



## Domestic Homicide Review Report:

**'William'**

Born: 4<sup>th</sup> December 1963

Died: On or before 1<sup>st</sup> May 2014  
(William was formally pronounced dead on 2<sup>nd</sup> May 2014)

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Johnston and Blockley

May 2016

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## **1 Introduction**

- 1.1 This Domestic Homicide Review Overview Report is about William, who was murdered on or shortly before 1<sup>st</sup> May 2014, in a joint enterprise by a Female Perpetrator and a Male Perpetrator.
- 1.2 'William' is a pseudonym chosen by the victim's sons. All three have participated in this review and the panel would like to extend its sincere condolences to them for their sad loss. The panel would also like to thank them for the courage and the dignity they have displayed throughout this DHR process. Their support has been invaluable and has greatly assisted the panel to view events through the eyes of their father.
- 1.3 William had been married three times but lived alone as a Council tenant in Huddersfield. He was employed as a call handler at a local taxi firm. He was a well-known and popular member of his local community and someone who is greatly missed even today. During this review, he has been described by his family, his friends and by his employer as being a gentle, generous, humourous and caring man, who would always put the needs of others before his own.
- 1.4 The Male Perpetrator appeared at Newcastle Crown Court on 25<sup>th</sup> October 2014, where he pleaded guilty to murdering William. He was sentenced to life imprisonment with a recommendation that he must serve 21 years before the question of his parole can be considered. On 19<sup>th</sup> December 2014, the Female Perpetrator appeared at Bradford Crown Court where, after a re-trial, she was found guilty of William's murder. She was sentenced to life imprisonment, also with a recommendation that 21 years must be served prior to the consideration of parole.
- 1.5 Both perpetrators agreed to participate in this Domestic Homicide Review and have been interviewed in their respective prisons. A summary of what they had to say can be found at paragraphs 1.91 to 1.139 of this report.
- 1.6 William was murdered in the town of Huddersfield which forms part of the Metropolitan Borough of Kirklees in West Yorkshire. He lived in the Huddersfield area as did the two perpetrators.
- 1.7 **Strategic governance and demographics of Kirklees**
- 1.8 Kirklees has a diverse population of 422,500. Domestic abuse has a major impact on children, young people, adults and communities in Kirklees. This issue affects people from all communities and backgrounds, and victims are often affected by other complex issues such as poverty, mental ill-health, alcohol and drug misuse and poor parenting. Based on British Crime Survey methodology and local prevalence, it is estimated that in Kirklees in 2013/14, 12,020 adult women and 8,501 adult men may have been victims of domestic abuse; this figure is expected to have risen in 2014/15, but the revised statistics were not available at the time of writing this report.

- 1.9 In recognition of the impact of domestic abuse on local people, Kirklees New Council Programme Board has identified this issue as one of the key change plans due to its cross cutting impact and implications for crime, social care and health services.
- 1.10 Domestic abuse is a key theme in the Kirklees Community Safety Partnership Plan around *Protecting People from Serious Harm*. Kirklees Community Safety Partnership brings together the council, police and other key agencies to create safer communities by preventing and reducing community safety issues at the earliest possible opportunity. The scope of partnership working continues to evolve as the result of emerging priorities such as child sexual exploitation, forced marriage and human trafficking which cut across the community safety and safeguarding arena.
- 1.11 This year Kirklees Domestic Abuse Partnership has produced a new Kirklees Domestic Abuse Strategy entitled "*Taking up the challenge - Towards freedom*". This document has built on the Domestic Abuse Needs Assessment undertaken by Kirklees Public Health in line with local priorities and related strategies produced both locally and nationally. It recognises the importance of early intervention and prevention and coordinated action to reduce risks. This will be achieved by frontline workers and communities recognising the early indicators of abuse and then supporting victims to access the services available.
- 1.12 The Domestic Abuse Strategy is working to achieve the following outcomes for individuals affected by domestic abuse in Kirklees:
- Victims are safer
  - Children are safer
  - Victims have improved health and wellbeing
  - Victims have increased personal resilience
  - Victims live in safe, suitable and stable accommodation
  - Perpetrators are supported to address their behaviour
- 1.13 The focus of partnership working through implementation of the strategy over the next few years will be to:
- Collate accurate data and intelligence regarding the prevalence of domestic abuse
  - Deliver public information campaigns to raise awareness of domestic abuse, improve engagement, change social norms, challenge attitudes and behaviours and reduce the incidence of domestic abuse. Specifically, the partnership aims to raise awareness of the impact of domestic abuse on children in the household and promote resilience and self-awareness in children and young people in Kirklees.
  - Ensure people who experience domestic abuse have access to justice and that a range of appropriate services are available aimed to prevent further abuse and support those in greatest need. As part of this

approach, they will ensure that referral pathways into services are well understood by local partners to ensure appropriate and timely responses for victims. Integral to this framework for delivery is the early identification of perpetrators and referral into effective interventions and services which address the needs of children from households where there is domestic abuse.

- Ensure that those who are likely to work with people affected by current or historic domestic abuse have access to learning and development as well as management support. They can then respond appropriately to all members of the community including those with specific needs, such as children and young people, adults at risk, ethnic minority groups and lesbian, gay, bi-sexual and transgender (LGBT) adults.
- Develop smarter integrated commissioning approaches to support sustainable and responsive services for those affected by domestic abuse in Kirklees

1.14 Through agreed governance arrangements, the Domestic Abuse Partnership provides regular progress reports on the implementation of the Domestic Abuse Strategy to Kirklees Community Safety Partnership Executive. Strong links have also been developed with the Local Children's Safeguarding Board, Adult Safeguarding Board, Health and Wellbeing Board and Clinical Commissioning Groups due to the cross cutting impact of domestic abuse.

#### 1.15 **Establishing this Domestic Homicide Review**

The police notified the Kirklees Community Safety Partnership of the circumstances of William's death after the criminal proceedings had ended on 19<sup>th</sup> December 2014. It had not been evident until those proceedings were nearing their conclusion that the relationship between William and the Female Perpetrator may have been an intimate and personal one, and/or they may have been members of the same household, thereby meeting the criteria for referral as a domestic homicide.

1.16 The Partnership was told that during the morning of Friday 2<sup>nd</sup> May 2014, the police had received an emergency telephone call from the Female Perpetrator. She sounded upset and wanted the police to see her at her house in Huddersfield at 2pm that day. She said it was a serious matter, that she didn't want to go to the police station to discuss it and that it involved the Male Perpetrator, who was currently in police custody.

1.17 Just over an hour later, the police received a telephone call from a local solicitor who said the Female Perpetrator had been to see him and that she was hysterical. She had told him there was a body in a bath at an address in Huddersfield.

1.18 The police went straight to the address where they found William. It was obvious that he had been murdered.

- 1.19 The Male Perpetrator had just been released on bail by the local Magistrates Court after spending the night in police custody having been arrested for breaching bail conditions imposed after a previous arrest for assaulting the Female Perpetrator.
- 1.20 The Female Perpetrator and the Male Perpetrator were arrested at different addresses that afternoon, on suspicion of murdering William.
- 1.21 The panel was made aware that the Female Perpetrator was a street sex-worker who had a long history of drug and alcohol dependency. She was known to have self-harmed in the past and to have been suicidal and violent. She had been both a victim and perpetrator of domestic violence and abuse with men with whom she had formed relationships.
- 1.22 It was alleged during the trial of the Female Perpetrator that she and William had been in an intimate relationship for about two years, though the boundaries of any relationship that may have existed have never been fully established. William certainly denied to his sons that full sexual intercourse took place between them. In fact, the sons say that for medical reasons, it would have been an impossibility for their father. William told them that he was merely trying to help the Female Perpetrator to stop taking drugs.
- 1.23 The police had discovered that at the same time, the Female Perpetrator had been in an intimate personal relationship with the Male Perpetrator and with at least two other men. She had met them through her sex-work and appeared to divide her time between them, as well as with other men who provided her with money, alcohol and drugs.
- 1.24 The indications were that the Female Perpetrator kept what belongings she had at the home of the Male Perpetrator, and tended to spend more time at his house than at William's. However, after careful consideration the Partnership determined there was sufficient reason to believe the relationship between William and the Female Perpetrator may have been an intimate personal one and/or they may have been members of the same household – and that William's death had occurred through the Female Perpetrator's violence, abuse or neglect towards him.
- 1.25 On 29<sup>th</sup> December 2014, all agencies were asked to undertake a review of the information in their possession, to identify any relevant contact they may have had with William and with the Female Perpetrator and the Male Perpetrator. They were also asked to seal their records.
- 1.26 The Partnership formally commissioned this Domestic Homicide Review on 13<sup>th</sup> January 2015 and the Home Office was notified of the decision.
- 1.27 The Partnership acknowledges that not all the timescales set out in the Home Office guidance for a DHR have been met. As mentioned previously, it was not until the trial of the Female Perpetrator for murder was nearing its conclusion in December 2014 that it became apparent that the criteria for consideration of a Domestic Homicide Review may have been met. In

addition, the panel has been keen to allow as much time as possible for William's sons to come to terms with participating in this review.

1.28 **The purpose of a Domestic Homicide Review**

1.29 The purpose of a DHR is to:

- 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.
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted upon, and what is expected to change as a result.
- Apply those lessons to service responses including changes to policies and procedures as appropriate.
- Prevent domestic violence and abuse homicide and to improve service responses for all domestic violence and abuse victims and their children, through improved intra and inter-agency working.

1.30 The intention of the review process is to ensure that agencies are responding appropriately to victims of domestic violence and abuse by offering and putting in place appropriate support mechanisms, procedures, resources and interventions with the aim of avoiding future incidents of domestic homicide, violence and abuse. Reviews should assess whether agencies have sufficient and robust procedures and protocols in place, and that they are understood and adhered to by their employees.

1.31 **Comment:** *It is not the purpose of this DHR to enquire into how William died or what the motivation was behind his death. Those are matters that have already been examined throughout the judicial process.*

1.32 *A DHR should not form part of any disciplinary inquiry or process. Where information emerges during the course of a DHR that indicates disciplinary action may be initiated by a partnership agency, the agency's own disciplinary procedures will be utilised; they should remain separate to the DHR process. In this case, there has been nothing to suggest that a disciplinary inquiry or process is merited in respect of any agency involved in the review.*

1.33 **Terms of Reference for the Review**

The review will:

- Consider each agency's involvement with William, the Female Perpetrator and the Male Perpetrator between January 2012 and 1<sup>st</sup> May 2014, subject to any information emerging that prompts a review of any earlier incidents or events that are relevant. (See 'Scope of the Review' below).

- Invite responses from any other relevant agencies or individuals identified through the process and request Individual Management Reviews (IMRs) from each one that identifies involvement with William, and/or the Female Perpetrator and the Male Perpetrator. (See 'Individual Management Reviews' section below).
- Seek the involvement of William's family, his employers, neighbours and friends and also the Female Perpetrator and the Male Perpetrator to provide a robust analysis of what happened.
- Determine how matters concerning family and friends, the public and media should be managed before, during and after the review and who should take responsibility for it.
- Take account of coroners or criminal proceedings (including disclosure issues) in terms of timing and contact with William's family to ensure that relevant information can be shared without incurring significant delay in the review process or compromise to the judicial process.
- Consider whether the review panel needs to obtain independent legal advice about any aspect of the review.
- Ensure that the review process takes account of lessons learned from research and previous DHRs.

In doing this, the review will consider the events that occurred, the decisions made and the actions taken or not taken. Where judgements were made or actions taken that indicate that practice or management could be improved, the review should consider not only what happened but also why. This review will consider the following specific issues:

- Were practitioners' sensitive to the needs of William and the Female Perpetrator and the Male Perpetrator, knowledgeable about potential indicators of domestic violence and abuse, and aware of what to do if they had concerns about a victim or perpetrator? Was it reasonable to expect them, given their level of training and knowledge, to fulfil these expectations?
- Did the agency have policies and procedures for (DASH) risk assessment and risk management for domestic violence and abuse victims or perpetrators and were those assessments correctly used in the case of William and the two perpetrators? Did the agency have policies and procedures in place for dealing with concerns about domestic violence and abuse? Were those assessment tools, procedures and policies professionally accepted as being effective? Was William subject to a MARAC?
- Did the agency comply with domestic violence and abuse protocols agreed with other agencies, including any information-sharing

protocols?

- What were the key points or opportunities for assessment and decision making in this case? Do assessments and decisions appear to have been reached in an informed and professional way?
- Did actions or risk management plans fit with the assessment and decisions made? Were appropriate services offered or provided, or relevant enquiries made in the light of the assessments, given what was known or what should have been known at the time?
- Did William and others who were aware of the abuse know how to contact agencies to make them aware of the abuse, or for support and advice?
- When, and in what way, were William's wishes and feelings ascertained and considered? Is it reasonable to assume that his wishes should have been known? Was William informed of options/choices to make informed decisions? Was he signposted to other agencies?
- Was anything known about the perpetrators? For example, were they being managed under MAPPA?
- Had William disclosed abuse to anyone and if so, was the response appropriate?
- Was this information recorded and shared, where appropriate?
- Were procedures sensitive to the ethnic, cultural, linguistic and religious identity of William, the perpetrators and their families? Was consideration for vulnerability and disability necessary?
- Were senior managers or other agencies and professionals involved at the appropriate points?
- Are there ways of working effectively that could be passed on to other organisations or individuals?
- To what degree could William's homicide have been accurately predicted and prevented?

#### 1.34 **Scope of the Review**

The respective families of William and the Female Perpetrator had known one-another for several years. The Female Perpetrator had worked as a barmaid in a public house run by her family from the age of 15 ½ until she was 19. William and his then wife were regular customers and William also supplied the entertainment for the pub (and several others) through his own entertainments company.

- 1.35 Later, when William and his wife had their own public house in Huddersfield, the Female Perpetrator worked for them as a barmaid.
- 1.36 If an intimate personal relationship did materialise between William and the Female Perpetrator, it certainly wasn't until January 2012 at the earliest. The panel determined therefore that the review should focus on the period between January 2012 and the date of William's death, nearly 2 ½ years later.
- 1.37 As well as the IMRs, each agency provided a chronology of interaction with William and the two perpetrators including what decisions were made and what actions were taken. The IMRs considered the Terms of Reference (TOR) and whether internal procedures had been followed and whether, on reflection, they had been adequate. The IMR authors were asked to arrive at a conclusion about what had happened from their own agency's perspective, and to make recommendations where appropriate.
- 1.38 Because William and the two perpetrators were known to services prior to January 2012, agencies were asked to provide summaries of any historical information that may have been relevant to the review.

1.39 **Methodology**

This overview report has been compiled from analysis of the multi-agency chronology, the information supplied in the IMRs and supplementary reports from some agencies. Interviews have also been conducted by the DHR Chair with William's sons, his friends and his employer as well as with both perpetrators. The findings of previous reviews and research into various aspects of domestic abuse have also been considered.

- 1.40 In preparing the overview report the following documents were referred to:
- The Home Office Multi-Agency Statutory Guidance for the conduct of Domestic Homicide Reviews
  - The Home Office Domestic Homicide Review Tool Kit Guide for Overview Report Writers
  - Call an End to Violence Against Women and Girls – HM Government (November 2010)
  - Barriers to Disclosure – Walby and Allen, 2004.
  - Home Office Domestic Homicide Reviews – Common themes identified and lessons learned – November 2013.
  - Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence, 2006.
  - 'If only we'd known': an exploratory study of seven intimate partner homicides in Englishshire - July 2007.
  - Agency IMRs and Chronologies.
  - Kirklees Domestic Abuse Strategy 2015-2018: Taking up the challenge – Towards freedom.
  - Kirklees Partnership Plan 2015-2018.
  - Recognising Complexity: Commissioning guidance for personality

disorder services. 2009.

- [www.mentalhealth.org.uk/a-to-z/p/personality-disorders](http://www.mentalhealth.org.uk/a-to-z/p/personality-disorders)

#### 1.41 **Participating Agencies**

The following agencies were asked to give chronological accounts of their contact with William and the Female Perpetrator and the Male Perpetrator between January 2012 and 1<sup>st</sup> May 2014.

- Calderdale and Huddersfield NHS Foundation Trust (CHFT)
- Sex-worker Empowerment Education and Training (SWEET)
- Single Point of Access (SPA) – Kirklees Council
- West Yorkshire Police
- Lifeline Kirklees and Locala Community Partnership
- Children’s Social Care
- Kirklees Neighbourhood Housing / Housing Solutions Service
- South West Yorkshire Partnership (NHS) Foundation Trust (SWYPFT)

#### 1.42 **DHR Panel Chair and Overview Report Writer**

The Community Safety Partnership requested tenders from suitable applicants to act as Chair and overview report author for the review. Following a competitive process, a company specialising in Domestic Homicide Review, Johnston and Blockley, was commissioned.

- 1.43 One of its partners, Mr. Paul Johnston, undertook the role. He is a specialist independent consultant in the field of homicide investigation and review and has senior management experience in many aspects of public protection. He has been involved in numerous homicide reviews throughout the United Kingdom and abroad and has also been involved in several DHRs. He is currently a special advisor to a 3<sup>rd</sup> sector organisation that provides domestic abuse services (not in the area covered by the Kirklees Community Safety Partnership).

#### 1.44 **The DHR Panel**

The Partnership agreed the formation of a review panel comprising agencies that had had contact with William and the Female Perpetrator and the Male Perpetrator during the period under review.

1.45 The panel consisted of:

Paul Johnston	Johnston and Blockley Ltd - Chair and report writer
Rachael Beaumont	Kirklees Council – Minutes
Lee Thompson	Kirklees Council - Head of Safeguarding and Social Work
Julia Plane	Kirklees Council - Sex-worker Empowerment, Education and Training Team (SWEET)
Tina Quinn	Locala Community Partnerships
Vicky Thersby	Calderdale and Huddersfield NHS Foundation Trust (CHFT)
Bridget Hughes	Lifeline Project
Supt Ged McManus	West Yorkshire Police
Clare Robinson	North Kirklees and Greater Huddersfield CCG's and NHS England.
Julie Wan Sai-Cheong	
Julie Warren-Sykes	South West Yorkshire Partnership (NHS) Foundation Trust (SWYPFT)
Carol Shaw	Children's Services

**IMR Authors:**

Anne Brier	CHFT
Karen Oates	Kirklees Council Housing Services
Liz Mather	Lifeline & Locala
Karen Bousted and Joanna Fraser	West Yorkshire Police
Tina Watkinson	Kirklees Council Service Manager, Early Intervention
Julia Plaine	Kirklees Council SWEET Team

The review panel met on the following dates:

- 1.46 17<sup>th</sup> April 2015  
9<sup>th</sup> June 2015  
5<sup>th</sup> August 2015  
3<sup>rd</sup> September 2015  
13<sup>th</sup> October 2015  
22<sup>nd</sup> February 2016

17<sup>th</sup> March 2016

Two additional meetings also took place between Paul Johnston and Lee Thompson to discuss how the review may inform ongoing safeguarding development within Kirklees. One took place prior to the panel meeting on 13<sup>th</sup> October 2015. The other was held 21<sup>st</sup> December 2015.

1.47 The agenda for each meeting was appropriate; there was a good level of debate and appropriate challenge and themes were identified and recorded as they emerged. The minutes and actions were promptly circulated and the latter closely monitored.

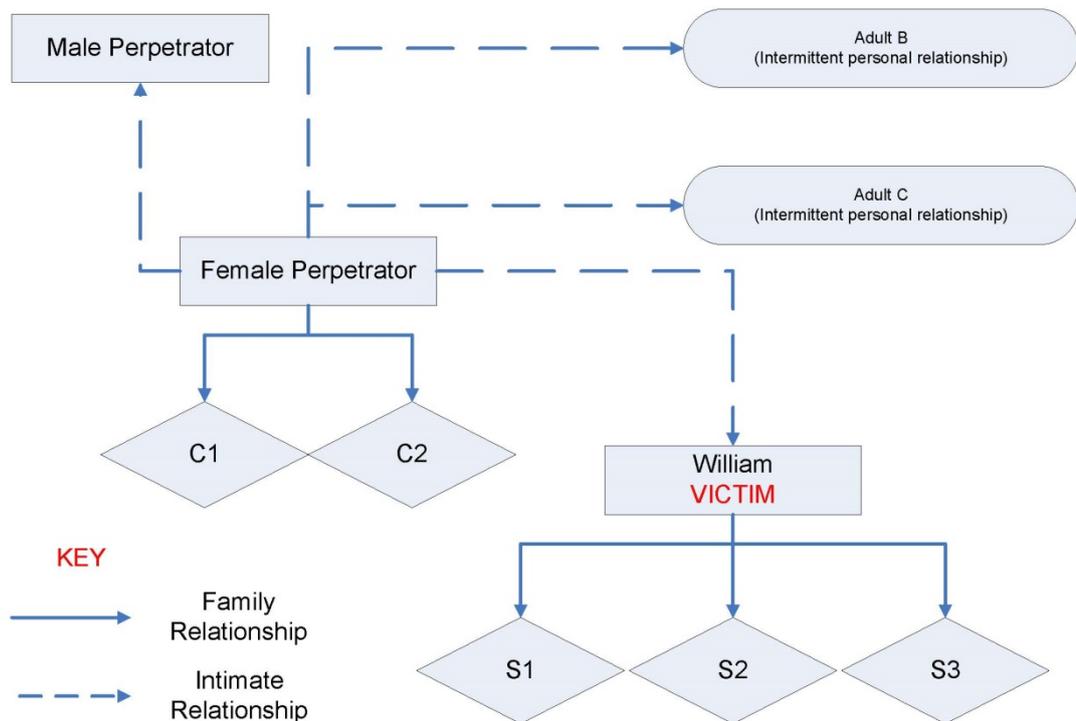
1.48 **Parallel processes**

There was a thorough police investigation into the circumstances of William's death and subsequent court proceedings which resulted in the convictions of both the Female Perpetrator and the Male Perpetrator for his murder.

1.49 An inquest into Williams death was opened by HM Coroner, but it was suspended to allow for the criminal justice process to run its course. It is the Coroner's prerogative to resume an inquest following a criminal trial, but where an inquest does resume, its outcome (conclusion or determination) as to the cause of death, must not be inconsistent with the outcome of the criminal proceedings. To date, the Coroner has not resumed the inquest.

## 1.50 The involvement of family members

### Family Composition



## 1.51 Engagement with William's family

Home Office Domestic Homicide Review Information leaflets and letters of invitation to participate in the review, were hand-delivered to William's three sons by the Police Family Liaison Officer. As mentioned previously, it was not until the re-trial of the Female Perpetrator was nearing its conclusion that the police discovered the criteria for a domestic homicide review may have been met. The death of their father, particularly in such terrible circumstances, has had a profound effect on all three young men. Understandably, it took time for them to feel up to taking part in this review and it wasn't until February 2016 that the first one of William's sons felt able to meet the Chair. All three sons have now taken part, the last one as recently as April 2016.

1.52 They had known the Female Perpetrator since they were children and one of them had been friends with her brother. Neither have ever particularly liked the Female Perpetrator, but they said she was bearable until she started taking drugs and after that she became a 'nightmare'. She was constantly causing trouble on the estate and they say she really was not a very nice person.

1.53 Her family ran a public house for a while and William and his then wife were customers. The Female Perpetrator worked there as a barmaid and William's sons say that even then she 'had her claws' into their father. They say she obviously realised he was a 'soft touch' and that she would be able to take

advantage of his kindness and his generosity. Later, when their father had his own public house in Huddersfield, he gave the Female Perpetrator a job collecting glasses. He only did it because he felt sorry for her; he didn't really need to employ anyone and he certainly couldn't afford it.

- 1.54 They said they rarely saw their father when they were young; he worked long hours and would be out of the house before they got up in the morning and still not home when it was time to go to bed. He would creep into their room when they were asleep and place a small packet of sweets by their bedside so that they would know he had been there.
- 1.55 None of the sons could recollect a time when their father was out of work. He had managerial warehouse roles for companies as diverse as pet food suppliers to domestic kitchen fitters. Previously he had been in the army and during the early 1980's, he had been shot in his leg by a terrorist in Northern Ireland; William's best friend actually died in the same incident.
- 1.56 When his marriage to their mother broke-up, she left him on his own to look after them. He did his best, but he just didn't know how to be a parent. They say he was more like an older friend than a father; he didn't know how to discipline them or even talk to them on a father/son basis. He tried to be strict, but he just couldn't carry it off. All three knew he cared for them a great deal, and if they ever needed anything, he would do his best to make sure they got it. They added that he was always there when they needed him, and he was immensely proud of 'his three boys'.
- 1.57 They say they always had a good relationship with their father, but if anything, it got even better as they grew older. They would refer to him as 'Papps' and they would meet every week in a café in Huddersfield and sometimes sit for up to three hours just 'talking rubbish' about 'anything and everything'. They all really looked forward all week to that time with their father. They said he was the best 'Dad-friend' anyone could wish for.
- 1.58 They added that their father enjoyed company, which was the main reason he drank most days. He had always worked, and although he did not earn a great deal of money, he never really needed much. On the occasions he could not afford to go for a drink, he simply didn't bother. They said they were deeply upset at the evidence given by the Female Perpetrator at her trial that their father was a habitual drunkard and that he was incapable of caring for himself.
- 1.59 They said they would not deny their father was a regular drinker, but he was far from being alcohol dependent. They recounted occasions when they had been in the pub with him and they had been amazed at how slowly he drank. They described him as an 'ale savourer'; he would contentedly sit in the pub all night, chatting with friends, and often drink no more than three pints of beer.
- 1.60 He was also a good singer and quite well-known locally as an Elvis Presley impersonator. He worshipped Elvis and at one time he had quite a valuable

collection of Elvis memorabilia. Even after his sight, speech and balance were badly affected after an assault in 2004, he carried on with his singing and for the three consecutive years leading up to his death, he won the local 'Karaoke King' competition. The 'Kings Crown' that had traditionally been presented to the winner is now on permanent display in his favourite public house as a tribute to William; the gesture had been made at the request of local pub landlords and customers.

- 1.61 He loved to spend time with his grand-children, and would be a frequent guest at the houses of the two sons who had children of their own. He would take them to the local park where he would spend hours upon end playing with them. The grand-children thought the world of him.
- 1.62 The Female Perpetrator gave evidence that indicated William was incapable of looking after himself, and alleged that his sons had to take him to their homes to feed, clothe and bathe him. The sons were deeply offended at that suggestion and they say that nothing could have been further from the truth. He would visit sometimes for three or four days at a time, and while he was there, he would of course be fed and cared for, as would any other house-guest. He was there because he was their father and the children's grandfather, and he was always the perfect guest. He never had to be specifically invited because he knew he was always welcome. He had to catch at least two buses to each of his son's houses, and when he arrived he would have his clothes and lap-top in one bag and sweets for the grandchildren in another. He particularly enjoyed collecting his grandchildren from school and walking his son's dog.
- 1.63 The sons say their father was a proud man and (until the Female Perpetrator blighted his life), was always well-kempt. His flat was occasionally untidy, but it was always clean and well-stocked with food; he was not only capable of independent living, he actually thrived on it.
- 1.64 They said their father started seeing the Female Perpetrator on a regular basis about two years prior to his death. One son in particular had been very unhappy about it because of her 'very bad reputation'. He said it hadn't taken very long for her to move into his father's house and that his father's health and appearance had begun to deteriorate almost straight away.
- 1.65 The same son said the most difficult thing he ever had to do was to tell his father that he would not be welcome in his home if he had the Female Perpetrator with him. He said it was a dreadful situation, but knowing what he did about the Female Perpetrator, he simply couldn't risk having her near his own children. His father still visited alone, but inevitably it meant that son and father began to see less of one another.
- 1.66 He pleaded with his father to see sense and to distance himself from the Female Perpetrator because she was 'no good for him'. He would shrug his shoulders and say he knew his son was right, but he couldn't just stand aside and allow her to kill herself through drug and alcohol abuse.

1.67 Sadly, the son's warnings that no good would come of the association proved to be accurate. Particularly in the two months or so before his dreadful murder, William's physical appearance went into steep decline and it would appear that his consumption of alcohol increased dramatically.

1.68 The sons say their father was perfect prey for the likes of the Female Perpetrator. His quiet, unobtrusive, generous and caring demeanour left him wide open to financial abuse by someone who spent her whole life feeding off others. He was the sort of person who would never make a fuss or complain and who would always put others before himself.

#### 1.69 **Other avenues explored**

##### **William's friends**

William was a regular customer at a public house in Huddersfield where he also occasionally sang. The Chair of the review has spoken to the landlord and to some regular customers who knew William well. Without exception, they regarded him to be a thoroughly decent, content and genuine man who was fond of being in the company of others and who was a pleasure to be with. They all said he definitely liked a drink, but he rarely had too much and none had ever seen him being aggressive. Most knew the Female Perpetrator and the Male Perpetrator as well, and they recounted that whenever the Female Perpetrator came into the pub on her own, she was usually followed in a short time later by William and then by the Male Perpetrator.

1.70 Their general impression was that William was doing his best to keep the two perpetrators away from each-other and that the Male Perpetrator was jealous of William's association with the Female Perpetrator. No-one witnessed any violence taking place between the trio, but they did say the atmosphere was usually strained between them. They added that William did not appear to be in any way intimidated by either of them.

#### 1.71 **William's employers**

William worked part-time in a local taxi office on an 'as and when required' basis. The Chair has spoken with the proprietor and one of the drivers. They said that all the drivers still talk very fondly of William; particularly they reminisce about the terrible jokes he would tell. They said he was a very funny man and they loved it when he was on duty.

1.72 The proprietor said William had an obvious hearing and sight problem, but other than that he was able to function as well as anyone else. William himself insisted on buying a new shirt and tie when he started working there because 'he was the face of the business' when clients came into the office. He was always clean shaven, polite and presentable.

1.73 According to the proprietor, although William was quite a comedian who was always laughing and joking, he was still a bit of a disciplinarian as far as the

drivers were concerned. He would keep checking on them over the radio to make sure they were where they should be and he certainly stood no nonsense from them. The proprietor said the William was trustworthy and that he was more than capable of looking after himself.

- 1.74 The proprietor also said that he was aware that William was a regular drinker, and although he would often come to work smelling of alcohol, he could never hold that against him because there was no regular pattern to the shifts he was required to perform; he would usually be called in at short notice. On only one occasion did William come to work having had too much to drink, and he apologised the following day although, as far as the proprietor was concerned, there really was no need for him to do so.
- 1.75 The Female Perpetrator was also known to the taxi proprietor. He said she was always polite and was well behaved but he knew of her reputation and didn't like the thought of her being involved with William. He said he couldn't put a time-scale on it, but certainly, William's appearance started to deteriorate at some stage after he met her. During the months leading up to his death, William also began asking for an advance on his wages; when told that would not be possible, he would sometimes ask to borrow £2 or £3 'just to see him through'.
- 1.76 The proprietor often told William that he would be well advised to keep away from the Female Perpetrator, but all he would say was "She needs me".
- 1.77 **Other background information**
- 1.78 The police investigation discovered that the Female Perpetrator had been in a relationship with the Male Perpetrator for between eight to ten years. She had some of her property at his house and she had told the Department of Work and Pensions that she lived there.
- 1.79 The police were told that the Female Perpetrator also lived with William on occasions during the two years leading up to his murder, that she was in a relationship with at least two other men (Adults B and C) and that she divided her time between all of them.
- 1.80 Adult's B and C were both interviewed by the police during the murder investigation. What they said is summarised as follows:

### **Adult B**

Adult B met the Female Perpetrator in September 2013. He was introduced to her by a sex-worker who had been to his house. In January 2014, when he made arrangements for a sex-worker to visit him at home again, the Female Perpetrator came. Adult B paid her for sex and she stayed over at his house for the night. Adult B told the police that the Female Perpetrator had more or less lived with him ever since. He said he provided for her and made sure she had everything she needed. She had some of her property at his house.

- 1.81 Adult B said that about four or five weeks before William was murdered, the Female Perpetrator's brother had assaulted William and had been sent to prison for it. Since then, the Female Perpetrator had spent most of her time with William and with the Male Perpetrator.
- Comment:** *This incident actually took place during the previous year.*
- 1.82 He described William as a drunkard and said that he tolerated him purely for the Female Perpetrator's sake.
- 1.83 He also said that the Male Perpetrator was 'odd', and that he had witnessed him assaulting the Female Perpetrator in public when he had grabbed her by the throat.
- 1.84 Adult B said that William contacted him on 29<sup>th</sup> April 2014 and asked if he knew where the Female Perpetrator was. William said she had been to his flat and had smashed up his DVD player and some DVD's. Adult B offered to lend him a DVD player and they arranged for him to collect it the following morning. William did not turn up. Adult B never saw him again.
- 1.85 During the morning of Friday 2<sup>nd</sup> May, the Female Perpetrator telephoned Adult B. She said she was in "terrible trouble", and asked if he would pay for a taxi for her. When she arrived at his house she told him she thought the Male Perpetrator had killed William.
- 1.86 She said they had all been drinking together and an argument had broken out between them. The Male Perpetrator had become angry and had seriously assaulted William.
- 1.87 **Adult C**
- Adult C was a friend of one of the Female Perpetrator's brothers. He and the Female Perpetrator also became friends and eventually started a relationship together. He knew she was addicted to heroin and crack cocaine and that she funded her use of drugs through sex-work.
- 1.88 He also knew that other men took advantage of her because of her addiction to drugs. He was aware that William gave her money. He said he was also aware that she was seeing the Male Perpetrator, who had assaulted her two years previously by grabbing her by the throat. He said he had intervened to prevent any serious harm befalling her.
- 1.89 Adult C told the police that the Female Perpetrator had stayed with him overnight on Monday 28<sup>th</sup> April 2014 but he did not hear from her again until Friday 2<sup>nd</sup> May. He said he was annoyed because he had expected her to be staying with him during that time.
- 1.90 He met her in Huddersfield on 2<sup>nd</sup> May, after she had texted him to say that William was dead. She told him that the Male Perpetrator had strangled him and that he had then also tried to strangle her. The Male Perpetrator had

apparently told her that he was going to keep her at his house for a fortnight and that he was going to dismember William's body.

#### 1.91 **The Perpetrators**

As mentioned previously, both perpetrators agreed to be interviewed by the review Chair. The Male Perpetrator was interviewed in prison on 10<sup>th</sup> June 2015 and the Female Perpetrator on 1<sup>st</sup> September 2015.

**Comment:** *It should be stressed that the accounts provided by both perpetrators have not been challenged; there are several obvious discrepancies in what they each said as well as inconsistencies with the evidence heard at their respective trials for murder.*

#### 1.92 **Interview with the Female Perpetrator**

The Female Perpetrator said she had spent most of her life "playing people off against one-another" and that she had always "gone where the money was" so that she could feed her alcohol and drug addictions. She said she always knew the problems it would cause but that she didn't really care at the time. She thought that somehow she would be able to make everything okay afterwards. She said she had always been selfish and that she knew what she was doing was wrong, but she just did it anyway.

1.93 She said that she owed everything to William. He had provided for her when she most needed it and had genuinely cared for her. He had kept her alive, but she had always known that she would either end up in prison, eventually die of a drug overdose, be murdered or commit suicide. She added that had William not died when he did, she would certainly be dead now. Being arrested and incarcerated ever since had undoubtedly saved her.

1.94 The Female Perpetrator added that William did not deserve what had happened to him and that he had been the only genuinely kind man she had ever known. He had looked after her and had never demanded anything in return.

1.95 She said she completely blamed herself for what had happened to William. She said that when she came home that day, William was "completely out of it" on crack cocaine. She was furious about it because using hard drugs was not something he did. She made him tell her who had supplied the drugs and she then telephoned the dealer to "play hell". William just laughed at her and she said that for some reason, and she didn't know why to this day, she telephoned the Male Perpetrator. The Male Perpetrator came to the house and for a time everything was fine between them, but all of a sudden the Male Perpetrator "went off on one", and started kicking and punching William.

1.96 She said that because of the drugs, she couldn't remember much of what happened after that. The police had told her that phone records indicated she had gone to Slaithwaite after the murder but she had no recollection of going there.

- 1.97 Sometime later, when she had realised the seriousness of what had happened, she knew she had to tell someone about it. The Male Perpetrator had told her that he was going to dispose of William's body by cutting it up.
- 1.98 She said she decided to tell a friend what had happened and the friend told her that she must go to the police. She decided to see her solicitor first, and after she had done that, she "scored a fix" because she knew she would be "locked up forever".
- 1.99 She then broke down in tears during the interview and said that she was now on just 22mg of methadone per day compared to 90mg when she had arrived in prison. She said that for the first time in her life she could see things clearly. William's death, she said, was all her fault. It had been her that had brought William and the Male Perpetrator together.
- 1.100 The Female Perpetrator said that she was born in Huddersfield and that she had lived there most of her life. She said that her mother had been a sex-worker and that she first left home when she was 17, but she kept returning even though she didn't get on with her step-father. She said she had two brothers and a step-sister.
- 1.101 When she was just 15, a school-friend took her to a brothel in Huddersfield where she was working; the friend was also 15. The Female Perpetrator said she started working there as well, and regularly skipped school. She was earning between £100 and £200 per day, but even though the money was good, she just stopped going one day because she couldn't face it any more.
- 1.102 She said that when she was about 15 ½ she started working in a pub in Lockwood in Huddersfield as a barmaid. She stayed there until she was around 19 when she "went on the beat" – working as a sex-worker in the red-light district of Huddersfield. She had been introduced to other street sex-workers by a friend.
- 1.103 She said she had known William for a very long time. He had been a regular customer at the pub where she worked and she knew that he always had 'a bit of a soft spot' for her. He would do things such as fix her washing machine for her, but he never asked for anything in return. He has a genuinely nice person and she often talked to him and to his wife when they were in the pub together.
- 1.104 Later, when William and his wife had their own pub, she worked for them as a barmaid.
- 1.105 She said that when she had been living in Dewsbury, she had telephoned William to ask if he would mind giving her a lift to Huddersfield in his car. She had never asked him before, but he had always said that if she ever got stuck or there was anything he could do for her, she was to let him know.
- 1.106 He went to Dewsbury to collect her, but when they got to her house in

Huddersfield and found the electricity had been cut off, he invited her to stay at his bed-sit which was also in Huddersfield. She said that by that time William and his wife had separated because she had cheated on him; he had become depressed and had started to drink excessively. He was living on his own.

- 1.107 She said that William knew she was addicted to crack cocaine and heroin and that he didn't approve of her taking drugs, although he occasionally smoked 'weed'. He was a heavy drinker though, and liked strong cider, particularly 'Frosty-Jack'. When he was drunk he would often demand that she give him a pipe of crack cocaine or heroin, but she didn't like him having it because she knew it wasn't really his thing. She also said that he had stopped caring about his appearance and that he was "really going downhill".
- 1.108 The Female Perpetrator met the Male Perpetrator in a brothel in Huddersfield when she was 21. He was a client and after he had visited her about three times, he gave her his business card and said he would pay the same for the sex at his house but she would make more profit because she wouldn't have to pay the brothel for the use of a room.
- 1.109 He would also visit her at her house where she lived with her brother. She said that when she and the Male Perpetrator went upstairs for sex, her brother would 'stand-guard' downstairs because he was worried about her. He didn't like or trust the Male Perpetrator and would often say that she should be careful because he was the sort of person who had the potential to become violent.
- 1.110 The Male Perpetrator immediately became very possessive of her. He insisted on paying her more money for sex than she wanted, even though she repeatedly said she didn't want it.
- 1.111 The Female Perpetrator said that more often than not she didn't want to have sex-with him at all, but that she would give in "just for a quiet life". There were several occasions when he refused to let her leave the house or even to see anyone else. He was selling crack cocaine and heroin in Bradford and was caught about three times by undercover police officers.
- 1.112 He was sent to prison and when he got out, he made sure that she became hooked on crack cocaine. He was cooking it up for other dealers and dealing it from his house.
- 1.113 When he had made sure that she was dependent on the drug, he took total control of her money and would only let her have enough to buy half of what she needed to feed her habit. Then, when she became really desperate, he would give her far too much money knowing she would use it all and overdose.
- 1.114 She said that when he had total control over her, he became her 'pimp'. He was also pimping two other girls 'on the beat'. He was extremely violent and would often kick and punch all three of them, but he resorted to strangulation

more often than not. The Female Perpetrator said he knew that she was petrified of him and he loved it. When he locked her inside the house, he would strangle her to the point of unconsciousness if she attempted to leave, especially when he thought she was going to see William.

- 1.115 She said she was aware that the Male Perpetrator had told the court during his trial that he had been in love with her. She said he had never loved her and despite what he may say, she had never loved him. It was all about him wanting to have complete control over her; she said she had known that all along but still she kept going back to him.
- 1.116 The Female Perpetrator said that William was genuinely worried about her. He hated the Male Perpetrator for what he was doing to her. William wanted her to go to Newcastle with him because he had family there, but the Male Perpetrator wouldn't let her go. He said he would find them and "sort them both out" if they did. She said that the Male Perpetrator was very jealous of William. She had repeatedly told him that she and William were not in an intimate relationship but he refused to believe her.
- 1.117 She insisted that she and William had never been in a truly intimate relationship; she said that in all the time they had known one-another, they had slept together only twice. She said they were just good friends; he was kind and caring and she had never felt as comfortable in the company of another man as she did with him. She added that although they were usually good together, they did occasionally fall out, but it was always because they had either drunk too much or had been taking drugs. She said they were as bad as one-another and they would laugh about it afterwards. He punched her on two separate occasions and she had head-butted him back.
- 1.118 She said that William was also extremely jealous of the Male Perpetrator and that he would intentionally 'wind him up', but only when he (William) was drunk. She kept telling him not to do it because she knew how dangerous and violent the Male Perpetrator could be, but he took no notice.
- 1.119 She also said that William would often pick fights with people when he had been drinking and that he was always covered in cuts and bruises. He hated fuss and never wanted to make complaints to the police. On the rare occasions that he did, it was only because she had made him report it. He also did not like to have anything to do with agencies; he said he could care for himself and that he didn't need help from anyone.
- 1.120 The Female Perpetrator said that William was once badly beaten up by her brother and a friend and had been admitted to hospital as a result. It had happened because William had accidentally ripped the lino in her flat in Dewsbury when he had been drunk. She had insisted that he press charges against her brother and she also gave the police a statement. She said her brother was back in prison now serving the rest of his licence for the assault.
- 1.121 She said that William had also been badly beaten up by someone using metal poles. It had been something to do with an argument his former wife

had been having with two brothers. She said she did not know what injuries he had suffered, but that he had been in hospital for a long time. She thought they had nearly killed him.

- 1.122 The Female Perpetrator said that the Male Perpetrator had assaulted William on several occasions but that William wouldn't make a complaint to the police. William would often try to fight back but he didn't really stand a chance against him. The Male Perpetrator was a bully and liked to pick on people who either could not or would not protect themselves. He was also a crack cocaine addict which made him even more violent.
- 1.123 She said that about a year before William died, the Male Perpetrator was charged with assaulting him. The Male Perpetrator had first attacked her and had twisted her breasts, saying they belonged to him because he had paid for cosmetic surgery on them. He then cut his own face with broken glass so that he could say he had been defending himself. The Female Perpetrator said she told the police how violent the Male Perpetrator really was, and they said they knew what he was like, but it was difficult to get anyone to give evidence against him.
- 1.124 The Male Perpetrator was never convicted of the assault on William. He was due to appear in court to face the charge in May 2014, one month after William died.
- 1.125 She said she had attempted to have the Male Perpetrator arrested about ten times, both in Huddersfield and Dewsbury, but the police had been powerless to do anything.
- 1.126 The Female Perpetrator said she also told SWEET, the Sex-worker Empowerment Education and Training outreach service designed to respond to issues connected to prostitution and the sex industry in Kirklees, what the Male Perpetrator was capable of. They knew about him and when she had been engaged in street sex-work, they would often get her out of his way by putting her in their car and taking her to the other end of 'the beat'.
- 1.127 She said that for a long time she had just wanted to be locked up; it was the only way she was going to beat the drugs and alcohol. She said that although she had previously attempted suicide by jumping off a bridge and had slit her wrists on numerous occasions, she wasn't considered 'mad enough' to be sectioned under the Mental Health Act. No-one could do anything for her.
- 1.128 The Female Perpetrator said one of the reasons she was beyond help was because she never stayed in the same place very long. She said she had always been the same, she had moved about all her life making her difficult to pin down - but that was just what she did. She said she just 'followed the money' or went where she could get a roof over her head.
- 1.129 She said she had no complaints about how various agencies had tried to support her over the years. She acknowledged that many people and

organisations had attempted to help her, especially SWEET and drugs and alcohol services. She said she didn't know why, but she knew it was never going to work out well. When she did telephone to cry out for help, she needed it immediately. Sometimes when someone called her back, even if it was only five or ten minutes later, she found she just couldn't even answer the phone. She would just sit and cry – or throw her phone down the nearest drain.

1.130 **Interview with the Male Perpetrator**

The Male Perpetrator initially asked whether he would be entitled to receive a financial gratuity for participating in the review. He then said he would take part in it but in return, he wanted the fact that he had voluntarily participated be acknowledged by letter at the conclusion of the review process.

1.131 He said that when he first met the Female Perpetrator he had been a successful businessman with a loving wife and a child. He was a client of hers at first, but he soon fell in love with her and he still feels the same way. He added that even though they are now both in prison, he still does what he can to support her by sending her money.

1.132 He said that in the hope of saving the Female Perpetrator the anguish of having to give evidence at her trial for murder, he had decided to change his plea to one of guilty. He did that only because of his continued affection for her.

1.133 The Male Perpetrator said that the Female Perpetrator was a highly intelligent woman who had always used her intellect to manipulate others. He said she struggled with alcohol and drugs issues which made her extremely violent at times. In his opinion, the Female Perpetrator was a habitual perpetrator of domestic violence; she had been violent towards everyone she had been in a relationship with, including him.

1.134 He said the Female Perpetrator had been responsible for the death of William because "out of nowhere", she had lost her temper. He said he did not want to go into detail, but they had agreed that he would take the blame for William's death.

1.135 In his opinion, the Female Perpetrator used her knowledge of how individual agencies did their business to play staff within them off against one-another, and pit agency against agency. Her intention was always to give them the impression that her life was far more chaotic than it actually was.

1.136 He said that when he was arrested for assaulting William, he had been the victim of a conspiracy against him by William and the Female Perpetrator. He had been completely innocent and had also been 'set-up' by the pair when he was arrested again for breaching his bail conditions. He said it was evidence of how manipulative both the Female Perpetrator and William had been.

- 1.137 The Male Perpetrator said that the Female Perpetrator had a series of male partners that she used for money. She was in the habit of referring to them all as relatives. He added that she had tried to use him for money, but he had seen through her.
- 1.138 He said that William had been under the misapprehension that he and the Female Perpetrator were planning to get married. As far as he was concerned, that was never going to happen, and the Female Perpetrator had told him on numerous occasions that she would not settle down with anyone other than him.
- 1.139 The Male Perpetrator said he was aware that William's family had disowned him because of his relationship with the Female Perpetrator. His view is that they needn't have bothered because there was no real relationship between them. William, he said, had been the victim of her manipulation just like many other men had. All she was after was his money and in his opinion, the moment he became of no use to her, she would have moved on to someone else.

## **2 Summary of what agencies knew prior to William's death**

The next section of this report will detail what each agency knew about William, the Female Perpetrator and the Male Perpetrator prior to the dreadful events of 1<sup>st</sup> May 2014. An analysis of their involvement will follow each in turn.

### **2.1 Calderdale and Huddersfield NHS Foundation Trust (CHFT)**

#### **What CHFT knew about William**

Prior to the time-period covered by this review, there are various references in William's main hospital records (dating back to 1998) to his use of alcohol and between 2008 and 2011, he attended the accident and emergency department on five occasions, all of which mentioned his consumption of alcohol.

- 2.2 Other entries in his medical records indicated he suffered a stroke in 1998 and again in 2009 and that he had residual damage from major brain injury in 2004 which included loss of vision in one eye. William also had chronic obstructive pulmonary disease (COPD).
- 2.3 CHFT was involved with William on 14<sup>th</sup> May 2013 when he attended the accident and emergency department of the Huddersfield Royal Infirmary (HRI) saying he had been assaulted.
- 2.4 William's nursing admission assessment stated 'none of the above' in response to a question about alcohol and drug dependency and there was no other mention of alcohol use/dependency on his record in respect of this incident.

- 2.5 He was discharged after head injury and analgesia advice had been provided. There is no record at the hospital of who William's attacker had been, nor were the answers to any routine questions that may have been asked of him about how he came by his injuries recorded. There is also no mention of who may have been involved in supporting William upon his discharge from hospital after what had been a significant physical and possible psychological trauma.
- 2.6 The following day, William went back to the hospital because he had difficulty breathing. He was found to have suffered a collapsed lung. He was admitted to a ward so that he could have a chest drain inserted. A breathlessness score when attending pulmonary rehabilitation sessions was at Medical Research Council grade 3 (walks slower than contemporaries on level ground because of breathlessness/has to stop for breath when walking at own pace).
- Comment:** *William's sons have told that Chair that their father had been in hospital for three days before they found out he was there. He had actually borrowed a mobile telephone from another patient and had contacted them himself.*
- 2.7 A malnutrition score indicated William was at high risk due to him having a low body mass index having unintentionally lost weight. William was referred to a dietician.
- 2.8 He recovered well, and five days later, he was discharged again. If there was any discussion between William and medical staff about his domestic support arrangements post-discharge, no record was kept of it.
- 2.9 On 21<sup>st</sup> June 2013, in preparation for an out-patient's follow-up appointment in August, a scan was taken of William's chest. It showed multiple bi-lateral rib fractures at various stages of healing which suggested that William had sustained injuries at different times to those that had resulted in his attendance at the hospital several weeks previously.
- 2.10 The hospital consultant wrote to William's General Practitioner (GP) about the results of the scan and said that the findings would be discussed with William when he attended his out-patient's appointment on 2<sup>nd</sup> August 2013. That did not happen. William was seen by a different doctor at the hospital and the letter he/she had access to focused on an apparent deterioration in William's COPD, rather than the injuries to his ribs.
- 2.11 On 20<sup>th</sup> February 2014, William attended the same hospital accident and emergency department complaining that his partner had hit him on his head with a can of beer.
- 2.12 An initial examination indicated there was no immediate concern about his condition. He told medical staff that he would need his inhalers (for his COPD and analgesia) and that his partner had them, but no details of the partner were recorded on his electronic record. No details were recorded under the

'next of kin' section of the record and there was no mention of alcohol or drugs dependency either.

2.13 He told the triage nurse that he had received a serious head injury in 2004 which had left him with reduced movement of his left eye. After waiting about an hour and a half, William said he wanted to leave. He said he was fully aware of the potential risk of leaving without being seen but he left anyway. His attendance record was endorsed 'did not wait' and a letter about what had happened was transmitted electronically to his GP.

2.14 **What CHFT knew about the Female Perpetrator**

During the period under review, the Female Perpetrator came into contact with the CHFT on nine occasions, all of which were at the accident and emergency department of the HRI. With the exception of a visit she made on 27<sup>th</sup> July 2013, when she complained of abdominal pain and left before seeing the triage nurse, they were all related to her alcohol and drug dependency.

2.15 On 30<sup>th</sup> January 2012, she had a 'needle stick injury'. She also told nursing staff that she had been assaulted but she declined to say who the assailant had been or give any details of what had happened. She made an expressed wish, without apparent explanation, that neither the police nor her GP should be told about her attendance at the hospital. However, an electronic letter was sent to her GP which provided details of immunisations she had received.

2.16 On 18<sup>th</sup> February 2012, she visited the accident and emergency department after someone had bitten her hand. After the initial triage, she left the hospital before she could be seen by a doctor.

2.17 Her next three attendances at accident and emergency were on 13<sup>th</sup> June, 15<sup>th</sup> October and 10<sup>th</sup> March 2012 and they were all related to intravenous drug use. On each occasion she left without being seen following the initial triage assessment. Her attendance on 10<sup>th</sup> March had been prompted by a doctor at Lifeline Kirklees, who provide support and treatment for adults, their families and communities who are affected by drug and alcohol misuse, who had been concerned about a possible infection to her foot. She did in fact go back to the hospital two days later for an x-ray of her foot which showed no evidence of an infection.

2.18 On 21<sup>st</sup> February 2014, the Female Perpetrator was taken to the accident and emergency department by the police. She had been in police custody overnight and had acute alcohol withdrawal. The fact that she was alcohol dependent and was on a methadone programme was noted. After treatment, she was discharged into the care of the police who were given a letter by the consultant advising that withdrawal symptoms were likely to recur if abstinence from drugs and alcohol continued. The consultant also told Lifeline what had happened.

- 2.19 Finally, on 25<sup>th</sup> February 2014, the Female Perpetrator attended the accident and emergency department saying she had been assaulted that day. She said she had pain everywhere and that her ribs had been damaged, but medical staff could find no sign that she was injured in any way. She was extremely drunk and was demanding that she be sectioned under the Mental Health Act. She said that if that didn't happen, she would jump off the same bridge she had jumped off several years previously, but this time she would succeed in killing herself.
- 2.20 The records indicate that the Female Perpetrator said she hated her life and that she had not reported the assault because the police had told her that they did not believe her. Police officers who had been in the department at the time, dealing with other matters, spoke to her.
- 2.21 The Female Perpetrator's likelihood of committing suicide was assessed using The SAD PERSONS score (an accident and emergency department document) which showed the risk to have been medium. She was referred to the Mental Health Crisis Team but they were unable to undertake an assessment because of her level of intoxication. When the police left, the Female Perpetrator insisted on going outside to smoke a cigarette. She was unsupervised during this time, despite her presenting with mental health issues. Soon afterwards though, after nursing staff had alerted hospital security staff and the police, she was found and brought back to the accident and emergency department.
- 2.22 During this attendance at the hospital, there was no documented record of any consideration being given as to whether the alleged assault was related to domestic violence.
- 2.23 **What CHFT knew about the Male Perpetrator**
- CHFT did not have any contact with the Male Perpetrator.
- 2.24 **Analysis CHFT's involvement**
- William went to the accident and emergency department only twice during the period under review, but the Female Perpetrator attended on numerous occasions. They last visited there on 20<sup>th</sup> and 25<sup>th</sup> February 2014 respectively, when they said they had been assaulted. There is no record of any routine questions being asked about how they were injured and who had been responsible (if they were asked, their responses were not documented).
- 2.25 In June 2013, following a previous DHR, the Trust introduced a policy of routine enquiry questioning by accident and emergency staff whereby anyone who presents with assault injuries should be asked if they know the identity of the perpetrator, whether they live at the same address, and if they are an intimate partner or someone close to the family. It is clear that eight or nine months after the introduction of the policy, it was not being adhered to, certainly at the triage stage of the accident and emergency process.

- 2.26 The review panel is mindful that triage is a complex decision-making process and that it is designed to manage clinical risk by making rapid assessments to identify or rule out life or limb threatening conditions.
- 2.27 There is a prevailing view within accident and emergency departments that there is insufficient time at the triage stage to delve into such matters as routine enquiry and that it is more appropriate to do it at the examination stage in relative privacy and when more time is available.
- 2.28 Additionally, a very significant consequence of waiting until the examination stage is that those patients who do not progress through the process are unlikely to be asked about domestic abuse. It is equally unlikely that an assessment will be made about the patients' vulnerability and what help and support may be required when they leave the hospital.
- 2.29 There is no record of what, if any, discussions took place with William about his personal safety and any support he may have required upon his discharge from hospital. What contacts professionals had with him were relatively brief and he was seldom willing to actively engage with them, no more so than with the CHFT. For example, he often chose to leave hospital without being seen by a doctor, discharged himself against medical advice and failed to keep follow-up appointments.
- 2.30 Local and national guidance on Emergency Department triage indicates that where an individual has a history of leaving without being seen and a high level of harm risk is identified, consideration should be given to the person's priority for being seen. The history of leaving without being seen linked to known high risk factors could be flagged on the patient's record for future reference.
- 2.31 The hospital consultant appropriately wrote to William's GP when it was discovered that he (William) had pre-existing injuries to his ribs. The letter stated that the issue would be pursued with William when he returned to the out-patients department of the hospital on 2<sup>nd</sup> August 2013 and it remains a mystery why that did not happen. The fact that he was seen by a different doctor should have made no difference and it is difficult to understand why he or she did not have access to the letter written to the GP by the consultant.
- 2.32 It is not possible now to reach a definitive opinion about how William's pre-existing injuries had been caused, but had the issue been properly examined at the time, there may have at least been a possibility that a referral to another agency may have taken place, either the police in the event of an assault, or social care/alcohol/drug services had they had been accidental injuries sustained while under the influence of alcohol or drugs.
- 2.33 Even though the Female Perpetrator was less than cooperative on the numerous occasions she attended the accident and emergency department of the hospital, the medical interventions she did receive were of a high standard and demonstrated good practice by the medical staff. For example,

even though she had expressed a wish that her GP should not be told about her attendance at the hospital, a letter was still sent because her treatment formed an essential part of her medical history.

- 2.34 There were several examples of good communication and information sharing between hospital staff and the police and Lifeline after the Female Perpetrator had been in police custody overnight and had suffered acute alcohol withdrawal symptoms.
- 2.35 When the Female Perpetrator said she wanted to be sectioned under the Mental Health Act, there was again some good practice in terms of liaison with mental health and police colleagues. There was an apparent failure to consider the issue of domestic violence and abuse, but to be fair, the level of the Female Perpetrator's intoxication may well have precluded any meaningful questioning about it.
- 2.36 As mentioned earlier, a significant factor identified by this review is that the Female Perpetrator was a high intensity yet non-engaging user of numerous services. She was dysfunctional and had multiple, complex needs. Empirical evidence gleaned throughout this review indicated that those needs became increasingly acute in the few months immediately prior to William's murder. Although she was a regular attender at the hospital, the circumstances were such that criteria for formal safeguarding referrals were not reached, nor were they likely to be. The best the hospital was able to achieve was ad hoc liaison with Lifeline, something they did frequently and professionally. Other agencies found themselves in a similar position.
- 2.37 An example of how difficult it was for the CHFT to care for and support the Female Perpetrator, was that although a summary of every accident and emergency attendance she made was notified to the GP named in her record, her itinerant lifestyle meant that the information was often not received in a timely fashion or not received at all. The fact that she named a GP did not always mean that she intended to remain with that particular practice. The reality was that the Female Perpetrator used accident and emergency departments as a proxy GP service.
- 2.38 **Sex-worker Empowerment Education and Training (SWEET)**
- SWEET was established as a multi-disciplinary response to issues connected to prostitution and the sex industry in Kirklees. Since the commencement of this review, the sexual health service which incorporates SWEET has been transferred to Locala having previously been funded by Kirklees Council as part of the Children's and Adults Directorate, Social Care and Well-being Adults Service.
- 2.39 SWEET is an outreach service and its role is to engage with sex-workers (predominantly females) on the street, in saunas, flats and their homes if they are working from there. SWEET target street sex-workers because of their complex needs, chaotic lifestyles and inherent vulnerability. Sporadic engagement and then disengagement with services is commonplace among

street sex-workers. An aim of SWEET is to act as a conduit between sex-workers and other services.

**2.40 What SWEET knew about William**

SWEET had no contact with William.

**2.41 What SWEET knew about the Female Perpetrator**

SWEET first came into contact with the Female Perpetrator in September 2011. Between then and December 2013, she was seen ten times through outreach, contacted SWEET twice by telephone and was supported twice when involved with another service. SWEET engagement workers had three telephone conversations with other professionals about her.

2.42 During the first contact she did not provide SWEET with her real name but she was given detailed information about the project. Four days later she telephoned the project and said she had been robbed and threatened by another sex-worker and that the Male Perpetrator had tried to bundle her into a car.

2.43 She also said she was homeless and had no food. She was advised to report the violent incident to the police and was told that SWEET would support her if she did. She said she wouldn't go to the police because of further threats to her by the other sex-worker.

2.44 SWEET provided her with a food parcel and advised her to tell the Housing Options team that she was homeless.

2.45 On 15th September 2011, the Female Perpetrator telephoned the project to ask if they could give her some support with transportation to court. She said she had been accused of 'trashing' the car of a man who had raped her. The Female Perpetrator added that she had been injured in the incident with the Male Perpetrator and that she could not walk.

2.46 She asked for the telephone number of the Mental Health Team where her Community Psychiatric Nurse was based and later she called back in a distressed state saying there had been no answer. She said that she had two broken feet and a broken back which was why she couldn't get to court. She was told that she should contact the court for support as SWEET could not help her at that time due to logistical problems.

2.47 The next time she was seen by SWEET was on 10th May 2012. On that occasion she disclosed her real name. She said she was using heroin and crack cocaine and that 'others' were injecting her as well. She also said that she was homeless.

2.48 SWEET contacted Kirklees Council Emergency Duty Service and the Women in Single Housing Service (WISH) to see if accommodation could be offered to her. Both services declined; there were no vacancies but in their

view, the Female Perpetrator had intentionally made herself homeless and in any event, WISH would not have accepted her because she was heroin and crack cocaine dependent, she was not on a methadone prescription, and she was also involved in sex-work.

- 2.49 The following day, the Female Perpetrator went to the SWEET offices where a full assessment was completed. She was given support to find accommodation, obtain a crisis loan and make a claim for benefits. SWEET also re-introduced her to Lifeline and an appointment was made for her to see them.
- 2.50 The Female Perpetrator was next seen by SWEET at an outreach session on 14<sup>th</sup> May 2012. She again said she was being injected by other people and she named one of them.
- 2.51 On 23<sup>rd</sup> May, 2012, a SWEET engagement worker was asked by the domestic violence service to help in an assessment of the Female Perpetrator's needs. The domestic violence service worker wanted some help because she was aware that the Female Perpetrator could be difficult, evasive and aggressive and that she had complex needs.
- 2.52 The SWEET engagement worker gave the Female Perpetrator advice about how she could reduce the risk of harm to herself associated with her drug use. A decision to decline the Female Perpetrator's request for emergency accommodation was overturned once SWEET and the domestic violence worker had intervened on her behalf, and she was placed in bed and breakfast accommodation in Dewsbury for the night.
- 2.53 An appointment was made for her to attend an assessment in Dewsbury in the hope of securing more permanent housing, but despite numerous telephone calls to her, she did not keep the appointment.
- 2.54 The Female Perpetrator was next seen by SWEET on 7<sup>th</sup> June 2012. She thanked the team for their support and said she had stopped drinking and had cut down her use of crack cocaine although she was still injecting heroin.

2.55 **What SWEET knew about the Male Perpetrator**

SWEET did not have any direct contact with the Male Perpetrator, although they considered him variously to have been one of the Female Perpetrator's clients, her pimp and a perpetrator of physical and emotional violence upon her.

2.56 **Analysis of SWEET involvement**

The Female Perpetrator's inability to engage effectively, especially with drugs services is typical of many of the street sex-workers that SWEET endeavours to support. Cycles of engagement and disengagement are commonplace, especially for those like the Female Perpetrator who are addicted to crack cocaine and heroin.

- 2.57 Keeping her engaged with SWEET and with other services was difficult. She did not always have access to a mobile phone and when she did she would often not answer it. SWEET did not always know where she was staying and the service was therefore largely dependent upon her contacting them or one of their outreach workers seeing her by chance in the street.
- 2.58 Her undoubted complex needs and at times challenging and uncooperative demeanour added to the already limited opportunities for effective intervention. It has been argued during this review that this was due to an inability of the majority of mainstream and third sector services to offer flexible interventions including 'crisis intervention', drop in, and in particular non-appointment 'out of hours' services.
- 2.59 Particularly when a vulnerable group of people such as street sex-workers is concerned, good communication and information sharing between statutory and voluntary organisations is essential. SWEET highlight additional difficulties they now face as a result of recent directorate re-organisations and multiple changes of premises, in respect of a loss of inter-agency collaboration and 'hands-on' personal knowledge about the people they endeavour to support.

2.60 **Single Point of Access (SPA) – Kirklees Council**

The Kirklees Council Single Point of Access (SPA) is generally the first department within the Council that the public and professionals come into contact with for social care and specific health related enquiries. It is the point at which adult safeguarding enquiries are made. Those relating to domestic violence and abuse are forwarded to the Integrated Domestic Abuse Team (IDAT) for action.

2.61 **What Kirklees Council SPA knew about William**

SPA had no dealings with William.

2.62 **What Kirklees Council SPA knew about the Female Perpetrator**

On 22<sup>nd</sup> February 2011, SPA received a telephone call from the police. They wanted to let SPA know that the Female Perpetrator and her partner had been arrested for assaulting each other.

- 2.63 SPA checked their records and discovered that the Female Perpetrator was known to Mental Health Services so a safeguarding alert was sent to them.

- 2.64 On 26<sup>th</sup> March 2012, SPA received an e-mail from the police advising them that they had received information that the Female Perpetrator had been accompanied by her son when she had been to Huddersfield to buy some drugs. SPA forwarded the information to Children's Social Care.

- 2.65 On 16<sup>th</sup> April 2012, the Female Perpetrator and her son attended SPA having already been to Housing Options. She said she had fallen out with her

parents and had left all of her clothing and that of her son's there when she left. She also said there was a problem with the gas supply at her property and that the landlord had taken some of her belongings.

2.66 She was given a food parcel and was told to come back the following day so that a referral could be made to the Welcome Centre for a home starter pack; she had also said that she did not have any cooking utensils and other kitchen items.

2.67 Shortly afterwards, SPA received notification of the impending eviction of the Female Perpetrator from her council property. Kirklees Neighbourhood Housing (KNH) initiated the notification so that checks could be made to determine if anyone at risk of the eviction was a vulnerable person. The notification prompted a further notification by SPA to Mental Health Services in respect of the Female Perpetrator and to Children's Services in respect of her son.

2.68 The Female Perpetrator made another visit to SPA on 14<sup>th</sup> June 2013 asking for money. She said she was unable to return to her property in Dewsbury and that she had taken up tenancy of the property at end of April. Prior to that she had been living with her parents but her father had thrown her out because he had discovered some needles in the house. The Female Perpetrator said she occasionally used heroin and that she was receiving support from Lifeline.

2.69 She also said that her disability living allowance was not due until the following week and that her parents would have nothing to do with her. She had no money and had been 'living rough' and 'sofa surfing'. She said she had previously jumped off a 50ft bridge in a suicide attempt and that pins and rods had been inserted in her spine as a result. She added that she had been involved with Mental Health Services since the suicide attempt.

2.70 SPA contacted the Mental Health team who said they hadn't been involved with the Female Perpetrator for about 12 months. SPA then spoke with the Social Work Team about how they could help the Female Perpetrator obtain a travel pass and a food parcel. While SPA was doing so, the Female Perpetrator left the office, ostensibly to get her methadone prescription. She did not return.

#### 2.71 **What Kirklees Council SPA knew about the Male Perpetrator**

SPA had no dealings with the Male Perpetrator.

#### 2.72 **Analysis of SPA involvement**

The involvement of SPA was in the form of direct requests for practical help from the Female Perpetrator and her son and in receiving and dealing with information provided by the police; they responded promptly to both and made sure the appropriate services were informed and that the necessary databases were updated.

- 2.73 SPA however, has been critical of itself during this review because it feels it could have done more to gain a better understanding of the Female Perpetrator's circumstances and those of her dependents, by asking more probing questions. They also feel they should have considered in more detail the implications surrounding the potential risk factors that were identified within the information supplied by the police and by the Female Perpetrator herself.
- 2.74 A key role of SPA is to gather information about vulnerable people so that decisions can be made about them and that the most appropriate pathways for support are identified. On reflection, SPA feel that their lack of professional curiosity and questioning may have meant that opportunities were missed to identify why the Female Perpetrator's contacts with the council escalated as they did. In particular, they feel they should have adopted a more holistic 'Think Family' approach rather than focusing solely on the Female Perpetrator's individual needs. A consequence of that, they feel, is that possibly a different approach may have been adopted on occasions, especially when she was being difficult to engage with.
- 2.75 Aligned to the same issue, the SPA IMR highlights the need for their Information and Advice Officers to escalate any concerns they may have to a management level and that there should be in place a system to help support staff in identifying potential risk situations.
- 2.76 They are also of the view that their function of facilitating the sharing of information about the Female Perpetrator would have been far more effective had they had access to all the systems that held information about her. The fact that there was no identified 'lead agency' to provide oversight and co-ordinate support for the Female Perpetrator was highlighted by them as a system failure.
- 2.77 **West Yorkshire Police**
- On 15<sup>th</sup> June 2013, the Male Perpetrator assaulted both William and the Female Perpetrator. They had been out walking together when the Male Perpetrator approached them. William immediately telephoned the police but by the time they got there, the Male Perpetrator had punched William and had run off.
- 2.78 The police traced him later the same day and arrested him for assault, driving over the prescribed limit and for other motoring offences. The following day he was charged and released on bail to appear at court. A condition of his bail was that he was not to contact William or the Female Perpetrator either directly or indirectly.
- 2.79 When he appeared at court on 9<sup>th</sup> July 2013, he was arrested again, this time for an assault on William and the Female Perpetrator that had occurred on 2<sup>nd</sup> July. In breach of his bail conditions, he had gone to William's home knowing that the Female Perpetrator was there. He grabbed her by the throat

and slapped and punched her, shouting, "I'm going to kill you". He then punched and kicked William several times to his head and his back.

- 2.80 The police kept him in custody and placed him before court the following day where the magistrates bailed him to re-appear on 21<sup>st</sup> October 2013. Again, a bail condition was that he was not to contact either the Female Perpetrator or William.
- 2.81 On 4<sup>th</sup> September 2013, the Female Perpetrator and the Male Perpetrator were out together (in breach of the bail conditions), when the Male Perpetrator assaulted the Female Perpetrator again. He said he would kill her to ensure that she would not give evidence against him. The police spoke with an emergency social worker with a view to arranging alternative accommodation for the Female Perpetrator. They arrested the Male Perpetrator and on 28<sup>th</sup> October he appeared at magistrates' court and was given bail while the case was committed to the Crown Court.
- 2.82 He was also arrested for breaching bail conditions on 8th April, 12th April and 2nd May 2014. On the first two occasions the police found the two perpetrators together at the Female Perpetrator's address and on the third occasion, at 3.15am, the police saw them walking down the street together. It was later discovered that by that time the two perpetrators had already murdered William.

2.83 **What the Police knew about William**

William had been arrested a few times for relatively minor matters. Routine practice when someone is admitted to custody is for them to be asked about their medical history. In 2001 William disclosed that he had a heart condition and that he had suffered two strokes within the last twelve months. He also told the police that he was asthmatic. In 2003 it was recorded that he refused to take any medication for either his heart condition or asthma. His later custody records documented that he told police he had suffered a head injury in September 2004, that his left lung had collapsed and he had fluid retention in his right lung. He also said he had poor vision in his left eye and no hearing in his left ear. In 2005 he said he was feeling depressed and that he had been prescribed medication for it. In January 2010, William again told the police that he was depressed and that he had a brain tumor.

- 2.84 The West Yorkshire Police arrested William on 15<sup>th</sup> October 2010 at the request of the police in Lancashire. He had been accused by his former wife who lived in Blackpool that he had been continually texting and telephoning her. (There is nothing in police records to indicate how this matter was finalised, but it is known that William was never convicted of any offences in relation to it). When arrested, he told the police that he was still suffering from depression but he refused to take medication for it. He also said he had previously self-harmed by trying to slit his wrists, attempted to hang himself and had taken overdoses, the last occasion being during the previous month. He also mentioned he had suffered a brain injury in 2004 and had two strokes in 2009 which had affected his breathing and balance.

- 2.85 On 20<sup>th</sup> February 2014, William called the police to report that the Female Perpetrator had caused damage inside his flat and had assaulted him. When the police got there, they found he had bruising and swelling around his eye and cheek. He said the Female Perpetrator had hit him several times with a can of beer. She had also caused damage to an internal living-room door after they argued about her not attending Lifeline.
- 2.86 William said he felt dizzy so the police took him to hospital. He subsequently discharged himself before seeing a doctor. The police found him walking home and he told them that he did not want to pursue a complaint against the Female Perpetrator. They took him home and when they got there, they found the Female Perpetrator outside. She was arrested for the assault on William and for damaging his property. She spat at the arresting officer and was additionally arrested for assault on police.
- 2.87 The Female Perpetrator made a counter allegation of assault against William, but stated she didn't want any action taken against him. She told the police that her relationship with him was good and that they had been together for two years.
- 2.88 The police completed a DASH risk assessment which indicated the risk to have been medium. Both were offered referrals to other agencies which they declined.
- 2.89 **What the Police knew about the Female Perpetrator**
- Police computer records had warning markers that the Female Perpetrator self-harmed and that she was suicidal and violent. Previous custody records indicated that she had disclosed that she was drug and alcohol dependent, suffered from manic depression, had border-line personality disorder and had bi-polar effective disorder. There were two custody records in December 2010 and they both indicated that she had told the police she had a Community Psychiatric Nurse and was under the care of the Crisis Team.
- 2.90 On 31<sup>st</sup> October 2010, the police were called to a report of a disturbance in Huddersfield. When they arrived they were flagged down by the Female Perpetrator's sister. They went into the Female Perpetrator's flat and found blood on the floor. First of all, she told them that nothing had happened and then she provided a series of conflicting versions of events. The police found a man on the roof. He had lacerations to his arms, and three to his stomach. He admitted that he was in a relationship with the Female Perpetrator but would not say who had caused his injuries.
- 2.91 He refused to make a statement of complaint and told the police that he had no intention of resuming the relationship with the Female Perpetrator.
- 2.92 The Female Perpetrator was interviewed but declined to answer any questions. On the advice of the Crown Prosecution Service, the matter was not pursued further.

- 2.93 A MARAC referral was made and meetings were held on 13<sup>th</sup> January and 10<sup>th</sup> February 2011. The MARAC was told that the Female Perpetrator would not engage with the Domestic Violence Team at all.
- 2.94 Four actions were agreed at the MARAC, all of which focused on the Female Perpetrator and her children that were in local authority care. None related to her partner and none addressed the domestic violence and abuse aspect of their relationship. Outside the MARAC meeting, the Female Perpetrator was spoken to at length but she declined any interventions or help apart from the installation of a panic alarm at her home address. The MARAC case was closed.
- 2.95 On 1<sup>st</sup> September 2011, the Female Perpetrator reported to the police that the Male Perpetrator had attempted to rape her. After an investigation, the Crown Prosecution Service recommended that no further action should be taken. They pointed out that the Female Perpetrator had a history of making complaints against the Male Perpetrator and then declining to support a prosecution and that there were no independent witnesses to the offence.
- 2.96 As mentioned above, the police were called to a domestic incident between William and the Female Perpetrator on 20<sup>th</sup> February 2014. They took William to hospital when he felt unwell and then arrested the Female Perpetrator for assaulting him and assaulting a police officer. She made a counter allegation of assault against William, but didn't want any action taking.
- 2.97 She told officers that she was on methadone and that three years previously, she had tried to kill herself by jumping off a bridge. She told them that she would self-harm every day if she could. The police thought she was clearly suffering from drug and alcohol withdrawal symptoms, so she was taken to hospital in an ambulance.
- 2.98 She was later returned to police custody but they were concerned about her mental health so asked for an assessment to be carried out. She was seen by a specialist nurse who considered her to have borderline personality disorder / manic depression / obsessive compulsive disorder. The nurse did not believe that she would carry out her threats to self-harm.
- 2.99 The Female Perpetrator saw a Drug Intervention Programme worker whilst in custody and was referred to Lifeline for counselling. A pre-release risk assessment was completed and no safeguarding risks were identified so the Female Perpetrator was taken home.
- 2.100 A DASH risk assessment was completed in respect of the Female Perpetrator which was graded as medium due to her alcohol and drug misuse.
- 2.101 The police evidential review officer concluded that there was no realistic prospect of convicting the Female Perpetrator for assaulting William, especially as he did not support a prosecution. She was charged with

assaulting a Police Constable and as mentioned previously, she was fined for it when she later appeared at court.

2.102 There were several incidents of a domestic nature involving the Female Perpetrator and her mother and step-father. They were carers of the Female Perpetrator's children who had been placed with them by the local authority at their home. The Female Perpetrator would often turn up at the house unannounced and in drink and demand to see the children. She usually became aggressive and eventually a non-molestation order was issued against her.

2.103 The Female Perpetrator had two criminal convictions, the first for possession of drugs with intent to supply in 2001 and the second for the assault on the Police Officer in March 2014. She was also issued with a Penalty Notice for Disorder for being drunk and disorderly in December 2010.

2.104 **What the Police knew about the Male Perpetrator**

The Male Perpetrator also had warning markers on police computer systems, for violence and drugs. A custody record in 2009 showed that he had disclosed that he self-harmed 'Years ago' and another custody record dated 12<sup>th</sup> April 2014 stated that he did not take drugs anymore.

2.105 He was convicted of sending indecent and offensive material through public telecommunications in 1984 and of contravening waste management licences in 2008. In 2009 he was convicted of possessing drugs with intent to supply and in 2013 for drink-driving for which he was sentenced to terms of imprisonment.

2.106 As mentioned above, on 1<sup>st</sup> September 2011, the Female Perpetrator reported that the Male Perpetrator had attempted to rape her. He denied it and after an investigation, the Crown Prosecution Service recommended that no further action should be taken.

2.107 Also mentioned previously was the catalogue of arrests of the Male Perpetrator for breaching police and court bail after he had been arrested for assaults on both the Female Perpetrator and William.

2.108 **Analysis of police involvement**

Although William told the police that he did not want to make a complaint against the Female Perpetrator after they had been called to a report of a disturbance taking place between them on 20<sup>th</sup> February 2014, they nevertheless took positive action and arrested her for assault and criminal damage. A decision was later taken that there was insufficient evidence upon which to mount a victimless prosecution.

2.109 William told the police that he had not wanted them to become involved in the first place and that he did not want any agency intervention. There is no record of what consideration, if any, was given to referring William for

domestic abuse support.

- 2.110 When the Female Perpetrator was in custody, the police acted in her best interests by taking her to hospital once they suspected she was suffering from drug and alcohol withdrawal symptoms, and later, when she had been returned to police custody, by making sure her psychiatric well-being was assessed (after she had told them about her suicidal ideations).
- 2.111 She was also seen by a Drug Intervention Programme worker, referred to Lifeline for counselling and was made the subject of pre-release and DASH risk assessments, all of which was good practice and in line with police policy and procedure.
- 2.112 The completion of a DASH risk assessment after the incident involving the Female Perpetrator and another male partner on 31<sup>st</sup> October 2010, correctly resulted in a referral to MARAC. Despite efforts to secure her cooperation, the Female Perpetrator refused to engage with the Domestic Violence Team and ultimately the MARAC case was closed.

2.113 **Lifeline Kirklees and Locala Community Partnership**

Lifeline Kirklees provides support and treatment for adults, their families and communities who are affected by drug and alcohol misuse. It includes the On-TRAK alcohol service and services for people in the criminal justice system, the police cells, courts and those sentenced to treatment orders. It is delivered as an integrated service in partnership with Locala Community Partnerships, with Lifeline Kirklees employing the key-workers and Locala employing doctors and nurses. Lifeline's workers deliver key-working and a range of psychosocial treatments while Locala doctors and nurses provide clinical input in the form of prescribed treatment.

2.114 **What Lifeline Kirklees and Locala knew about William**

William was mentioned in Lifeline's records only as the Female Perpetrator's 'Uncle' or 'Family friend'. He had accompanied her on some appointments and on one occasion had called in on his own to deliver a message. He had mentioned the Female Perpetrator's aggression although it was never established whether the aggression had been directed at him (see analysis).

2.115 **What Lifeline Kirklees and Locala knew about the Female Perpetrator**

In January 2008, the Female Perpetrator had contact with Lifeline in respect of alcohol abuse. She was allocated a key-worker and there was liaison with social care in respect of her young son. The Female Perpetrator did not engage with the project and did not accept that she had an alcohol problem. She was discharged in October 2008.

- 2.116 She was referred again in March 2010 by Children's Social Care (CSC). At the time she was pregnant and appeared to be alcohol dependent. She was referred to an in-patient unit for detoxification but she chose to cut down her

consumption on her own. In June 2010, the Female Perpetrator had a miscarriage and was referred for counselling but did not attend. She was discharged from the service in October 2010.

- 2.117 The Female Perpetrator was next in contact with Lifeline services in Huddersfield and Dewsbury for 2 years between April 2012 and May 2014, when she was arrested for the murder of William. She was dependent on Class A drugs and alcohol. Her social circumstances and relationships were described as 'complex' and at times she was in daily contact with services, either at Huddersfield or Dewsbury.
- 2.118 The Female Perpetrator was mainly in contact with Lifeline's Drug Intervention Programme team (DIP). She self-referred in May 2012 for help with her dependence on heroin. At that time, she was of no fixed abode and said she had been in Leeds. She did not complete the initial assessment and Lifeline did not hear from her again until the end of June 2012, when she contacted them to say she was living in Batley.
- 2.119 In July 2012, the Female Perpetrator attended an appointment at Lifeline in Dewsbury. She was agitated and stressed and was with an unknown man who she said was a good friend. The assessment and medical screening indicated she was:
- Dependent on heroin, crack cocaine and alcohol
  - In pain and had mobility issues after a suicide attempt where she had jumped off a bridge
  - Self-harming and had periods of suicidal ideation
  - Having problems with domestic abuse and was living in a flat in Batley provided by a project involved in supporting sex-workers
  - Suffering from problems with her mental health including depression and a personality disorder
  - Missing her two children who were living with their maternal grandmother.
- 2.120 She was prescribed methadone treatment by a Local doctor and received support from a Lifeline key-worker. Between July and September 2012, the Female Perpetrator moved address at least three times between Huddersfield and Dewsbury. Why she moved so often was not clear; she told different stories to various workers about her whereabouts and about men she was in a relationship with.
- 2.121 Psychological support would normally be provided to people with the Female Perpetrator's issues, but the chaos and confusion in her life made that impractical. She was constantly using alcohol, heroin and crack cocaine as well as the methadone. Her frequent change of address, non-engagement and sex-working made the difficulties even more acute.
- 2.122 The Female Perpetrator had contact with at least 12 key-workers. At various times she reported violence and abuse from current and former male partners, including one who was forcing her to do sex-work. She also said

she was being abused by her brother and beaten up by her stepfather who tried to stab her. She said she had been robbed and physically assaulted in the street, possibly by drug dealers and on one occasion she was physically assaulted by another female service user outside Lifeline. Her records refer to her having drug dealing neighbours, being bullied by neighbours, living with crack cocaine dealers, being intimidated because she was giving evidence in a court case, having money taken off her and having no access to her money because it was being paid into someone else's account. She had also reported that she had been abused by a group of men, although the details of it were vague.

2.123 At times the Female Perpetrator told key-workers that she felt suicidal and that William had once found her wandering on a motorway bridge when she had been contemplating killing herself.

#### 2.124 **What Lifeline Kirklees and Locala knew about the Male Perpetrator**

There are only a few references to the Male Perpetrator in Lifeline's records, most of which appear towards the end of the Female Perpetrator's treatment with them. He accompanied her to at least one appointment and was believed by Lifeline to have been one of her 'clients'.

#### 2.125 **Analysis of Lifeline Kirklees and Locala Community Partnership involvement**

In hindsight, Lifeline wonder whether they may have missed an opportunity to ask William whether he was a victim of domestic abuse. That was in February 2014 when he had called in to tell them that the Female Perpetrator had slept-in and had missed her appointment. He also told Lifeline that the Female Perpetrator had become aggressive when her methadone prescription had not been at the chemist. The key-worker did not ask whether the Female Perpetrator had ever been aggressive towards him. The key-worker recounted that William sometimes appeared unkempt and smelled of alcohol.

2.126 Key-worker staff had previously referred another partner of the Female Perpetrator to treatment after he had presented with a drug problem, and they now think they should have considered sign-posting William to an alcohol team, although, even had they done so, there would have been no guarantee he would have engaged with it.

2.127 On occasions, the Female Perpetrator presented herself as a victim of domestic abuse, but she did not suggest she was a potential perpetrator. She did tell a key-worker in November 2012 that she had problems controlling her temper and she was referred to Lifeline's 'managing emotions' counselling. She did not attend any of the counselling sessions.

2.128 The Female Perpetrator was very evasive when it came to discussing her personal relationships. She often referred to the men in her life as friends or relatives, something that was not contradicted by the men themselves when

they were present.

- 2.129 On one occasion, for example, William was with her when she told a key-worker and a clinician that he was a family member and he had a brain tumour and was dying. Clearly, that made it very difficult for key-workers to separate truth from fiction. The Female Perpetrator's DIP worker at the time of William's murder reported challenging the Female Perpetrator about the nature of her relationship with William. She was adamant that she was not in a sexual relationship with him but she did say that he was forcing her into sex-work. The DIP worker did not necessarily believe her, even though she was aware that the Female Perpetrator was a sex-worker.
- 2.130 There were several occasions when key-workers discovered that the Female Perpetrator had not been telling the truth. For example, in June 2013, she told a DIP key-worker that she had been beaten up by her mother and that her step-father had attempted to stab her. It was later established that all that had happened was that she had arrived at her mother's house in a drunken condition and had been arrested by the police for being aggressive.
- 2.131 There was very little in the Female Perpetrator's presentation to Lifeline key-workers to suggest to them that she had a propensity towards physical violence. She had been verbally abusive at times, but not excessively so. However, key-workers did recognise her ability to 'play the victim', and to be manipulative and dishonest.
- 2.132 Lifeline do not think they analysed the potential risk posed to the Female Perpetrator sufficiently. There are several references in their records to a male wanting to murder her (they believe this was probably the Male Perpetrator).
- 2.133 The staff involved at the time had not received any training in DASH risk assessment and the agency's risk assessment guidance did not refer to it. Since then, Lifeline has commissioned a wide range of domestic abuse training including Multi-Agency Risk Assessment Conference (MARAC) briefings, DASH risk assessment and on-line training in respect of 'Against Violence and Abuse' Complicated Matters and domestic abuse awareness. Locala have also made MARAC briefings part of their essential training for substance misuse prescribers including doctors and nurse practitioners.
- 2.134 The Lifeline records indicate that a DIP key-worker intended to speak with her supervisor about referring the Female Perpetrator to a Multi-Agency Risk Assessment Conference, but there is no record of that conversation taking place. The key-worker and her supervisor have been interviewed as part of this review and neither recollect discussing a referral to MARAC.
- 2.135 **Children's Social Care**

#### **What Children's Social Care knew about William**

Kirklees Children's Social Care do not have any record of William as a child.

2.136 Many years ago, William made periodic requests for parenting support for his three children, who are now aged 22, 26 and 27.

2.137 Limited information is available due to the age of the cases, but that that does exist indicates that William was a caring parent, who may have struggled to look after his children.

2.138 **What Children’s Social Care knew about the Female Perpetrator**

Children’s Social Care did not have any contact with the Female Perpetrator when she was a child.

2.139 Her eldest child first became known to them in 2006. By that time, the Female Perpetrator was living a chaotic lifestyle involving excessive use of alcohol and drugs.

2.140 Their notes record a handful of incidents where verbal altercations had taken place between the Female Perpetrator and her mother, but no physical violence was reported.

2.141 An assessment undertaken prior to the birth of the Female Perpetrator’s second child, revealed that she depicted her childhood as one blighted by domestic abuse between her father and her mother.

2.142 It also revealed that she informed the assessment that her father repeatedly beat her and when she later went to live with her grandmother, she was sexually abused by her grandmother’s then husband. She also said she had been assaulted by her half-brother when she was pregnant.

2.143 In 2008, the Female Perpetrator’s two children were made subject to child protection plans because of their mother’s chaotic lifestyle, alcohol misuse and domestic abuse towards her by her then partner.

2.144 **What Children’s Social Care knew about the Male Perpetrator**

The only record held by CSC about the Male Perpetrator was in August 2013 when he made a request for a food parcel.

2.145 **Analysis of Children’s Social Care involvement**

With the benefit of hindsight, CSC feel the decision to remove the Female Perpetrator’s children from her may have been made sooner, but in respect of William’s death, there is no meaningful analysis to be offered.

2.146 **Kirklees Neighbourhood Housing and Housing Solutions Services**

Kirklees Neighborhood Housing is owned by Kirklees Council and was set-up to manage and maintain council owned properties in Kirklees, on behalf of the council. The ownership of the housing stock remains with the council, and the tenants of these properties are council tenants.

Housing Solutions Services (HSS) is part of the Council. Its role is to provide housing advice and support to people who are in housing need, and where appropriate, to carry out housing needs assessment with the aim of preventing homelessness wherever possible.

**2.147 What Kirklees Neighbourhood Housing/Housing Solutions knew about William**

William was living in a privately rented ground floor bedsit which was suitable for his needs. (He had previous tenancy arrears which the council could not collect because the time-frame within which they had to enforce it had passed).

2.148 On 22<sup>nd</sup> November 2012, William made an application for social housing. He did not need 'bidding' support (support to enable someone to place a 'bid' onto the Council's housing lettings system). He was not requesting any medical priority but steps were put in place to determine his medical needs. His application noted that he considered himself to have a disability/impairment. He stated he was visually and hearing impaired, had mental health problems and used a walking stick. A review indicated that he did not have medical priority for housing and the medical advisory officer wrote to him to say his application was being referred to Housing Solutions Service on the grounds that he appeared to have no permanent address and there was a threat of him being made homeless.

2.149 On 4th June 2013, William telephoned to say he had been asked by his landlord to leave his property. He said he had been given a section 21 notice to leave. There is no copy of the notice on William's housing record, but a section 21 notice is a written request to end an assured short-hold tenancy, which must give at least 2 months' notice to quit (William's sons have explained that the landlord was at his 'wit's end' with the Male Perpetrator. He regularly caused a disturbance and forced his way into the flat by breaking down the door in an attempt to remove the Female Perpetrator against her will).

2.150 The following day KNH wrote to William with an offer of a council tenancy in Huddersfield and a week later, a KNH housing officer viewed the property with William and completed a tenancy sustainability assessment. It included details of the level of support William felt he needed to successfully maintain his tenancy. It was agreed that a 'medium' level of support was required, which meant help with issues such as access to the provision of a basic furniture package for his property. There is nothing in the records to indicate that William required any support other than with routine tenancy matters, for example, his request to obtain permission to install a satellite dish.

2.151 An appointment was made for the KNH officer to visit William at the property on 16<sup>th</sup> August 2013 to ensure that, as part of the tenancy sustainability process, everything was going to plan. William was not at home so the KNH officer left a letter asking William to contact her.

2.152 William did not contact her, but KNH records show that on four occasions after that, he did speak with KNH about routine tenancy matters.

2.153 **What Kirklees Neighbourhood Housing/Housing Solutions knew about the Female Perpetrator**

The Female Perpetrator was involved with Housing Solutions Service on several occasions going back to 2007, with various housing issues, including homelessness.

2.154 She presented to the service in August 2009 and September 2010 as having become homeless due to her fleeing domestic abuse (from two different partners, neither of whom was William) On both occasions she was supported by the service who provided her with a tenancy bond guarantee so that she could take up private tenancy agreements.

2.155 In February 2012, she told the service that she had been illegally evicted from her address and in May 2012 she again contacted the service to say she had been staying with friends but was now homeless because she had been asked to leave. The service placed her in temporary accommodation and she was then offered a secure tenancy in Dewsbury.

2.156 On 3<sup>rd</sup> September 2013, she re-presented as homeless saying she had been assaulted by the Male Perpetrator. She was given emergency bed and breakfast accommodation and then offered temporary accommodation in Batley which she accepted. She failed to keep the appointment to sign for the property and the service did not hear from her again.

2.157 **What Kirklees Neighbourhood Housing/Housing Solutions knew about the Male Perpetrator**

Neither Housing Solutions nor KNH had no contact with the Male Perpetrator.

2.158 **Analysis of involvement of KNH**

At the start of his tenancy, William was identified as requiring a 'medium' level of support to successfully sustain it. The housing officer decided it appropriate to conduct a home visit six-weeks later to assess the situation, but William was not at home as had been arranged and he did not respond to the officer's letter asking him to make contact.

2.159 There is nothing in the KNH records to indicate that any further attempts were made to conduct the assessment meeting, but the files do show that several routine contacts were subsequently made between William and KNH, none of which indicated any cause for concern.

2.160 At present there is no formal written policy or procedural guidance setting out what KNH staff should do in terms of making a referral to specialised support services in the case of domestic abuse.

2.161 **South West Yorkshire Partnership (NHS) Foundation Trust (SWYPFT)**

**What SWYPFT knew about William**

William was not known to the South West Yorkshire Partnership (NHS) Foundation Trust.

2.162 **What SWYPFT knew about the Female Perpetrator**

On 16<sup>th</sup> October 2012, a referral was made by a Lifeline doctor to the effect that the Female Perpetrator had been having suicidal thoughts. That afternoon, contact was made with her by telephone. She said she could not wait for a routine referral to be seen by the Community Mental Health Team because she was having thoughts of self-harm all the time. She said she was standing outside a public house (there was noise in the background which sounded like people fighting). She also said that she had been burgled and that if she had to wait to be seen, she would be dead. She was told that someone would call her back as soon as possible.

2.163 Within less than three hours of the initial call by the Female Perpetrator, the service called her back to complete a risk assessment. She said she was too busy to do it because she was cleaning her house. She asked to be called back in an hour. When that call was made there was no answer and a message was left on the Female Perpetrator's answer phone for her to make contact again.

2.164 Meanwhile, an assessment was conducted based on the previous telephone conversation. It recorded that she had been in a very low mood, had expressed suicidal thoughts, was currently suicidal, currently self-harming and her behaviour was erratic. The assessment noted her previous mental health history which included diagnosis of borderline personality disorder with impulsive traits, severe depression and obsessive compulsive disorder. Two years previously she had attempted suicide by jumping off a bridge.

2.165 The notes also stated that the Female Perpetrator had been prescribed Methadone and that she was very vulnerable, that she had not been accessing mental health services, and had not been prescribed any medication for mental illness. At that time, she had been living in 'SWEET' temporary accommodation and recent attempts of suicide had resulted in police involvement. The significant entries on the risk assessment form indicated that she had a history of suicidal thoughts which were also current, a history of self-harm which had last been attempted three days previously and that there was a history of being harmed by others in a domestic abuse context.

2.166 The assessment also recorded that the Female Perpetrator had said that she wanted to hurt the people who had hurt her but it was not clear whether she meant a regular partner or men in general, particularly her sex-work clients.

2.167 The assessment concluded that the senior practitioner had attempted to

triage the case due to her 'suicidal thoughts', but without success. The outcome was to forward the referral to the Community Mental Health Team (CMHT). The Female Perpetrator was sent a letter the following day telling her of the referral and that an appointment would follow in the near future.

- 2.168 The CMHT manager noted that he had made continuous unsuccessful attempts to contact the Female Perpetrator by telephone on 18<sup>th</sup> October, and that a letter had been sent to her stating that an appointment had been made for 24<sup>th</sup> October.
- 2.169 The Female Perpetrator kept the appointment. She was assessed as presenting with low mood with a risk of self-harm and thoughts of ending her life, but that she did not have plans to do so because of concerns she had for her children. She was not registered with a GP, but a letter outlining her various issues including those of drug misuse and difficulties with housing was sent to the last GP noted on her record. The letter stated that she had been referred for counselling and for tenancy support and it included a request that she be prescribed an anti-depressant.
- 2.170 During the appointment, a Mental Health Clustering Tool assessment was conducted. It indicated that the Female Perpetrator had mild problems with overactive, aggressive, disruptive behaviour, that she had a mild problem with non-accidental injuries, moderate problems with alcohol and drugs and minor problems associated with her physical health. She had said she heard voices and that she was paranoid that people were looking at her. She had mild anxiety and a moderate to severe problem with relationships as she had fallen out with most of her friends and family. The overall conclusion of the assessment was that the Female Perpetrator was non-psychotic.
- 2.171 The Female Perpetrator's care was delivered by a Senior Community Care Officer and spanned from 24<sup>th</sup> October 2012 right through to February 2013, but in that month, there were four failed home visits. A referral was made to the Mental Health Team by a Lifeline DIP worker on 11<sup>th</sup> February requesting that the Female Perpetrator be seen because she was low in mood and had been talking about committing suicide. They attempted to contact her on a friend's mobile telephone every day between 11<sup>th</sup> and 18<sup>th</sup> February 2013, without success.
- 2.172 On 18<sup>th</sup> March 2013, a letter was sent to the Female Perpetrator stating that the professional had visited on two 2 occasions without success and that telephone contact had been attempted numerous times. The letter asked that she contact the service to arrange a further appointment and stated that if no contact was made by 5<sup>th</sup> April 2013, it would be assumed that she no longer required support. The Female Perpetrator did not respond.
- 2.173 On the 11<sup>th</sup> February 2014, the Female Perpetrator was again referred to the Community Mental Health Team (at the request of the Lifeline DIP worker). They were given William's phone number as a means of contacting her, but when they telephoned him, he said he had not seen her but was planning to do so the following day. The next day, a further call was made to William but

his phone was switched off. The DIP service was contacted the next day to say that the CMHT had not been able to get hold of the Female Perpetrator and also that the Female Perpetrator would be required to give her consent to share information through William or the case would be closed. On 14<sup>th</sup> February 2014, the DIP worker told them that the Female Perpetrator had given her consent, but further calls to William's phone on 14<sup>th</sup>, 16<sup>th</sup> and 17<sup>th</sup> February remained unanswered.

- 2.174 A letter was sent to the Female Perpetrator on 18<sup>th</sup> February 2014, advising her of the referral to CMHT, and that they would be in contact again with an appointment. On 24<sup>th</sup> February, another one was sent offering an appointment on 3<sup>rd</sup> March 2014.
- 2.175 On 25<sup>th</sup> February 2014, the Female Perpetrator attended the Calderdale Hospital accident and emergency department, which in turn led to a referral to Kirklees Single point of Access (SPA). She had told hospital staff that she was thinking about throwing herself off a railway bridge and that she wanted to be 'Sectioned' under the Mental Health Act. A Senior Practitioner from SPA went to the hospital to carry out an assessment, but was unable to do so because the Female Perpetrator was so drunk. The police had to be called.
- 2.176 The Female Perpetrator did not keep the appointment with CMHT on 3<sup>rd</sup> March 2014. Another letter was sent asking her to contact the team within two weeks to make another appointment. It also provided information about how to contact the team in an emergency and gave the telephone number of the Samaritans.
- 2.177 On 31<sup>st</sup> March, the Female Perpetrator made contact with CMHT and said she had only just received the letter. She added that she was of no fixed abode and that she had no money because all of her benefits were being taken out of her bank account by creditors and an unspecified friend. She also said she was receiving threats from someone unspecified who had attacked her during the previous year.
- 2.178 During the telephone conversation, she said that she had to 'Give in' to the men whose houses she was staying in, implying her acquiescence was of a sexual nature. She said she had been self-harming with a needle and had recently taken heroin and crack cocaine. She was advised to contact Lifeline and a women's refuge for support. She said she would contact Lifeline but not the refuge.
- 2.179 The following day, CMHT spoke to Lifeline who agreed that any future correspondence for the Female Perpetrator could be sent care of them. A letter was sent to them on 7<sup>th</sup> April 2014 offering an appointment, and a few days later the Female Perpetrator said that she did not want it.
- 2.180 On the 23<sup>rd</sup> April 2014, CMHT received a telephone call from Lifeline to say that the Female Perpetrator was on methadone and that she was staying at temporary addresses which change daily. She had disclosed to the Lifeline

worker that she felt threatened by another partner. She had also said that she had not registered with a local GP. (She had been advised by Lifeline to register with a GP who caters for people of no fixed abode).

2.181 **What SWYPFT knew about the Male Perpetrator**

The Male Perpetrator was not known to SWYPFT.

2.182 **Analysis of involvement of South West Yorkshire Partnership (NHS) Foundation Trust**

2.183 The Female Perpetrator was referred to SWYPFT services on eight occasions during the period under review.

2.184 It is clear that the Female Perpetrator knew how to access support from mental health services when she was in a crisis; she would usually make contact via hospital accident and emergency or through Lifeline.

2.185 Efforts to help her were thwarted by her lifestyle, most particularly her constant change of address and sporadic access to mobile telephones. During the year prior to her arrest for murder, there had been ten planned contacts with the Female Perpetrator with only four being successful. Of the six failed attempts, two consisted of her not keeping appointments and on the other occasions she was not at the address she had provided. By April 2014, the service was wholly dependent upon the Female Perpetrator's key-worker at Lifeline to act as the point of access to her.

2.186 When referrals were received, they were responded to quickly and professionally and follow-up calls and actions were vigorously pursued.

2.187 Assessments were thorough and out of necessity, were often carried out in less than ideal circumstances, for example after telephone calls from the Female Perpetrator who had then rung off and when contacted again, declined to engage with the service.

2.188 The Female Perpetrator had said that she wanted to 'hurt the people that had hurt her'. She was not questioned further about this so it was never established whether she had been talking about a particular individual or 'clients' she had encountered during her sex-work.

2.189 There were ample examples of good liaison and the sharing of information, especially between the CMHT and Lifeline, including the use of the latter as a 'care of' address for the Female Perpetrator.

2.190 **Comment on the Individual Management Review's (IMRs)**

The aim of the individual management review is to look openly and critically at individual and organisation processes and practices and to provide an analysis of the service they provided.

- 2.191 It should include a comprehensive chronology that charts the involvement of the agency with the victim, the perpetrator(s) and their families over the period of time set out in the 'Terms of Reference' for the review. It should summarise the events that occurred, intelligence and information known to the agency, the decisions reached, the services offered and provided to the victim, the perpetrator and their families and any other action taken.
- 2.192 It should also provide an analysis of events that occurred, the decisions made and the actions taken or not taken. Where judgements were made or actions taken that indicate that practice or management could be improved, the review should consider not only what happened but why.
- 2.193 Each homicide may have specific issues that require exploration and each IMR should consider carefully the individual case and how best to structure the review in light of the particular circumstances.
- 2.194 The IMRs in this case were all written with a victim-centred approach and clearly attempted to represent William's voice throughout. They were quality assured by the original author, the respective agency and by the panel Chair. Where challenges were made they were responded to promptly and in a spirit of openness and co-operation.
- 2.195 The Chair of this Domestic Homicide Review has been particularly impressed by the air of openness and transparency that clearly exists among agencies that have been involved in this case and the positive culture within the Kirklees Partnership of a desire to work collaboratively and to learn from past experiences.

### **3 Addressing the Terms of Reference**

#### **3.1 Family Involvement**

All three of William's sons have participated in this review and a resume of what they said has already been provided at paragraphs 1.51 to 1.68 (As mentioned previously, William's employer and also a friend of his have kindly added their thoughts about William, who was someone they had great affection for).

#### **3.2 Media**

The Kirklees Community Safety Partnership determined it would handle all media and communication matters. It was agreed that the overriding aim was to protect William's family from unwanted media attention so a reactive press statement was developed to cater for any enquiries that may have been made. Its purpose was to explain what a review was, why and who commissioned it and to stress that the review seeks to work closely with the family throughout the process.

- 3.3 At the point of future publication of the overview report and executive summary of this review, a planned approach will be adopted with an

appropriate press statement available to respond to any enquiries. The recommendations of the review will be distributed through the partnership website, the partnerships' operational and strategic domestic abuse groups and applied to any other learning opportunities with partner agencies involved with responding to domestic abuse.

#### 3.4 **Other proceedings**

As mentioned previously, there will not be an inquest into William's death because all the matters relevant to the coronial proceedings were aired during the criminal trials of the Female Perpetrator and the Male Perpetrator.

#### 3.5 **Legal advice**

No conflicts or issues have been identified that would suggest independent legal advice will be required about any aspect of this review.

#### 3.6 **Previous DHRs taken into account**

Lessons learned from previous DHR's, both locally and nationally, have been taken into account during this review.

#### 3.7 **Sensitivity to William's needs**

No evidence or information has come to light during the course of the review to suggest that practitioners were insensitive to the needs of William or either of the two perpetrators.

#### 3.8 **Policy and procedures for dealing with domestic violence and abuse**

As referenced in paragraph 2.86, when William was assaulted by the female perpetrator, a DASH risk assessment was completed. This indicated a medium risk and appropriate referrals were offered and declined. In normal circumstances only a high risk DASH risk assessment would attract a referral to MARAC.

3.9 The Female Perpetrator had been the subject of the MARAC process in early 2011, after an altercation with a former partner but she declined to engage with any of the agencies involved and the case was closed.

3.10 The MARAC process is well established within Kirklees and there is a clear and unambiguous process surrounding it. The first self-assessment of the MARAC was undertaken in 2013 and was based on Safe Lives guidance. Kirklees repeated the self-assessment in October 2015 and the findings were presented to their Domestic Abuse Strategy Partnership. An action plan was developed to:

- Secure long term funding for the MARAC coordinator
- Encourage more referrals from under-represented groups including black and minority ethnic, disabled, male, and the lesbian, gay,

- bisexual and transgender community
- Expand independent domestic violence advocacy provision
- Maintain multi agency attendance at meetings
- Monitor outcomes.

(Throughout this review it has become apparent that action has been taken to address all of these issues).

- 3.11 The panel is of the view that consideration should be given to adopting a multi-agency approach to supporting people like William who engage in highly risky behaviours, but are not considered likely to become a victim of domestic abuse. The panel consider this to be a sensible way forward to maximise the opportunity for engagement, intervention and support and to ensure evidence based practice in cases where there is significant risk that the behaviours may lead to self-neglect. It may be possible to build on the emerging Kirklees model of managing self-neglect and hoarding. This model implemented well, will result in multi-agency case conferencing in relation to people who may not meet the statutory definition of vulnerability, but are none the less high intensity service users. This client group can often make risky or even reckless decisions. They are frequently known to a number of agencies and their cases are likely to benefit from joined up decision making.
- 3.12 Similarly, the panel raised concerns about the collective agencies not convening a collaborative approach to supporting the Female Perpetrator, despite the very best efforts of all the individual agencies concerned. It would be useful to ensure that going forward there are opportunities for collaborative approaches to case management and risk, providing opportunities for engagement. The Female Perpetrator's frequent and long-held history of sporadic engagement with agencies and her complete vulnerability and mental health issues clearly made her a potential victim of violence and abuse, but she was never considered a potential perpetrator of it as far as William was concerned. These concerns will form a significant part of the recommendations emanating from this review.
- 3.13 Agencies had policies and procedures in place for risk assessment and risk management of domestic violence and abuse victims and perpetrators and they were correctly put to use. Certainly in respect of the Female Perpetrator, appropriate harm reduction advice and support was provided on a regular basis.
- 3.14 Although in the case of KNH, there was no formal written policy or procedure setting out what should be done in terms of making a referral to specialised support services in the case of domestic abuse, the appropriate referrals were still made. KNH is now addressing this through the development of clear policies and procedures for KNH around domestic abuse. Across all the agencies, there was ample evidence that staff knew what their collective and individual responsibilities were in this regard, and they professionally implemented them.

### 3.15 **Information sharing**

There were many good examples of information sharing between agencies and that information sharing pathways and joint working protocols were followed. There was no hint of a reluctance or fear of sharing information on the part of individuals within any agency, but the review has highlighted the need for a more planned, coordinated approach to managing information when an individual with such complex needs as the Female Perpetrator had been involved.

3.16 There were instances where the potential for information sharing between agencies would have been enhanced had more probing questions been asked in the first place, or if they had been asked, that the responses had been recorded. For instance, there were several examples of the Female Perpetrator presenting in a distressed state about an abusive relationship, but no details were recorded about the identity of the individual concerned or of the relationship itself.

3.17 The Single Point of Access team hold the view that their function of facilitating the sharing of information about the Female Perpetrator, would have been far more effective in assessing her needs had they had access to all the systems maintained by a range of different agencies. The fact that there was no identified 'lead agency' to provide oversight and co-ordinate support for the Female Perpetrator was also highlighted by them.

### 3.18 **Assessments and decision making**

At best, agencies only ever had snap-shot contacts with William and there were no real key points or opportunities for assessment and decision making in respect of him.

3.19 An exception could have been when he was in hospital care in May 2013 for five days following a serious assault, but the records indicate that he chose not to discuss his alcohol use. The lack of information on his medical record suggests that there was little or no conversation about his domestic circumstances.

3.20 There were many risk factors associated with the Female Perpetrator, but almost exclusively they related to her alcohol and drug dependency and mental health issues. Agencies knew that she had been the victim of domestic abuse from various partners and also family members, and that she had been either arrested or questioned about her violent behaviour in the past. However, agencies knew of only one apparently minor incident taking place between William and the Female Perpetrator.

3.21 William was taken to hospital by the police following an assault by the Female Perpetrator when she hit him on the head with a can of beer. He told the officers that he was feeling dizzy. He chose to leave the hospital before he could be attended to and staff there had no opportunity to talk to him about the incident. The Female Perpetrator was arrested for the assault, a medium DASH risk assessment was completed and appropriate referrals

were offered, although they were declined.

3.22 The reality was that agencies did not have cause to consider that William or the Female Perpetrator were seriously at risk of harm from one-another; there was therefore no formal assessment of risk and consequential decision making.

3.23 **Appropriate services offered**

William did not have any contact with a domestic violence and abuse organisation or helpline.

3.24 Lifeline came into contact with William increasingly in the months leading up to his murder, usually in the presence of the Female Perpetrator. The Female Perpetrator gave conflicting accounts of her relationship with him saying that in the main, he was a supportive influence and someone she felt safe with, but on other occasions that he was an abusive pimp. None of the staff saw William as a likely pimp or a perpetrator of domestic abuse. If anything, they thought the Female Perpetrator may have been exploiting him financially.

3.25 In hindsight, Lifeline consider they may have missed opportunities to support William. They feel that perhaps they focused too much on the needs and safety of the Female Perpetrator instead. William was clearly concerned for her, and the challenge for Lifeline was to respond to his concerns without compromising her confidentiality.

3.26 Neither the Female Perpetrator nor the Male Perpetrator were involved in a domestic violence and abuse perpetrator programme.

3.27 Evidence throughout this review has been that the Female Perpetrator was both offered and provided with a wide range of services and it should be said that on occasions, many service providers went above and beyond what could reasonably have been expected of them.

3.28 Appreciating the chaotic nature of her life-style and her propensity to miss appointments, agencies consistently made telephone calls, sent text messages and reminder letters and were also flexible with appointment times in the hope of securing her engagement.

3.29 She was also afforded chaperoned appointments where necessary and was issued with travel warrants so that she could collect her medication.

3.30 **Ability/knowledge of how to contact agencies**

There has been nothing to suggest that William had a lack of knowledge about the functions of the various agencies that make up the Kirklees Community Safety Partnership, or that he would not have known how to access their services had he wanted to.

3.31 The Female Perpetrator made use of numerous agencies and was adept at contacting them when she needed to.

3.32 The evidence is that the Male Perpetrator also had a good knowledge of services that were on offer, and that he knew how to access them.

3.33 **William's wishes**

It is abundantly clear that William's wishes were listened to by those agencies with whom he came into contact and that he was allowed to make his own decisions even when they may have been unwise, for example his decisions to leave hospital prior to being seen by a doctor and to decline to support a prosecution when he was assaulted by the Female Perpetrator.

3.34 **Multi-Agency Public Protection Arrangements (MAPPA)**

Neither the Female Perpetrator nor the Male Perpetrator were subject to MAPPA. There is no evidence that any of them posed such serious risk of harm to the public that they should have been referred to it.

3.35 **Disclosure by William**

There were no indications that William had been the victim of domestic abuse in any of his previous relationships.

3.36 Because of his desire not to engage with agencies, opportunities for routine enquiry about domestic abuse were few and far between, but those opportunities that did present themselves, such as at the hospital and when he visited Lifeline on his own, were not seized upon.

3.37 **Vulnerability/disability/ethnicity**

No issues around ethnicity or cultural, linguistic or religious identity have become evident during this review.

3.38 There has been nothing to suggest any gender bias in terms of William being accepted as a person experiencing, rather than perpetrating, domestic abuse and violence.

3.39 The panel is alive to the fact that William might not have recognised himself as being a victim of domestic abuse and that the same could also apply to other men in similar situations. There may be times when they may not feel able to disclose their experiences or are unaware of the support that is available. The panel therefore considers it appropriate to emphasise the need for raising continued awareness that men are sometimes victims of domestic abuse.

3.40 In addition, there has been no evidence throughout this review to suggest there were any judgmental or discriminatory attitudes in relation to the lifestyles of William or either of the perpetrators by any agency or its

members of staff.

- 3.41 William's housing application noted that he considered himself to be visually and hearing impaired, had mental health problems and used a walking stick. That information was properly considered by the medical advisory officer.
- 3.42 As mentioned previously, in 2010, William told the police that he suffered from depression but that he refused to take medication for it. He also said he had previously self-harmed by trying to slit his wrists, had attempted to hang himself and had taken drug overdoses. His last attempt to kill himself had been during the previous month. He also disclosed that he had suffered a brain injury in 2004 and that he had two strokes in 2009 which had affected his breathing and balance.
- 3.43 The participation in this review of William's sons, his employer and his local landlord and friend, have been enormously helpful in understanding William's level of vulnerability. There is no doubt that the serious injury William suffered during an assault in 2004 left him mentally and physically scarred. He was certainly less able to function as effectively as before, but his sons are adamant that he was by no means unable to care for himself. They said that CCTV evidence of his capability was shown at the trial of the two perpetrators. It had been recorded in a local shop only days before the murder and showed their father walking around the store, buying toilet rolls, food, confectionary and a newspaper before opening a drinks refrigerator and selecting a can of pop over an alcohol drink. He paid for the goods and as he made his way towards the door, he was checking the change he had been given by the shop-keeper. He then went back to the counter because he had been 'short changed'.
- 3.44 According to his sons, William did not like fuss and would seldom actively engage with professionals; his propensity towards risky and unwise behaviour such as choosing to leave hospital without being seen by a doctor, discharging himself against medical advice and failing to keep follow-up appointments was, they say, typical of him. He would say such things as, "I'm not going to occupy hospital time and space when there are people who really need looking after".
- 3.45 The panel is alive to the fact that William's 'typical' behaviour as described by his sons doesn't necessarily mean he was always freely making unwise decisions and engaging in risky behaviour. There must at least be some element of doubt about how well he was able to protect himself from harm based on what is now known about his medical history and also the incidents of assault he experienced in his adult life.
- 3.46 In addition, given the dynamics of domestic abuse and the undoubted fact that William was being controlled and manipulated by the Female Perpetrator, the panel is not sure of the extent to which he would have been able to walk away from the situation.

3.47 William no doubt drank more alcohol than was good for him, but he was rarely incapacitated by it. What made him vulnerable was his overwhelming desire to help and support the Female Perpetrator in any way he could. He expected and received nothing in return for his kindness, but undoubtedly his association with her led him down the path of financial ruin. During the two months immediately prior to his death, William's physical appearance declined, he became dependent upon others for money, his consumption of alcohol increased and his relationship with his sons became strained.

3.48 **Senior management involvement**

Nothing has come to light during the review that would indicate a lack of management accountability for decision making in respect of any of the organisations involved.

3.49 **Predictability and preventability**

The most widely used definitions of predictability and preventability in the context of safeguarding can be found in the reports of various Independent enquiries conducted by NHS England.

3.50 **Predictability is defined as:**

*'The homicide would have been predictable if there had been evidence from [The Female Perpetrator's or the Male Perpetrator's] words, actions or behaviour at the time that could have alerted professionals that he/she might become violent imminently, even if this evidence had been un-noticed or misunderstood at the time it occurred.'*

3.51 **Preventability is defined as:**

*'The homicide would have been preventable if professionals had the knowledge, the legal means and the opportunity to stop the violent incident from occurring but didn't take steps to do so. Simply establishing that there were actions that could have been taken would not provide evidence of preventability, as there are always things that could have been done to prevent any tragedy.'*

3.52 It is the view of the review panel that the murder of William was neither predictable nor preventable.

3.53 The Female Perpetrator was known to be volatile and verbally aggressive, but agencies had no reason to think she would be capable of committing an act of extreme physical violence against William. William had not given anyone the impression that he was fearful of her or that he was concerned for his own safety.

## 4 Key lessons learned

- 4.1 The two key lessons learned during this review revolve firstly around the need for agencies to be more professionally curious when routinely dealing with people who could potentially be victims. The second is the realisation among agencies of the need to consider the development of a mechanism for sharing information about individuals who engage in risky behaviours that could place them in harm's way.
- 4.2 There were examples of where an apparent lack of professional curiosity led to scant detail being recorded about William, for example during his lengthy stay at the Huddersfield Royal Infirmary after he had been assaulted – and even more so once X-rays had shown older injuries to his ribs. Although the difficulties associated with 'routine enquiry' within hospital accident and emergency departments during initial triage should not be understated, there is clearly a need for a culture of routine enquiry to be developed and embedded in that environment. If routine enquiry does not take place for whatever reason, the fact that it was attempted, or even just considered, should be recorded.
- 4.3 As mentioned previously, most professionals' contacts with William were relatively brief and transient and he was not willing to actively engage with his treatment and care, for example, often choosing to leave the hospital without being seen, discharging himself against medical advice and not attending follow-up appointments.
- 4.4 On reflection, that non-engagement with services could have been viewed as an indication of vulnerability associated with self-neglect. For hospital staff, there is always a dilemma when it comes to exercising a duty of care for people to protect them from harm and the need to respect their choices about how they live.
- 4.5 Outside the hospital environment, there was very little to suggest that William was likely to become a victim of physical domestic abuse. However, some who came into contact with him did have an inkling that he could possibly have been financially abused by the Female Perpetrator. Routine enquiry about potential abuse in whatever form - and the careful recording of the responses – is often the point from which truly effective inter-agency information sharing begins.
- 4.6 It has been speculated by panel members during this review that William's pattern of non-engagement could possibly have been viewed, in hindsight, as a reflection of the complexity of his needs which itself may have been an indicator of high risk in relation to domestic abuse and violence.
- 4.7 Against that is the picture painted of their father by William's sons. They say he was a quiet, private person who simply didn't like a fuss. He was generous, kind and caring and simply couldn't turn his back on someone in need.

- 4.8 The sons add that their father was more than able to look after himself on a day-to-day basis. He was usually well-dressed, clean-shaven and was particular about his general appearance. He did his own shopping and cooking and until he became involved with the Female Perpetrator, he was always able to manage his finances adequately. They say the Female Perpetrator was like a drug to him; he knew she would do him no good, but he couldn't give her up.
- 4.9 The sons also say that their father was a very uncomplicated man. He was not needy in any way and was able to make his own decisions in a perfectly rational and logical manner. They say their father wasn't in any way tricked or taken-in by the Female Perpetrator. He knew all along that she was taking advantage of his good nature, but he was prepared to accept it if it meant achieving his goal of getting her away from the drugs, alcohol and sex-work.
- 4.10 The fact that there was nothing in the tenancy records held by Kirklees Neighbourhood Housing to suggest that William was unable to look after himself, and that his tenancy ran routinely, is perhaps a further indication that William was not someone with complex needs and who was at added risk of domestic violence and abuse.
- 4.11 The Female Perpetrator was a high intensity yet sporadic user of numerous services. She was dysfunctional and had multiple, complex needs. Her lifestyle left her alarmingly vulnerable to abuse both of a physical and emotional nature. Experienced, caring and professional people from a wide range of agencies knew her well and tried hard to keep her safe. They were alive to the real dangers she faced every day – through her street sex-work, violent pimps, abusive partners and of course her mental health issues and addiction to hard drugs and alcohol.
- 4.12 She had been examined by a specialist nurse whilst in police custody and during an assessment and screening at Lifeline as having a personality disorder. It is not known whether there was ever a formal diagnosis by a qualified practitioner.
- 4.13 Someone with a personality disorder differs significantly from an average person in terms of how they think, perceive, feel or relate to others. Their distorted beliefs about other people can lead to odd behaviour, which can be distressing and upsetting.
- 4.14 There are significant challenges in providing effective services for people with personality disorders. The issues can be extremely complex and those affected often have difficulty engaging in any form of relationship whether therapeutic or otherwise. Additionally, people with personality disorder are considered to be at higher risk of suicide with higher levels of self-harm and drug/alcohol abuse.
- 4.15 When interviewed in prison by the Chair of this review, the Female Perpetrator described how the Male Perpetrator had abused and controlled her and had eventually become her 'Pimp'. She also spoke about the

extreme violence he had subjected her to and the fact that he would often strangle her almost to the point of unconsciousness.

- 4.16 The Female Perpetrator added that William was genuinely worried about her and that he hated the Male Perpetrator for what he was doing to her. She explained that William wanted her to move to Newcastle with him but the Male Perpetrator said that if she did, he would “sort them both out”. She said that the Male Perpetrator was very jealous of William and he refused to believe that she and William were not in a relationship together.
- 4.17 It is only possible now to speculate whether, had a way been found by the caring agencies to secure the Female Perpetrator's engagement on a consistent basis, any of what she said during the interview would have been disclosed by her before the terrible events of 1<sup>st</sup> May 2014. If it had, there would undoubtedly have been a greater appreciation of the level of risk posed to her by the Male Perpetrator, and probably a realisation that William was also at risk because of his perceived relationship with the Female Perpetrator.
- 4.18 Even though in the few months leading up to William's death, the Female Perpetrator's issues appeared to be getting more acute, there was no coordinated means through which the caring agencies could have attempted to overcome her unwillingness to engage with them. Although MARAC referrals had been made in the past, it had not been possible to provide any positive actions due to her lack of engagement and the threshold for any new referral was far from met.
- 4.19 Even though the Female Perpetrator was a relatively frequent user of the hospital accident and emergency department, her level of attendance was insufficient to trigger a referral to the High Intensity Service User Group which aims to take a more coordinated multi-agency approach to care planning and management with frequent service users.
- 4.20 In a nut-shell, for perfectly good and understandable reasons, William was not viewed as a potential victim of domestic abuse and the Female Perpetrator was not viewed as a potential perpetrator of it. Both may have benefitted from joined-up agency working on their behalf, but neither would have met current thresholds for referral – even without their respective unwillingness to engage with services.
- 4.21 While it is acknowledged that a person may still choose not to engage with agencies, it is important to have multi-agency evidence based practice that clearly demonstrates the options available for the individual to manage and mitigate risk.
- 4.22 An answer may be the development of a coordinated case management/information sharing approach to the care of vulnerable people or people who engage in risky behaviours, who for whatever reason are not captured by current safeguarding processes. A recommendation will be made that the partnership considers the feasibility of such an initiative.

## 5 Conclusions

- William's murder could not have been predicted or prevented.
- Because of his kind and caring nature, William was susceptible to financial and emotional manipulation and abuse by the Female Perpetrator which was supported by the Male Perpetrator. There were no grounds to suspect he was in fear of being subjected to physical violence or abuse by her despite the two relatively minor incidents that are known to have taken place between them.
- The Female Perpetrator had been the victim of domestic violence and abuse for much of her life, both within her own family and from several men with whom she had formed relationships.
- The emotional triangle that developed between William, the Female Perpetrator and the Male Perpetrator was characterised by jealousy and distrust. The resultant disharmony was fueled by the perpetrators excessive use of hard drugs and alcohol.
- There is nothing to suggest that the lack of professional curiosity/routine enquiry that has been identified during this review had a direct bearing on the final outcome of this case.

## 6 Recommendations

The following recommendations are made:

### Generic:

- Consideration should be given to the development of an overarching training plan to ensure that staff are clear about how to recognise the basic signs and symptoms of domestic violence and abuse which agencies can then tailor or access according to service specific needs.
- The training should ensure all staff know how to routinely ask questions and record the answers about the potential for domestic violence and abuse when someone presents as a potential victim of it.
- The Kirklees Community Safety Partnership and Kirklees Safeguarding Adult Board's current and ongoing work on self-neglect should consider the feasibility of developing a coordinated case management/information sharing approach to the care of people who for whatever reason engage in risky behaviours that are not captured by other safeguarding processes. The Community Safety Partnership and the Kirklees Adults safeguarding Board are best placed to collaborate and facilitate discussion around this, with a view to agreeing and implementing a multi-agency protocol.
- Because of the significant problems within Kirklees of street sex-

workers, who through their lifestyles and who they engage with make themselves vulnerable to exploitation and violence, the Safeguarding Adult's Board in Kirklees should consider whether sex-workers should be identified as 'Adults at Risk' and therefore whether a multi-agency safeguarding response would be appropriate.

### **Agency specific:**

#### **Kirklees Neighbourhood Housing/Housing Solutions Service**

- That HSS ensure staff receive training in options available for people experiencing domestic abuse and refresher training is provided as appropriate, underpinning the existing guidance to support staff in identifying the most appropriate option, where domestic violence or abuse is disclosed or becomes evident.
- That HSS puts in place a quality assurance system to ensure that accurate case notes and records are maintained so that actions and interactions with customers are fully recorded.
- That KNH review and update their anti-social behavior policy and procedures which include reference to clear policies and procedures for KNH staff to follow around domestic abuse.
- That KNH look into enabling a system prompt to ensure that failed initial tenancy visits are followed up with further communication with the tenant, to ensure appropriate welfare checks are made as appropriate.

#### **Lifeline/Locala**

- To ensure that all keyworkers in Lifeline should have attended training refreshed every 3 years in domestic abuse, MARAC procedures and the use of the DASH risk assessment.
- To ensure that Locala clinicians and Lifeline staff have access to an up to date list of walk-in centres in Kirklees so they can identify when patients access NHS services as opposed to the services of their regular General Practitioner.
- That Lifeline's child safeguarding policies should make specific reference to MARAC procedures, where the procedures can be located and information about the role of the in-house nominated lead manager.

#### **Police**

- There are no case-specific recommendations as far as the police are concerned.

#### **SWEET**

- To strengthen the interface between SWEET and Safeguarding Adults so as to ensure that when a vulnerable adult is linked to a sex-worker, SWEET is informed.

**Comment:** *Non case-specific recommendations in respect of a cross-Kirklees multi-agency strategy on prostitution and the sex industry, the promotion of SWEET across adult social care and linked agencies and case management and risk assessment meetings will be made outside the scope of this review.*

### **SWYFT**

- To review the MARAC briefing training pack and make sure it includes the impact of domestic abuse on sex-workers and the relevance of referring cases to MARAC.
- To make sure that the MARAC briefing is delivered to Single Point of Access staff, Kirklees Community Mental Health Team, and the Supporting Peoples Team.

### **Kirklees Council SPA**

- To ensure that specific family related questions are asked at SPA and point of referral, such as: Who lives with you? Does anyone support you? What is important in your life? Do you care for anyone? Do you have child(ren) / extended family? Do you need support if you are in a parenting role?
- To ensure that managers and staff increase their knowledge and awareness around a 'Think Family' approach to develop strong working relationships across departments and agencies.
- To develop strategies for the management of referrals where the situation is complex or there is a risk of poor outcomes for children and parents.
- To develop new or adapt existing management information tools to ensure the quality and information gathered by SPA is fit for purpose.
- Update 'Think Family' training to raise awareness of the different groups who face domestic violence and abuse and how services can respond effectively.
- To review guidance as to when staff should discuss a case with a manager to obtain support and guidance with decision making.

### **Children's Social Care**

- There are no case-specific recommendations as far as CSC is

concerned.

## **CHFT**

- To ensure that all patients are routinely asked about domestic violence and abuse when triaged in accident and emergency departments and that appropriate and proportionate action is taken immediately. Where there is a history of patients leaving the department before being seen, an appropriate triage risk assessment should take place and that patients are seen promptly
- There should be an improvement in the recognition of adults at risk of abuse or neglect when they attend accident and emergency
- Where the patient has been the victim of an assault or sexual abuse, to ensure that safety risks and social support needs are assessed and that safety and support arrangements are in place prior to discharge from both accident and emergency and inpatient hospital wards
- To consider how CHFT can be more involved in multi-agency working with patients who have complex health and social care needs and who are difficult to engage with
- To raise awareness about male victims of domestic violence and abuse with accident and emergency service users and members of staff
- To ensure that mental capacity is assessed and the outcome recorded for all decisions where capacity is questioned in accident and emergency departments.