



**BRENT COMMUNITY SAFETY PARTNERSHIP
DOMESTIC HOMICIDE REVIEW
Report into the Death of Anna**

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1. DHR BRENT COMMUNITY SAFETY PARTNERSHIP, Anna

Overview Report

Introduction

1.1 Outline of the incident

- 1.1.1 In May 2015 members of the public called Police having discovered a suitcase floating in the Grand Union Canal in London W2. Within the case was the body of a female who was subsequently identified as Anna.
- 1.1.2 It is believed that Anna and Robert met online while Anna was in Poland, and she came to the UK in order to be with Robert in 2012.
- 1.1.3 It is estimated that Anna died end of April 2015. The scene of her death has been established as the flat she shared with Robert, with Robert subsequently removing her body in the suitcase and depositing it in the canal beginning of May 2015. The post mortem examination, conducted by a Home Officer pathologist, gave the following cause of death: "*Complications arising from blunt trauma to the trunk and limbs in association with Hypothermia*".
- 1.1.4 May 2015 Robert reported Anna missing to the Police. Following this, Police attended his flat, arrested him and he was then charged with Anna's murder. He was convicted after the trial in November 2015 and sentenced to life imprisonment with a minimum term of 18.5 years.
- 1.1.5 The Panel expresses its sympathy to the family of Anna for their loss.

1.2 Domestic Homicide Reviews

- 1.2.1 Domestic Homicide Reviews (DHRs) were established under *Section 9(3), Domestic Violence, Crime and Victims Act 2004*.
- 1.2.2 The Brent Community Safety Partnership, in accordance with the Revised Statutory Guidance for Domestic Homicide Reviews (March 2013), commissioned this Domestic Homicide Review.
- 1.2.3 The Metropolitan Police Service notified Brent Community Safety Partnership in May 2015 that the case should be considered as a DHR. The Brent Community Safety Partnership made a decision to conduct a DHR, and having agreed to undertake a review, the Home Office was notified of the decision on 26 May 2015.

- 1.2.4 The purpose of these reviews is to:
- (a) Establish what lessons are to be learned 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 on, and what is expected to change as a result.
 - (c) Apply those lessons to service responses including changes to policies and procedures as appropriate.
 - (d) Prevent domestic homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.
- 1.2.5 This review process does not take the place of the criminal or coroner's courts nor does it take the form of a disciplinary process.
- 1.2.6 The first meeting of the Review Panel was held on 18 August 2015 (the initial delay was caused by ensuring that an appropriate chair was in place and finding a date that all relevant agencies could attend). There were subsequent meetings on 17 November 2015 and 11 February 2016.

1.3 Terms of Reference

- 1.3.1 The full terms of reference are included at Appendix 1. The essence of this review is to establish how well the agencies worked both independently and together and to examine what lessons can be learnt for the future.
- 1.3.2 The Review Panel comprised agencies from Brent, as the victim and perpetrator had only lived in the Borough. Brent organisations were asked to review events from 1 January 2012 up to the homicide. Agencies were asked to summarise any contact they had had with Anna or Robert prior to 1 January 2012. This date was chosen in order to capture the time since Anna moved to the UK.

1.4 Independence

- 1.4.1 The Chair of the Review was Anthony Wills, an associate of Standing Together Against Domestic Violence which is an organisation dedicated to developing and delivering a coordinated response to domestic abuse through multi-agency partnerships. Anthony has conducted domestic abuse partnership reviews for the Home Office as part of the Standing Together team that created the Home Office guidance on domestic violence partnerships, *In Search of Excellence*. He was also Chief Executive of Standing Together from 2006 to 2013. He has undertaken the Home Office accredited training for Domestic Homicide Review

Chairs and also worked as a police officer for 30 years, concluding his service as a Chief Superintendent. He has no connection with the Brent Community Safety Partnership or the agencies involved in this review.

- 1.4.2 The Overview Report Writer was Althea Cribb, an associate DHR Chair with Standing Together Against Domestic Violence. Althea received training from Anthony Wills and has chaired and completed six DHRs. Althea has over eight years of experience working in the domestic violence and abuse sector, currently as a consultant supporting local strategic partnerships on their strategy and response to domestic violence and abuse. Althea has no connection with the Brent Community Safety Partnership or the agencies involved in this review.

1.5 Parallel Reviews

- 1.5.1 Following the completion of the criminal investigation and trial, there were no reviews conducted contemporaneously that impacted upon this review.

1.6 Methodology

- 1.6.1 The approach adopted was to seek Individual Management Reviews (IMRs) for all organisations and agencies that had contact with Anna and/or Robert. Whether they had contact was established at the first meeting and through letters and telephone calls to those not in attendance.
- 1.6.2 It was also considered helpful to involve those agencies that could have had a bearing on the circumstances of this case, even if they had not been previously aware of the individuals involved.
- 1.6.3 The following agencies reviewed their files and notified the DHR Review Panel that they had no involvement with Anna or Robert and therefore had no information for an IMR:
- (a) Brent drug and alcohol services
 - (b) Central and North West London NHS Trust
 - (c) Hestia (local IDVA service)
 - (d) Imperial NHS Trust
 - (e) London Borough of Brent Adult Social Care
 - (f) London Borough of Brent Children's Social Care
 - (g) London Borough of Brent Education Services
 - (h) London Borough of Brent Housing Service
 - (i) London North West Healthcare NHS Trust

- (j) Refuge
 - (k) Victim Support
- 1.6.4 Chronologies and IMRs were requested from:
- (a) Metropolitan Police Service
 - (b) Anna's General Practice – Buckingham Road Surgery, Harlesden
 - (c) Robert's General Practice – The Medical Centre, Shepherds Bush
 - (d) Urgent Care Centre
- 1.6.5 Given their very limited involvement, the Review agreed that the Police would supply a chronology and a letter outlining their involvement. An agency member not directly involved with the victim, perpetrator or any family members, undertook this.
- 1.6.6 After a significant amount of contact – telephone, email and letters – between the independent Chair and the two General Practices, some limited information was received from both. For Robert's General Practice this was in the form of a letter. For Anna's General Practice, this was in the form of a copy of medical records. An IMR was requested from Anna's General Practice; this was not provided. In light of this, and the independent Chair's recognition of this as a frequent issue for Domestic Homicide Reviews, a recommendation has been made in this Overview Report for the Home Office to address, nationally, the involvement of General Practices in Domestic Homicide Reviews.
- 1.6.7 The Urgent Care Centre did not respond to requests for their chronology and Individual Management Review. It was known through the Police investigation that Anna's attendance at the Centre was due to an injury apparently sustained at work.
- 1.6.8 As a result of information provided by the Police in relation to Anna (discovered during their investigation), contact was made by the independent Chair – with the support of NHS England – with national dental services. There were no records that Anna had accessed NHS Dental Services.
- 1.6.9 The Review Panel members and Chair were:
- (a) Anthony Wills, Chair, Standing Together Against Domestic Violence
 - (b) Althea Cribb, Report Writer, Standing Together Against Domestic Violence
 - (c) Refuge (national domestic violence charity and local provider of specialist Eastern European domestic abuse service)
 - (d) Metropolitan Police Service Critical Incident Advisory Team

- (e) Brent Clinical Commissioning Group
 - (f) Hestia (local IDVA provider)
 - (g) Refuge (national domestic violence charity and local provider of specialist Eastern European domestic abuse service)
 - (h) London Borough of Brent Adult Safeguarding
 - (i) London Borough of Brent Community Safety
 - (j) NHS England
 - (k) Metropolitan Police Service Brent
- 1.6.10 Refuge's Eastern European Domestic Violence Service were invited to be part of the Panel in recognition of Anna's national background and the impact that may have had on her experiences and help seeking.
- 1.6.11 The Chair wishes to thank everyone who contributed their time, patience and cooperation to this review.

1.7 Contact with the family and friends

- 1.7.1 Given the very limited contact with agencies, the Panel agreed that information from Anna or Robert's family and friends, and Anna's employer and colleagues, would be very helpful.
- 1.7.2 The independent Chair drafted individual letters to all individuals with whom the Police had been in contact, and these were either hand delivered by the Family Liaison Officer (where possible) or posted. Where the Police Family Liaison Officer hand delivered the letters, the Officer also attempted to discuss the Review. All letters contained the appropriate Home Office DHR leaflet. The following were written to:
- (a) Parents
 - (b) Friend (who was also a former flatmate)
 - (c) Employer
 - (d) Work colleague
 - (e) Friend
 - (f) Neighbour
- 1.7.3 Anna's parents, and her former flatmate, declined to be involved in the Review, expressing to the Family Liaison Officer that their distress following Anna's death was such that they did not wish to talk further about it.

- 1.7.4 Responses were not received from the other individuals written to. Attempts were made to follow up the employer again but by that time they had sold the business and moved on.
- 1.7.5 The independent Chair also attempted contact with Robert via the prison in which he is detained. No response was received to letters sent.

2. The Facts

2.1 Outline / The death of Anna

- 2.1.1 Anna and Robert had been a relationship, and lived together, for approximately three years at the time of her death. It is believed that they met online while Anna was in Poland, and she came to the UK in order to be with Robert.
- 2.1.2 May 2015 members of the public called Police having discovered a suitcase floating in the canal; Anna's body was discovered within.
- 2.1.3 It is estimated that Anna died end of April 2015. The location of the homicide has been established as the flat she shared with Robert. Beginning of May 2015, Robert removed her body in the suitcase and deposited it in the canal.
- 2.1.4 Robert was convicted of Anna's murder in November 2015. He was sentenced to life imprisonment with a minimum term of 18.5 years.

2.2 Information relating to Anna

- 2.2.1 Anna was a Polish national and aged 23 at the time of her death. Anna came to England in order to be with Robert, whom she met on the Internet. She worked in a Polish delicatessen, and was understood to have done so throughout most of her time in England.

2.3 Metropolitan Police Service

- 2.3.1 On 24 July 2014 Anna was recorded as being a witness to an assault on her employer. No further information was recorded.

2.4 General Practice

- 2.4.1 Anna registered with a GP in March 2014, and shortly after this registration she attended an appointment requesting contraception, which was prescribed.
- 2.4.2 In November 2014 Anna attended her GP reporting that she was "*feeling tired and has lost some weight*". A number of tests were carried out, including blood tests, in December 2014. This was the last contact with Anna (there was nothing in her test results that meant the GP had to call her back in).

2.5 Information from Anna's Family / Friends

- 2.5.1 No information was received from the family (please see paragraph 2.7 above for details of the attempts that were made).
- 2.5.2 In a news report at the time that Anna's body was discovered, a colleague of Anna's described her as a "*great worker and friend ... Anna was an honest great*

worker and very nice person. She was so kind and nice. She just wanted to get married and settle with a family. She was very sweet and popular.”

2.6 Information relating to Robert

2.6.1 Robert is a Polish national and aged 38; no more information was gained about him through the review process.

2.7 Metropolitan Police Service

2.7.1 Robert had four contacts with the Police, all outside of the Terms of Reference timeframe, and none relevant to this review:

- One drugs search in which no further action was taken.
- Two incidents of Robert being a victim of theft.
- Robert was identified as a suspect for an offence of fraud in which there was insufficient evidence to proceed.

2.8 General Practice

2.8.1 Robert registered with a General Practice in January 2010, and this was the only recorded contact between him and the Practice.

2.9 Information from the Perpetrator

2.9.1 No information was received from the perpetrator (please see paragraph 2.7 above for details of the attempts that were made).

3. Analysis

3.1 Domestic Abuse/Violence Definition

3.1.1 The government definition of domestic violence and abuse (2013) is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; and emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

3.1.2 Information gathered by the Police as part of the murder investigation indicated that Anna had been a victim of domestic abuse from Robert, including verbal abuse, physical violence and controlling and coercive behaviours.

3.1.3 Police investigations suggested that Anna’s employer was aware of the situation and that other friends may also have known what was happening. However to what extent they were aware, or understood the situation, could not be gathered for this review.

3.2 Metropolitan Police Service

3.2.1 Anna’s and Robert’s involvement with the Police was not significant in relation to this case and Review.

3.3 General Practice

3.3.1 Robert did not attend his GP following his registration.

3.3.2 The GP had two opportunities to enquire with Anna about her home life and/or relationship. She attended requesting contraception, which can always be an opportunity for GPs to ask about relationships. On her second visit, she attended reporting tiredness and having lost weight however, the focus was on her physical wellbeing, and the notes do not record any social enquiry in relation to her symptoms.

- 3.3.3 The Panel noted that, given Anna’s rare attendance at her GP, this was a notably small matter over which to attend, and could have raised the suspicions of her GP that there may have been more going on for her, prompting discussion around her mental health, and relationship and home life.
- 3.3.4 We cannot know whether Anna would have disclosed the abuse she was experiencing, if she had been asked about her relationship and safety at home; however she should have been given the opportunity on this occasion, and this may have opened the door for her to access appropriate support services. Even if she had not disclosed at that time, the GP could have demonstrated an understanding and awareness of domestic abuse/violence, which may have encouraged Anna to attend again – and in time make a disclosure.
- 3.3.5 It is essential that victims of domestic abuse have open doors: that they know they can return to a trusted professional again for advice even if they were not ready to take it the first time.
- 3.3.6 As the Panel did not receive an Individual Management Review from the General Practice, we do not know whether they have previously received training on domestic abuse awareness and opportunities for enquiry; nor whether the Practice displays any leaflets or posters about domestic abuse services. What should be noted is that, if the GP had been fully trained, for example as part of IRIS¹ or a similar training programme, Anna’s attendance for contraception or reporting “*feeling tired*” would have triggered consideration of making an enquiry about her relationship and domestic abuse.
- 3.3.7 Research shows that women’s interactions with health professionals can prove critical in them getting support:
- “All women thought that the NHS (health visitors, GPs, hospitals, dentists, sexual health services, practice nurses) has a vital role in early identification and response to violence – particularly for those who are isolated and therefore more vulnerable – and also should have a key role in supporting and safeguarding women and children.”²*
- 3.3.8 This research also recognises that health professionals need to be adequately trained in responding to domestic abuse, and need information on support agencies to which they can refer women.

¹ A general practice-based domestic violence and abuse training support and referral programme that has been evaluated in a randomised controlled trial. <http://www.irisdomesticviolence.org.uk>

² Feder, G, Long, C. et al (2010) *Report from the Domestic Violence Subgroup: Responding to Violence Against Women and Children – The Role of the NHS* London, Department of Health

3.3.9 A recommendation (2) is made for improving the response of GPs to domestic abuse, in particular the presenting issues that can be identified to trigger enquiry, risk identification, and awareness of the support services they can refer on to.

3.4 Diversity

3.4.1 Gender and Age

Being female is a risk factor for being targeted by a perpetrator of domestic abuse, making this characteristic relevant for this case, Anna having been a victim of domestic abuse from Robert. This factor could have been recognised by her GP when supporting Anna: in particular during her attendance for feeling “*tired*” and having lost weight.

Young women in particular have been identified as at high risk of being targeted by perpetrators of domestic abuse³. Robert was significantly older than Anna, another risk factor that has been identified for young women:

“Having an older partner, and especially a ‘much older’ partner, was a significant risk factor for girls. Overall, three-quarters of girls with a ‘much older’ partner experienced physical violence, 80 per cent emotional violence and 75 per cent sexual violence.”⁴

3.4.2 Race / Nationality

The Panel discussed extensively the fact that Anna and Robert were from Poland, and lived and worked within the Polish community. This is addressed in the conclusions section below.

3.4.3 Religion and belief; disability; sexual orientation; gender reassignment; marriage / civil partnership; pregnancy and maternity

No information was presented within the review to indicate these were issues.

³ Office for National Statistics (2015) *Crime Survey of England and Wales: Violent Crime and Sexual Offences – Intimate Personal Violence and Serious Sexual Assault 2013/14*

⁴ Barter, C. et al (2009) *Partner Exploitation and Violence in Teenage Intimate Relationships* NSPCC

4. Conclusions and Recommendations

4.1 Preventability

- 4.1.1 Anna's homicide could not have been predicted by a professional, due to the limited nature of her involvement with any agencies or the community in which she lived.
- 4.1.2 If Anna had made contact with agencies such as Refuge's Eastern European Project or Hestia Domestic Violence Services, it is possible that she could have received support to reach safety. However, it is unknown how she perceived the abuse and violence, and if she recognised herself as a victim.
- 4.1.3 Anna would have needed to know where to go for support. Alternatively a professional she came into contact with, or a friend or colleague, could have offered help or information if they had witnessed and understood what Anna was experiencing.
- 4.1.4 This potential early intervention with Anna could have prevented the homicide, but the number of steps required for Anna to get to safety is notable and unfortunate.

4.2 Issues raised by the review

- 4.2.1 *Eastern European communities⁵ and domestic abuse*
 - (a) Panel discussions with the representatives of the two expert agencies – Refuge and Hestia – along with the Police demonstrated that while there has been work in Brent to improve access to domestic abuse support services, victims in Eastern European communities appear to continue to be largely isolated, and that there is a continued need for specialist service provision.
 - (b) The Final evaluation report of the Refuge Eastern European Service (EEAS, building on the report of the initial project, quoted below, 5.2.2) stated that

⁵ In this report, this term is used to describe people from Central and Eastern European countries that joined the EU between 2004 and 2012. The evaluation of the Refuge Eastern European service (Thiara, 2015 – see footnote 9) states that following: "*The term 'Eastern European' encompasses a wide range of communities who have been settled or migrated more recently from Eastern Europe. This term is used as a short hand in this report and in no way implies that such groups are the same without any differences in their issues and needs.*" (p6)

“professionals who lacked the knowledge of the issues were reported to be ‘very keen to have a project to refer women to’ that offered EE women specialist support in their own languages.”⁶

- (c) The Panel heard from Refuge that this isolation is in part due to attitudes to domestic abuse that ensure it remains a ‘family issue’ and not spoken about. Also that the communities operate largely without recourse to statutory agencies: rather, private health and dentistry, community employment and housing routes are in place to support and help those arriving and then living in the country.
- (d) The Panel felt that it is possible in such isolated situations that a victim may not be able to identify their experiences (particularly in relation to emotional abuse and coercive control) as ‘abuse’ and that this would present a barrier to accessing help. However, it is unknown how Anna perceived the violence and if she recognised herself as a victim: it is equally possible that she understood the situation but felt too afraid and trapped to seek help.
- (e) It is possible that language presented a further barrier for Anna; this is addressed further below.
- (f) It was felt that Anna was unlikely to have information about domestic abuse or services that could have supported her, and neither would those people around her, for example friends and colleagues.
- (g) Isolating someone from friends, family and community is an abusive act carried out by a perpetrator of domestic abuse, to increase control over the victim and to reduce the chances they will be able to access any help or support. Anna appeared to have been isolated by Robert – helped by the fact that her family were in Poland – and this was potentially compounded by the isolated nature of the community in which she lived (i.e. limited contact with anyone outside of the community).
- (h) In recognition of the need for greater outreach to reduce isolation and increase awareness, Refuge has started a project to train and support community ‘champions’ to ensure that, if a victim of domestic abuse approaches them, they are equipped to offer signposting and information. This is in addition to the Refuge - Eastern European IDVA Service, which has been in operation since 2008. This service offers specialist domestic violence support to Eastern European women in Brent (and Ealing and

⁶ Thiara, K. (2015) *‘We are the voice of women’: Refuge Eastern European Advocacy Service Evaluation Report*

Hounslow), including linguistic and culturally specific support from Polish and Romanian speaking workers.

- (i) The independent Chair referred to a number of Domestic Homicide Reviews he had completed, in which the victim was from Eastern Europe, and therefore felt it would be helpful for the Home Office to look at these to address any shared or national issues relating to these circumstances. A recommendation (4) is made below.

4.2.2 *Lack of awareness of domestic abuse and specialist service provision*

- (a) Research has shown that many minority ethnic women experiencing domestic abuse/violence prefer to access support from a specialist BAME service⁷. The Panel heard that many women from Eastern European communities find it difficult to access mainstream services – language being the primary barrier, along with lack of awareness of services. The Police investigation found that Anna was not fluent in English.
- (b) An independent evaluation of Refuge’s Eastern European Community Outreach Project⁸, conducted in 2011, supports this. Of the 337 women who had accessed the service in the evaluation period, 93% required an interpreter, or needed project staff to provide interpretation and language support.
- (c) Twenty women gave feedback through a focus group in this same evaluation. They reported having found out about the service from: friends; an advert placed by the service in a community paper; Polish solicitors and the Police (awareness raised with these as part of the Project’s outreach).
- (d) This evaluation and the views of the expert Panel members on this Review support the need for more work focused on Eastern European communities to improve early identification and intervention with those experiencing domestic abuse. This is in recognition of the fact that Anna’s most likely route to support, if she had sought it, would have been through friends or colleagues, and therefore it is essential that there is wide knowledge and understanding of domestic abuse as an issue and the support services in place.

⁷ In a survey of BAME women accessing domestic abuse/violence support services, found that 89% preferred a specialist BAME service. Thiara, R. & Roy, S. (2012) *Vital Statistics 2: Key findings on black, minority ethnic and refugee women’s and children’s experiences of gender-based violence* Imkaan.

⁸ Thiara, K. (2011) *Refuge: Eastern European Community Outreach Project Independent Evaluation Report*

- (e) This work should prioritise outreach into communities and the up-skilling of individuals, service providers and employers. A variety of ways to do this exist: leaflets translated into relevant languages; training of individuals, professionals and employers; information in community papers. This is not a prescriptive or exhaustive list of the options.
- (f) The aim is to increase awareness amongst individuals, employers and health providers of domestic abuse and the services in place to support Eastern European women. The desired outcomes are to reduce the isolation of women experiencing domestic abuse and potentially prevent future homicides. A recommendation (3) is made below.

4.3 Recommendations

The recommendations below should be acted on through the development of an action plan, with progress reported on to the Brent Community Safety Partnership within six months of the Review being approved by the Partnership.

4.3.1 Recommendation 1

Brent Community Safety Partnership, Clinical Commissioning Group and NHS England to work together to improve the responses of General Practices to domestic abuse in the borough through training, the establishment of care pathways, and an increase in GP referrals to specialist services and the MARAC. This should start with Anna's General Practice and others working with Eastern European communities (including private practices), and then move on to include all General Practices. Reference must be made to the learning of the IRIS Project⁹ and the NICE Guidelines on domestic violence¹⁰ in planning and implementing this work.

4.3.2 Recommendation 2

Brent Community Safety Partnership, working with local specialist service providers who have experience of supporting Eastern European women experiencing domestic violence/abuse, to identify the most effective way to increase awareness of domestic abuse, and support services, in Eastern European communities and to develop an action plan to implement this.

4.3.3 Recommendation 3

⁹ <http://www.irisdomesticviolence.org.uk/iris/>

¹⁰ <https://www.nice.org.uk/guidance/ph50>

The Home Office, working with the Department of Health, NHS England and other appropriate partners, to issue national guidance on the required involvement of General Practitioners in Domestic Homicide Reviews.

4.3.4 **Recommendation 4**

The Home Office to review Domestic Homicide Reviews it has received in which the victim was from Eastern Europe to address any shared or national issues relating to these circumstances, and to disseminate and act on this learning as appropriate.

Appendix 1: Domestic Homicide Review

Terms of Reference

This Domestic Homicide Review is being completed to consider agency involvement with Anna, and Robert following her death in May 2015, this is when her body was found. The Domestic Homicide Review is being conducted in accordance with *Section 9(3) of the Domestic Violence Crime and Victims Act 2004*.

Purpose

1. Domestic Homicide Reviews (DHR) place a statutory responsibility on organisations to share information. Information shared for the purpose of the DHR will remain confidential to the panel, until the panel agree what information should be shared in the final report when published.
2. To review the involvement of each individual agency, statutory and non-statutory, with Anna and Robert during the relevant period of time: 1 January 2012 to May 2015.
3. To summarise agency involvement prior to 1 January 2012.
4. To establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to identify and respond to disclosures of domestic abuse.
5. To identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result and as a consequence.
6. To improve inter-agency working and better safeguard adults experiencing domestic abuse and not to seek to apportion blame to individuals or agencies.
7. To commission a suitably experienced and independent person to:
 - a) chair the Domestic Homicide Review Panel;
 - b) co-ordinate the review process;
 - c) quality assure the approach and challenge agencies where necessary; and
 - d) produce the Overview Report and Executive Summary by critically analysing each agency involvement in the context of the established terms of reference.
8. To conduct the process as swiftly as possible, to comply with any disclosure requirements, panel deadlines and timely responses to queries.
9. On completion present the full report to the Brent Community Safety Partnership.

Membership

10. It is critical to the effectiveness of the meeting and the DHR that the correct management representatives attend the panel meetings. Your agency representative must have knowledge of the matter, the influence to obtain material efficiently and can comment on the analysis of evidence and recommendations that emerge.
11. The following agencies are to be on the Panel:
 - a) Brent Clinical Commissioning Group
 - b) General Practitioner for the victim

- c) General Practitioner alleged perpetrator
 - d) Hestia (local domestic violence specialist service provider)
 - e) London Borough of Brent Adult Services
 - f) NHS England London Region
 - g) London Borough of Brent Community Safety
 - h) Metropolitan Police Service, Brent
 - i) Metropolitan Police Service (Critical Incident Advisory Team)
 - j) Urgent Care Centre
12. The following agencies are to be on the Panel if they had contact with the victim and/or alleged perpetrator:
- a) Substance misuse services
 - b) London Borough of Brent Housing Service
 - c) Central and North West London NHS Foundation Trust (Mental Health Trust)
 - d) Victim Support
 - e) Dental services
13. If there is need for a representative from a specialist Polish women's organisation (or similar), the chair will liaise with and if appropriate ask them to join the panel.
14. A criminal investigation is ongoing. The panel agrees to run the review in parallel to this.

Collating evidence

15. Each agency to search all their records within and outside the identified time periods to ensure no relevant information is omitted, and secure all relevant records.
16. Chronologies and IMRs will be completed by the following organisations known to have had contact with the victim and/or perpetrator:
- a) Urgent Care Centre
 - b) General Practitioner for the victim
 - c) General Practitioner alleged perpetrator
 - d) Metropolitan Police Service
17. The following will produce chronologies and IMRs if they had contact:
- a) Substance misuse services
 - b) London Borough of Brent Housing Service
 - c) Central and North West London NHS Foundation Trust (Mental Health Trust)
 - d) Dental Service
 - e) Victim Support
18. These agencies must provide a chronology of their involvement with Anna and Robert during the relevant time period.
19. These agencies are to prepare an Individual Management Review (IMR), which:
- a) sets out the facts of their involvement with Anna and/or Robert;
 - b) critically analyses the service they provided in line with the specific terms of reference;
 - c) identifies any recommendations for practice or policy in relation to their agency, and

- d) considers issues of agency activity in other boroughs and reviews the impact in this specific case.
- 20. Agencies that have had no contact, but could reasonably have been expected to, should attempt to develop an understanding of why contact didn't occur and how procedures could be changed within the partnership which could have brought Anna or Robert in contact with their agency.
- 21. Where an agency has had no contact and there is no reason why they should have had such contact they should inform the Chair of this fact.

Analysis of findings

- 22. In order to critically analyse the incident and the agencies' responses to the family, this review will specifically consider the following six points:
 - a) Analyse the communication, procedures and discussions, which took place between agencies.
 - b) Analyse the co-operation between different agencies involved with the victim, alleged perpetrator, and wider family.
 - c) Analyse the opportunity for agencies to identify and assess domestic abuse risk.
 - d) Analyse agency responses to any identification of domestic abuse issues.
 - e) Analyse organisations access to specialist domestic abuse agencies.
 - f) Analyse the training available to the agencies involved on domestic abuse issues.

Liaison with the victim's and alleged perpetrator's family

- 23. Sensitively involve the family, friends and colleagues of Anna in the review, in liaison with the Police to ensure it is appropriate to do so in the context of the on-going criminal proceedings. Also to contact the alleged perpetrator's family who may be able to add value to this process. The chair will lead on family engagement with the support of the Police Senior Investigating Officer and the Family Liaison Officer.
- 24. Co-ordinate family liaison to reduce the emotional hurt caused to the family by being contacted by a number of agencies and having to repeat information.

Development of an action plan

- 25. Individual agencies will take responsibility to establish clear action plans for agency implementation as a consequence of any recommendations in their IMRs. The Overview Report will make clear that agencies should report to the Community Safety Partnership on their action plans within six months of the Review being completed.
- 26. Community Safety Partnership to establish a multi-agency action plan as a consequence of the recommendations arising out of the Overview Report, for submission to the Home Office along with the Overview Report and Executive Summary.

Media handling

27. Any enquiries from the media and family should be forwarded to the chair who will liaise with the CSP. Panel members are asked not to comment if requested. The chair will make no comment apart from stating that a review is underway and will report in due course.
28. The CSP is responsible for submission of the report to Home Office Quality Assurance, and the subsequent publication of the report and for all feedback to staff, family members and the media.

Confidentiality

29. All information discussed is strictly confidential and must not be disclosed to third parties without the agreement of the responsible agency's representative. That is, no material that states or discusses activity relating to specific agencies can be disclosed without the prior consent of those agencies.
30. All agency representatives are personally responsible for the safe keeping of all documentation that they possess in relation to this DHR and for the secure retention and disposal of that information in a confidential manner.
31. It is recommended that all members of the Review Panel set up a secure email system, e.g. registering for criminal justice secure mail, nhs.net, gsi.gov.uk, pnn or GCSX. Confidential information must not be sent through any other email system. Documents can be password protected.

Disclosure

32. Disclosure of facts or sensitive information may be a concern for some agencies. We manage the review safely and appropriately so that problems do not arise and by not delaying the review process we achieve outcomes in a timely fashion, which can help to safeguard others.
33. The sharing of information by agencies in relation to their contact with the victim and/or the alleged perpetrator is guided by the following:
 - a) Human Rights Act: information shared for the purpose of preventing crime (domestic abuse and domestic homicide), improving public safety and protecting the rights or freedoms of others (domestic abuse victims).
 - b) Common Law Duty of Confidentiality outlines that where information is held in confidence, the consent of the individual should normally be sought prior to any information being disclosed, with the exception of the following relevant situations – where they can be demonstrated:
 - i) It is needed to prevent serious crime
 - ii) there is a public interest (e.g. prevention of crime, protection of vulnerable persons)

Appendix 2: Action Plan

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<i>What is the over-arching recommendation?</i>	<i>Should this recommendation be enacted at a local or regional level (N.B national learning will be identified by the Home Office Quality Assurance Group, however the review panel can suggest recommendations for the national level)</i>	<i>How exactly is the relevant agency going to make this recommendation happen? What actions need to occur?</i>	<i>Which agency is responsible for monitoring progress of the actions and ensuring enactment of the recommendation?</i>	<i>Have there been key steps that have allowed the recommendation to be enacted?</i>	<i>When should this recommendation be completed by?</i>	<i>When is the recommendation and actually completed? What does the outcome look like?</i>
Brent Community Safety Partnership, Clinical Commissioning Group and	National	To ensure training programs happens between	Community Protection	The training has already started	GP training to be completed by	All GP's trained on wider knowledge of Domestic Abuse, MARAC and on how to refer

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>NHS England to work together to improve the responses of General Practices to domestic abuse in the borough through training, the establishment of care pathways, and an increase in GP referrals to specialist services and the MARAC. This should start with Anna's General Practice and others working with Eastern European communities (including private practices), and then move on to include all General Practices. Reference must be made to the learning of the IRIS Project¹¹ and the NICE Guidelines on domestic</p>		all the partners			December 2017 - ongoing	Victims - ongoing

¹¹ <http://www.irisdomesticviolence.org.uk/iris/>

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
violence ¹² in planning and implementing this work.						
Brent Community Safety Partnership, working with local specialist service providers who have experience of supporting Eastern European women experiencing domestic violence/abuse, to identify the most effective way to increase awareness of domestic abuse, and support services, in Eastern European communities and to develop an action plan to implement this.	Local	Developing of routes to IDVA services and support to identify funding	Community Protection	Referral pathway, including European IDVA service and engaging them in the VAWG forum and the Delivery Group meeting	On-going	On-going
The Home Office, working with the Department of Health, NHS England and other appropriate partners, to issue national guidance	National	Encourage health professionals and clinicians to participate in DHRs	HO/DH			December 2016 – HO has published updated statutory guidance on DHRs. Section 10 of the revised guidance has been significantly expanded

¹² <https://www.nice.org.uk/guidance/ph50>

Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
on the required involvement of General Practitioners in Domestic Homicide Reviews.						and contains Department of Health advice which encourages clinicians and health professionals to cooperate with DHRs and disclose all relevant information. The guidance also reminds agencies who are not listed in legislation of the importance of providing Individual Management Reviews when approached to do so in order to give review panels a comprehensive chronology of their involvement with the victim.

<p>The Home Office to review Domestic Homicide Reviews it has received in which the victim was from Eastern Europe to address any shared or national issues relating to these circumstances, and to disseminate and act on this learning as appropriate.</p>	<p>National</p>	<p>Conduct analysis to consider emerging themes and disseminate the learning</p>	<p>HO</p>			<p>December 2016 – HO has published an analysis of 40 DHRs which identified common themes and trends and recommends how local areas can use this information to mitigate domestic abuse. Ethnicity was often missing from reviews and the HO has introduced a data management form to be provided with every DHR report which captures the key characteristics of the victim including ethnicity and nationality.</p>
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Appendix 3: Home Office Letter

T: 020 7035 4848

www.gov.uk/homeoffice



Home Office

Public Protection Unit
2 Marsham Street
London
SW1P 4DF

Community Protection
Community Protection Services
London Borough of Brent

12 January 2018

Dear Sir/Madam,

Thank you for submitting the Domestic Homicide Review (DHR) report for Brent (Anna) to the Home Office Quality Assurance (QA) Panel. The report was considered at the QA Panel meeting on 22 November 2017. I apologise for the delay in providing the Panel's feedback.

The Panel would like to thank you for conducting this review and for providing them with the final report. The Panel concluded this was a good review which is concise and focused and in which meaningful recommendations have been identified. In particular, the Panel felt the analysis which highlights barriers to accessing domestic abuse services by East European communities was especially informative.

There were, however, some aspects of the report which the Panel felt may benefit from further analysis, or be revised, which you will wish to consider:

- The Panel noted that those invited to participate in the review were written to and

suggested that, in future, consideration should be given to more than one approach and other modes of communication in order to engage individuals. In this particular case, the Panel felt it would have been useful to interview the employer given they were aware of the domestic abuse. This may have yielded a recommendation around equipping employers with information on managing a disclosure at work;

It would be helpful if the report could explore a little more of the background of the perpetrator to establish whether further learning could be identified. For example, consideration of when the perpetrator came to the UK and whether there was any previous offending history in his country of origin;

- The Panel felt that it would assist a reader if the terms of reference were in the main body of the report rather than in appendices;
- The statutory guidance recommends a separate, standalone executive summary that can be read in isolation.

The Panel does not need to review another version of the report, but I would be grateful if you could include our letter as an appendix to the report. I would be grateful if you could email us at DHREnquiries@homeoffice.gsi.gov.uk and provide us with the URL to the report when it is published.

The QA Panel felt it would be helpful to routinely sight Police and Crime Commissioners on DHRs in their local area. I am, accordingly, copying this letter to the Mayor's Office for Policing and Crime for information.

Yours sincerely

Christian Papaleontiou
Chair of the Home Office DHR Quality Assurance Panel

