Domestic Homicide Review (DHR)

Safer North Tyneside Partnership

Overview Report into the death of ‘Ali’

July 2021

Julia Greig

Overview Report Author

Date: November 2023

Contents

Foreword – The Safer North Tyneside Partnership

Firstly, on behalf of the Safer North Tyneside Partnership, I offer my sincere condolences to Ali's family. I would like to thank Ali's family for their involvement in writing this report, their support for the review process and for giving us an insight into what Ali was like.

Ali was deeply loved by her family and is sorely missed. It is tragic that her two children will grow up without their loving Mam. It is crystal clear from her family's testimony, that Ali adored her two children. They continue to be loved and supported by their family who will make sure that Ali's memory is kept alive for them. They will read this report one day and the Partnership extends its condolences to them specifically.

The Partnership is very grateful to all agencies involved for being honest and transparent in their analysis of Ali's case. The agencies involved in the review have provided an enormous amount of information and I am grateful to the Panel members, the Chair of the review and to the Author of the report for telling Ali's story.

All of the learning points and recommendations we get from such reviews have one aim, which reflects one of our key ambitions in North Tyneside: to keep our loved ones safer in the future. It is clear that organisational improvements have been identified and are being implemented and we must continue to work together to effectively safeguard people from all forms of domestic abuse.

Ali struggled with her mental health, which made her particularly vulnerable to coercive control. Agencies must be able to identify vulnerabilities and explore through professional curiosity, whether this vulnerability is being, or could be, exploited by others.

Our hearts go out to Ali's children.

Councillor Karen Clark
Chair of Safer North Tyneside Partnership

Foreword – Chair and Author of the Review

This is a Domestic Homicide Review Report referring to the life and death of Ali.

I would like to begin by expressing my sincere sympathies, and that of the panel, to the family and friends of Ali and thank them for their engagement. This review has been undertaken in order that lessons can be identified to inform future responses to domestic abuse.

I would like to thank the panel and those that provided chronologies and individual management reviews for their time and co-operation.

Shona Priddey

Domestic Homicide Review Chair

Julia Greig

Domestic Homicide Review Author

Preface

> ‘So just putting this out there for everyone who’s believed [perpetrator’s] bullshit, saying all sorts about me and my parenting yet he’s dropped my children off to my friend and both saying they don’t wanna go back and don’t like him, I got out FOR my children, domestic violence team harbour and a lot of people helped me move away from him to the point I had to get an injunction because how vulgar he was towards me, I lived years of hell and tried to leave so many times but got threatened each time if I left he would kill himself and that would be on me, I have all the messages and videos of what he’s done to me and my children even to when he smashed a glass in my face, he cancelled his contact numerous times and brung them back before there expected time many times, had drug dealers at my door and hid behind my children, took my children’s money for birthdays a Christmas and used it against me, had enough now, I offer him threw third party to see his child every other day and he’s too busy or at work, then verbally abuses the third party, I want my kids to see there dad but I’m not prepared for this stress anymore’

Facebook post by Ali, March 2021 [shared with the Chair by Ali’s mother]

In paying tribute to Ali her parents said:

> Ali was born in 1996; she was born with jet black hair and a white Mallen streak through the top of her hair. She never hardly slept as a baby and as she grew as a toddler, she never slept much then either. But she was a bubbly child, always playful, everyone loved her.
>
> She would sing at the top of her voice every minute of the day and when she was old enough, she entered Britain’s Got Talent. We waited outside in the queues for hours and when she finally did get in nothing would come out of her mouth, her voice had packed up but she did say she would be back.
>
> As she was growing up everybody loved Ali, her family, her friends; she was very popular at school.

She entered a school singing competition with her brother. Her brother practiced for months but Ali was so confident she never went to practice. When the day arrived, Ali came in first place, her brother came second.

She loved playing out with friends and when she grew into a young adult she had a heart of gold, she would help anyone, that’s the way Ali was.

When Ali found out she was pregnant with her first child she put in for her own flat and she eventually got one and she loved it. She was so happy when she had her child, her whole life changed, she was a brilliant mother, very protective over her child as the father didn’t want to know, and she loved him with all her heart.

She always loved a bit of clothes shopping with her mam and loved going on day trips and small holidays with her family.

1. Introduction

1.1 This report of a domestic homicide review (DHR) examines agency responses and support given to Ali, a resident of North Tyneside, prior to her death in July 2021.

1.2 In addition to agency involvement the review will also examine the past to identify any relevant background or trail of abuse before the suicide, whether support was accessed within the community and whether there were any barriers to accessing support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer.

1.3 The review considers agencies contact and involvement with Ali from August 2017 to the date when Ali died in July 2021. The Panel agreed that this period reflected the issues identified through scoping and contact with agencies in respect of these.

1.4 The key purpose for undertaking DHRs is to enable lessons to be learned from homicides and suicides where a person is killed or died as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in each homicide and suicide, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future.

1.5 Every effort has been made to conduct this review process with an open mindset and to avoid hindsight bias. Those leading the review have sought the views of family members and made every attempt to manage the process with compassion and sensitivity.

2. Timescales

2.1 In late July 2021, a discussion took place with North Tyneside Council's DHR single point of contact (SPOC) and Adult Social Care about Ali's death. A discussion had also taken place with Adult Social Care and Northumbria Healthcare NHS Trust regarding whether the case met Safeguarding Adults Review (SAR) criteria or whether the case met DHR criteria, given prior Multi-Agency Risk Assessment Conference (MARAC) referrals.

2.2 The DHR SPOC arranged a multi-agency DHR Core Group to assess the case against criteria and wrote to partners, asking them to secure their records. The DHR Core Group met on 16th September 2021 and unanimously agreed that the case met DHR criteria.

2.3 The DHR SPOC also arranged to visit the family to discuss DHR criteria with them and this initial meeting took place on 21st October 2021. Information regarding Advocacy After Fatal Domestic Abuse (AAFDA) support was provided electronically to the family following the meeting.

2.4 The DHR SPOC began the commissioning process and appointed Shona Priddey as Independent Chair of the review, with a contract in place in mid-December 2021. AAFDA kindly assisted in the search for an Independent Author in January 2022 and Julia Greig was appointed, with a contract in place in early April 2022.

2.5 The first Panel meeting took place on 28th January 2022 where agencies were asked to provide chronologies ahead of full Individual Management Review (IMR) to assist with the formulation of the Terms of Reference. An IMR Author Session was held on 11th March 2022 and agencies were asked to submit IMR's by 15th April 2022.

2.6 The Panel met on three further occasions and agreed the final Overview report on 13th February 2023.

2.7 On 6th March, the Safer North Tyneside Board met and approved the report for submission to the Home Office.

2.8 On 24th March members of the Panel undertook training on the 8 Stage Homicide and Suicide Timelines with Professor Jane Monckton-Smith and Sue Haile. The training provided a unique opportunity to work through the new 8 Stage Suicide Timeline in relation to Ali's case.

2.9 Members of the Safer North Tyneside Board agreed that this learning opportunity should not be missed and commissioned an addendum to the report to reflect any learning from the 8-stage suicide timeline. This was completed in May 2023.

2.10 Liaison took place between the Council's DHR Single Point Of Contact (SPOC) and the Coroner regarding the status of the DHR overview report and the Coroner listed Ali's Inquest for late July 2023 and received a copy of the draft report for her consideration.

2.11 The inquest took place in July 2023 and the action plan was drafted in August 2023 and agreed in October 2023 by the Panel.

2.12 Advice was sought from the Council's Information Governance Team, the Author and Chair about a contravention of the Sexual Offences Act once this was identified in the report. This was resolved with amendments to the report made in December 2023.

2.13 The Action plan was drafted in December 2023 and agreed in March 2024 following some structural changes to the Domestic Abuse Service within the Public Health team.

3. Confidentiality

3.1 The findings of each review are confidential. Information is available only to participating officers/professionals and their line managers.

3.2 Confidentiality has been maintained through the use of a pseudonym for the victim. Whilst the family wished for the victim's real name to be used, as they did not want their daughter to lose her identity or her story, further advice was sought from North Tyneside Council's Information Governance Team. Information Governance were concerned that the perpetrator and the children could be identified and named locally. There was also considered to be a risk around future legal proceedings, including the coroner's inquest and family court proceedings. Feedback was also sought from the panel who concurred with the concerns raised by Information Governance.

3.3 Further discussion was undertaken with the family and a number of options explored. As a result, the family chose the pseudonym 'Ali.'

3.4 The children are referred to as Child 1 and Child 2. The perpetrator has been referred to as the 'perpetrator,' at the family's request.

4. Terms of Reference

4.1 Statutory Guidance (Section 2.7) states the purpose of the DHR Review 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 on, and what is expected to change as a result;
- Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;
- Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a coordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;
- Contribute to a better understanding of the nature of domestic violence and abuse;
- Highlight good practice.

4.2 Specific terms of reference set for this review:

- Was Ali able to access the help and support needed to improve her physical and mental wellbeing? Was that support enough considering the disclosures of Domestic Abuse and Violence?
- Did agencies recognise the abuse by the perpetrator? If so, did they take the appropriate steps to support and intervene where they could have?
- Did child contact facilitate further control in this case?
- Did agencies share information and if they did, what did they share?
- Did any agency join the dots? If they did was it done correctly and in a timely manner? What more could have been done by agencies?
- Was there a history of abusive behaviour towards Ali and was this known to any agencies?
- Was there a history of mental health problems for Ali and if so, was this known to agencies or multi agency forums?

- Were family or friends aware of any abusive behaviour to Ali prior to her death? Did family or friends experience any barriers in reporting abuse? Did agencies communicate effectively with the family and friends?
- Could improvement in any of the following have led to a different outcome: Communication and information sharing between services; Information sharing between agencies regarding the safeguarding of adults; Communication within services; Communication and publicity to the general public and unknown specialist services about the nature and prevalence of domestic abuse and available local specialist services.
- Was the work undertaken by services in this case consistent with each organisations professional standards and any domestic abuse policy procedures and protocols?
- Has any learning already been identified? If so, has anything been implemented since Ali's death?
- Does your agency have policies and procedures in place for identifying domestic abuse, training, management, and supervision, working in partnership with other agencies and resources?
- Identify good practice where responses may have been over and above the required standards.
- Was consideration given to any equality and diversity issues that are pertinent to the victim and alleged perpetrator, e.g., age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

5. Methodology

5.1 The method for conducting DHR's is prescribed by the Home Office Guidelines. These guidelines state: "Reviews should illuminate the past to make the future safer and it follows therefore that reviews should be professionally curious, find the trail of abuse and identify which agencies had contact with the victim, perpetrator or family and which agencies were in contact with each other. From this position, appropriate solutions can be recommended to help recognise abuse and either signpost victims to suitable support or design safer interventions."

5.2 Following the decision to undertake the review, all agencies were asked to check their records about any interaction with Ali. Where it was established that there had been contact all agencies promptly secured all relevant documents, and those who could make an appropriate contribution were invited to become panel members. Agencies that were deemed to have relevant contact were then asked to provide an IMR and a chronology detailing the specific nature of that contact.

5.3 The aim of the IMR is to look openly and critically at individual and organisational practice to see whether the case indicates that changes could or should be made to agency policies and practice. Where changes were required then each IMR also identified how those changes would be implemented.

5.4 Each agency's IMR covered details of their interactions with Ali, and whether they had followed internal procedures. Where appropriate the report writers made recommendations relevant to their own agencies and prepared action plans to address them. Participating agencies were advised to ensure their actions were taken to address lessons learnt as early as possible. As part of this process IMR authors, where appropriate, interviewed the relevant staff from their agencies.

5.5 The findings from the IMR reports were endorsed and quality assured by senior officers within the respective organisations who commissioned the report and who are responsible for ensuring that the recommendations within the IMRs are implemented.

5.6 On request from the independent chair, some authors provided additional information to clarify issues raised individually and collectively within the IMRs. Contact was made directly with those agencies outside of the formal panel meetings.

5.7 Those agencies who provided IMR's or summary reports are detailed within section 7 of this report.

6. Involvement of Family, Friends, Work Colleagues, Neighbours and Wider Community

6.1 Ali's family have been involved throughout the review process and have been represented in the main by Ali's mother and father, with support from an advocate. Her mother and aunt have attended panel meetings and had regular opportunities to

meet and converse with the Chair outside of these. The Review Author also met with Ali's mother and father.

6.2 The Review Chair has also had direct contact with Ali's friend and work colleague, and her aunt and has had the opportunity to obtain third hand information from Ali's sister. The Chair has also had contact with the perpetrator.

6.3 The Panel considered whether it was appropriate to involve the children in the review. Many factors would usually be considered in this decision, such as their ages (when the review considered this, they were 5 and 3 years old), their current living situation and the risk of further traumatising such young children. The DHR SPOC agreed to undertake a risk assessment and present a view to Panel. The children still live with the perpetrator (and his new family) and the overriding issue was that involving them in the review would therefore require the perpetrators permission. Not only was he unlikely to agree to this, but there was also a concern that this might jeopardise an ongoing matter in the family court where the children's maternal grandparents were seeking formal access arrangements to provide an ongoing protective factor for the children. The maternal grandparents worried it would serve as a disincentive for the perpetrator to cooperate and comply with the children's visits while the court process took place. They have been tenacious in their attempt to gain formal access to the children via a court order. It has been unclear to the Panel and the DHR SPOC (and to the children's Grandparents) as to what, if any, bereavement support the children have had and whether any other professionals were engaged with the children at various points since their mother's death. Without an understanding of this the DHR SPOC could not assess the risk of further traumatising the children even if permission was granted by the perpetrator. This was a complex issue for the Panel and Safer North Tyneside Partnership to navigate and advice was sought from the Domestic Abuse Commissioner, Nicole Jacobs, at a meeting on 19th December as to how this review might make recommendations for future cases where family court processes are involved.

6.4 The views of those who knew Ali are provided in the Overview section of this report.

6.5 Ali's mother and father were provided with a draft of the Overview report for comment.

7. Contributors to the Review

7.1 The agencies that have contributed to this review are as follows:

- North Tyneside Council (NTC) Adult Social Care - IMR
- NTC Housing - IMR
- NTC Children's Services - IMR
- NTC 0-19 Service (Health Visitors) - IMR
- North Tyneside Clinical Commissioning Group (now North East and North Cumbria Integrated Care Board) - IMR
- Cumbria Northumberland, Tyne and Wear NHS Foundation Trust - IMR
- Northumbria Police - IMR
- Northumbria Healthcare NHS Trust - IMR
- Harbour – IMR

7.2 IMR authors were independent with no direct involvement in the case, or line management responsibility for any of those involved.

8. The Review Panel Members

8.1 The DHR panel members were as follows:

Name	Role	Agency
Lindsey Ojomo	Resilience and Community Safety Manager	North Tyneside Council – Public Health
Shona Priddey	Independent Reviewer – DHR Chair	Independent
Julia Greig	Independent Reviewer – DHR Author	Independent
Trish Grant	Deputy Designated Nurse Safeguarding children and Lead Nurse Safeguarding Adults	North Tyneside Clinical Commissioning Group
Sheona Duffy	Acting Team Manager Safeguarding and Public Protection / Named Nurse Safeguarding	Cumbria Northumberland, Tyne and Wear NHS Foundation Trust
Jackie Butson	Advanced Customer Support Senior Leader	Department for Work and Pensions

Lesley Hill	Preventions Worker	Harbour
Paula Shandran	Associate Director of Professional Standards and Safeguarding	Northumbria Healthcare NHS Trust
James Killgallon	Safeguarding Adult Advisor	North-East Ambulance Service (NEAS)
Mel Baxendale Kelly Hindhaugh	Safeguarding Nurse Lead Safeguarding Nurse Lead	North Tyneside Council 0-19 service
Ellie Anderson	Assistant Director, Business & Quality Assurance	North Tyneside Council – Adult Social Care
Abby Waites	Senior Manager Social Care Practice	North Tyneside Council – Children's Services
Ian Callaghan	Detective Inspector - Strategic Innovation Partnership Safeguarding	Northumbria Police
Liz Archer	Head of Housing Operations	Housing, North Tyneside Council
Sue Pearce	Chief Executive Officer	Rape Crisis Tyneside and Northumberland

8.2 Independence and impartiality are fundamental principles of delivering DHR and the impartiality of the independent chair and report author and panel members is essential in delivering a process and report that is legitimate and credible. None of the panel members, had direct involvement in the case, or had line management responsibility for any of the practitioners involved.

9. Chair and Author of the DHR and Overview Report

9.1 The Safer North Tyneside Partnership appointed Shona Priddey to Chair the DHR. Shona acts as an independent Chair and Author for DHR's. Her background is within the Criminal Justice System both academically and professionally. She is a justice of the peace in both Criminal and Family courts and holds the position of trustee for the domestic abuse charity 'Stand Up To Domestic Abuse'. Shona is independent of all the agencies involved in this case and has never worked in North Tyneside or for any of its agencies.

9.2 Julia Greig was appointed to author the Overview Report. She is a registered social worker and has extensive social work experience in statutory and independent sectors working with adults. She has completed the Home Office approved course for Domestic Homicide Review Authors provided by AAFDA and is an accredited reviewer using the Serious Incident Learning Process. Julia is independent of all the agencies involved in this case, she has never worked in North Tyneside or for any of its agencies.

10. Parallel Reviews

10.1 The Coronial process is now complete. A Pre-Inquest Review was held in early February 2023. A draft report was shared with His Majesty's Coroner in advance of the Pre-Inquest Review with a caveat that it must not be allowed to enter the public domain before the Home Office has ratified the report. The inquest took place in late July. Ms Georgina Nolan, His Majesty's Senior Coroner heard the case.

10.2 In her findings under Section 5 of the Coroners and Justice Act 2009, Ms Nolan highlighted several impacts of the abuse that Ali suffered with her ex-partner to the court:

1) *They lived together when **child 2*** was born but that relationship rapidly turned toxic and became one of emotional abuse. In February 2021, the court made a non-molestation order against her **ex-partner*** but that order was repeatedly breached and **ex-partner*** sent messages to **the deceased*** that were abusive and hurtful. Many of the messages related to contact between him and the children and they included threats that the care of her children would be taken away from **the deceased*.***

2) *The relationship **the deceased*** had with her ex-partner was one of control and abuse in which her vulnerability was exploited. At times threats were made to deny **the deceased*** access to her children and this caused **the deceased*** extreme distress, as evidenced in the escalation of self-harming behaviour which mental health professionals witnessed in **the deceased*** during her stay at St George's Hospital. The nature of that*

*relationship significantly contributed to the acute deterioration in mental health that **the deceased*** experienced and sadly was unable to overcome.*

10.3 Ms Nolan recorded in Box 3 of the Record of Inquest:

*'**The deceased*** was 25. She suffered from emotionally unstable personality disorder with associated mood disorder and suicidal ideation. She had a history of suicide attempts and self-harm. Her self-harming behaviours escalated when she received abusive messages from her ex-partner. The **deceased*** was admitted to St George's Park hospital on 30th May 2021 suffering injury from self-harm and suicidal thoughts. She was detained under the Mental Health Act and received treatment in hospital before being discharged home on 28th June 2021. On **date of death redacted***, at her home address ***redacted*** and whilst significantly intoxicated she placed a ligature around her neck from a bunkbed which led to her death there that day.'*

10.4 Ms Nolan recorded a narrative verdict in Box 4 of the Record of Inquest:

'The deceased took her own life whilst under the influence of alcohol having suffered an acute deterioration in her mental health condition.'

names, dates and address all redacted to protect anonymity

10 Equality And Diversity

11.1 The nine protected characteristics in the Equality Act 2010 were assessed for relevance to the Review.

11.2 Ali was a twenty-five-year-old white British woman, during the scoping period of this review she was pregnant, followed by a period of maternity. Ali also suffered with her mental health. The perpetrator was a twenty-five-year-old white British man and is believed to have used illicit drugs. According to an annual review of DHRs[1], eighty percent of victims are female and eighty-three percent of perpetrators were male, for 73% of the victims the perpetrator was a partner or ex-partner. Of the 124 DHRs considered there were dependent children in 52% of the households.

[1] DHRs_Review_2019-2020_Report_Final_Draft.pdf

11.3 With regards to vulnerabilities, such as mental ill-health, problem alcohol use and illicit drug use, sixty-one percent of victims had a vulnerability, with 34% experiencing mental ill-health. For 26% of those with a mental health vulnerability this was depression, and 16% had suicidal thoughts.

11.4 In consideration of the nine protected characteristics there is no direct evidence that these negatively affected Ali's access to services. However, her role as a parent may have affected access in terms of her availability to engage. Ali's mental health may have also affected access and the response she received from services, as the focus was upon her mental health and there were indications that Ali was fearful to disclose the full effect of her mental health for fear of losing her children.

12. Dissemination

12.1 In accordance with Home Office guidance all agencies and the family of Ali are aware that the final Overview Report will be published. IMR reports will not be made publicly available. Although key issues if identified will be shared with specific organisations the Overview Report will not be disseminated until clearance has been received from the Home Office Quality Assurance Group. The Overview Report will be shared with the local Police and Crime Commissioner and the Domestic Abuse Commissioner.

12.2 The content of the Overview Report has been suitably anonymised to protect the identity of the female who died and relevant family members. The Overview Report will be produced in a format that is suitable for publication with any suggested redactions before publication.

13. Background Information (The Facts)

13.1 Ali lived in a council flat in North Tyneside with her two children. At the time of her death she was 25 years old, her children were five and three years of age. The perpetrator was also 25 years old.

13.2 Ali was found deceased at home by her father on a day in July 2021. The police were contacted, and an ambulance was dispatched. Ambulance crew confirmed her

death at 13:11; Ali had died by hanging. Text messages on Ali's phone indicated a fear of fighting alcoholism. Services were notified of Ali's death. The perpetrator notified children's services the following morning; he stated that Ali had died two days ago, in the evening. It is not known how the perpetrator came to know about Ali's death and what date she had died on.

13.3 Within a few weeks of Ali's death, the perpetrator moved, with both children, to another local authority area and the children moved school. The perpetrator quickly established a new relationship and the couple now have a child together. Ali's mother has had a family court case, alongside the DHR process being undertaken, in order to gain and formalise consistent access to the children.

13.4 Home Office guidance states, "Where a victim took their own life (suicide) and the circumstances give rise to concern, for example it emerges that there was coercive controlling behaviour in the relationship, a review should be undertaken, even if a suspect is not charged with an offence or they are tried and acquitted. Reviews are not about who is culpable." In the initial DHR Core Group on 16th September 2021, agencies shared what was known about the circumstances of this case. The Panel agreed unanimously that there was enough evidence of coercive controlling behaviour to meet the DHR criteria.

14. Chronology

2017

14.1 In November Ali fell pregnant with Child 2, the perpetrator being the father. Ali was seen by the Community Midwife who noted that she was waiting for mental health assessment. Ali was assessed as high risk. Ali described her relationship with the perpetrator as 'friends with benefits' and said that he was supportive.

14.2 During 2017 Ali had contact with her GP practice on approximately eleven occasions for both her mental and physical health including treatment for two urinary tract infections (UTIs).

2018

14.3 In January Ali informed children's social care that she was 8 months pregnant with the perpetrators' child. A Single Assessment was completed and identified that Ali

had experienced low mood for a number of years, and that Talking Therapies and medication had not helped. Both Ali and the perpetrator were observed to interact positively with Child 1 and speak positively about the pregnancy. No issues of domestic abuse were identified. Children's services completed the Single Assessment in April, they identified no ongoing role and therefore ended their involvement.

14.4 During routine antenatal contact with the health visitor Ali reported domestic abuse from Child 1's father but confirmed she no longer had contact with him. No other disclosures were made.

14.5 Ali gave birth to Child 2 on the 1st July. Three weeks later, Ali saw her GP. Ali said she was happy but struggled to sleep when her mood was elated. She had been previously referred to the Community Mental Health Team (CMHT) who had requested more information from the GP regarding mood and presentation. Mood diaries were sent to Ali for completion however they were not returned and the referral was subsequently closed. Ali was keen for another referral which was completed by the GP on the 23rd July.

14.6 Cumbria Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) saw Ali in August. A Bipolar disorder diagnosis was discounted, concluding emotional instability was likely. No mental health problems were identified but further review was agreed.

14.7 The Health Visitor visited Ali on two occasions in August. On neither occasion did she share any concerns about her mental health or domestic abuse.

14.8 On the 30th August Ali reported during a medical review with the Perinatal Team that she had not previously shared the extent of her mental health problems and self-harm ideation for fear of Social Services involvement. She was prescribed antidepressants.

14.9 At some time in 2018 Ali made a housing application because she lived with young children in an upstairs flat with no lift. The priority on the application was reduced in October due to rent arrears and the application was closed in July due to rent arrears of £972.40.

14.10 Ali cancelled two medical reviews in November and December and did not attend one in November. Her non-attendance was followed up with her. She confirmed she had stopped taking her medication.

14.11 In November Ali requested sterilisation. The referral was rejected by gynaecological services on the basis that they did not offer sterilisation to those under thirty years of age.

14.12 In December Ali's changed GP surgery to Surgery B and she was seen for a new patient screening. It was reported that Ali changed surgeries as she did not feel listened to at the former surgery.

14.13 During 2018 Ali had contact with Surgery A on approximately thirty-three occasions and Surgery B on two occasions for both her physical and mental health, including five UTIs and an injury of bruised ribs, back, bottom and leg sustained when Ali reported that she had slipped down a few stairs.

2019

14.14 Ali attended a review in January with the Perinatal Community Mental Health Team (PCMHT). She reported no benefit from antidepressants[2] after one month, so discontinued medication against advice. CNTW recommended group attendance for emotional instability, but she declined. Peer Support Worker intervention was offered to support with anxiety. Ali reported drinking 2-3 energy drinks a day but no alcohol. She reported no self-harm or suicidal thoughts. Ali disclosed being raped as a teenager by an unknown individual. Ali was advised to cut down energy drinks. Counselling for the sexual assault was agreed.

14.15 Between February and July Ali had multiple appointments with a peer support worker, looking at anxiety management and developing a Wellness Recovery action Plan. Ali was offered Dialectal Behavioural Therapy (DBT) but she did not attend the group sessions.

14.16 In late May Ali reported to police that her ex-partner (the perpetrator) had taken Child 1 out and was refusing to return him. A further call was received 30 minutes later reporting that the perpetrator's aunt had returned the child. It was established there

[2] Sertraline 50mg

had been a verbal argument over child access, with the perpetrator refusing to return Child 1 until Child 2 was in his care. No offences were disclosed. Ali was assessed as standard risk. A Child Concern Notification (CCN) was raised, with Police stating that the children were being used as “bargaining chips.” The CCN was triaged by the Multi-agency Safeguarding Hub (MASH) and it was agreed that the health visitor would follow up.

14.17 Ali made a further housing application in September on the basis of her property being too small.

14.18 In September Ali attended a review with Perinatal Services. Ali denied self-harm or suicidal ideation and she was discharged from CNTW. CNTW provided advice around contact with services, crisis, and contingency. Advice was also given about reducing her alcohol intake and a referral to North Tyneside Recovery Partnership (NTRP) was declined by Ali. Ali was not happy about her discharge from mental health service, she told her GP that her mental health was not good, and that she needed help.

14.19 Also in September Ali reported to a surgery nurse that she had been made redundant. She said her mental health issues dated back to childhood, she was having suicidal thoughts and felt let down by PCMHT who had given her sleeping tablets. Reports stated that Ali was drinking a bottle of wine daily, more if she was feeling stressed. She said she had some support from her ex-partner, who was not living with her and her children. She also reported to her GP a difficult relationship with her ex-partner and arguments over nursery fees.

14.20 On the 28th October Ali contacted 999 reporting intent to suicide. Ali had attempted an overdose but was stopped by the perpetrator, she then cut her wrists. Ali left her property and said she still intended to suicide. The children were in the property. An ambulance was dispatched, and she was transported to A&E. Safeguarding Referrals were submitted to Adult Social Care in relation to Ali and her two children.

14.21 In the Emergency Department Ali was assessed by the psychiatric liaison team, it was recorded that an argument with her ex-partner led to self-harm and threats to overdose. Ali’s relationship with the perpetrator was discussed with her and she denied any abuse. No specific stressors were noted and her role as a mother, and her desire to support her children, were considered to be a protective factor. Ali said

if she left hospital without more support, she would end up dead as she would jump off a bridge. However, she declined many offers of help and could not say what help she did want. She accepted home treatment. A referral to NTRP for alcohol use discussed, but she declined. Ali was referred to Talking Therapies, the referral was declined and a referral to the Community Treatment Team (CTT) was suggested.

14.22 In respect of adult social care, Ali's case was passed to the duty team and overseen by a Social Worker. The duty team checked that Ali had been seen by psychiatry. As there were no obvious adult social care needs, the case was closed.

14.23 Following receipt of a referral by children's services MASH it was recorded that Ali overdosed following drinking alcohol and had cut her wrists, and the children were both in the home. Ali told MASH workers that she had support from her mother, the perpetrator, and his parents in relation to the children. MASH checks were completed. No recorded domestic abuse or services involved in relation to domestic abuse were noted. MASH agreed that support would be offered from Early Help.

14.24 Ali had contact with the health visitor on five occasions (four in person home visits). The perpetrator was present during at least one of these visits. During a visit in November she reported that her ex-partner was harassing her and he lived over the street. Ali reported this is why she attempted to take her life. In response a housing support letter was provided by the health visitor.

14.25 From the 31st October to the 18th November Ali received home based treatment visits, during which, she reported derogatory texts from the perpetrator and his withdrawal of support with childcare. A self-referral to Harbour was suggested.

14.26 On the 13th November Ali's housing application was closed as she had not responded within the time limit.

14.27 On the 20th November children's services MASH received contact from a Community Wellbeing Officer stating that Ali was being harassed by phone by her ex-partner. No role was identified for Early Help or children's services although a letter of support was sent to Ali.

14.28 On the 23rd November Ali was transported to A&E following a 999-call reporting haematemesis (vomiting blood) and chest pain.

14.29 Ali saw her GP surgery on ten occasions during 2019 due to injuries and pain as a result of various falls and an assault by unknown persons at the local pub in March. She also attended for postnatal depression and to request sterilisation, which was declined. In June she reported experiencing panic attacks and in August reported post coital bleeding and abdominal pain for which she attended the Accident and Emergency Department.

2020

14.30 On the 5th April Ali reported to police that the perpetrator had become aggressive towards her on her return home. She had managed to get him to leave; however, he was sending abusive texts to her. On speaking to Ali it was established that this had been a verbal argument and the text messages were about childcare. The police recorded that no offences were disclosed. Ali was assessed as a standard risk. A CCN was raised as the children had been present. This was triaged in MASH and passed to early help support to follow up.

14.31 On the 27th April, an ambulance was called to Ali's address as Child 1 was unwell. The ambulance crew reported a strong smell of cannabis at the property. The ambulance service referred to MASH and a CCN was submitted to children's services.

14.32 Children's services spoke to Ali who reported that the perpetrator had been living with her during lockdown and that he had used cannabis. MASH checks were completed given that this was the third contact in six months. As there were no reported concerns from other agencies and the threshold for Children's Services involvement was not met, support was to be offered via Early Help. The information was shared with CNTW with the additional information that the perpetrator had been present, who reported the smell was from a small bag in his possession. No further action was taken as Ali was not open to CNTW. The school were made aware through Operation Encompass[3].

14.33 On the 5th May the 0-19 service received a telephone call from the Health Visitor regarding the recent CCN. Ali confirmed that she would not allow the perpetrator in

[3] Operation Encompass ensures that there is a simple telephone call or notification to a school's trained Designated Safeguarding Lead /Officer (known as key Adult) prior to the start of the next school day after an incident of police attended domestic abuse where there are children related to either of the adult parties involved.

the home if he was under the influence of drugs or alcohol. She reported no concerns around her health needs or the children's and was happy to contact the health visiting team if there are any worries or advice needed.

14.34 On the 30th August Ali reported to police that she had had an argument with the perpetrator, and he had hit her with a glass before leaving with her house key and her son's mobile phone. On police attendance Ali refused to support a prosecution or make a statement. Ali further disclosed that during their relationship, the perpetrator had been controlling and jealous, had threatened to take the children from her and had pinned her against the wall by her throat. Ali told Police that he used cannabis and was in a lot of debt. The council was contacted in order to change the locks. A crime report was raised and finalised as undetected as Ali refused to make a complaint. Ali was assessed as medium risk. A CCN was raised as the children had been present. This was triaged in MASH and passed to the allocated social worker.

14.35 On the 1st September, the CCN was followed up by a Staff Nurse in the 0-19 public health team. Ali reported that she was receiving good support from the police and had been referred to Harbour. She also reported wanting to move home. The MASH team were unable to contact Ali and therefore a letter of support was sent but no further Children's Services action taken. The school were made aware through Operation Encompass.

14.36 On the 8th September Ali presented to Housing Advice Team (homelessness service), due to domestic violence. She reported the incident that had occurred the previous week and that she did not want to press charges for fear of repercussions. Ali advised there had been previous incidents that were reported to police. Housing referred to their Domestic Abuse Officer. The referral was not accepted by the Domestic Abuse Officer as it was identified that Ali had been referred to MARAC.

14.37 Two days later Ali reported to housing that she had rent arrears of more than £2000 and despite a repayment plan was unable to make payments as the perpetrator was taking money from her. Ali said that he would no longer need to look after children when she was at work as both children were now at school. She said that she has a personality disorder but no medication or support. A Domestic Abuse Stalking and Harassment Risk Indictor Checklist (DASH) was completed and a plan was agreed with her.

14.38 On 14th September Harbour received a referral for Ali from Northumbria Police. Contact with Ali was attempted on four occasions, but she did not answer her phone. In line with Harbour's procedures, the referrer was contacted by email to inform them of the outcome and to say if Ali wished to proceed, she still could. At this point, the case was closed.

14.39 On the 16th September housing had a telephone conversation with police to confirm domestic abuse incident. Housing reported that Ali was in rent arrears as she had to give money to the perpetrator. Ali had disclosed that the perpetrator often got angry, shouting at her so it was easiest to give him money. The Police spoke with Ali. She stated that the perpetrator had often threatened self-harm and suicide, and used cannabis, this usually occurred following an argument. Ali did not report any offences and the log was closed as a domestic violence incident only. Previous incidents from last year were shared by the police with housing and that Ali had been identified as medium risk.

14.40 Police assessed AI as medium risk. An Adult Concern Notification (ACN) was raised for the perpetrator however this was not shared as no consent had been provided and so was recorded for information purposes only. A CCN was raised and triaged in MASH.

14.41 Children's Services received the CCN on the 22nd September. Children's Services spoke to Ali, MASH checks were completed, and the school was made aware through Operation Encompass.[4] Ali said she was frightened of the perpetrator and was tired of arguments so gave in to his requests. She said that she was dependent on him for childcare. The contact progressed to an Assessment. The MASH information was also shared with CNTW although Ali was not open to them.

14.42 On the 28th September Ali requested advice from the police regarding her financial situation. She stated that she had in the past given money to the perpetrator which he had repaid; however, in recent months he had borrowed £300 and was refusing to pay the last £50 back. This resulted in her struggling to pay the bills. She was advised that the recovery of money was a civil matter. A Domestic Violence Notice

[4] Operation Encompass connects police and schools to support children affected by domestic abuse. When police attend a domestic abuse incident, they notify the child's school before the start of the next school day. This allows the school to provide immediate support and intervention tailored to the child's needs.

(DVN) was raised, and Ali was assessed as standard risk. A CCN was raised and triaged in MASH. This was passed to the allocated social worker.

14.43 On the 29th September, the health visitor phoned Ali. Ali said she understood the emotional impact of domestic abuse may be having on the children. The health visitor advised Ali that Harbour could support her with a non-molestation order[5]. Ali reported that she would not allow the perpetrator in the family home as he was behaving in a way that worried her and that his behaviour had become a lot worse during lockdown. Ali agreed to a safety plan that included: she would allow the perpetrator to have contact with the children but not in her home as previously he would not leave her home; she would not lend the perpetrator any more money as this has had a financial negative impact on her finances; she would call the police if she felt frightened as a result of the perpetrator's behaviour.

14.44 Between 23rd September and 23rd November Children's Services completed a Single Assessment. Children's Services noted that Ali always responded appropriately to any issues with the perpetrator by contacting the Police, and this was the agreed safety plan going forwards. Other professionals (School/ nursery/ health visitor/ housing) were contacted during the assessment. Harbour support was discussed with Ali, but she stated she did not feel she needed this support. The Single Assessment did not identify any ongoing role for Children's Services and the case was closed.

14.45 In October, the housing team arranged for Ali to be registered for rehousing, but ineligible to bid due to rent arrears of £2,652.48. AI was to be considered for a property via the 'direct let' process, due to domestic abuse.

14.46 On the 10th November, an incomplete 999 call was received with no request for service. The call was traced to Ali. When Ali was spoken to, she disclosed a verbal argument with the perpetrator. She stated that she believed he had mentally and

[5] A non-molestation order is typically issued to prohibit an abuser from using or threatening physical violence, intimidating, harassing, pestering, or communicating with the victim. An order could prevent the abuser coming within a certain distance of the victim, their home address or attending their place of work. An order will also prevent an abuser from instructing or encouraging others to do any of those actions. A non-molestation order can protect a victim against behaviour that by itself may not be a criminal offence or in situations where the police have responded to a 999 call but then taken the view that there is insufficient evidence to charge the abuser with a criminal offence such as assault. With a non-molestation order in place, the police can arrest the abuser for the offence of breaching that order. A non-molestation order is usually granted for six to 12 months, although in certain circumstances, it could be granted for a longer period. An order can also be extended.

financially abused her and no longer wanted contact. Safety advice was given and support referral offered. A DVN was raised and Ali was assessed as medium risk. A CCN was raised and triaged in MASH and passed to the allocated social worker. The CCN identified concerns regarding child contact arrangements and suggested Children's Services provide support to Ali to protect her but also queried the suitability of the perpetrator to look after the children.

14.47 On the 12th November, a home visit was carried out by the health visitor. No concerns were noted with regards the children. Ali reported that the Social Worker has just visited and started an assessment. She said she was struggling financially and was in significant arrears for Child 2's nursery fees, and therefore no longer attends. Ali had suffered financial hardship due to covid-19 and her working hours being reduced. She said she was really struggling with the perpetrator as he wants to be in a relationship with her and she does not want this as he is very controlling and described him as horrible. Ali said he cares for Child 2 when she is working but will not leave the home when she returns from work. Ali said she had accepted a referral to Harbour.

14.48 On the 30th November Ali requested an advance from the Department for Work and Pensions (DWP) which was declined. On the 10th December, the health visitor obtained Save the Children funding for £120 Argos and £30 Asda vouchers.

14.49 On the 18th December DWP completed a Commitments Review. Ali's employer had terminated her employment and she reported she was proactively looking for work. Ali was advised to record details of her job applications on her Universal Credit account.

14.50 In 2020 Ali had fifteen consultations with GPs and nurses at her surgery. Reasons related to both her mental and physical health including, request for sterilisation (which was declined), musculoskeletal pain, heavy bleeding and abdominal pain, UTI, and anxiety, thoughts of self-harm and intrusive thoughts. Ali further disclosed panic attacks if touched and gave an example of the perpetrator cuddling her, she said that despite this she did not experience anxiety when hugging her children. In December, the GP referred Ali to the Community Treatment Team (CTT) for negative intrusive ideas of self- harm.

2021

14.51 On the 17th January Ali reported to police that the perpetrator was refusing to leave her home. He could be heard shouting in the background, stating that if he was arrested the children should not be left with Ali as she was drunk. On attendance this was confirmed as a verbal only incident initiated on the basis that Ali and the children were moving house and she would not give the perpetrator the new address. Ali was observed to be sober. The perpetrator was taken home by officers. Ali was assessed as high risk by the attending officer due to more than fourteen ticks on the DASH. Further clarification and context were sought from the officer to assist a referral to the Multi-Agency Risk Assessment Conference (MARAC). A CCN was raised, triaged in MASH, and passed to early help support.

14.52 During contact by the Domestic Violence Officer for safety planning Ali disclosed that the perpetrator had raped her approximately 18 months ago; however, she refused to give any further details or make a statement. This was crimed and passed to the Rape Investigation Team (RIT) for investigation. Ali was contacted by a RIT officer, and again refused to engage and did not want the perpetrator spoken to as it may inflame the situation. Ali agreed to a referral to a support worker and would consider speaking to someone about her experience, but not to the police. A closing report was submitted recommending, to prevent any further distress to Ali, that the crime be finalised as undetected.

14.53 Harbour received a high-risk referral on the 18th January and was allocated to an Independent Domestic Violence Advocate (IDVA). The IDVA contacted Ali and made a telephone appointment for the next day. Ali said she was frightened of the perpetrator as his abusive behaviour was happening more frequently. She had been offered new accommodation and the incident had occurred because she would not tell him where she was going.

14.54 On the 19th January, the Health Visitor telephoned Ali in response to the CCN. Ali reported had a moving date for her new home and that she would not be sharing her new address details with the perpetrator but will still allow him to have contact with the children.

14.55 Ali did not attend her appointment with the IDVA on the 19th January and the IDVA made many attempts to contact her which were unsuccessful.

14.56 Ali was heard at MARAC on the 26th January. Further information was provided by housing which stated that the perpetrator had presented to housing on the 18th January stating he was of no fixed abode. He had lived with Ali for 3 years but moved out the previous week, claiming he was victim of domestic abuse. He declined support through Shelter and Changing Lives.

14.57 MARAC identified the following positive factors: Ali had no intention of reconciling with the perpetrator and was due to move to an address unknown to him, Children's services were not involved because she had acted appropriately to keep herself and her children safe and she was engaging with her Health Visitor and had engaged with the Domestic Violence Officer. It was further noted that Ali had not attended appointments with Harbour for initial assessment, and that she had bi-polar and was an active patient of the community treatment team. MARAC agreed for markers to be added to Ali's new address and her phone number to be linked, and for the health visitor to make an unannounced visit to Ali to ascertain if the perpetrator was living at her property. MARAC information was shared with CNTW and Ali's GP.

14.58 On the 27th January, the 0-19 team received information documented by Public Health School Nurse that the perpetrator had disclosed he was living with Ali.

14.59 On the 28th January Ali moved to her new home and her new tenancy commenced. The DWP confirmed with Ali that she was still claiming as a single person.

14.60 On the 29th January, the IDVA contacted Ali and an appointment was made to do an initial assessment on the 2nd February.

14.61 The IDVA undertook an assessment with Ali on the 2nd February, which recorded the following. Ali was in a relationship with the perpetrator for 4 years. The relationship ended over 12 months ago but he used the child contact times to perpetrate abuse. In the past he had raped her and had hit her in the face with a glass. Ali said when they were still in a relationship, he was physically abusive including strangulation. When she ended the relationship and refused him child contact, the perpetrator took Ali's son and refused to return him until she granted him access to his daughter. The perpetrator had previously attempted suicide by taking an overdose. Ali said she used to use alcohol as a coping mechanism when she was with the perpetrator, but since they have split up, she only drinks two glasses of wine in an evening.

14.62 Ali confirmed she had moved house and the perpetrator did not have her new address. Before she moved, he would turn up uninvited and would wait on the doorstep until she came out of the property. Ali felt he was stalking and harassing her. Since she has moved home, she has stopped the perpetrator's contact with the children. He was harassing Ali by sending constant abusive messages to her. He was also threatening to get the children removed from her care. The IDVA advised Ali to report the abusive messages to the police. Ali said she had told the perpetrator's mother the area she was now living but not the address and was now worried the mother would tell the perpetrator.

14.63 Ali reported considerable rent arrears because of the financial abuse from the perpetrator. She accepted the offer for referral to Citizen's Advice to look at a debt relief order. The IDVA also said she would let Police know her new address so it could be flagged on their systems. The IDVA completed a DASH with a score of 18 and an alcohol audit[6] which scored seven, indicating a low risk. All information from the assessment was shared with MASH.

14.64 On the 3rd February Ali reported to police constant calls and texts from the perpetrator over the past few weeks. Some were in relation to access to the children and others were about having the children removed from her care. Ali also disclosed that during an argument in 2019, the perpetrator had grabbed her throat. A crime of stalking was raised regarding the phone calls. Ali gave police screenshots of the texts and initially supported a prosecution; however, after the report was made a non-molestation order was granted by the court on the 8th February (to expire 8th August 2021) and Ali withdrew her support. The crime was finalised as undetected. A crime of common assault was raised and finalised as undetected as it fell outside the 6-month summary only prosecution window. Ali was assessed as medium risk. Risk level was reviewed by MASH due to previous MARAC discussion. The police signposted Ali to Harbour and a CCN was raised and triaged in MASH with a request for Early Help.

14.65 Following the Harbour assessment there was an exchange of text messages between Ali and the IDVA. Ali reported that the perpetrator was sending messages about seeing the children and did not know how to respond. The IDVA advised that

[6] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684823/Alcohol_use_disorders_identification_test__AUDIT_.pdf

contact could be facilitated by a third party, they further advised that if the texts were abusive or harassing her, she was to inform the police and consider changing her telephone number. Ali also confirmed that she had contacted Citizen's Advice and they were going to undertake an assessment.

14.66 On the 8th February Ali contacted the IDVA to say that the Courts had granted a six-month non-molestation order. On the 11th February Ali confirmed with the IDVA that the non-molestation order papers had been served on the perpetrator and she had received no contact from him.

14.67 On the 16th February, the Health Visitor carried out an unannounced visit to Ali. Both children were present, and no concerns were identified. Ali denied any involvement with the perpetrator and denied that she was living with him. She said he did not know where she now lived, she had not told him, and a non-molestation order was in place. Ali felt things are going well and she was very happy to have moved. She felt she did not need any support from the Health Visiting service. The Health Visitor had no concerns around Ali's ability to care for her children.

14.68 Ali did not attend her mental health appointments with CNTW on the 2nd, 15th and 19th February and was therefore discharged from the service. The GP was informed.

14.69 On the 23rd February Ali reported to police that while she had been talking to the perpetrator's mother, she could hear him in the background trying to shout over his mother and believed this breached his non-molestation order. It was established that there had been no breach as Ali and the perpetrator's mother had been arranging child access and the phone was on speaker, there had been no direct contact with Ali. She was assessed as standard risk with the perpetrator's mother recorded as the suspect. A CCN was raised, triaged in MASH, and passed to early help.

14.70 On the 8th March, the IDVA attempted to contact Ali but there was no answer. On the 16th March, the IDVA spoke with Ali who said everything was going well and the perpetrator had not attempted to contact her. The IDVA reviewed Ali's support Plan and DASH, the score had reduced from 18 to 6. Ali said she did not feel she needed anymore support and the case was closed.

14.71 On the 31st March Ali self-referred to NTRP for support to reduce alcohol use. An assessment was carried out via telephone. Ali reported drinking up to 3 bottles wine in an evening after children had gone to bed. Ali denied suicidal thoughts at time of

assessment and reported she had good support from the children's father. She also reported previous verbal abuse from her ex-partner. Crisis and contingency planning were discussed. Support networks including Harbour were suggested. Alcohol wellbeing course was discussed, and allocation for a recovery coordinator. A letter detailing the appointment was forwarded to Ali's GP and MASH.

14.72 Later that day Ali contacted the Crisis Team in distress. She reported suicidal ideation for days with preparation and expressing imminent plan to overdose. The Crisis Team called the police requesting a welfare check. Officers attended and found Ali safe and well, although she had been drinking alcohol and had consumed a bottle of wine. Whilst at the address recovery services phoned Ali and informed police that she often consumes around 3 bottles of wine each night due to her alcohol dependency. The Crisis Team were contacted who advised they would speak to Ali as soon as a nurse was available. Community Treatment Team were also consulted and advised that she had already reached out to addiction services and as she was making no threats to harm herself, they were happy to leave her to await her phone call from the triage nurse. An ACN was raised and reviewed in MASH. It was recorded that Ali had support in place and her GP was notified. Following telephone triage and Crisis Team assessment, home based treatment agreed.

14.73 MASH spoke to Ali and confirmed that the children were with the perpetrator, and she did not intend to care for them that night. Contact was made with the perpetrator to advise him that children needed to stay with him that night, as agreed with Ali. Further discussions took place with Ali and the perpetrator on 1st April, and it was agreed that the children would remain with him temporarily. During discussions with Ali her relationship with the perpetrator was discussed. Ali explained that he had fortnightly contact, facilitated by a third party (Ali's friend 'T') due to the non-molestation order. Ali had contacted him on 31st March due to feeling very low in mood. The contact was progressed to a Referral and Single Assessment.

14.74 The health visitor also contacted Ali to ascertain what plans were in place to support her over the long Easter weekend. The health visitor spoke to Ali about her alcohol intake, and she said she did not drink 3 bottles of wine per night but does drink 2-3 glasses on a night-time to chill out when the children were in bed. She said she told NTRP the most she has ever drank is around 3 bottles. Ali understood drinking

alcohol, especially large volumes, would impact on her mental health. Ali ensured the children were safe and would ensure they stay with the perpetrator until she felt well enough to have them staying with her. Ali said she would engage with NTRP around healthy relationships with alcohol and look at different strategies to use to help her relax. She had the crisis team visiting daily over the easter weekend for support around her mental health. Ali said she was keen to discuss medication for her mental health and to re start previous treatment. She said she had a good friend and family network to support her especially over the next few days.

14.75 Following a period of daily visits and review by CNTW, Ali was discharged from the Crisis Team on the 5th April.

14.76 On the 18th April Ali contacted police reporting that the perpetrator had the children's school uniforms and was refusing to return them. She was described as "hysterical." On attendance she was found to be intoxicated. She stated that the perpetrator had breached his non-molestation order by making contact and sending threatening messages; however, when her phone was checked she had initiated the contact and had sent aggressive messages, it was therefore determined there had been no breach. Ali then became aggressive towards officers and demanded they leave; therefore officers were unable to progress the return of the uniforms. A DVN was raised and Ali was assessed as medium risk. A CCN was raised and triaged in MASH. This was passed to the allocated social worker.

14.77 On the 23rd April, the health visitor telephoned Ali. She reported feeling better than she had been since before the easter holidays. A home visit was arranged for the 28th April 2021.

14.78 At the home visit on the 28th April the health visitor discussed domestic abuse with Ali. She confirmed she did not have direct contact with the perpetrator and tries to not have indirect contact unless it is about the children. Ali reported that she continued to work with the Mental health nurse at her GP surgery and she generally managed her mental health with her own strategies and with good family support.

14.79 On the 2nd May Ali contacted the Crisis Team reporting "a flare up of personality disorder" but did not respond to call back from clinicians.

14.80 On the 13th May Ali reported to police as assault upon Child 1 by a neighbour's child. Police spoke with Ali and described her as volatile and aggressive. Ali would not let

Child 1 make a statement. The crime was finalised as undetected as Ali did not support a prosecution and it was not believed to be in the public interest to pursue victimless prosecution. CCNs were raised for both children. The CCN for Child 1 was passed to the allocated social worker.

14.81 On the 19th May, a strategy meeting was held following the incident of the 13th May. All professionals agreed that section 47 threshold was not met. Safety planning was agreed with Ali.

14.82 On the 29th May Ali attended hospital following suicidal ideation and self-harm. She was reviewed by the Psychiatric Liaison Team and reported a decline in mental state starting weeks prior following the incident with her son and issues with the perpetrator around derogatory texts and refusing to return children. Ali was informally admitted to inpatient care. An incident report was completed with regards her vulnerability from abuse and a copy sent to Children's Services. The Police were also contacted to confirm the report of verbal abuse and withholding children.

14.83 On the 30th May police received a call from a neighbour concerned for a break in at Ali's property. Officers attended and found Ali highly intoxicated with both children in the house. For their safety, the children were placed in the perpetrator's care. A call was received from the perpetrator two hours later reporting that Ali had called him threatening to attend and remove the children. He wanted this recording for information only as he did not want to be accused of breaching the non-molestation order.

14.84 A further call was received from Ali who was extremely upset. She stated that she had slashed her wrists and was going to take all of the tablets that she had in the house. Officers attended and found her with a minor cut to her wrist and no tablets or alcohol in the house. Ali declined assistance and was verbally abusive to officers, telling them to leave multiple times. Ali was given to number for the Crisis Team and advised to contact them if she needed to.

14.85 Later that morning a call was made to police from Ali's friend who had woken up to several missed calls and text messages from Ali, the friend had tried calling Ali but she was not answering. She informed police that she was concerned for Ali as the messages had stated the perpetrator had told her she was not going to see her children and if she went to his door, he would call the police and have her arrested.

The friend stated that the perpetrator was very manipulative and messed with Ali's head. They also believed that Ali had self-harmed. A DVN was raised and Ali was assessed as standard risk. A CCN was raised and passed to the allocated social worker.

14.86 A further 999 call was received by the ambulance service from Ali who stated she was suicidal and intoxicated with access to medication. Police confirmed she had no access to medication in the house but had left scene. An ambulance was arranged and she was taken to Accident and Emergency. Ali was admitted as an informal patient and the GP was informed.

14.87 Ali requested discharge from hospital the following day. A review found that suicidal thinking remained present, with hopelessness and lack of protective factors. Ali was detained subject to a Mental Health Act assessment and a referral for such was made. It was agreed that staff would supervise the perpetrator's visit to the ward with children, to support Ali.

14.88 On the 3rd June, a 72-hour review of Section 5(2) meeting was attended by clinicians from the hospital, community mental health services and children's services. It was thought unlikely that Ali was consuming the self-reported level of alcohol due to no visible withdrawal symptoms. Ali's emotional personality disorder made it more difficult for her to regulate her emotions and that the recent incident with her son had been very difficult for her. There was no mention of her relationship with the perpetrator. The meeting agreed that a period of stabilisation was required before Ali could return home.

14.89 The Mental Health Act assessment was completed on the 4th June and Ali was detained under section 2 of the Mental Health Act. The social worker for Ali's children was informed.

14.90 Between 1st April and 8th June children's services undertook and completed a Single Assessment, initiated due to concerns about Ali's low mood and reported alcohol use alongside concerns in the relationship between Ali and the perpetrator. The assessment identified that Ali had received support for her mental health from mental health nurse at GP surgery. The School, Nursery, Health Visitor and Psychosocial Linkworker were spoken to as part of the assessment. None of the professionals reported any concerns about the care of the children or the children's presentation.

14.91 On the 8th June Ali informed ward staff that she was subject to abusive texts from the perpetrator. A DASH was completed, and whilst Ali declined to contact police she agreed to consider. The Children's Social worker was informed.

14.92 Between the 9th and 23rd June Ali engaged in treatment offered by psychology, nursing, medical staff, and exercise therapy. An improvement to mood with reduced self-harm and suicidal ideation was noted and discharge planning commenced**.** Ali identified that she wanted the children returned to her care on the day of her discharge and was aware of support services upon discharge.

14.93 Children's services agreed with Ali that a network meeting would be held following her discharge from hospital to look a safety plan for her and the children. Children's services also explored with her friend how she could support Ali upon her discharge. She identified that she herself had been having difficulties with the perpetrator and had contacted the Police about messages she had been receiving from him.

14.94 On the 23rd June children's services spoke to the perpetrator about how the children would be returned to Ali's care if she was discharged over the weekend. He reported he was away that weekend but that Ali could collect the children from his mother's care. He also asked about how to get more money from Ali for the care of the children.

14.95 Ali then called children's services to report that the perpetrator had contacted her to say he would not be returning the children to her care when she is discharged. Ali was informed about his request for more money which she was very upset about.

14.96 On the 25th June Police received a call from staff at adult social care reporting concern for Ali. She had disclosed to staff that the perpetrator had sent her texts telling her to kill herself. Concerns were raised regarding her declining mental health as she was due home from hospital on leave that weekend and would be on her own. There was also a potential breach of the non-molestation order. When officers spoke to Ali, she did not support a prosecution as she believed that it would make the situation worse. A victimless prosecution was considered but not proceeded with due to concerns for Ali's mental health. The crime was finalised as undetected.

14.97 A DVN was raised and Ali was assessed as medium risk. A CCN was raised and passed to the children's allocated social worker.

14.98 On the 25th June, a discharge planning meeting was held. Ali discussed further texts received from the perpetrator reporting he will not allow access to her daughter on her discharge from hospital. Ali agreed to inform the Police with nursing team support and the ward stated they would refer to MARAC. The Section was rescinded, and Ali agreed to stay on the ward over the weekend. Upon discharge, Ali would remain on the waiting list for Community Treatment Team support, with access to the Crisis Team until allocation.

14.99 On the 28th June, a capacity assessment for Ali was completed by ward psychiatrist at the request of Northumbria police, with regards to pursuing charges for abusive texts received whilst in inpatient services. Ali was determined to have capacity. She was discharged from inpatient care.

14.100 On the 28th June Ali sent the children's social worker a screen shot of text messages sent by the perpetrator where he was asking for more money and Ali refused. He asked Ali to delete his contact details as he wanted nothing to do with her. He called her abusive names and said she was not stable. He also sent messages to Ali's friend stating he wanted Ali to do the Family Time handovers. The perpetrator was spoken to about the messages and reminded about the non-molestation order.

14.101 On the 29th June Ali was visited at home by the Crisis Team for the purpose of seven day follow up. She reported a resurgence of low mood and self-harm ideation since discharge. Further home-based treatment was agreed to offer continued support.

14.102 On the 30th June, the Crisis Team visited. Ali appeared sedated/ intoxicated with children in her care.

14.103 On the 30th June, the children's social worker telephoned Ali. Ali reported further abusive messages from the perpetrator to which she had not responded. She was advised to contact the Police if there was further contact from the perpetrator, or he attended the home. The Social worker noted that Ali's speech appeared slow and unclear which Ali and her friend said was due to the medication. The Social worker spoke to the hospital who confirmed that the medication could impact upon Ali's speech and presentation.

14.104 In early July the Crisis team and Children's Social Worker had a discussion regarding Ali's presentation, apparent sedation and care for the children following planned visit. Concerns were shared regarding Ali's previous presentation and Ali playing inappropriate music in front of children. The Crisis Team observation that evening that she appeared sedated/ intoxicated but denied the use of alcohol.

14.105 The following day, the Crisis Team reported concerns about Ali to Children's Services as she had informed them that she had been drinking since discharge from hospital and could not recall any of the Crisis Team's visits. Children's services made an unannounced visit to Ali. The home was untidy, and children not dressed. Empty wine bottles were observed. Ali reported hearing voices and having feelings of self-harm. Due to her presentation and concern that she may have taken an overdose (pills subsequently found in the home and had not been taken), she was asked if she would agree to the children going to stay with the perpetrator, she agreed. The children were taken to the perpetrator's home by children's services. The Crisis Team and Ambulance were contacted and Ali was taken to hospital by Ambulance. The manager oversight record noted that children were to remain in the perpetrator's care until 12th July. The social worker contacted the Crisis Team to ensure Ali was offered support over the weekend. She was discharged home that evening following Psychiatric Liaison Team assessment at A&E.

14.106 The next day, the perpetrator contacted police concerned for Ali as she had called him to say goodbye. Police attended Ali's home. Entry was forced and she was found with superficial cuts to her arm. She appeared dazed and disclosed that she had drunk two bottles of wine that morning.

14.107 A member of the Crisis Team also attended the address following contact from the perpetrator, the Crisis Clinician contacted the ambulance service prior to attendance as Ali had confirmed imminent intent to suicide. The Ambulance crew attended Ali's address. She stated Social Services removed her children yesterday to the perpetrator's address. Ali was experiencing auditory hallucinations. She was transported to Accident and Emergency where her wounds were treated. Ali declined a psychiatric liaison assessment and was deemed to have mental capacity to make that decision.

14.108 The ambulance service submitted a Safeguarding Referral to Social Services requesting a full assessment of Ali's needs and support with her mental health. The Police raised an ACN and forwarded to the allocated social worker with Ali's consent.

14.109 The Crisis clinician visited Ali at home. Her father was in attendance. Ali was reflective of her earlier distress and reported she had been under the influence of alcohol and planned no further alcohol that evening, planning to spend the evening at her parents' home. Ali said she had been using alcohol since discharge, at times 8 bottles of wine per day. She reported plans to engage with NTRP to reduce alcohol use. Ali reported suicidal thinking had reduced.

14.110 The following day, Ali's friend called 999 concerned for her welfare due to mental health issues and threats of suicide. Ali's friend had not been able to contact her for the last two hours. An ambulance was dispatched. Ali, I did not wish to travel to hospital or speak to the Crisis Team. She was drinking alcohol, but not threatening to harm or commit suicide. Ali's wish to stay at home was respected. She stayed at home with her ex-partner staying with her until she went to stay at sister's house.

14.111 At 9:10am the next morning Ali sent a text to a children's services social worker which stated: "*if anything happened to me over the weekend make sure [the children] stay together, they are a credit to me and I love them so much and make sure they know that. [the perpetrator] can take custody of them both*." A home visit was undertaken the same day.

14.112 During the visit, Ali shared events over the weekend and that she had self-harmed. Ali said she wanted the children to remain in the perpetrator's care until after she had her alcohol consumption under control as she had been drinking daily since discharge from hospital. The social worker arranged for Ali's father to collect her so she could spend a few days with her parents.

14.113 The Children's social worker contacted the Crisis Team to confirm the referral for NTRP. The crisis clinician visited Ali at home where she appeared intoxicated and under the influence of alcohol. Ali continued to consume alcohol in the presence of the clinician. Ali reported ongoing suicidal ideation with plans to overdose so had asked family to remove medication, which they had. Ali planned to stay overnight at

her parents' home for the next few days so that they may support time spent with the children.

14.114 It is noted that this is not the family's recollection. The family recall that Ali's father only spoke with the Crisis worker who asked him to leave Ali's home and asked that he contact Ali's sister to go round and check on Ali. They do not recall any professionals contacting them to request Ali stay with them around this period of time.

14.115 Ali was found deceased at home by her father. The police were contacted, and an ambulance was dispatched. Ambulance crew confirmed death at 13:11. An Adult Concern Notification (ACN) from police stated that AI had hung herself after consuming seven bottles of wine and that she had been chatting happily with ex-partner by phone.

14.116 The next day, a MARAC referral was received from CNTW with accompanying DASH risk assessment[7]. The referral noted that contact from the perpetrator was having an increased impact on Ali's mental wellbeing and contributing to risk related behaviour (self-harm and alcohol).

15. Overview

15.1 The overview summarises what information was known about Ali and the perpetrator by the agencies and professionals involved. It also includes the views and information known to family and friends.

Overview from family and friends

Ali's mother

15.2 Ali's mother saw a negative difference in Ali once she was pregnant with her second child. She knew it was to do with the perpetrator but did not understand coercive control at that point. Ali's mother said that Ali wanted the perpetrator out of her life and her move into a new home was initially very positive. Ali had decorated the children's bedroom and had made a home for them all. It was clean and tidy, and Ali always had food in for the children. Ali was working as a cleaner and was happy until

[7] 19 'yes's

the perpetrator got hold of her new address from his mother and it all went downhill from there. When the perpetrator was around Ali never had any money as he would take it and she would need her mother to buy food for the children.

15.3 Ali could not see her friends or chat to them on the phone and when family visited her, and the perpetrator was there, he would stay out of the way, Ali would be quiet and would constantly go upstairs to see him. She was not her usual self. The perpetrator did not pay the nursery fees even though Ali had given him the money to do so, so the nursery did not take the children for a time. Ali became reliant on the perpetrator for childcare whilst she worked. He would then demand money for looking after the children and would refuse to leave her home when she returned from work. On one occasion he refused to return the children unless Ali gave him money.

15.4 Ali's mother was aware of Ali's drinking but never saw her consume large quantities. The last night that Ali was alive her mother had been talking on the phone to her for about 45 minutes, she did not seem drunk. Ali and her mother had actually made plans for the following days to have trips out together with the two children. Ali had said that the perpetrator had promised to bring the children to her that night, so she was very happy about that.

Ali's father

15.5 Ali's father reported that he was called on several occasions by Ali to come and help her as the perpetrator was threatening to harm her or her family, however, whenever he arrived the perpetrator would have left already or was out of the house at least.

15.6 Ali's father was aware that the perpetrator took drugs and apparently owed a lot of money to people because of this.

15.7 Ali would not go into detail about her relationship with the perpetrator but clearly felt comfortable asking for help as and when she was able to. Ali's father was aware that the perpetrator was a bully but again at that point did not understand or know about coercive control.

15.8 Ali's father found her dead on a day in July 2021 and certain aspects of that late morning trouble him greatly. The wrong keys were in Ali's back door, she had had the locks recently changed as the perpetrator had taken her keys. The bath was full of water. The house was in darkness although Ali was scared of the dark. Ali's phone

was on the floor in the lounge by the tv, it looked like it had been dropped, Ali never put her phone on the floor and always had it with her. The perpetrator said he was going to Ali's that night and would taking the kids. Texts sent to the neighbours and Ali's older sister did not make sense asking to borrow a ladder. The perpetrator had sent a text making out it was on Ali's behalf. The knot around her neck was so tight and well-done, Ali's father could not loosen it. The perpetrator was a scaffolder and could do knots. Ali's father wondered whether the perpetrator had made the knot for her.[8]

Ali's work colleague and friend 'C'

15.9 C was Ali's boss cleaning houses and they worked together a lot as Ali was a good cleaner and so C liked working with her. They became friends too and would chat on the phone when not working together. C noticed that Ali would often have bruises on her hips and arms, and she would notice these whilst they were cleaning and moving about. C would ask Ali what had happened, and she would play it down saying, "[the perpetrator] was just going off on one" or "[the perpetrator] is just full on."

15.10 C was aware that the perpetrator smoked cannabis, and she did not think he was good for Ali or the children. Child 1 was always very shy if the perpetrator was around and one day he told C, in her car as she was taking them to school, that "[the perpetrator] had left him in a house alone because [he] went off to do drugs". Ali told C that the perpetrator took her money and that he had taken Child 1's new trainers to sell for drug money. C noticed a big improvement in Ali in the short time that she was in the new house when the perpetrator did not know where she was living.

15.11 "*You always knew when [the perpetrator] was around as [Ali] couldn't talk or text me chatting like we did when he wasn't around. The kids especially [child 1] were much happier and chattier when [the perpetrator] wasn't around*".

Overview of Involvement with Housing

15.12 Ali was a tenant of North Tyneside Council. Contact by the department with Ali was focused on her rent arrears and during this time she did not disclose any information which indicated domestic abuse or mental health.

[8] The Chair raised all of these points with the police after speaking with Ali's father and the Chair would like the points raised with the coroner's office.

15.13 Ali's contact with housing centred around her applications for housing in 2018, 2019 and 2020. Her first two applications were unsuccessful due to rent arrears.

15.14 Following her disclosure of domestic abuse in 2020 AI's housing application was successful, through the 'direct let' process, and she commenced her new tenancy in January 2021.

15.15 Following her disclosure of domestic abuse in September 2020 housing completed a DASH and a referral was made to the Domestic Abuse Officer[9]. The response received was that Ali's case had been referred to MARAC, although it was unclear which agency had referred, and for that reason she was not accepted by the Domestic Abuse Officer for specialist support. Ali also disclosed at this time that she had a personality disorder but was not taking medication or receiving support for this.

15.16 Throughout June and July 2021 housing received complaints from neighbours about Ali being drunk, abusive, and neglectful of her children.

15.17 Housing had limited knowledge of the other agencies involved only being aware of mental health services involvement in the June and July of 2021.

Overview of Involvement with Police

15.18 The first contact with the police during the scoping period was made in March 2019 by Ali in relation to an assault by three unknown females at a local pub. The matter was not progressed due to lack of evidence.

15.19 The next contact with police was in May 2019 and was the first reported incident of domestic abuse. Ali was assessed as standard risk and a CCN was raised.

15.20 In 2020 there were five contacts with the police. In April 2020 Ali reported aggression and abusive texts from the perpetrator. Ali was assessed as a standard risk and a CCN was raised. In August 2020 Ali reported common assault by the perpetrator. Ali was assessed as medium risk and a CCN was raised. In September 2020 Housing contacted police to verify the recent domestic abuse incident and reported that Ali was the subject of financial/economic abuse by the perpetrator. The police contacted Ali but she did not report any offences and the log was closed. She was assessed as medium risk and a CCN was raised. An ACN was raised in respect of the perpetrator due to Ali's disclosures of his self-harm and suicidal ideation, however the ACN was

[9] The post of Domestic Abuse Officer was a temporary post and longer exists within the agency's structure.

not shared as no consent had been provided. Ali contacted the police later in September 2020 for advice regarding her financial situation as the perpetrator owed her money. She was advised that the recovery of money was a civil matter. She was assessed as standard risk and a CCN was raised. In November 2020 Ali reported a verbal argument with the perpetrator and that he was mentally and financially abusing her and no longer wanted contact. She was assessed as medium risk and a CCN was raised, and police suggested children's services provide support to Ali to protect her but also queried the suitability of the perpetrator to look after the children.

15.21 In 2021 there were thirteen contacts with police. On the 17th January Ali contacted police as the perpetrator would not leave her home. She also disclosed that the perpetrator had raped her 18 months prior. She was assessed as high risk and a CCN was raised. As a result, Ali was referred to MARAC and discussed at MARAC on the 26th January 2021.

15.22 On the 3rd February 2021 Ali reported constant calls and texts. She also disclosed that in 2019 the perpetrator had grabbed her throat. A crime of stalking was raised however after the report was made a non-molestation order was granted by the court on the 8th February 2021 and Ali withdrew her support as it appeared the order was being adhered to. She was assessed as medium risk and a CCN was raised.

15.23 On the 23rd February 2021 Ali reported a breach of the non-molestation order. It was established that there had been no breach. She was assessed as standard risk and a CCN was raised.

15.24 On the 3rd March, a welfare check was requested by the crisis team. Officers attended and found Ali safe and well. An ACN was raised.

15.25 On the 4th April Ali reported the perpetrator had the children's school uniforms and was refusing to return them. She also reported threatening messages by phone. It was decided there was no beach as Ali had initiated contact. She was assessed as medium risk and a CCN was raised.

15.26 On the 13th May 2021 Ali reported an assault upon her son. A CCN was raised. Two days later police received contact about a public order offence occurring between Ali and a neighbour.

15.27 On the 30th May police received contact from a neighbour concerned for Ali's welfare. Officers attended and found her highly intoxicated with both children in the

house. The perpetrator contacted the police two hours later reporting contact from Ali. Ali then contacted the police following self-harm. Officers attended and she had a very minor cut to her wrist and there were no tablets or alcohol in the house. She refused any assistance and was verbally abusive to officers, telling them to leave multiple times. Ali was given to number for the Crisis Team and advised to contact them if she needed to. Her friend then contacted police concerned for her welfare. She was assessed as standard risk and a CCN was raised.

15.28 Police were contacted on the 25th June 2021 by adult social care reporting abusive texts telling Ali to kill herself. Ali did not support a prosecution as she believed that it would make the situation worse. A victimless prosecution was considered but not proceeded with due to concerns for her mental health. The crime was finalised as undetected. She was assessed as medium risk and a CCN was raised.

15.29 On the 3rd July, the perpetrator contacted the police concerned for Ali. On attendance she confirmed she had serious thoughts of self-harm and was hearing voices telling her she was not a good mother. The crisis team were notified and an ACN was raised.

Overview of Involvement with Cumbria Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)

15.30 Ali was first referred to the CNTW Community Treatment Team by her GP in July 2017 for assessment reporting fluctuating mood. Further information was requested regarding her history and mood diaries, but no response was received and the referral was closed.

15.31 Ali was referred again to CNTW by the GP in July 2018 for assessment of persistent mood difficulties, following the birth of Child 2. She was assessed by Perinatal Services on 16th August 2018. In a follow up appointment two weeks later, she reported that she had not fully divulged the extent of her suicidal ideation and depressive rumination, for fear that she may be re referred to Children's Social Services. Ali was diagnosed with Moderate Depressive Disorder, in the context of a background of emotional instability. Antidepressant medication was prescribed, and the Managing Emotions Group was offered but she did not attend. Ali continued to attend medical review and engaged with a Peer Support Worker.

15.32 At the discharge appointment from Perinatal Services, following one year of treatment, Ali reported regular alcohol use, at harmful levels. Advice was given with regards to her mental and physical health and a referral was offered for specialist services to help her to reduce consumption, however she declined. She was discharged to the care of the GP on the 25th September 2019 with recommendations to consider a referral to Addictions services for support.

15.33 In follow up appointments with Crisis Team clinicians, following her admission to hospital in October 2019, Ali disclosed that the relationship with her ex-partner was strained, with abusive texts and asking his aunt to withdraw support with childcare. She was encouraged to access Harbour. Ali completed treatment with regards to mood management and reported a reduction in self-harm ideation and alcohol use and care was transferred to her GP in November 2019 with a referral to Talking Therapies, which she subsequently declined.

15.34 Ali was referred to CNTW Community Treatment Team in December 2020 for further support with her mental health but did not respond to telephone assessment appointments planned and rearranged in January and February 2021 and was discharged from the team due to non-engagement.

15.35 Ali self-referred to North Tyneside Recovery Partnership (NTRP) on the 31st March 2021. She reported that she was drinking 2 to 3 bottles of 9% wine daily and had been doing so for the past two years. Advice was provided relating to the impact that a sudden discontinuation of alcohol could have on her physical health, as well as the general impact of consuming high levels of alcohol over sustained periods of time.

15.36 Ali also self-referred to the Crisis Team on the 31st March and reported overwhelming self-harm ideation. Home based treatment was agreed to promote stabilisation and coping. In daily contact with clinicians no concerns were raised regarding her care for her children. She acknowledged previous difficulties in her relationship with the perpetrator but stated these had resolved and denied ongoing abuse. She was discharged from the Crisis Team on the 3rd April 2021 following reported improvement in mood and reduced suicidal thinking, with follow up planned with NTRP. However, Ali did not attend her NTRP appointments on the 6th and 27th May 2021.

15.37 On the 30th May 2021, Ali was assessed by the Psychiatric Liaison Team following self-harm and suicidal ideation. She reported a deterioration in mood in the two weeks prior, following the incident with her son. Ali disclosed abusive texts from the perpetrator and his refusal to return the children. Information was shared with the Children's Social Worker and Ali was offered an informal admission to psychiatric inpatient services to promote her mental health stabilisation.

15.38 On the 1st June 2021, Ali requested discharge from hospital however in consideration of her continued suicidal ideation and hopelessness, she was detained under Section 2 of the Mental Health Act for a period of up to 28 days for assessment of her mental health. She was diagnosed with low mood in a background of Emotionally Unstable Personality Disorder.

15.39 Whilst in hospital, Ali received treatment from Consultant Psychiatrist, Nurses, Occupational Therapists and Psychology to improve her mood and to develop an understanding of her suicidal thinking and self-harm.

15.40 Ali was discharged home with mental health follow up from the Crisis Team for home-based treatment and prescribed medication to maintain improved mood on the 28th June 2021. It was planned that longer term mental health support would be offered via the Community Treatment Team on allocation of a Care Coordinator.

15.41 Ali maintained daily contact with Crisis Team clinicians and was last seen by the team the day before her death.

Overview of Involvement with DWP

15.42 DWP were involved from July 2020 when Ali made a claim for Universal Credit, she was working around 20 hours a week earning £600 per month. Ali stated on her Universal Credit declaration that she was single and claiming for two children. She did not declare any health conditions.

15.43 In December 2020 Ali informed DWP that her employment had been terminated and that she was proactively looking for work. From January 2021 she attended Work Search Reviews fortnightly, then monthly from March 2021. Ali cancelled two Work Search Reviews in June due to being in hospital and attended her last Work Search Review on the 22nd June 2021.

15.44 All contact with Ali was through journal messaging and telephone due to the covid-19 pandemic.

Overview of Involvement with North East Ambulance Service (NEAS)

15.45 The NEAS received eleven 111 calls and ten 999 calls for Ali during the scoping period, 2017 to 2021 (including in response to her death). Each call was appropriately triaged and responded to, with an ambulance being dispatched on nine occasions.

15.46 On five of the nine occasions an ambulance was dispatched in response to suicidal ideation and self-harm, the first occurring in 2019 and the remaining four all occurring between May and July 2021.

15.47 NEAS submitted two safeguarding referrals, one in October 2019 and in July 2021.

15.48 NEAS became aware of a domestic abuse risk in January 2021 when they were asked to place a MARAC flag on their system for Ali, the request did not include any details of the perpetrator. NEAS did not identify any signs of domestic abuse when they attended, and Ali did not disclose domestic abuse to NEAS.

Overview of Involvement with North Tyneside 0-19 service

15.49 The 0-19 service were involved from 2015 providing antenatal contact to Ali and Child 1. From 2017 Ali and the children had the same health visitor. During visits in 2018 Ali informed the health visitor that she had support from the Community Mental health Team (CMHT) and was awaiting a diagnosis of bipolar disorder. In screening for post-natal depression she made no disclosures of low mood or depression, the health visitor ensured that Ali was engaged with CMHT and offered universal health visiting services[10].

15.50 In October 2019, the Health Visitor contacted Ali after being informed that she had attended A&E with suicidal ideation. A safety plan was devised, and Ali said she was having daily visits from the Crisis team. The health visitor visited the next day and reported that the perpetrator was present along with another relative, therefore only ensured that Ali had the telephone numbers she required for mental health services. During a visit in November 2019 Ali reported that the perpetrator was harassing her, and he lived across the street, the health visitor wrote to the housing department

[10] In essence this means that following an antenatal visit, a new birth assessment and a HV visit at 6-8 weeks, the children would be offered health and development assessments at 1 year and 2-2.5 years and the HV would be available for support and advice by telephone, in child health clinics or home visit at AI's request.

supporting a home move for Ali and the children. Although Children's Services had recommended Early Help and a referral to services to support Ali consider the role of alcohol in her life. She reported that she did not have a problem with alcohol, so the referral was not pursued.

15.51 The health visitor had intermittent contact with Ali during 2020, offering support following police notifications and she discussed being referred to Harbour for domestic violence support. During the latter part of 2020 she disclosed that she was struggling financially as her working hours had been reduced as a result of the covid-19 pandemic. The health visitor was able to access funds to support her.

15.52 In response to Ali reporting that she was drinking three bottles of wine per evening in April 2021, the health visitor immediately contacted Ali to discuss this and a safety plan as a long Easter weekend was approaching. Ali said that she was engaging with the crisis team and North Tyneside Recovery Partnership (NTRP) and that she had arranged for the children to be cared for by the perpetrator as she recognised that it was not good for them to witness her in such a low mood. Later that month she reported that she was working with the mental health nurse at her GP's surgery and had devised strategies to manage her mental health challenges.

15.53 At the end of June 2021, the health visitor was notified that Ali had been an in-patient in St Georges hospital and immediately contacted the 0-19 team safeguarding lead nurse and the Frontdoor (of the Multi Agency Safeguarding Hub) to determine whether a referral to Children's Social Care had been made. The health visitor was advised that the family were going to be supported by Children's Services and appropriate professionals under a Child in Need plan.

Overview of Involvement with Primary Care

15.54 There was a high level of involvement from Primary Care across the four years of the scoping period whereby Ali was supported with both physical and mental health issues. There was involvement from twenty-six medical staff (25 being General Practitioners), 5 Nurses and a social prescriber. Even given the timescale of four years this was considered to be a large number of primary care professionals. The practice reported that whilst they try to offer consistency with appointments this is not always possible when they are requested at short notice. There was some

consistency during 2020 with consultations predominantly being undertaken by Nurse 7 and GP28.

15.55 As highlighted in the chronology, during 2017 Ali had contact with her GP practice on approximately eleven occasions for both her mental and physical health including treatment for two urinary tract infections (UTIs). In 2018 Ali had contact with Surgery A on approximately thirty-three occasions and Surgery B on two occasions for both her physical and mental health, including five UTIs and an injury of bruised ribs, back, bottom and leg sustained when she slipped down a few stairs. Ali visited her GP surgery on ten occasions during 2019 due to injuries and pain as a result of various falls and an assault by unknown persons at the local pub in March. She also attended for postnatal depression and to request sterilisation, which was declined, panic attacks, and post coital bleeding and abdominal pain. In 2020 Ali had fifteen consultations with GPs and nurses at her surgery. Reasons related to both her mental and physical health including, request for sterilisation (which was declined), musculoskeletal pain, heavy bleeding and abdominal pain, UTI, and anxiety, panic attacks, thoughts of self-harm and intrusive thoughts.

15.56 The information shared by Ali about the abuse she was suffering was limited. Apart from brief feedback from MARAC there was no information shared by other agencies which indicated what was happening within the relationship and thus there was no recorded recognition of the perpetrator's abuse. The MARAC form contained no information about the nature of the abuse and apart from what was told to them by Ali, Primary Care staff did not ask about domestic abuse and no further detail was recorded. Following the receipt of the MARAC information Ali's notes were coded in accordance with procedures so all staff would be aware.

Overview of Involvement with Harbour

15.57 Harbour received two referrals for Ali, one in September 2020, which as closed following unsuccessful contact with her, and a high-risk referral in January 2021.

15.58 Following the high-risk referral an IDVA was allocated to Ali with a view to preparing a case for MARAC. Harbour was aware of the children being present and that Ali had been drinking alcohol but not intoxicated.

15.59 Contact with Ali was timely and persistent resulting in an initial assessment. During the assessment Ali disclosed significant information about the abuse she had

experienced, and the ongoing harassment via abusive messages. Harbour utilised risk assessments to ascertain the risk of domestic abuse and alcohol use.

15.60 Contact between Ali and the IDVA continued and the IDVA was able to provide her with advice, guidance, and emotional support.

15.61 Involvement with Harbour ended on the 16th March 2021 when Ali said that everything was fine, she has not had any contact from the perpetrator since the non-molestation order was granted and said she did not feel that she needed any further support from Harbour. Harbour was able to demonstrate a reduction in risk via a review of the DASH.

15.62 Harbour received no further contact from Ali or referrals from other agencies.

Overview of Involvement with Adult Social Care

15.63 Adult social care (ASC) had limited involvement with Ali. They were notified of Ali's attempted overdose in October 2019 and determined there was no further action for ASC, as she did not appear to have any social care needs. A request for information for MARAC was made to ASC in January 2021. ASC attended MARAC and identified that there was no ongoing role for ASC. On the 2nd June 2021, a request for crisis team assessment was received and again no role for ASC was identified.

15.64 On the 3rd June 2021, a request for a Mental Health Act assessment was received by ASC, this was passed to the statutory Approved Mental Health Professional (AMHP) team and the assessment was completed the following day. The AMHP attempted contact with Ali's nearest relative, her mother, but was unable to do so successfully until the 15th June 2021. The AMHP kept in contact with the ward and attended the discharge planning meeting on the 25th June 2021 when they became aware of the abusive texts Ali had received from her ex-partner, which they subsequently reported to police, and Ali's use of alcohol. On the 30th June 2021, the AMHP was advised that Ali had been discharged on the 28th June.

15.65 ASC received the two ACNs for Ali the day before her death. ASC identified the support Ali was receiving from other agencies and determined no further role for ASC. A concern from ambulance services was also received on the same day. ASC liaised with CNTW and NTRP to see if any ASC input was needed. Follow up by ASC the next day resulted in notification of Ali's death.

Overview of Involvement with Children's Services

15.66 Children's Services (CS) became involved with Ali and her eldest child in November 2016 whereby the child was placed in a foster placement and the Local Authority were granted an Interim Care Order in December 2016 and the child was placed with Ali in a mother a baby placement. Following a period of assessment, the Local Authority were granted a 6-month Supervision Order in March 2017. In August 2017, the Supervision Order and child in need plan ended as did CS involvement.

15.67 CS undertook an assessment between January and April 2018 following Ali becoming pregnant, following which CS closed their involvement.

15.68 CS became aware of domestic abuse following receipt of a CCN on the 28th May 2018. CS determined no role for CS.

15.69 CS were notified of the overdose in October 2019, where MASH agreed support from early help, and harassment from the perpetrator in November 2019, following which CS sent a letter of support, and identified no role for CS or early help.

15.70 CS received notification of argument between Ali and the perpetrator in early April 2020 and notification of the incident in late April 2020. CCNs were received on the 1st May and 2nd September 2020 following which no role for CS was identified. On the 22nd September 2020, a CCN was received and the contact progressed to assessment which was completed in November 2020. During this time CS received two further CCNs, advice was given throughout the assessment process, the outcome of the assessment was no further role for CS.

15.71 On the 4th and 25th February 2021 CS received notifications regarding unwanted contact from the perpetrator. CS were aware of the non-molestation order and support from Harbour. A request was made for support from Early Help.

15.72 On the 31st March 2021 CS received a notification from NTRP. CS advised the perpetrator to take care of children and progressed to an assessment. The assessment was completed between April and June 2021 during which time CS received two further CCNs which were considered within the assessment.

15.73 CS convened a strategy meeting on the 19th May 2021 following the incident involving Child 1 and neighbour's child. The s47 threshold was not met and safety planning was agreed with Ali.

15.74 Following Ali's admission in June 2021, CS attended the s5(2) review on the 3rd June and were notified of the s2. CS undertook a visit to the children who were staying with the perpetrator on the 7th June, with no concerns arising. CS met with Ali prior to discharge and agreed a network meeting would be held following her discharge along with a safety plan for her and the children. CS liaised with Ali's friend about support for Ali upon discharge. Her friend reported unwanted communication from the perpetrator which she had reported to police. On the 23rd June CS advised the perpetrator that children would return to Ali upon discharge. Ali reported to CS that he was refusing to do so and asking for money.

15.75 CS attended the discharge planning meeting 25th June 2021 where the perpetrator's messages and Ali's alcohol use were discussed. CS were aware that the ward was referring to MARAC.

15.76 Ali sent screen shots, of messages from the perpetrator to CS on the 28th June 2021. CS spoke to him and reminded him of the non-molestation order. A CCN was received on the 29th June 2021 relating to messages, CS spoke to both parties. The CS social worker spoke to Ali on the 30th June 2021 who advised her to contact the police regarding the messages.

15.77 CS undertook a home visit in July 2021 and CS discussed with the crisis team regarding concerns of Ali's presentation, which was determined to be due to medication.

15.78 CS made unannounced visit to Ali in July 2021 following concerns of alcohol use. The children were taken to the perpetrator's home with Ali's agreement.

15.79 Following the concerning text message received from Ali, CS undertook a home visit. She said she wanted the children to remain with the perpetrator until she could control alcohol consumption.

16. Analysis

16.1 The analysis will address the terms of reference and the key lines of enquiry within them. In doing so it will examine how and why events occurred, information that was shared, the decisions that were made, and the actions that were taken or not taken. It will consider whether different decisions or actions may have led to a different course of events. It will also highlight examples of good practice.

Access to physical and mental health services

16.2 Ali was proactive in seeking support from her GP surgery with regards her physical and mental health and appropriate onward referrals were made, particularly with regards to her mental health. However, her contact with the surgery during the scoping period was significant. With the benefit of hindsight, the reasons for contact with the surgery and the complaints Ali presented with could have indicated wider issues including the potential for domestic abuse. For example, Ali presented with a number of urinary tract infections and gynaecological issues, requests for sterilisation, and a number of minor injuries reportedly caused by slips, trips, and falls. However, at the time, these were not a trigger for further investigation by GP services. It is also evident that Ali was able to self-refer to agencies for support, such as NTRP.

16.3 However, there were a number of offers to refer, and signpost, to other agencies. On many occasions Ali did not agree to onward referrals or support from other agencies, and a number of appointments made for her she did not attend. There is no evidence of consideration by agencies as to why she either did not wish to engage or did not attend. Ali was a single mother with two young children with employment to maintain which would have made it practically difficult for her to attend and engage with services. There is no reference or exploration of her previous experiences with services, although she did disclose downplaying her mental health for fear of children's services involvement. Her experience of being separated from Child 1 when he was a baby would undoubtably have had an impact on her and therefore she would have been mindful of the repercussions of engaging with certain agencies and services, especially in the context of the perpetrator using threat of having the children removed from her care.

16.4 With regards to Ali's mental health specifically, she often stated that she did not think treatments and support were helpful yet there was no further exploration as to why these did not work for her.

Domestic Abuse: Recognition and Response

16.5 Agencies appeared to recognise the domestic abuse Ali was experiencing, particularly the police who assessed the risk in response to every contact made. Domestic abuse was first identified by police following her first contact with them in

May 2019. Ali's first disclosure to mental health and the 0-19 services was in October 2019. She disclosed domestic abuse to housing in September 2020, to NEAS in November 2020 and to NTRP in March 2021. Ali only referred to her relationship whilst in contact with GP services on two occasions, whilst her disclosures were not as explicit as with other agencies, further probing may have uncovered the domestic abuse Ali was experiencing. There was a MARAC/domestic abuse marker on file from January 2021 yet her contact with the GP lessened from that period of time onwards.

16.6 As mentioned above, Ali presented to her GP with a number of urinary tract infections and gynaecological issues and made three requests for sterilisation. The GP stated that although Ali presented with symptoms of a UTI, tests was often negative. The GP commented on the presentations in respect of a UTI. In the GP's opinion, Ali did not have a recurrent UTI and the frequency of symptoms was not uncommon for a person of her age. With regards Ali's requests for sterilisation, the GP commented that Ali was having unprotected sexual intercourse throughout the chronology and had a number of pregnancy tests completed by the GP. Her request for sterilisation was declined by specialist services in the first instance due to her age. It is possible that Ali's requests for sterilisation stemmed from being poor at remembering to use oral contraceptives and not finding a long-acting contraceptive she liked. Ali had had a couple of pregnancy scares and a termination and she was a young single mother to two children who struggled financially. Ali had experienced post-natal depression on three occasions and so maybe did not want to go negatively impact her mental health again and did not want the stress and worry of remembering to take contraception.

16.7 Expert advice sought from Rape Crisis North Tyneside (RCNT) stated that their service was familiar working with women who experienced domestic abuse and have additional needs, and their fear of disclosing the extent of mental health issues and self-harm ideation for fear of losing children. They also stated that when working with women who are in an abusive relationship but not reporting the abuse, problems such as UTIs and post coital bleeding can often be present. Women will often say this is a health problem when practitioner suspects ongoing rape. RCNT also thought that the repeated requests for sterilisation may have been a possible indicator of an abuser who was trying to control a woman through pregnancies.

16.8 Agencies acknowledged that domestic abuse was not always fully explored following disclosure which may indicate a lack of understanding and recognition. It is proposed that the incidents of domestic abuse Ali was experiencing were also minimised by the other issues being reported such as childcare, alcohol use and mental health. There was also evidence of a lack of triangulation of information and professional curiosity. Domestic abuse was identified by agencies as was Ali's need for mental health services and support. However, the presenting issues were treated in isolation and there did not appear to be any consideration of how the domestic abuse and coercive control Ali was experiencing was impacting upon her mental health and latterly upon her alleged alcohol use, and a lack of recognition and understanding of how the perpetrator used the children as a means to control and coerce Ali.

Coercive and controlling behaviour.

16.9 The chronology evidenced that agencies recognised domestic abuse yet it is unclear whether they recognised the coercion and control that Ali was subjected to by the perpetrator, yet in a review of DHRs, coercion and control was identified as an aggravating factor in 65% of cases[11]. The perpetrator primarily used the children to coerce and control her. He failed to pay nursery fees which meant that she became reliant on him to provide childcare. He used the children to threaten Ali, he refused to return the children, threatened to have them removed from her care and utilised contact time to maintain his control over her. When contact via a third party was put in place, he sought to meet directly with Ali to facilitate contact, when he was unable to do so he resorted to directing abusive messages towards the friend who was facilitating the family time.

16.10 The perpetrator discussed with Children's Social Care his concerns about returning the children to Ali's care if she remained unwell, which is an appropriate and understandable response in the situation. However, it is unclear if this was considered through the lens of controlling behaviour rather than just the response of a concerned parent.

16.11 On the occasions that the children were in the perpetrator's care it was with the agreement of Ali, it is likely she felt she had no choice. Children's social care had no concerns about the perpetrator's ability to care for the children and there were no

[11] DHRs_Review_2019-2020_Report_Final_Draft.pdf

concerns raised or observed. From Children's Social Care's point of view he had parental responsibility for Child 2, Ali stated that she wanted the children to go to him when she was unwell, the children did not appear to be fearful of him, and there was no evidence of harm. However, these observations are contrary to the perceptions of family and friends, yet no enquiries were made with friends and family about the abuse that Ali was experiencing. Furthermore, children are considered victims of domestic abuse, whether witnessed or not, and this is now formalised in law.[12] Child contact is used by perpetrators to legitimise contact with ex-partners therefore, when considering the safety of the victim and children, it is important to discuss informal contact and family routines in order to identify when victims and their children may be at risk.

16.12 As a result of the perpetrator using the children to maintain control over Ali, she could not remove herself from the source of abuse. There are references to Ali having capacity to make decisions about pursuing offences. Whilst Ali may have had mental capacity in accordance with the Mental Capacity Act 2005 there was no consideration was given to undue influence, whether she was making truly free and informed decisions or whether she was making decisions in fear of retribution from the perpetrator.

Risk assessment

16.13 Despite numerous disclosures to agencies only four agencies formally assessed the risk in relation to domestic abuse[13]. During the scoping period fourteen DASH risk checklists were completed, nine of which were completed by the police. The outcomes of these DASHs are provided in Table 1.

16.14 The overview provided in Table 1 illustrates a number of things. It firstly demonstrates an escalation from August 2020 through 2021, despite Ali moving to a new home and securing a non-molestation order, in January and February 2021 respectively, reports of domestic abuse continued to be made and risk remained. The Table also demonstrates how DASHs were completed in isolation, they did not take into consideration previous reports and DASHs completed, the risk increased and decreased across the DASHs completed without any conceivable reason. It

[12] Domestic Abuse Act 2021, Part 1 Section 3
[13] Police, Housing, Harbour, CNTW

further appears that the level of risk identified through the DASH was based on number of ticks without consideration of escalation and without the application of professional judgement.

Table 1 - * referred to MARAC.

Date	**Agency**	**Risk Level**
May 2019	Police	Standard
5th April 2020	Police	Standard
30th August 2020	Police	Medium
11th September 2020	Housing	*Not known*
16th September 2020	Police	Medium
28th September 2020	Police	Standard
10th November 2020	Police	Medium
17th January 2021	Police	High*
2nd February 2021	Harbour	High
3rd February 2021	Police	Medium
23rd February 2021	Police	Standard
8th March 2021	Harbour	Standard
18th April 2021	Police	Medium
8th June 2021	CNTW	High*

16.15 There is also an indication of lack of consistency in application of the DASH when comparing the DASH completed by Harbour on the 2nd February and by police on the 3rd February. This inconsistency is likely to be based upon the information known to and shared with the professional undertaking the DASH and therefore highlights both the importance of sharing information and taking time with the victim to complete the checklist. In this case it would have been beneficial to share the DASH completed by Harbour with MARAC as this appeared to be the most comprehensively completed checklist with Ali sharing a considerable amount of information about her experiences of domestic abuse.

16.16 The DASHs completed resulted in two referrals to MARAC, although only one took place. As a result of an apparent delay in referring to MARAC following the DASH completed in June 2021 the referral was not received by MARAC until the day after Ali died. There was also an apparent miscommunication and misunderstanding in September 2020 when Housing completed a DASH but no further action was taken based upon a misapprehension that a referral had already been made to MARAC.

16.17 The MARAC held in January 2021 identified Ali's move to an address unknown by the perpetrator as a positive factor. Although Ali had ended the relationship sometime prior, the perpetrator was still able to exert his control over her, which would account for the increase in reports from August 2020. Ali's move to a new home indicated a more definitive separation which would result in a lessening of control for the perpetrator. Separation is a high-risk factor, with an increased likelihood of violence. Forty-one percent (37 of 91) of women killed by a male partner/former partner in England, Wales, and Northern Ireland in 2018 had separated or taken steps to separate from them. Eleven of these thirty-seven women were killed within the first month of separation and twenty-four were killed within the first year.[14]

16.18 In terms of risk assessment for mental health CNTW's internal review identified significant findings and areas for learning for the Crisis Team with recognition that the service did not evidence robustly how risks were appraised and treatment plan outcomes were measured or reviewed at the end of June, beginning of July 2021, following Ali's discharge. It was noted that the Community Care Coordination Care/Risk management Plan and risk assessment did not give a contemporaneous record of the complexities of Ali's family circumstances.

Adult safeguarding

16.19 MARAC is not a substitute for a section 42 enquiry[15] in terms of abuse or neglect and it serves a different purpose to a section 42 enquiry. Whilst it is positive that domestic abuse was recognised, the MARAC process considers a number of cases, with the focus specifically on high-risk domestic abuse. A safeguarding enquiry under section 42 of the Care Act allows a multi-agency holistic focus on the

[14] (Femicide Census, 2020)
[15] Section 42, Care Act 2014 – duty to make safeguarding enquiries

individual, usually including the individual, and seeks to put a safety plan in place that encompasses all areas of vulnerability.

16.20 Ali had care and support needs in respect of her mental health and alcohol use, and there was evidence that she was not able to protect herself from abuse and neglect as a result of these issues, meaning that safeguarding concerns should have resulted in formal referrals to services and enquiries instigated in respect of Ali's disclosures.

16.21 Referrals made to ASC focused on a request for mental health support. No safeguarding concerns were raised with ASC by any of the agencies involved.

16.22 With regards to the abusive texts being sent to Ali, there is evidence that ASC were informed that the CNTW safeguarding team were taking this forward. It was positive that ASC ensured that the police were informed of the disclosure from Ali and that ASC followed up with the CNTW safeguarding department to ascertain what was happening. However, once there was a response that CNTW had only referred back into MARAC there was no consideration of further action under safeguarding procedures.

16.23 A safeguarding enquiry commenced for the purpose of informing the police but was closed down without a strategy discussion or meeting because the police had been informed, Ali was deemed to have capacity and CNTW safeguarding were progressing the matter within their safeguarding processes.

16.24 ASC can request other agencies to take a lead on safeguarding processes where this is appropriate, but in Ali's case there is no evidence to show that ASC required CNTW to report back on the efficacy of any safety plan put in place. There is no evidence that the safeguarding actions took account or consulted with Ali about what her desired outcomes were. This should have been followed up by ASC to ensure that this was undertaken.

16.25 When further concerns were received about Ali from the ambulance service and from the police, ASC officers took action to ensure that partners were informed and to ascertain that Ali was linked into services but there is no evidence that any further consideration was given to using the safeguarding process to co-ordinate the actions being taken and to ensure a cohesive safety plan was in place.

Non-molestation order

16.26 A six-month non-molestation order was granted in February 2021 and agencies involved with Ali were aware of this. Whilst it is difficult to be exact, the chronology suggests that the perpetrator breached the order on at least eight occasions. However, there was no consequence to him doing so. On one occasion Ali was incorrectly told that the perpetrator had not breached the order as she had initiated contact. On another occasion the matter was not pursued in the interests of Ali's mental health. In early July 2021 police were contacted with concerns for Ali's welfare and were satisfied that she had her ex-partner staying with her. At the most the perpetrator was spoken to and reminded about the presence of the non-molestation order.

16.27 Violations of criminal or civil orders may be associated with an increased risk of future violence. Similarly, previous violations of contact or non-contact orders may be associated with an increased risk of future violence. Such violations can indicate both a disrespect for authority and commitment to commit an offence. Victims, such as Ali, who have experienced breaches of bail/court orders in the past may not have had a positive experience of how the police or the courts responded to these. If this is a reality for the victim, they may be very reluctant to pursue these options. In Ali's case she saw no benefit to the non-molestation order as the perpetrator continued to breach without consequence and thus, she was likely reluctant to peruse the matter whilst in hospital, particularly given that the children were in the perpetrator's care at the time.

Communication and Information Sharing

16.28 There are many examples of good information sharing between agencies. Whenever the police engaged with Ali, they shared information with Children's Social Care who in turn, on many occasions, shared information with the 0-19 service and with the school via Operation Encompass. There was also evidence of collaboration between psychiatric liaison and hospital health staff within the hospital when Ali presented. However, when information was shared with other agencies, such as Adult Social Care, the emphasis was upon Ali's mental health.

16.29 There were many instances of a lack of triangulation of information, and information being taken at face value, which had been shared by either Ali with agencies or

between agencies. There are examples where this led to confirmation bias such as Ali's use of alcohol. On one occasion it was recorded that she had reported drinking three bottles of wine a night, Ali subsequently clarified this with the health visitor and said she only drank two to three glasses a night, the most she had ever drunk was three bottles. Despite this clarification there was continued emphasis on her alcohol problem. In addition, following her admission to hospital in June 2021 there were no signs of alcohol withdrawal which would indicate such a significant use of alcohol. There was, however, evidence of triangulation post discharge when Ali appeared intoxicated but Children's Social Care were able to verify with the hospital that this was an effect of medication.

16.30 Ali also stated that she had self-referred to support agencies when this was not the case. Further to this, whilst Ali was signposted to other support agencies no one made any referrals on her behalf, save to the referral to Harbour following a high-risk checklist.

16.31 There were missed opportunities to share information. Safeguarding concerns were not shared with Adult Social Care, Housing did not share the outcome of their checklist outside of their agency, and Harbour did not feedback the outcome of their interventions and checklist to the MARAC. No information was shared with Ali's GP, the agency that she had the most significant contact with during the period under review. Following the MARAC agencies were advised to flag and tag their systems but the information omitted detail on the person causing the risk.

16.32 In addition, over the four and half years in scope, there were only two multi-disciplinary/agency for a held to discuss Ali, one was a discharge planning meeting and the other was the MARAC held in January 2021. It was evident that each agency held a piece of the puzzle, no one agency held all the information available. In addition, when information was shared it was considered and responded to as a standalone event with no collective consideration of the wider picture and recent history.

16.33 With regards to information sharing and communication with the family, the only agency to communicate with the family was adult social care in relation to their duty to contact the nearest relative following admission under the Mental Health Act 1983 and limited communication between Children's Social Care and Ali's family.

16.34 The CNTW internal review following Ali's death identified that opportunities to include her family in her care and treatment were not taken, as would be expected. There was no evidence that information had been sought or shared with Ali's parents at pertinent points of her care, including admission and discharge planning whilst in inpatient care, nor by Crisis clinicians during home-based treatment. This was identified as an area for learning in the CNTW internal review.

16.35 There would, of course, be issues of confidentiality and consent but there are no records of consent being sought from Ali to liaise and share with family members. Despite this, the only communication with family by any of the agencies was with the perpetrator.

17. Conclusions

17.1 Ali was subject to domestic abuse, coercive and controlling behaviour and harassment at the hands of the perpetrator for a period of at least three years. There were a considerable number of high-risk factors in this case which included: isolation, victim's mental health ill-health and suicidal ideation, separation, presence of children and conflict over child contact, pregnancy and maternity, control, escalation, use of objects to cause harm and injury, attempt to strangle/choke, sexual assault (rape), financial issues, perpetrator drug use, perpetrator threats to suicide, and perpetrator's breach of orders.

17.2 Ali had significant engagement with a range of services and all services were aware of the domestic abuse she was experiencing. Unfortunately, a pattern emerged of each incident being responded to in isolation without consideration of events in the recent past and the corrosive cumulative effect of the perpetrator's controlling behaviour on Ali's mental health and use of alcohol as a coping mechanism.

17.3 Ali struggled with her mental health, which made her particularly vulnerable to coercive control. Agencies must be able to identify vulnerabilities and explore through professional curiosity, whether this vulnerability is being, or could be, exploited by others.

17.4 One of the purposes of a DHR is to prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a coordinated multi-agency approach to ensure that domestic

abuse is identified and responded to effectively at the earliest opportunity. The panel are acutely aware that the perpetrator has moved, with the children, to another local authority area where he has started a new relationship with a woman with whom he has had a child. As such this review will identify lessons and make recommendations in relation to perpetrators who move following a domestic abuse related suicide.

18. Lessons Identified

18.1 This section will summarise what lessons are to be drawn from the case and how those lessons should be translated into recommendations for action. It will also evidence an early learning identified during the review process and whether this has already been acted upon.

Understanding domestic abuse and coercive and controlling behaviour

18.2 Whilst all agencies were aware of the domestic abuse Ali was experiencing, and some agencies identified that the perpetrator was using the children to exert control over Ali, agencies need to have a deeper understanding of these issues, the high-risk factors and vulnerabilities that increase risk. Agencies should consider the impact domestic abuse and coercive controlling behaviour can have upon mental health, access to and engagement with services, willingness to pursue criminal prosecution.

18.3 As part of the review the Chair contacted the Local Authority B, where the perpetrator and the children moved to following Ali's death. The Chair spoke with Children's services team manager, for both children, on many occasions. The Chair expressed their concerns about coercive control by the perpetrator towards Ali, and now towards the children. Local Authority B did not share these concerns initially although they did appreciate that they did not know about domestic abuse and coercive control relating to the perpetrator and his past relationship. Local authority B appreciated that things could have been dealt with differently before the children moved to their area and that the case had not been looked at through a domestic abuse lens to fully understand the impact on the children. The factors of the perpetrator's new relationship, moving the children from their schools, family, and friends within a few weeks of their mother's death were highlighted by the Chair but Local Authority B did not seem concerned.

18.4 The Chair also spoke to the Head of Children's Service who acknowledged learning was needed regarding coercive control and communication between the areas too. Despite many efforts to do so, the Chair was unable to contact the Local Authority B social worker.

18.5 Training in domestic abuse should therefore include a focus on how particular vulnerabilities can increase the risk of domestic abuse and should highlight the high-risk factors and their basis in evidence.

Professional curiosity

18.6 Ali presented to primary care services, and other agencies, with regards both her physical and mental health. Many of her physical health issued revolved around recurrent presentations for UTIs and abdominal issues, along with injuries sustained by reported slips, trips, and falls. These preceded the MARAC in January 2021 and therefore the GP service was not fully aware of the domestic abuse, yet Ali had referred to a difficult relationship with her partner and furthermore reported anxiety if touched by him.

18.7 There was a lack of professional curiosity, both prior to and after the MARAC, into the underlying factors relating to her decline in mental health, particularly following the sudden escalation in October 2019 when Ali attempted an overdose and self-harmed. There was also a lack of exploration of the physical issues Ali presented with or consideration of the underlying cause of her presentations for UTIs, abdominal pain and other injuries and no exploration of the repeated requests for sterilisation.

18.8 These issues, considered in a wider context and not in isolation, may have indicated, or allowed disclosure, of domestic abuse.

Risk assessment

18.9 The DASH risk assessment is not a one-off tick box exercise. The DASH risk assessment is based on research about the indicators of high-risk domestic abuse. It is a structured professional judgement scale. Whilst a threshold of fourteen is considered an appropriate classification as high risk, professional judgement and practitioners' own assessment of risk is also important. Being identified as high risk determines the level of intervention and support services provided to victims and, therefore, has potentially very real implications.

18.10 For this reason, practitioners should have a sound understanding of the risk checklist and the reasons why these questions are asked. Practitioners should consider past known information, information that has been shared by other agencies and/or persons known to the victim, in addition to the contributions made by the victim themselves. Completion should consider and build upon any previous checklists completed.

Public understanding

18.11 Ali's family knew that her relationship with the perpetrator was detrimental, they witnessed a change in her demeanour and mood dependent on the perpetrator's presence in her life. However, Ali's family and friends did not understand coercion and control.

18.12 As in Ali's case, family and friends can have the best understanding of how their loved ones are affected by negative relationships. For that reason, agencies should engage with the public and raise awareness of coercive and controlling behaviour so that the public can better recognise, name, and report the behaviour.

Safeguarding adults at risk

18.13 Domestic abuse is a category of abuse under the Care Act 2014. The associated Care and Support guidance specifically states that 'If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or the police if they believe or suspect that a crime has been committed.'

18.14 Agencies should be aware of when and how to refer a safeguarding concern to the local authority, and their role in safeguarding adults. Local authorities must make enquiries when the criteria[16] has been met and be aware that they have the power to do so when the criteria are not met.

Family involvement/support networks

18.15 Friends and family can be an invaluable source of information and support. The review has recognised that Ali's family and friends were not readily engaged by agencies working with her. Whilst there are issues with consent to share information,

[16] S.42, Care Act 2014

agencies should seek to establish this consent at the earliest opportunity and confirm who the person would like involved in their care and safety planning.

Communication and information sharing

18.16 Whilst there were examples of good information sharing there were missed opportunities and a feedback loop of information sharing was not apparent. Agencies should ensure that information is shared with all relevant agencies in a timely manner and maximise opportunities for multi-agency discussion and planning.

Perpetrators that move area

18.17 When a perpetrator of domestic abuse moves areas there should be systems in place to alert and ensure risk is shared with the new area. This should include an agency-to-agency referral from one area to the new area.

18.18 Where a DHR is being undertaken and the perpetrator has moved to a new area, representative from the new area should participate in the review to ensure information is shared and risk is managed in the new area.

19. Recommendations

- For all agencies to increase competence and understanding of domestic abuse and coercive controlling behaviour including high risk factors and the impact of vulnerabilities.
- For all agencies to improve competence in the completion of DASH checklists.
- For health services to increase the application of professional curiosity in relation to physical and mental health presentations.
- Increase public awareness of coercive and controlling behaviour.
- For all agencies to increase understanding of how and when to raise a safeguarding concern.
- For local authorities to ensure that safeguarding concerns involving domestic abuse are considered for an enquiry in accordance with the Care Act 2014.
- For all agencies to improve the involvement of families, considering appropriateness of that involvement and consent.

- For agencies to consider counselling for child victims of domestic abuse and bereavement.
- Improve information sharing between agencies when there is new and significant information to share and ensuring information is shared with all relevant agencies.
- For the Home Office to consider including a requirement in guidance for other local authorities to participate in DHRs when the perpetrator has moved areas.
- To share the final report with local authority B.

Appendix One Glossary of Terms

Single point of contact (SPOC)

Safeguarding Adults Review (SAR)

Multi-Agency Risk Assessment Conference (MARAC)

Advocacy After Fatal Domestic Abuse (AAFDA)

Individual Management Review (IMR)

Urinary Tract Infection (UTI)

Perinatal Community Mental Health Team (CMHT)

Dialectal Behavioural Therapy (DBT)

Child Concern Notification (CCN)

Multi-Agency Safeguarding Hub (MASH)

North Tyneside Recovery Partnership (NTRP)

Community Treatment Team (CTT)

Independent Domestic Violence Advocate (IDVA).

Adult Concern Notification (ACN)

Approved Mental Health Professional (AMHP)

Rape Crisis North Tyneside (RCNT)

Domestic Abuse Stalking and Harassment Risk Indicator Checklist (DASH)