and after 72 hours referred Rita to the local Community Mental Health Team to make contact.

Phase 3 Covid restrictions from 06 January 2021 - phased removal commences 08 March 2021

6.35 During the first week of January 2021 Rita spoke to the IDVA, advising she was currently in a Kent Emergency Department getting a cast on a fractured arm. A few days later Rita contacted the GP Surgery seeking a further prescription. Rita alleged the police had seized her medication and she had been in a London Hospital getting a cast on a broken arm. Rita advised she was staying in London with a brother-in-law for a week. A prescription for a week's worth of medication was sent to a local pharmacy in London.

6.36 In mid-January 2021 Rita was arrested by Kent Police on two London Magistrates' Court no bail warrants. Simultaneously, two practitioners from the CMHT unaware Rita had been arrested, made a cold call to her home address. This was because no contact had been made by phone throughout the previous week in response to the GP's urgent referral. An appointment was made by letter for Rita to attend a mental health assessment for the following week.

6.37 At the end of January 2021 paramedics attended Rita's home address. The occupants of the house, which included Jim and a friend, were intoxicated and aggressive towards the ambulance crew to such an extent they had to leave the house for their safety. Kent Police were called. Rita stated to the attending police officers that the injury had occurred accidentally when Rita had fallen down the stairs. Rita was conveyed to the Emergency Department by ambulance. A safeguarding alert was raised by the hospital and Rita's sister subsequently alleged that Jim had broken Rita's leg deliberately. Jim was arrested the same day. The police requested permission to charge and remand Jim. The Crown Prosecution Service (CPS) decided no further action should be taken. The police investigators appealed this decision. The CPS reversed their decision and advised more work would need to be done to prove the case. This was completed but the CPS felt the evidential charging threshold had not been met and required further work to be done. Jim was released on pre charge bail with conditions not to enter Kent or contact Rita.

6.38 Rita underwent surgery to treat the leg injury. Various medical post operative procedures were undertaken over the next week, including safeguarding activity by the hospital based IDVA. Rita was assessed by the Liaison Psychiatry Service⁵

⁵ The Liaison Psychiatry Service (LPS) are based in each Kent Acute Hospital Emergency Department and provide an urgent mental health assessment for patients who are being treated for other medical needs but have been identified as having a mental health concern.

who concluded Rita did not have a mental health illness. Against medical advice, Rita discharged herself from the ward. A police panic alarm was installed at her home address at short notice.

- 6.39 Rita's outstanding referral to CMHT was discharged back to the GP on the grounds Rita had not attended the appointments made. No reference was made Rita had been seen by a mental health nurse while in hospital.
- 6.40 Rita had declined any home care support when discharged from hospital. With one leg in a protective boot (from the injury in June 2018), the other leg requiring daily wound management and a broken arm, Rita was supported by her mother and sister. Rita's IDVA contacted Adult Social Care requesting a care needs assessment.
- 6.41 Morning and evening visits were made from the end of February 2021 by a post hospital discharge home care team. Rita's mother and sister continued to offer their help and these visits were reduced to evenings only at Rita's request after a week. Rita declined any further home care support in mid-March 2021.
- 6.42 In March Kent Police resubmitted the casefile to the CPS. The decision was no further action due to the evidential difficulties of the conflicting statements provided by Rita, the different accounts given by Jim and another witness and the lack of medical evidence to prove the injury sustained was not consistent with an accidental fall. Kent Police undertook to seek further evidence from an expert forensic witness.
- 6.43 In the same month the MPS contacted Kent Police through the MARAC network. They advised Kent Police of the incident the previous Christmas when Rita suffered a broken arm, and that this investigation was not being taken forward. They expressed their concern Rita was at risk of serious harm from Jim following the allegation Rita made at the end of January 2021.
- 6.44 In April 2021 neighbours reported Jim was at the house. The police attended and Rita advised Jim had been there earlier to collect personal possessions but had since left. The house was searched to confirm Jim was not hiding in the property.
- 6.45 Rita contacted the GP Surgery in mid-May 2021 seeking a repeat prescription. Rita told the GP she was currently living with a sister in North London and needed the prescription sent to a local pharmacy. A prescription was issued.
- 6.46 Rita contacted the surgery the following day stating the medication had been stolen. Rita advised she had suffered a couple of fits and needed another prescription sent to the London pharmacy urgently. A male could be heard in the background whispering commentary and instructions. When the GP asked who was whispering in the background, Rita stated it was her sister's boyfriend. The GP spoke to the boyfriend, who confirmed the medication had been stolen and this

had been reported to the police. The GP advised if Rita had suffered some fits, Rita should attend the local Emergency Department to have this checked out. When the GP asked for an incident number or the details of the police officer dealing with the theft, the boyfriend hung up.

- 6.47 At the end of May 2021 Rita was arrested by the MPS in London. It was alleged Rita had tried to stab one of Jim's friends with a screwdriver. A screwdriver was found concealed in Rita's hair bun along with white powder and a driving licence in another person's name. Rita assaulted the arresting officer during the process of being detained. Rita was taken to court and remanded to prison pending trial.
- 6.48 In mid-June 2021 Rita was sentenced to 120 days imprisonment for the offences committed in Kent and London over the preceding 12 months. (This did not include the offences Rita was on remand for).
- 6.49 Rita was scheduled for release at the end of July 2021. The prison noted Rita was a victim of domestic abuse and referrals were made to the existing IDVA. This included completing a DASH assessment and making a MARAC referral.
- 6.50 Rita remained in prison on remand after the scheduled release date. The May 2021 offences were still outstanding and an application for bail was turned down. A Crown Court Hearing date was set for 2022.
- 6.51 In August 2021 Kent Police resubmitted the casefile to the CPS. The medical evidence had been reviewed by an expert forensic pathologist. This expert concluded there was nothing they could add to prove or disprove the injury had been accidental. On this basis and the fact Rita was in prison, Jim's conditional bail was cancelled. The CPS discontinued the case in January 2022.
- 6.52 Rita appeared at Crown Court and received a sentence of 28 weeks imprisonment. Given the time spent on remand, Rita was released on licence immediately.
- 6.53 Rita did not attend the scheduled appointment with the Probation Service, which was a mandatory requirement of being released. With no explanation or contact from Rita, the process to revoke Rita's licence was put in motion and the decision made the prison recall would be for a fixed period of 14 days.
- 6.54 Rita did contact Change Grow Live (CGL), a substance misuse support service provider, who agreed to provide an interim prescription at a local pharmacy until Rita could complete their medical assessment. Rita never attended the pharmacy for supervised daily methadone treatment.
- 6.55 Polly, Rita's sister, contacted Kent Police a few weeks after Rita's release from prison and informed them Rita was harbouring Jim at the Kent address, in breach of the bail conditions. The police attended and arrested Rita for the prison recall and Jim for outstanding court warrants.

- 6.56 Polly further reported to Kent Police that since Rita's arrest, Polly had possession of Rita's phone and Jim had been contacting this number. Polly expressed concerns Jim would cause Rita serious harm if something was not done.
- 6.57 Rita was released from the prison recall after 11 days detention. Rita called the Probation Service to let them know because of mobility issues, it would not be possible to make the scheduled appointment that afternoon. The Probation Service agreed Rita could attend the next day.
- 6.58 Rita did have a prescription arranged by CGL for the prison release date, but Rita did not attend the pharmacy nor the arranged appointment with CGL for their mandatory medical assessment. This assessment includes a urine test to identify what drugs are in a person's system.
- 6.59 Rita subsequently contacted CGL to advise the local GP had prescribed Buprenorphine patches⁶. Consequently, Rita did not need the medication provided by CGL but would appreciate psychosocial support.
- 6.60 Polly contacted Kent Police the same day and advised Jim was present in the house and this was in breach of his bail. (The bail conditions were no longer in force). Kent Police attended in the early hours of the next morning and spoke to Rita, who refused entry and spoke to the officers through a window. Rita advised Jim had not been at the house for several weeks. Another male present in the house was questioned and it was established this male was not Jim.
- 6.61 In early 2022 Paramedics responded to a call for help from Rita's partner, Jim. Jim advised they had both injected heroin earlier that evening and Rita had not woken up. Jim performed CPR aided by a SECamb call handler and administered two vials of Naxolone.⁷ Paramedics on their arrival could not resuscitate Rita and declared life extinct.
- 6.62 Jim and the male who had been in the house in the early hours of the morning were present when Kent Police arrived. Kent Police attended and carried out an initial investigation. The Investigating Officer concluded there was nothing to indicate any third-party involvement in Rita's death.⁸ The postmortem identified the cause of death as mixed drug toxicity.

⁶ [Buprenorphine for pain: medicine to treat moderate ...](#)

⁷ [Naloxone – the overdose reversal drug - Change Grow Live](#)

⁸ The family wanted it noted at this paragraph they strongly dispute the conclusion there was no third-party involvement. Given the history of domestic abuse between Rita and Jim, the family believe the death should have been treated as suspicious.

7 Key Issues Arising from the Review

- 7.1 The key issues are the responses to key lines of enquiry.
- 7.2 *Rita was a vulnerable person as a long-standing illicit drug user and a person with mental wellbeing challenges. Was everything done that was reasonable to help Rita overcome the addiction(s) and/or assist Rita securing a more positive mental health outlook to safeguard herself or seek help? Did agencies apply or consider a trauma informed approach to assess how best to support Rita?*
- 7.2.1 Most agencies recognised Rita had alcohol and drug dependencies and made referrals to mental health support services via the GP or directly to the SPoA or the 24/7 mental health crisis team. Rita was encouraged to engage with substance misuse support services, but for most of the period under review this could only be achieved on a voluntary basis and often, Rita did not pursue offers of support.
- 7.2.2 When Rita was first released from prison in 2022, a condition of her licence was to engage with Change Grow Live (CGL). Rita did contact CGL the day after being released although Rita did not turn up for the medical assessment or have any further contact. Not complying with this licence condition would have ultimately led to a prison recall, had this condition remained in place.
- 7.2.3 When Rita was released from prison after the recall, engagement with CGL defaulted to being voluntary and Rita opted out of Opiate Substitute Therapy. Rita, and this should be viewed as a positive step by Rita, did request psychosocial support which CGL were prepared to offer.
- 7.2.4 Several agencies have acknowledged the importance of a trauma informed approach and how this could have led to a different response being developed or a better understanding of what the obstacles were to effective engagement with Rita were and how these could be overcome. This is reflected in the recommendations.
- 7.3 *Rita was a repeat victim of domestic abuse. Was Rita's history of victimisation considered? Was everything put in place by statutory agencies that was reasonable and proportionate in the circumstances to help and protect Rita from further abuse? Were these effective in reducing any potential risk or harm to Rita?*
- 7.3.1 Kent Police were the predominant agency when considering repeat victimisation. The police did recognise the risks posed by repeated allegations of domestic abuse and put various measures in place including multiagency risk assessments and safety plans, repeated MARAC referrals, panic alarms and inter agency liaison to try and co-ordinate a cohesive response. Pushing through the DVPO and prosecuting Jim for the breaches of this order was probably the most effective measure in reducing the risk of harm to Rita, especially when Jim was imprisoned.
- 7.3.2 That said, Jim did not consider the DVPO as much of a deterrent, as evidenced by the breaches. The same can be said about the pre-charge bail conditions, which were breached on at least two occasions.

- 7.3.3 Adult Social Care (ASC) played a prominent role and did very good work to try and prevent further harm with their Section 42 Enquiry. The responses by ASC that followed the closure of the first Section 42 Investigation could have been more comprehensive and it did not appear due regard was taken of the fact Rita was a repeat victim of domestic abuse. The emphasis was placed on securing home care support. The ASC operating structure in place at that time and a lack of capacity due to Covid to trawl records of past contact were the main reasons why this repeat victimisation was not actioned or picked up.
- 7.3.4 Various other agencies were cognisant of Rita's status as a repeat victim. The work undertaken by Rita's IDVA and the efforts with partners such as Housing and ASC reflected their collective efforts to reduce the threat of Rita becoming a victim again.
- 7.3.5 Without Rita's full engagement with the safeguarding agencies involved, the measures and actions undertaken were always going to have a limited impact in terms of reducing future risks. It is probably debateable how much choice Rita had. Rita was in an abusive relationship but wanted to maintain that relationship. Rita had illicit drug and alcohol dependencies, and it would be reasonable to conclude the contact with Jim did facilitate at least one of these. It was judged Rita did have capacity and therefore the decisions Rita made for whatever reason, were Rita's to make.
- 7.3.6 It is recognised that more could have been done to understand what was driving these decisions and identify what could have been done differently in response to Rita's non-engagement.
- 7.4 *Was Rita's voice heard and/or was the voice of Rita's advocate (IDVA) heard and listened to? Did Statutory Agencies make assumptions because Rita was an intravenous drug user and empowering her to secure her cooperation was challenging? Did Statutory Agencies display unconscious bias or exasperation because of Rita's background and history when requests for help and assistance were made?*
- 7.4.1 Rita's voice was heard in terms of her wishes and desires and while these were not always considered to be wise, they were not challenged beyond expressing a view that these might not be wise. Rita at no time was without the capacity to make the decisions that were made, accepting that sometimes this may have had to wait until the effects of alcohol and/or illicit drugs had worn off before this view was confirmed.
- 7.4.2 With Rita's requests for mental health support, her voice was heard, and she was processed through the KMPT mental health assessment process. It was Rita that then subsequently did not respond, which meant there was nothing for the mental health specialists to take forward. The one exception was the decision by the CMHT referrals panel when they elected to discharge the referrals made by the GP based on an assessment conducted when Rita was in police custody. This was technically correct but a more compassionate and trauma focussed approach might have been to offer Rita further support when Rita was in a more sympathetic environment and not in police custody.

- 7.4.3 The NICE guidelines are clear there is a requirement to provide support for patients who have a mental health illness and a substance dependency. At practitioner level there is still a belief unless there is a commitment by the patient to tackle their substance dependency first, the prospect of a successful mental health treatment is slim. This view will inevitably influence future decision making around people who have co-occurring problems of illicit drugs or alcohol and mental health concerns. The IMR by KMPT acknowledged this. This is reflected in the recommendations where there is a commitment to ensure mental health practitioners are aware that a substance dependency should not be a bar to mental health support.
- 7.4.4 Health professionals such as the GP and the Hospital Emergency Department made no discernible judgement about Rita's background and treated Rita as they would any other patient. If anything, they made special concessions to meet Rita's needs, including going beyond their contractual obligations.
- 7.4.5 The response provided by Kent Police has been covered in some detail in the analysis of the Kent Police actions in this report. This was because of all the agencies who dealt with the Rita, it was this organisation that was most likely to display some form of unconscious bias by the very nature of their interactions with Rita. No specific examples Rita was directly disadvantaged because of her addictions, or what Rita did, were identified.
- 7.4.6 It would be unrealistic to claim there was no form of unconscious bias. In Rita's case, her IDVA (who spoke to the panel) felt Rita had a deep mistrust of persons in authority because Rita was a drug user. It probably did not help in terms of building a victim centred relationship, that Rita did not fully engage with the various agencies who were trying to help. Rita did however face some very complex challenges including being arrested a number of times, so it is understandable why Rita may have adopted this approach.
- 7.4.7 It is fair to claim there was no evidence of obvious examples of unconscious bias or exasperation. It is equally right to identify there were occasions when Rita's disengagement was not pursued with the same vigour that would have occurred, had she not had a drug and alcohol dependency that sometimes made her aggressive or violent, or difficult to contact or engage with. The recommendations do acknowledge this with the adoption of a trauma centred approach.
- 7.5 *Rita was a victim in various geographical jurisdictions. Were the mechanisms that were in place for cross border liaison effective in reducing the harm and risk to Rita? Did agencies and organisations share information known to them in a timely and effective manner?*
- 7.5.1 Rita did touch several different jurisdictions and there was good evidence of information sharing on a bilateral basis between various organisations such as the Metropolitan Police to Kent Police (and vice versa) or London Mental Health Trusts to KMPT or IDVA to IDVA. These were especially effective when conducted in real time or when they related to specific requests.

- 7.5.2 Retrospective information exchanges such as MARAC referrals were less timely, and by the time they were received were often historical and the information's value diminished because things had moved on. These information exchanges did however happen and often followed on when bi-lateral exchanges had already taken place.
- 7.5.3 It is usual for investigations to remain within the geographical domain of the organisations investigating the alleged offence and there is a view that as Rita moved on, the threat of future risk and harm moved with Rita to the location that Rita found herself. Rita moved between Kent and London on a regular basis and was a victim in both jurisdictions. The MPS did identify a potential risk to Rita in their MARAC referral to Kent.
- 7.5.4 The emphasis in Kent was to protect Rita in Kent. When it was suspected Rita was frequenting Jim's residence in London, no action was taken to engage with Safeguarding Partners in London to alert them of the risks Jim posed to Rita. While it was suspected Rita may have been in London with Jim, Rita was vague about her whereabouts, claiming to be in Doncaster or staying with relatives or friends in the London area.
- 7.5.5 The location of where Rita was frequenting in London was probably known collectively to the agencies involved, but there did not seem a mechanism for this information to be collated and the potential risks to be forwarded on. There would have been a direct correlation between the pharmacy the GP was sending the prescriptions to and the proximity of Jim's London address. While the MARAC partners were trying to identify Rita's whereabouts, the GP was sending repeat prescriptions to the same London pharmacy. There is probably a degree of hindsight bias in this observation. However, Rita remained a vulnerable person at risk from a known perpetrator and more could have been done, probably through the MARAC-to-MARAC procedures. This did happen between Kent and the Northeast but not for London. This was a missed opportunity and is reflected in the recommendations.
- 7.6 *What actions or interventions were made with Jim as an alleged perpetrator of domestic abuse against Rita? Were these effective? Were there any missed opportunities that could have been reasonably foreseen?*
- 7.6.1 Jim was arrested in Kent at every opportunity. Where charges could be made, they were pursued through to prosecution. Securing a DVPO did prove very successful in protecting Rita from further physical harm.
- 7.6.2 There is a rehabilitation course available for perpetrators of domestic abuse and stalking funded by the Police and Crime Commissioner for Kent. Perpetrators are offered group or individual sessions. To be eligible perpetrators need to take responsibility for their actions and be willing to change their behaviour. Jim would not have been eligible for this course.

- 7.6.3 It was identified that signposting to support agencies was undertaken by CJLADS for all victims of domestic abuse but not for alleged perpetrators or suspects. This missed opportunity has been recognised and is included in the recommendations.
- 7.6.4 Convicted perpetrators of domestic abuse can be required to undertake several courses run by the Probation Service.⁹ Jim was never convicted.
- 7.6.5 ASC did undertake work to get Jim removed from the Kent GP Practice Rita was registered at, as part of their harm reduction strategy. Although unsuccessful, it was good practice to try and remove Jim's coercive control of Rita's prescriptions. It also probably influenced the GP's approach to Jim, which ultimately meant he chose to register elsewhere.
- 7.7 *What were the specific challenges or obstacles agencies faced in trying to engage with Rita? Does this identify any lessons that are feasible or realistic with the statutory powers that are either available and/or the constraints posed by the current level of resources, both human and financial?*
- 7.7.1 Rita's multiple and complex needs were a challenge for all the agencies involved. It was recognised that these needs were a product of several factors, such as the relationship with Jim and the use of illicit drugs and alcohol, which had a direct impact on Rita's physical and mental wellbeing.
- 7.7.2 Agencies will always face difficulties when the people they are trying to help either disengage or elect not to follow their advice to reduce the risks the situation or circumstances people find themselves in generate. What has been identified is the need to take more effort to understand why this is the approach the person has taken and what more agencies can do to identify what the barriers to engagement are. This is the foundation of a trauma informed approach.
- 7.7.3 The Mental Capacity Act, Mental Health Acts, Social Care Acts and Human Rights Act all protect a person's right to make their own decisions and it is only when there can be no doubt a person has lost the capacity to do so, can Authorities intervene and take that choice away from them.
- 7.7.4 Rita never reached a position where her capacity could be challenged, save when she was under the relatively short-term effects of drugs and alcohol.
- 7.7.5 Drug Addiction Charities and lobby groups maintain most drug overdose related deaths are preventable. The independent review conducted by Professor Dame Carol Black¹⁰ did conclude death prevention is directly linked to the funding and

⁹ [Domestic Violence Programmes](#)

¹⁰ [Review of drugs part two: prevention, treatment and recovery](#)

resources available to provide the necessary support and intervention to ensure this does not happen. This is a view Polly and Brenda, Rita's mother, share. They believe Rita should have been able to access a residential rehabilitation programme to receive the treatment Rita needed.

- 7.7.6 Both recognise that this may not be realistic with the conflicting demands and priorities Health and Social Care face based on current funding and resources. They still hold the view more could have been done had the resources been available.
- 7.7.7 The answer may lie in the Governments 'Harm to Hope' 10 Year Drugs Strategy, especially the pillar of the strategy that focuses on the provision of substantial increases in residential rehab capability and the promised funding that is required to support this ambition.¹¹ In the first annual report for 2022 - 2023¹², encouraging progress has been made. However, as the name of the strategy suggests, this will not happen quickly, and it will take time for these measures especially around structures and resources for treatment and rehabilitation to become established. Until then, Practitioners will still face difficult choices around how finite resources can be used in the most effective way and make decisions based on who is likely to benefit the most in terms of possible future harm reduction with the resources available.
- 7.7.8 However, the circumstances of this DHR do highlight the pressing need for additional support to be made available to highly vulnerable women, who are the victims of serious domestic abuse. Part of the reason residential rehabilitation would not have been considered for Rita is this capability is currently limited to a relatively small cohort of people. A recommendation has been made that the provision of bespoke long-term detox and residential recovery for women who face the same challenges that Rita faced should be a priority for the County Councils Substance Misuse Commissioners.
- 7.8 *What impact did the Covid 19 restrictions that were in place have on Rita accessing services or support and these services or assistance being provided?*
- 7.8.1 Covid and the national lockdowns did impact significantly on many of the organisations involved. Social Care agencies faced challenges around increased demand and diminishing resources. Normal working practices were changed and organisations that relied heavily on face-to-face encounters to be effective, moved to remote contact. Many organisations have since reflected separately on the legacy Covid has left and what they did then, is not what they would do now.
- 7.8.2 Rita's engagements were central to how agencies responded. A service or support was offered, and Rita did not follow these offers up. That does reflect that agencies were respectful of the apparent decisions Rita had made, in line with the 'Making

¹¹ [A 10-year drugs plan to cut crime and save lives.](#)

¹² [From harm to hope first annual report 2022 to 2023 \(accessible\)](#)

Safeguarding Personal' approach. It was also probably a product of the pressure organisations were under with Covid which meant there was not the capacity to probe further to understand what the barriers were to Rita engaging.

8 Conclusions

- 8.1 Rita suffered several significant adverse experiences including serious sexual assault at a tender age, rape and personal loss of close family and an intimate partner during her life that caused her significant trauma. There were periods when Rita managed her dependencies and engaged successfully with various support services. There were other periods in her life when Rita relapsed and did use illicit drugs and regularly consumed alcohol more than the recommended NHS guidelines.
- 8.3 For most of the period under review in this DHR, excluding the time spent in prison, Rita was in relapse.
- 8.4 There is medical evidence and research that using illicit drugs and/or alcohol can have an adverse impact on a person's mental health. Research also indicates that mental health illness can be a contributing factor to people resorting to illicit drug use and/or drinking alcohol to excess.¹³ Further research as previously cited in this report identifies people who suffer severe trauma at any stage in their lives may resort to excessive use of alcohol and/or illicit drugs as a coping mechanism.
- 8.5 In Rita's case, Rita was treated for depression by her GP over a long period of time. Rita did have issues with illicit drugs and alcohol and did suffer from a childhood experience that caused considerable trauma. Without a detailed assessment, it is impossible to say what the triggers were for Rita. Was it alcohol or drugs or childhood trauma that impacted on Rita's mental health or vice versa or was it a combination of all four at different points in Rita's life, compounded by being a victim of domestic abuse?
- 8.6 The disclosures of Rita's childhood experiences did prompt many of the agencies in their analysis of their responses to Rita's needs to comment that a trauma informed approach by them could have added value. This may help organisations to understand why people are not engaging and how this barrier might be overcome.
- 8.7 The family believe Rita was in a coercive and controlling relationship and Rita did complain to the GP that Jim did isolate her from friends and family. Police DARA assessments concluded there were coercive and controlling elements to Jim's behaviour, but Jim was never charged with this offence. This reflects the complexity of emotions that are present in intimate relationships and Rita would have been conflicted by the need to maintain her relationship with Jim, even though this could cause her harm.

¹³ [The Relationship Between Alcohol, Drugs & Mental Health](#)

8.8 There were allegations of economic abuse¹⁴. Rita's friend Moira explained she took Rita and Jim to the cashpoint on many occasions, where Rita took out money for Jim. Rita made several complaints Jim had stolen her bank card to get money. Moira described Jim was always begging for food or tobacco from her, and when he could get away with it, he would simply take what he wanted without asking. Rita once explained to Moira that Jim's benefits were paid into her bank account and that was why Jim was always asking Rita for money. This has not been verified but it does seem highly unlikely. Jim, as evidenced by third party accounts, was 'a taker' and it is more likely than not Polly's description of Rita "*being a walking ATM*" was nearer to the truth and another means of exerting control.

8.9 There did not appear to be much weight placed on the impact of the allegations of the theft of cash and the effect this may have had on Rita as part of a broader theme of a coercive and controlling relationship. The absence of a formal complaint by Rita probably diluted the police response to the underlying consequences this behaviour may have had. The impact of economic abuse and the correlation with coercive behaviour has been previously identified as an issue in Kent DHR Leanne.

9 Lessons to be Learnt

9.1 Each IMR identified what went well and what could be improved. These are organisation specific and are reflected in the next section as Recommendations numbered 7 to 19 for these organisations to manage internally, without the oversight of the DHR process.

9.2 In a more general sense that was applicable to more than one organisation, is the acknowledgement a more trauma informed approach is the direction to take. This reflected a recognition that policy and procedures are generic and will not always be appropriate for people who display the complex needs Rita had, without further exploration.

9.3 Most organisations by necessity have a policy around cut off points for non-attendance or compliance. The unintended consequence of this means once the threshold has been reached to discharge a person from their care because of non-engagement, this is the course of action taken. Rarely do organisations pursue the underlying reasons why a person has disengaged. This is where a trauma informed approach becomes useful to understand what the barriers are that prevents engagement.

9.4 Adopting a trauma informed approach to complex issues has already been identified in Kent DHR Jean and the recommendations made in this DHR are directly transferable to the learning in this process.

¹⁴ [Surviving Economic Abuse: Transforming responses to ...](#)

- 9.5 People taking illicit substances and/or alcohol to excess often lack the motivation to engage with support services. The issue of choice has already been highlighted as possibly misleading as the person, because of their dependency, may not have the ability to make a choice. When this is combined with mental health issues and domestic abuse, the risk of harm increases exponentially. This has been identified as the trio of vulnerabilities. All agencies but especially mental health practitioners, need to take extra care applying their policy and procedures when the trio of vulnerabilities are present.
- 9.6 For mental health practitioners, the NICE guidelines state people with co-occurring conditions involving a substance dependency and mental health should not be excluded from mental health support because of their dependency. There is still a view at a practitioner level that a substance dependency needs to be treated first before any mental health support can be provided. This misunderstanding needs to be addressed and this is reflected in the recommendations.
- 9.7 The bar is set high with the requirement that the dual diagnosis protocol requires the mental health illness to be severe and that can be a barrier in its own right to the protocol being invoked. The driver for this approach is the lack of resources than can cater for people suffering from co-incurring conditions that are both complex and not easily resolved. There needs to be additional resources provided that deliver parallel care to enable a stabilisation of these complex needs to reach a point that the journey for mental health recovery can be undertaken successfully. This is reflected in the Governments Harm to Hope overarching drugs strategy and a recommendation has been made to seek additional resources specifically for women who are at a higher risk of significant harm because of the trio of vulnerabilities.
- 9.8 Organisations have always acknowledged the importance of triangulating information provided to them with partners when responding to individuals who have a footprint or engagement with other agencies. Having oversight of all the IMR responses, it was apparent several organisations were acting or shaping their response to the information they had that was either inconsistent or at variance to what other organisations knew.
- 9.9 There are policies and processes in place that identify “fact checking” as good practice and this needs to be highlighted at a practitioner level, as does accurate record keeping, for certain agencies. This is covered in the recommendations that are organisation specific.
- 9.10 Sharing information on a bi-lateral basis was effective but probably because of the number of agencies involved and their different interventions at different times, the benefit of collating all the information that was available was not realised.
- 9.11 The MARAC process is there to provide a conduit for information sharing and the MARAC process did achieve this with good attendance and information sharing. What was not as good as it could have been was the clarity around the outcomes the meetings sought to achieve, and which agency was taking the lead to do what.

- 9.12 Previous DHRs have made recommendations about the effectiveness of the MARAC process.¹⁵ Consequently, the structure has been reviewed and various changes introduced via a multi-agency Tasking and Finishing Group. This is work in progress and the aim is to provide a well-resourced MARAC funded by all agencies, with clear roles and responsibilities identified for each organisation in each case, with the highest risk victims kept under regular review. A recommendation of this DHR is to confirm what progress has been made and when the new model or way of working will be delivered.

10 Recommendations

- 10.1 The Review Panel makes the following recommendations that should have the oversight of the Kent Community Safety Partnership.

No	Rationale	Recommendation	Responsible Organisation
1	Supporting previous learning	The recommendations made in Kent DHR Jean concerning adopting a trauma informed approach, training and subject matter experts to provide advice and guidance on trauma informed approaches are supported by this DHR. It is recommended that each agency provides an update on the progress that has been made in adopting a trauma informed approach to their service delivery.	All agencies.
2	Supporting previous learning	The recommendation made by Kent DHR Leanne concerning training in the link between economic abuse and coercive and controlling behaviour is supported by this DHR. It is recommended each agency provides an update on what has been done to improve practitioners' knowledge of economic abuse and coercive control.	All agencies.
3	Supporting previous learning	KCSP should check the progress of the proposed new MARAC structure and request that part of this implementation involves an	Existing action plan

¹⁵ Kent DHRs Ann, Jean and Leanne. Kent SAR Jodie

		awareness campaign that all participating organisations know what is expected of them in the new way of working.	
4	Ensure continuity and effective management of known risks	<p>The Probation Service should provide an update on the status of the measures put in place to tackle Recommendations 11-13 of HM Inspectorate of Probation Thematic Report on Domestic Abuse published in July 2023.</p> <p>This concerns the assessment of domestic abuse risks and the role of Domestic Abuse Safety Officers.</p> <p>See Domestic-Abuse-Thematic-inspection-report- ...</p>	Probation Service
5	Provide additional resources to reduce future harm	<p>Victims of serious domestic abuse with co-occurring mental health issues and substance dependencies need special consideration. This should complement the 10-year Government Drug Action Plan.</p> <p>The County Council Substance Misuse Commissioners should be approached to consider additional detox and residential treatment and recovery programmes that meet this need and mitigate the high-risk implications of the trio of vulnerabilities.</p>	<p>KCC Public Health</p> <p>KCC Community Safety Partnership (KCSP)</p>
6	Change current working practices	<p>Mental health practitioners need to understand that people with substance dependencies and mental health issues should be offered parallel care.</p> <p>KMPT should detail what action they propose to take that closes the default position that a dependency</p>	KMPT

		<p>should be treated first before any mental health support is offered.</p> <p>This should include training forums, internal reflective briefings, monthly newsletter, dip checks of discharge decisions made for referrals where the trio of vulnerabilities is evident.</p> <p>The DNA policy for CMHT and the urgent mental health helpline for people with co-occurring conditions of substance misuse and domestic abuse should be reviewed.</p>	
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10.2 The following recommendations are agency specific and can be managed internally as part of their existing processes and procedures. ***(These will not be monitored by the Kent Community Safety Partnership)***

No	Rationale	Recommendation	Responsible Organisation
7	Disseminate best practice and developing harm reduction strategies.	<p>The Acute Hospital to share the findings of their review of patients with complex needs discharging themselves against medical advice.</p> <p>The research will be hospital centric and patient good practice can be shared internally within the NHS.</p> <p>KCSP to seek updates from the Kent and Medway Safeguarding Adults Board regarding the progress of the Kent and Medway Multi-Agency Risk Management (MARM) Framework currently in development to be trialled. MARM seeks to improve multi-agency responses for adults at risk. (MARM frameworks may be used where there is risk of harm due to disengagement from services, as well as a number of other scenarios.)</p>	<p>NHS Acute Hospital</p> <p>KCSP</p>
8	Manage effectively drug seeking patients	The General Practice should review its prescribing practices in respect of quantities of addictive medications.	KMICB

		There should be regular liaison with the substance misuse service providers to avoid the risk of dual prescriptions for patients being prescribed medicine used for Opiate Substitute Therapy. Conducting a Significant Event Meeting to discuss the response by the GP Practice to the needs of Rita will assist in this process.	
9	Facilitate effective cross border communication on known risks	Explore the feasibility for a PNC marker for high-risk victims of domestic abuse. The PNC is in the process of being replaced so this may be a capability that is provided in the new system. The functionality of the PND may be another direction to take to achieve this outcome.	Kent Police/Home Office NLEDS Development Team
10	Apply current policy	Female prisoners released on licence should be managed by probation officers who have been trained in a trauma informed approach as recommended by the Probation Service Female Offender Strategy.	Probation Service
11	Effective information sharing	ASC should promote good practice in effective information sharing with multi-agency partners.	KCC ASC
12	Protecting non-compliant vulnerable people	Vulnerable patients should not be discharged until identified risks have been mitigated. Triage process to be aligned to disengagement guidelines and professional curiosity promoted, documented in an accurate and timely way on patient records.	KCHFT
13	Identifying additional risks/causation factors	Promote KMSAB task and finishing group findings on co-occurring conditions including substance and alcohol abuse.	KCHFT

14	Promoting domestic abuse awareness	Implement the new domestic abuse policy and provide additional training for housing/customer service operatives in domestic abuse.	Borough Council
15	Preventing missed opportunities	Robust record keeping demonstrating the provenance of source information, action taken and the rationale for decisions made will provide a comprehensive history to manage repeat referrals in an informed way.	KMPT
16	Reducing the risk of repeat offending	<p>Introduce a process for alleged perpetrators in police custody for domestic abuse are signposted to support programmes or organisations that facilitate behavioural change/support alcohol and/or drug dependencies when appropriate.</p> <p>Currently only victims of domestic abuse are signposted to support services.</p>	KMPT
17	Learning from experience	Review policy, procedures and working practices generated by the missed opportunities/good practice identified in the completion of the IMR for this DHR. This includes case management and supervision, completion of documentation and fact checking, boundaries of partnership working and the role of the IDVA.	Housing Charity
18	Managing co-occurring conditions	All staff should undertake refresher training in domestic abuse and trauma informed approaches to manage complex cases.	CGL

Glossary

Abbreviation/Acronym	Expansion
ABE	Achieving best evidence in criminal proceedings
ASC	Adult Social Care (KCC)
CJLADS	Criminal Justice Liaison Diversionary Service
CMHT	Community Mental Health Team
CSP	Community Safety Partnership
CSU	Community Safety Unit
DA	Domestic Abuse
DARA	Domestic Abuse Risk Assessment
DASH	Risk-led policing of domestic abuse and the DASH risk model.
DHR	Domestic Homicide Review
DNA	Did not attend
DVPN	Domestic Violence Protection Notice
DVPO	Domestic Violence Protection Order
GP	General Practitioner
IMR	Individual Management Review
KMPT	Kent & Medway NHS & Social Care Partnership Trust
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
NHS	National Health Service
NPS	National Probation Service (Now Probation Service)
PSR	Pre-Sentence Report
SECAmb	South East Coast Ambulance Service
SLDP	Specialist Liaison and Diversion Practitioner
SPoA	(KMPT) Single Point of Access
ToR	Terms of Reference
VIT	Vulnerable Investigation Team (Police)