Domestic Homicide Review 8

Overview Report on the death of Michael in July 2021

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STUART DOUGLASS: INDEPENDENT CHAIR

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Preface

The Independent Chair, Author, and Review Panel offer their deepest sympathy to all affected by Michael's tragic loss and thank them for their contributions and support for this process.

The essential purpose of undertaking a Domestic Homicide Review (DHR) is to enable lessons to be learned from a person's death where domestic violence or abuse is known to be present within the relationship. Professionals need to understand what happened in each case for these lessons to be widely and thoroughly learned. Most importantly, what needs to change to reduce the risk of such tragedy.

The Chair would like to thank the panel and those who supplied chronologies and information for their time, patience, and cooperation.

Foreword

Firstly, on behalf of the Safer North Tyneside Partnership, I offer my sincere condolences to Michael's family and those who knew and loved him.

It is clear that Michael was exposed to horrific circumstances as a young soldier during international deployment. The resulting PTSD made him vulnerable to substance misuse, and in turn, abuse and exploitation. We are fortunate in North Tyneside to have some incredible organisations working with our armed forces veterans. North Tyneside Council has a dedicated Armed Forces Support Officer who offers help and signposting to organisations who work to support veterans and help them to integrate back into civilian life after their military service. One of the key roles that officer has is to implement the North Tyneside Armed Forces Community Covenant. This brings commitments from North Tyneside Council, partner organisations, and the civilian community to bring their knowledge, experience and expertise to bear on the provision of help and advice to members of the Armed Forces Community. In this case, Walking With the Wounded provided Michael with support in meeting his housing needs and they were also a valuable part of the review Panel.

The Partnership is very grateful to all agencies involved for being honest and transparent in their analysis of Michael's case. The agencies involved in the review have provided lots of information and analysis and I am grateful to the Panel members, the Chair of the review and to the Author of the report for their efforts.

There is more work that can be done to raise awareness of male victims of domestic abuse and the challenges and obstacles men can face in reporting abuse. In this review, the Panel sought advice from ManKind Initiative, a charity who specialises in supporting male victims of abuse. Their participation gave an insight into the challenges we must overcome both as practitioners and as commissioners of local services and we will seek to raise awareness of targeted support available to male victims.

Michael struggled with substance misuse, and this also made him vulnerable to exploitation. Tackling drugs misuse is a national public health and criminal justice priority. Earlier this year, a new national requirement was announced to establish new Local Combatting Drugs Partnerships, in line with the Government's 10-year

drug strategy “From Harm to Hope” and the formal response to the Independent Reviews of Drugs led by Dame Carol Black (2021). In response to this, a Northumbria Combating Drugs Partnership, under the leadership of the Police and Crime Commissioner, will be established and will support the enforcement, drug supply and criminal justice focused outcomes required.

In addition, to target local resources effectively, a “North Tyneside Drugs Alliance” has been developed under the leadership of the Director of Public Health. This will deploy a public health approach to determine how local treatment funding and other resources are allocated to help target support to more people in our Borough who are struggling with substance misuse. Treating the underlying causes of vulnerability to exploitation is crucial.

Councillor Karen Clark

Chair of Safer North Tyneside Partnership

1 INTRODUCTION

1.1 Introduction

1.1.1 Northumbria Healthcare NHS Foundation Trust (NHFT) referred Michael (the pseudonym for the adult) following his tragic death in July 2021 to the Safer North Tyneside Board (SNTB); at the time, Michael had an open Multi-Agency Risk Assessment Conference (MARAC) referral. A partnership meeting on the 16th of September 2021 reviewed the case. The partnership panel agreed that a Domestic Homicide Review criteria were achieved.

1.1.2 Domestic Homicide Reviews (DHRs) were established under Section 9(3), Domestic Violence, Crime, and Victims Act 2004, enacted in 2011.

1.1.3 The Review has been conducted following the Home Office guidance Multi-Agency Statutory Guidance for Domestic Homicide Reviews (revised December 2016)[1].

1.1.4 Section 2 of the statutory guidance highlights circumstances which indicate a Domestic Homicide Review:

'*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.'*

1.1.5 The review examines agency responses and supports given to Michael, a resident of North Tyneside, before his death in July 2021.

1.1.6 In addition to agency involvement, the review will also examine the last 14 months of Michael's life (May 2019 – July 2021) to identify any relevant background, indicators, or instances of abuse before his death; and whether support was accessed within the community and identify any barriers for Michael in accessing support. The review seeks to identify appropriate solutions to make the future safer.

[1] https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews

1.1.7 This Review process does not take the place of the criminal or coroner's courts, nor does it take the form of a disciplinary process.

1.1.8 Michael died in hospital following an overdose; the coroner concluded the death a Misadventure.

1.2 Case Summary

1.2.1 In July 2021, Michael's friend made a 999 call to the ambulance advising that Michael was not breathing. The address provided was Michael's home. The ambulance crew confirmed that Michael had experienced a cardiac arrest. However, there was now a return of spontaneous circulation. Although Michael made no respiratory effort, he was intubated, ventilated, and conveyed to the hospital.

1.2.2 The North East Ambulance Service (NEAS) confirmed the name of the friend who called; the name does not correspond with what any partners and agencies know. The ambulance noted that another person may have been present during the call. However, it was difficult to assess due to the caller's distress. The friend reported Michael had taken a mixture of Diazepam, Pregabalin and crack cocaine.

1.2.3 Michael was admitted to critical care; he was not expected to return to consciousness. On the fourth day of admission, the care of the dying pathway commenced, and a DNACPR[2] was put in place.

1.2.4 With an agreement with the family, life-sustaining treatment was withdrawn. Michael died shortly after.

1.3 Timescales

1.3.1 The SNTB considered the 2016 Multi-Agency Statutory Guidance for Domestic Homicide Reviews. It commissioned this DHR following a decision to proceed in September 2021.

[2] https://www.nhs.uk/conditions/do-not-attempt-cardiopulmonary-resuscitation-dnacpr-decisions/

1.3.2 The board commissioned the Chair and Advocacy After Fatal Abuse[3] circulated expressions of interest for an Independent Author in January 2022.

1.3.3 Sections 36 to 39 of the Home Office Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews sets out the requirements for review chairs and authors. In this review, the chair and author roles were separate.

1.3.4 The independent chair was commissioned on the 17th of December 2021, and an independent author was appointed on the 18th of February 2022. Safer North Tyneside Board approved the completed report on the 5th of August 2022.

1.3.5 The first-panel meeting with the Chair took place on 26th January 2022.

1.3.6 A second-panel meeting on the 27th of May 2022 reviewed agencies' Individual Management Reviews and information sharing. This provided the opportunity for all to present challenges and request clarifications.

1.3.7 The first overview draft report was circulated to the panel, with a meeting on the 1st of July 2022 to consider the information. A second draft was disseminated on the 22nd of July 2022, incorporating the comments and responding to clarifications from the panel's scrutiny of the report. A further meeting took place on the 29th of July to approve the overview report and executive summary.

1.3.8 The Home Office guidance states that reviews, including the overview report, should be completed, where possible, within six months of the commencement of the review.

1.3.9 There were delays in commissioning due to COVID and the partnership revising its commissioning arrangements for DHR reviews.

1.4 Confidentiality

1.4.1 The findings of this review are confidential until the Home Office Quality Assurance Panel have approved the Overview Report for publication.

[3] https://aafda.org.uk/

Information is available only to contributing officers/professionals and their line managers.

1.4.2 The review has been suitably anonymised following the Home Office Domestic Statutory 2016 Guidance. The family felt unable to contribute to the review; therefore, the panel agreed on the pseudonym: Michael to protect the identity of the individual involved. The review does not identify the date of death, and only the independent chair, author, and review panel are named.

1.4.3 To protect the identity of the adult and the partner, the review will use the following anonymised terms:

- The victim: Michael
- Partner 1: Alison
- Partner 2: Betty
- Partner 3: Cara

1.5 Equality and Diversity

1.5.1 The review chair, author, and panel considered all the protected characteristics under the Equality Act 2010: age, sex, gender reassignment, marital status, race, religion/belief, pregnancy, sexual orientation, and disability.

1.5.2 The characteristic relevant to this review is a disability.

1.5.3 Michael was a 35-year-old male of white British origin and an army veteran. According to his mam, he was not married and had no children. Within the time scale of this review (14 months), Michael had three heterosexual relationships: Alison, Betty and Cara.

1.5.4 Michael was referred to the community mental health team by his GP in 2013 and diagnosed with Post Traumatic Stress Disorder (PTSD)[4] and co-morbid substance and alcohol dependence[5]. Michael's engagement was erratic, and he was discharged in 2014.

[4] https://www.nice.org.uk/guidance/ng116/chapter/recommendations
[5] https://www.nice.org.uk/guidance/cg115/chapter/1-guidance

1.5.5 Michael was under 12 months of supervision with the Probation service from January 2020, under a community order and 20 days of rehabilitation following stealing a motor vehicle and possessing a Class B drug.

1.5.6 The probation service referred Michael to the Veterans Transition and Liaison Service (VTILS)[6] in March 2020. VTILS is part of the Cumbria Northumberland Tyne & Wear NHS Foundation Trust (CNTW). Due to nonengagement, he was discharged in April 2020.

1.5.7 NHS England launched VTILS, a veterans' mental health service. It is to support and treat ex-armed forces veterans and service personnel. This includes recognising the early signs of mental health problems and providing access to early treatment and support and treatment for complex mental health difficulties and psychological trauma.

1.5.8 He was re-referred to VTILS by a Veterans Charity in July 2020, but his engagement was limited. VTILS completed an assessment and identified that Michael continued to experience PTSD symptoms and acknowledged the longstanding use of crack cocaine. He was referred to his GP for a medication review and talking therapies for the psychological work to address PTSD. In addition, a referral was made to Walking with the Wounded (WWTW)[7] for support with housing and employment issues. WWTE was set up in 2010 and is a Military Charity to recognise and support those who have served and their families to get back onto their feet.

1.5.9 In December 2020, Michael was referred to the drug and alcohol service by Talking Therapies following a disclosure that he was using substances: Crack Cocaine and Cannabis.

1.5.10 Michael was in the army as a Private with the Light Dragoons from 2003 to 2007. He was discharged due to a positive cocaine test.

1.5.11 The Light Dragoons is a light cavalry regiment in the British Army. It was formed in 1992 from the amalgamation of two regiments, becoming the first dragoon

[6] https://www.Cumbria Northumberland Tyne & Wear NHS Foundation Trust.nhs.uk/services/veterans-services-hartside-st-nicholas-hospital/
[7] https://walkingwiththewounded.org.uk/Home/Index

regiment in the British Army for over twenty years. The soldiers perform various roles, including scouting for information and engaging enemy targets.[8]

1.5.12 The Light Dragoons are a Formation reconnaissance regiment with a history in the reconnaissance role, which dates to the early 18th Century. They are currently based in Swanton Morley, Norfolk.

1.5.13 They are highly experienced operationally, with fourteen tours of the Balkans during the 1990s. They have deployed twice to Iraq on Operation TELIC in 2003 and 2005. C Squadron Deployed on a 6-month operational tour of duty in Helmand Province, Afghanistan, on Operation HERRICK 5 with 3 Commando Brigade, Royal Marines.

1.5.14 In April 2007, most of the Regiment, including elements of HQ Squadron, B Squadron complete and specialists from D Squadron, were deployed for a six-month tour in Afghanistan with 12 Mechanised Brigades on Operation HERRICK 6.

1.5.15 The Light Dragoons recruit principally in the North East of England (Northumberland, Tyne and Wear and County Durham) and Yorkshire and are powerfully connected with these areas. For this reason, the regiment is known as England's Northern Cavalry.

1.5.16 Michael reported a traumatic deployment in Iraq for six months when he was nineteen. His symptoms of PTSD included insomnia, nightmares, anxiety, paranoia, shaking, palpitations and breathing issues.

1.5.17 The Kings College published research in the British Journal of Psychiatry[9] suggesting veterans who had served in Iraq or Afghanistan were at a higher risk of suffering PTSD: 9%, compared to veterans who had been in other conflicts: 7.4.%, with the rate of PTSD among the public to be: 4%.

1.5.18 A contributing factor to Michael's unreliable engagement with services may be the stigma linked to mental health. Veterans with PTSD reported internalised stigma of mental illness, perceived stigma of mental health services, and challenges accessing services.[10]

[8] https://www.army.mod.uk/who-we-are/corps-regiments-and-units/royal-armoured-corps/light-dragoons/
[9] *The British Journal of Psychiatry* (2018). DOI: 10.1192/bjp.2018.175
[10] https://bmcpsychology.biomedcentral.com/track/pdf/10.1186/s40359-019-0351-7.pdf

1.5.19 According to research[11], disengagement may be caused by issues of utility (people feel the treatment is ineffective), attitude (people feel mistrustful or coerced), or practical considerations (treatment may be difficult to get to, difficult to schedule). Engagement occurs in the context of an individual's unique personality, social and life circumstances, and symptom burden; there is no universal approach.

1.5.20 Michael had been referred to VTILS, a service tailored to his needs. Michael had not articulated why he did not wish to attend all his appointments, and the above-mentioned research suggested that in order to improve treatment adherence in the most efficient manner, strategies that target any and all of these presumed barriers may be employed.

1.5.20 The 2011 Census for North Tyneside recorded 4,345 working-age veterans, of which 3,845 were men. The number of veterans referred to mental health services, explicitly talking therapies in 2017/2018, was more significant in Tyneside: more than forty referrals per 1,000 veterans.[12]

1.6 Terms of Reference/Key Lines of Enquiry

1.6.1 The full Terms of Reference/Key Lines of Enquiry are stated within section 4. This review aims to identify the learning from Michael's case and for action to be taken in response to that learning: to prevent deaths related to domestic abuse and individuals and families are better supported.

1.6.2 The Domestic Abuse Bill received Royal Assent and was signed into law on 29th April 2021. The Act provides a Legal definition of Domestic Abuse:

The behaviour of a person ("A") towards another person ("B") is "domestic abuse" if:

(a) A and B are each aged sixteen or over and are personally connected to each other, and

(b) the behaviour is abusive.

Behaviour is "abusive" if it consists of any of the following—

[11] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4780300/

[12] https://covenantfund.org.uk/wp-content/uploads/2020/09/Regional_Report_2019_North-East.pdf

(a) physical or sexual abuse;

(b) violent or threatening behaviour.

(c) controlling or coercive behaviour.

(d) economic abuse;

(e) psychological, emotional or other abuse; it does not matter whether the behaviour consists of a single incident or a course of conduct.

"Economic abuse" means any behaviour that has a substantial adverse effect on B's ability to—

(a)acquire, use or maintain money or other property, or

(b)obtain goods or services.

(5) For the purposes of this Act A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child).

Two people are "personally connected" to each other if any of the following applies:

(a) they are, or have been, married to each other;

(b) they are, or have been, civil partners of each other;

(c) they have agreed to marry one another (whether or not the agreement has been terminated);

(d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);

(e) they are, or have been, in an intimate personal relationship with each other;

(f) they each have, or there has been a time when they each have had, a parental relationship about the same child;

(g) they are relatives.

1.7 Methodology

1.7.1 The method for conducting a DHR is prescribed under the Home Office guidelines.[13]

13 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf

1.7.2 The first review panel meeting occurred on the 26th of January 2022; the panel shared brief information about the agency's contact with Michael. If there was contact, a chronology detailing the specific nature of the communication was requested, together with an Independent Management Review (IMR).

1.7.3 A total of twelve agencies were contacted to ask about their involvement with Michael. Two agencies returned nil contact, and ten submitted IMRS and chronologies.

1.7.4 Independence and Quality of IMRs: The IMRs were authored by professionals independent of the case management or delivery of the service concerned. The IMRs allowed the Panel to analyse their contact with Michael and produce the learning for this Review. Additional questions were sent as appropriate to the agencies further to enhance the awareness of the agency's input. Two IMRs made recommendations of their own. The IMRs have informed the recommendations in this report. In addition, the IMRs have helpfully identified changes in practice and policies over time and highlight areas for improvement not necessarily linked to the terms of reference for this Review.

1.7.5 The panel established the review period from 1st May 2019 to July 2021. The panel considered that this period gave context to the shorter period that Michael resided in North Tyneside and covered an increase in offending behaviour and agency contact.

1.7.6 **Documents reviewed**:

- Safeguarding Policy: My Space and North Tyneside Safeguarding Adults Framework

  Ten Step Procedures

- Risk Assessment Completed by Northumbria Healthcare NHS Foundation Trust

- The Safeguarding Enquiry led by Adult Social Care

1.7.7 The panel met three times, with the first meeting on the 26th of January 2022.

1.7.8 All panel members were asked to present their perspectives on recommendations they thought should be made in the final report. Each of these suggestions was discussed by the panel.

1.7.9 Mankind Initiative[14] were invited and agreed to be on the panel. This provided the opportunity to consider the impact on male victims of domestic abuse and better understand how services respond to male victims of domestic abuse.

1.8 Involvement of Family, Friends, Neighbours and Wider Community

1.8.1 The chair, author, and the review panel acknowledged the vital role that Michael's family could play in the review.

1.8.2 The chair contacted Michael's mam, who initially agreed to support the Review and was offered support to engage an advocate from Advocacy After Fatal Abuse by the chair. She subsequently indicated withdrawal from the Review, finding it challenging to discuss Michael. Further support was provided at this stage. She declined; however, she agreed to be contacted again by the Chair at the point of the available draft overview report.

1.8.3 The chair contacted Michael's mam to review the draft overview report. She emailed stating she had determined her learning and did not wish to see the review. She was asked whether she wanted to give a pseudonym and declined and did not want to be informed of the name either. She did not feel able to provide details of other family members.

1.8.4 The panel provided contact details for Michael's dad. The chair contacted Michael's dad, who requested a later call. Subsequent calls, texts and voicemails were left for him to contact the chair. Unfortunately, Michael's dad did not make contact.

[14] https://www.mankind.org.uk/

1.9 Contributors to the Review

1.9.1 The following agencies were contacted and recorded no involvement with Michael.

Agency and Profile
Harbour is an independent, registered charity that works with families and individuals affected by abuse from a partner, former partner or another family member.
North Tyneside Council Housing offers a range of services to residents in the Borough. These include tackling homelessness, providing good quality social housing, helping tenants manage their properties and tenancies, dealing with anti-social behaviour, and offering advice to private tenants and landlords.

1.9.2 The following agencies and their contributions to this review:

Agency and Profile	**Contribution and involvement Chronology/IMR/Letter/Other**
Adult Social Care Adult social care is the support, including safeguarding, provided to adults with physical or learning disabilities or mental illnesses.	IMR including Chronology Safeguarding Adult Concern: Exploitation and Cuckooing.
Cumbria Northumberland Tyne & Wear NHS Foundation Trust NHS Mental Health Service	IMR including Chronology Michael was under the VTILS Service on and off during the review period.
Department for Work and Pensions the Department for Work and Pensions (DWP) is responsible for welfare, pensions**,** and child maintenance policy. As the UK's most extensive public service department, it administers the State Pension and a range of working age, disability**,** and ill health benefits to around twenty million claimants and customers.	Chronology

My Space Housing Provides quality accommodation and support to vulnerable adults who require specialist services. These include Veterans who occupy around fifty-five units of self-contained accommodation across the portfolio. They have trained staff who provide one-to-one care and support for vulnerable adults.	Summary Living in their accommodation from June 2020.
North East Ambulance Service operates across Northumberland, Tyne and Wear, County Durham, Darlington**,** and Teesside. They provide an Unscheduled Care Service to respond to emergency calls and a Scheduled Care service, which offers pre-planned non-emergency transport for patients in the region. Since 2013 they have delivered the NHS 111 service for the region to provide urgent medical help and advice.	Chronology Three callouts to Michael, 1. Overdose, 2. Stabbing Incident and 3. fatal overdoses
Northumbria Healthcare NHS Trust Deliver care from sites across Northumberland and North Tyneside, including an emergency care hospital, general and community Hospitals, an outpatient and diagnostic centre, ad an elderly care unit.	IMR including Chronology He was brought in by ambulance three times and had one self-presentation.
Northumbria Police	IMR including Chronology He has thirty-eight crime records under his name, with 33 o of him being the perpetrator.
North Tyneside Clinical Commissioning Group Commissions, all aspects of health care services, including primary care (GP Practices), to meet the needs of the borough'**s** population.	IMR including Chronology
Probation Service North East	IMR including Chronology

	Michael was under probation for most of the review period except from September 2019 – to January 2020.
Walking with the Wounded Voluntary Organisation Supporting Veterans and their Families.	Summary Michael received support from a branch of this service, Project NOVA, and another veteran charity, SSAFA – both these organisations support veterans who are at risk of or have committed crimes and are in custody or on probation.

1.10 The Review Panel Members

1.10.1 The Panel members for this review were the following:

Name	Role	Organisation
Stuart Douglass	Independent Chair	Independent
Parminder Sahota	Independent Author	P.S Safeguarding LTD
Lindsey Ojomo	Resilience and Community Safety Manager	North Tyneside Council
Ellie Anderson	Assistant Director Business assurance	Adult Social Care: North Tyneside Council
Sheona Duffy	Acting Team Manager Safeguarding and Public Protection/named Nurse Safeguarding and Public Protection Team	Cumbria Northumberland Tyne & Wear NHS Foundation Trust
Jackie Butson	Advanced Customer Support Senior Leader	Department for Work and Pensions
Graeme Heron	Housing Support Officer	My Space Housing Solutions
James Kilgallon	Safeguarding Adult Advisor	NEAS NHS Foundation Trust
Paula Shandran	Head of Safeguarding Children and Adults and	Northumbria Healthcare NHS Trust

	Acute Liaison Learning Disability	
Mark Brooks	Chair	Mankind Initiative
Louise Cass-Williams	Detective Chief Inspector	Northumbria Police
Steven Gilbert	PDU Lead – North Tyneside and Northumberland PDU	HM Prison and Probation Service
Laura Wade	Care Coordinator	Walking with the Wounded
Adrian Dracup	Designated Nurse Safeguarding Adults	North Tyneside Clinical Commissioning Group

1.11 Chair and Author of the Overview Report

1.11.1 Parminder Sahota is an independent author who has worked in Safeguarding and Domestic Abuse for the last ten years and received DHR Chair training by Advocacy After Fatal Abuse in 2021. She is a Mental Health Nurse and has worked in the NHS for more than 20 years with a specific interest in crisis work and working with adults diagnosed with a personality disorder. Currently working in the NHS as the Director of Safeguarding, Prevent, and is the Domestic Abuse Lead.

1.11.2 Parminder Sahota is independent of all agencies involved and had no prior contact with family members or the Safer North Tyneside Partnership.

1.11.3 Stuart Douglass was appointed as the Domestic Homicide Review chair. Stuart is an independent practitioner with over 30 years of experience in safer communities and safeguarding policy at local (northeast England) and national levels, with qualifications and experience in Domestic Homicide and safeguarding Reviews.

1.11.4 Northumbria Police employed Stuart between 1989 and 1993 and North Tyneside Council between 1993 and 1997. This was declared to the DHR

commissioner at the recruitment stage and did not indicate any conflict of interest given the considerable time elapsed since that employment period.

1.12 Parallel Reviews

1.12.1 There are no parallel reviews in the case.

1.13 Dissemination

1.13.1 This report will be widely disseminated after permission is granted by the Home Office to publish.

1.13.2 Agencies who will receive the report (this is not an exhaustive list):

- Members of the North Tyneside Safer North Tyneside Board
- Agencies represented
- Safeguarding Adult Board

1.13.3 The report will also be published on North Tyneside Council's website.

2 BACKGROUND INFORMATION

2.1 The Facts

2.1.1 Michael lived in specialised supported accommodation (My Space) for vulnerable people. He lived in a self-contained flat within the veteran scheme. He had a housing support officer and lived alone.

2.1.2 The housing officer had concerns about cuckooing[15] by a known male of interest to the police. The most common targets for cuckooing include those lonely or living in poverty, dependent drug users, vulnerable young women and adults with welfare needs living alone. They gain access with promises of

[15] Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. It takes the name from cuckoos who take over the nests of other birds.

friendship, money, and drugs. Michael lived alone in a veteran's scheme housing complex and was a drug user.

2.1.3 Michael informed the housing officer that his girlfriend and associates were coercing and beating him. Michael had shown the officer scar marks on his legs, which he believed to be knife wounds and a significant bite mark on his arm.

2.1.4 Michael had been admitted to the hospital six days before the fatal overdose, following an earlier overdose of Diazepam and Pregabalin. At this admission, he had multiple bruises and a bite on his right arm. Michael had informed the hospital staff that he had fought with his girlfriend, which he described as bi-directional. He reported that the girlfriend "flies off the handle" when she consumes alcohol and always throws him to the ground. He said she had previously gotten him in a throat hold and punched him, describing her as having a black belt in Judo. Michael did not share the girlfriend's details as he was worried about her comeback to him, saying she was currently on bail for attempted murder after attacking her ex-partner with a hammer and leaving him paralysed. The police could not identify any female they knew that may have met this description. The panel understood this girlfriend as Cara.

2.1.5 The accommodation had CCTV installed; Michael was last seen by housing on CCTV in July 2021 after a female called the ambulance following Michael's overdose. The CCTV was handed to the police. This was not shared with the panel.

2.1.6 The ambulance crew attended the scene and requested the police. They had seen Intra Venous drug paraphernalia around Michael and noted Michael had a six-inch knife and weighing scales in his right trouser pocket.

2.1.7 A Coronial Inquest was concluded in November 2021 and determined the medical cause of death as 1a Hypoxic Brain Damage; 1b Cardiorespiratory Arrest, and 1c Multiple Drug Toxicity, with the coroner concluding the cause of death as Misadventure.

2.2 Background Information about Michael

2.2.1 Michael was born and lived most of his life in the South Tyneside area of Northeast England. His mam reported he had one brother and no children. Michael joined the army after leaving school, and accounts indicate he had served in Iraq and Afghanistan.

2.2.2 The recording of Michael's voice is limited in the records the Review has gathered. However, one account he gave to a professional describes his exposure to the aftermath of a roadside bomb where he loses a colleague and must assist in removing the remains.

2.2.3 Michael is close to his family, particularly his grandmother and mam; he described his mam to the probation officer as his hero; she is humble, wise, non-judgmental, and spiritual. He also has contact with his dad, who assists him from time to time financially. Michael had reported that his dad had a long-term substance misuse addiction and did not live with his mam.

2.2.4 In the brief initial contact with Michael's mam (before she felt unable to support the review), she indicated that Michael had been extremely popular with his former peers he knew from school and the town he grew up in. He always took pride in his appearance and clothing. She indicated that as his mental health declined and substance misuse increased, he would describe that he did not have "real friends" but acquaintances who would use each other for gain associated with their substance misuse.

2.2.5 Sadly, we did not get an opportunity to gain more experience about Michael from those who knew him.

3 KEY EVENTS

3.1 Key Events from May 2019 to July 2021

3.1.1 Michael moved to North Tyneside in June 2020, wanting a fresh start.

3.1.2 **May 2019**: The police attended a campsite; Alison reported to a security guard that she had been slapped. Michael and two other males were present. However, Alison did not disclose who had hit her.

3.1.3 **June 2019**: Mental Health Crisis call and face-to-face assessment. Michael reported accessing addiction services and using £2,000 per month on Crack Cocaine. The plan was to request GP to address PTSD; no discussion or referral indicated a concern for drug use. Michael reported he was accessing services in South Tyneside due to his Crack cocaine use, this was not confirmed, and contact with South Tyneside was not made.

3.1.4 **August 2019**: Arrested: Warrant without bail, did not appear in court, and made off without payment. The Criminal Justice and Liaison and Diversion Practitioner screened Michael whilst in police custody. Michael declined a mental health assessment and reported that he is working with an adult mental health recovery team out of the area. Details of the mental health team were not provided. Subsequently, it is unclear what service Michael received and what work was undertaken.

3.1.5 **August 2019**: MARAC[16] meeting Michael is alleged to have pushed Alison; she sustained fractured ribs and a punctured lung. Michael was recorded as a perpetrator of domestic abuse. The CNTW electronic database registered an entry.

3.1.6 **November 2019**: Alison made a silent 999 call.[17] Michael left the property before the police arrived. She disclosed that Michael had pulled her hair. She appeared under the influence of drink and drugs and refused to engage with the officers saying she wished to see a friend.

3.1.7 **November 2019**: MARAC referral for Alison as a victim, she disclosed Michael had tried to drown her in a mop bucket full of water in her home. She reported that he became outraged when she refused to pay for his drugs. Michael was recorded on the CNTW health record as a perpetrator of domestic abuse.

3.1.8 **November 2019**: Non-Molestation[18] order issued to Michael regarding Alison.

[16] https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf
[17] https://www.met.police.uk/contact/af/contact-us/us/contact-us/how-to-make-a-silent-999-call/
[18] The order is used to prevent threats, harassment, and violence. The victim applying is the applicant and the accused is the respondent. This order protects the victim and relevant children from being molested by the respondent.

3.1.9 **March 2020**: Probation service referred Michael to the CNTW. Michael was called and requested a later phone call, and he did not answer.

3.1.10 **May 2020**: MARAC meeting Michael named perpetrator with Alison highlighted as the victim. At this meeting, there is a discussion about a child of Michael's. The date of birth is provided as 2008. Michael was recorded on the CNTW Health Record as a perpetrator of domestic abuse. Michael's mam was unaware he had a child, and the panel could not confirm whether Michael had a child(ren). There was a reference to two children, believed to be the a Partner's children.

3.1.11 **June 2020**: Michael moved to My Space housing and remained a resident until his tragic and sudden death.

3.1.12 **July 2020** – Michael engaged with VTILs, expressed interest in training opportunities and agreed to a referral to WWTW.

3.1.13 **August 2020**: Michael informed VTILS that he abstains from substances and declines referral for support. He reports that he has completed talking therapies and is working with WWTW and Project NOVA[19]. The information shared does not suggest that VTILS confirmed his report or which provider was delivering the talking therapies.

3.1.14 **September 2020**: Michael reports no longer experiencing mental health difficulties and denies substance use. Consequently, he does not feel he requires talking therapies or mental health input.

3.1.15 **November 2020**: MARAC meeting, Michael was recorded on the CNTW Health Record as a perpetrator of domestic abuse.

3.1.16 **November 2020**: Michael breached his tenancy by allowing a partner to stay in his flat. My Space did not have information about the partner. The partner called the police to report that Michael had assaulted her. This was Alison.

3.1.17 **November 2020**: Michael called 999, saying someone was trying to break into his flat. On police arrival, they found Michael outside his flat, intoxicated and

[19] https://walkingwiththewounded.org.uk/Home/Programmes/16

possessing a hammer. The door above his flat had considerable damage. Michael was charged with criminal damage.

3.1.18 **December 2020**: Michael was placed on a tag and a restraining order. The tag was about restrictions on location and not being permitted to enter Allison's residential area.

3.1.19 **December 2020**: Referral from talking therapies to CNTW. Michael reports occasional binging once per month: Crack Cocaine and Cannabis. A referral is made to addiction services.

3.1.20 **December 2020**: Common assault, finalised as undetected.

3.1.21 **January 2021**: Michael contacted the Department for Work and Pensions (DWP) to request an emergency advance to care for his child, whom he would be looking after for a few weeks. He was not eligible for the advance. Michael recontacted to withdraw the claim, and DWP stated that diligence would have to be done before any claim was processed.

3.1.22 The panel could not confirm whether Michael did indeed have any biological children; his mam was not aware Michael had any children. He was not responsible for any payments to children.

3.1.23 **February 2021**: Michael allowed unknowns into his flat and was subject to an Anti-Social Behaviour Notice due to drug and alcohol abuse. The details and consequences of the notice were not disclosed to the panel.

3.1.24 **February 2021**: Michael was screened by the Criminal Justice and Liaison and Diversion Service in police custody. Michael reports illicit drug use. Although he did not engage with talking therapies previously, he agreed to be referred. No mental health crisis was observed.

3.1.25 **February 2021 and March 2021**: Arrested for breach of bail conditions and suspected robbery and shoplifting offences.

3.1.26 **March 2021**: Michael contacted DWP, concerned that his ex-partner would access his claim and try to change the bank details. He was advised that there was no change of bank details for his claim. DWP reported that a password could be placed on the account. However, Michael ended the call before discussions could occur.

3.1.27 **March 2021**: Stealing from other tenants and banned from the local shopping centre.

3.1.28 **March 2021**: Probation service share information with CNTW: Michael is in a relationship with a person who has a significant history of domestic violence and has been a perpetrator of domestic violence; she has befriended, bullied, and cuckooed vulnerable associates. She was in custody from May 2021 to June 2021, returned to custody in July (before Michael's fatal overdose), and was released in August 2021. This is Cara.

3.1.29 **April 2021**: Michael requests support from VTILS for housing relocation and works with WWTW. He denied experiencing a mental health crisis or substance abuse and was agreeable to engaging in psychological work.

3.1.30 **April 2021**: Referred to WWTW.

3.1.31 **April 2021**: Michael disclosed to My Space Housing Officer that he was taking Valium, which he obtained illegally.

3.1.32 **April 2021**: Assault S47[20] (Criminal Justice Act 1988) was undetected.

3.1.33 **May 2021**: Adult Social Care (ASC) received an Adult Concern Notification from the police. Michael is at risk of exploitation. ASC opened a Section 42 Enquiry (Care Act 2014). Further information related to the concern was obtained from the Housing Support worker at My Space. In addition, they were informed that Michael was on a final warning concerning his tenancy due to bringing unauthorised visitors to his flat. The housing officer would require evidence regarding the unauthorised visitor(s) to pursue the formal eviction notice.

3.1.34 **May 2021**: CNTW receives information that a male perpetrator is known to the police for drug dealing and exploiting vulnerable people and is engaging with Michael.

3.1.35 **June 2021**: WWTW discussed with Housing a potential move to another supported accommodation project to move away from the exploiters and be closer to family in South Tyneside.

[20] Assault Occasioning Actual Bodily Harm: The offence is committed when a person intentionally or recklessly assaults another, thereby causing Actual Bodily Harm. It must be proved that the assault (which includes "battery") "occasioned" or caused bodily harm.

3.1.36 **June 2021**: Public Order Distress, finalised as undetected due to evidential difficulties.

3.1.37 **June 2021**: Michael declined a meeting with social services and police concerning a banning order on a known associate (drug dealer).

3.1.38 **June 2021**: (52 days before final admission) Police share further information with ASC concerning the exploitation of Michael, and the exploiter has a previous in another area. The police officer expressed their opinion that Michael would benefit from further support and is reluctant to engage with the police.

3.1.39 **June 2021**: (31 days before final admission) Safeguarding conference convened by ASC; Michael did not participate. The concerns were related to exploitation, and Michael did not observe himself as a victim. Michael's appearance and lack of food in his home were highlighted. A plan was made for the housing officer to add the banning order onto the property to stop the male from entering. A Community Treatment Team (CTT) assessment was arranged for July; the social worker would be linking in with CTT pre-and post-assessment and the police to try and speak to Michael in the absence of the male. A conference review was to take place in 20 days. However, this was an error in the recording; the North Tyneside Safeguarding Adults Framework highlights the following procedures: A further enquiry and safeguarding conference is to occur within twenty working days of the initial strategy discussion and the review meeting thirty working days after the case conference.

3.1.40 **July 2021**: (Nine days before final hospital admission) My Space and ASC discussed the need for a welfare check due to a known associate staying in Michael's flat, and Michael had not been seen. Police advised they could not undertake the welfare check based on the information provided by the social worker; Michael had been spoken to by the police a few days earlier and queried whether ASC could undertake the visit. ASC was concerned about their safety from the alleged exploiter and did not undertake a visit. The Social worker spoke to the housing support worker, who would request security to see Michael. The Social worker spoke to VTILS and offered that the senior social

worker would be available for a joint visit as she was going on leave. VTILS offered a joint visit, and VTILS visited without ASC.

3.1.41 **July 2021**: (Seven days before final admission) Michael called 999 to report he had been stabbed with a Stanley knife on his legs seven times the night before. Police were informed of the incident and described the wounds as more like injection marks. Michael was transported to the hospital. Once in the hospital, Michael, however, became aggressive and left the department before the treatment and assessment were complete. He was believed to have the capacity in his decision to leave and appeared orientated and not confused.

3.1.42 **July 2021**: (Seven days before final admission) Michael called 999 and reported to have taken an overdose of tablets, including Gabapentin, Valium, Pregabalin and Temazepam, with approximately ½ litre of Vodka; following an argument with his partner. The pills were his prescription medicines, and, he said, he had obtained the Valium off the streets. In addition, Mam called 999 to report Michael had taken 100 x Valium and 100 x Pregabalin. He was transported to the hospital. Once in hospital, he said he had fought with a partner, and he did not provide details of this partner. The hospital staff observed him having multiple bruises and a human bite mark on his right arm. (Cara was not in custody at the time of this assault). A MARAC referral was completed. However, the submission was delayed due to an administration error, sent ten days later and three days before Michael's final admission.

3.1.43 **July 2021**: (Five days before final admission) My space informed ASC that Michael had reported being a victim of assault. They had observed bruises on him, which appeared a few days old. The police had been informed of the assault, and Michael reported he had been in a fight and would not divulge who with and did not wish to press charges. Around this time, a security guard caught him shoplifting.

3.1.44 My Space described Michael's injuries to ASC; Michael had an inflamed kneecap, bite marks, black eyes, and bruises. This information was sent in an email to the social worker who was on annual leave. Therefore, senders would receive an out-of-office notification to alert them that the social worker was unavailable. The social worker picked this up on their return on 26 July, after

the critical incident involving Michael. Michael declined police involvement and said the injuries had occurred several days prior. During Michael's final admission to the hospital, My Space reported that Michael had revealed the injuries resulting from a fight with Cara, and Michael had said: "that he had given as good as he got."

3.1.45 **July 2021**: ASC informed CNTW that the previously identified male perpetrator had moved in with Michael.

3.1.46 **July 2021**: Assault S18[21] (Offences against the Persons Act 1861) was decided undetected.

3.1.47 **July 2021**: Assault S.47 (Criminal Justice Act 1988) was undetected.

3.1.48 **July 2021**: Michael was recorded as a victim of domestic violence and assessed by the police as a medium risk. The suspect was not identified, and Michael declined to disclose the perpetrator's details.

3.1.49 **July 2021**: (Three days before final admission) Meeting with My Space, VTILS and WWTW, Michael presented intoxicated with alcohol and drugs.

3.1.50 **July 2021**: A friend called 999 as Michael was not breathing. The friend reported having begun CPR as per the 999 handler instructions.

3.1.51 Whilst in hospital, Betty Called to enquire about Michael, and the information was not given. Betty swore at staff several times. As a protective measure, NHFT initiated a Password for people contacting the ward.

3.1.52 A social worker called to advise that Michael had been exploited; the details of the exploiter were not disclosed. However, they stated it was not a partner or a family member.

3.1.53 **July 2021**: Michael's mam called NHFT to inform them that Alison, who she believes is also Betty, was present during the cardiac arrest. A neighbour informed mam Alison was locked out of the flat for fifteen minutes. As a result, he did not get CPR during this time. The ambulance reported they had no issues accessing the property and found Michael inside the property with the friend.

[21] Assault is known as grievous bodily harm as detailed in Sections "18 and "20" of the Offences Against the Person Act 1861.

3.1.54 **July 2021**: The care of the Dying pathway commenced, and NHFT agreed for Michael's life support machine to be turned off in agreement with his family.

4 ANALYSIS OF AGENCY INVOLVEMENT

This section analyses the key organisation's individual management reviews and information.

4.1 Adult Social Care

3.1.55 ASC became involved with Michael following an Adult Concern Notification[22] received from Northumbria Police in May 2021. The concern related to CCTV footage viewed by the police of a male entering Michael's flat, often with Michael looking submissive and dominating Michael. In addition, the male had been seen via CCTV footage engaging with other property occupants who handed him packets and phones. One occupant consumed an item given to him by the male and then appeared intoxicated. Michael was also locked out of his flat, waiting for this male to let him in.

3.1.56 Police officers attended Michael's home and found the male trying to dominate the conversation and alleging to be caring for Michael.

3.1.57 The police officers note drug paraphernalia in the flat, small traces of blood on the walls, no food in the fridge and tins of soup in the cupboard. Michael appeared subdued, and the male denied using drugs. The officer described Michael as appearing gaunt and frail. ASC discussions with the police and VTILS agreed on an initial safety plan involving bi-weekly contact from VTILS and contact from the police. However, Michael was not supportive of the police. ASC opened a Section 42 Enquiry (Care Act 2014)[23] concerning the allegation of cuckooing, by a male known to the police.

3.1.58 A social worker from ASC spoke with Michael on the phone, highlighting the concern received from the police. Furthermore, noting a male had forced entry into Michael's home. Michael said the male was trying to save him as Michael

[22] https://www.college.police.uk/app/major-investigation-and-public-protection/adults-risk
[23] https://www.legislation.gov.uk/ukpga/2014/23/section/42/enacted

had been taking tablets, trying to end his life, and knocking things over in his flat. The male had grabbed hold of him to rouse him from his semi-conscious state. Michael felt the male had saved him. He said the male had not assaulted him and attributed the allegations of assault to his mental ill-health.

3.1.59 Michael informed the social worker that he regarded himself as vulnerable due to previous girlfriends who had taken advantage of him. Michael confirmed this was historical; the social worker did not pursue this avenue.

3.1.60 ASC consulted with several agencies concerning Michael and learnt from the coordinator at Project NOVA that Michael was observed to be pushing a pram. He had told a staff member that his girlfriend was expecting a baby. This information had been disclosed to the police nine days before Michael's final admission to the hospital. The plan was to invite the coordinator from Project NOVA to the next safeguarding conference, which did not occur due to Michael's death.

3.1.61 ASC were concerned with the Safeguarding Adult Enquiry related to the exploitation of Michael and cuckooing. Michael did not consider himself a victim, and the alleged male causing harm was a friend. The social worker challenged Michael's view appropriately in an attempt for Michael to reflect on the relationship.

3.1.62 Michael's relationships outside the enquiry were not explored; there were no reports of contacting Michael's family to inform ASC of Michael's life and uphold the principle of Making Safeguarding Personal (MSP).[24] MSP is concerned with supporting adults to find solutions to concerns. With Michael saying the problem was not an issue, it may have helped to request consent to speak with the family to consider how best to work collaboratively to support and improve the outcome of the safeguarding concern.

3.1.63 Broader consultation and consideration of the contextual nature of the safeguarding do not appear to have been employed. Contextual safeguarding was developed to understand and respond to young people's experiences of

[24] https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal#:~:text=Making%20Safeguarding%20Personal%20(MSP)%20is,improve%20or%20resolve%20their%20circumstances.

significant harm beyond the family[25], and it can be applied to adults. Especially in Michael's case, the associates drove the concerns he was connecting with and the very nature of his accommodation, which is a supported living for vulnerable people. Therefore, Michael was surrounded by vulnerable adults who could potentially be at risk from the male who had exploited and cuckooed Michael.

3.1.64 Contextual safeguarding is not embedded in adult safeguarding and is currently a children's safeguarding theme, and whilst it does apply to adults, it is not well evidenced in adult work. In North Tyneside, it is a priority for the safeguarding children partnership, and as the North Tyneside Safeguarding Adult Board has an alignment, adult safeguarding can learn from the approach. It also must be borne in mind that the legislative framework around adults is much more difficult with more shades of grey, particularly where a person has capacity.

3.1.65 North Tyneside Council hold a quarterly multi-agency "addresses causing concern" meeting. It identifies geographical areas where there is a concern, for example, Anti-social behaviour on public transport, graffiti, hoarding behaviour, and issues with youths gathering in parks.

3.1.66 North Tyneside Social Care has had a pathway for Making Every Adult Matter (MEAM) for several years. This consent-based process allows agencies to come together to share risk and responsibility for people with multiple needs and exclusion. It is a multi-agency meeting that considers an individual's needs and brings support around that person, flexing systems to meet needs where needed with a single support plan. Michael did not consent to the safeguarding; however, Michael was not given the opportunity to consent to his information being shared at this meeting. Michael was under a section 42 enquiry without his consent. The new pathway builds on MEAM but will have clear thresholds for the interface with sec 42.

3.1.67 ASC was alerted to Michael's relationship with a female and suggested a baby was on the way. Neither his relationship status nor the pregnancy was discussed with Michael. Michael was under safeguarding due to concerns of exploitation and cuckooing. It was also known to ASC that he used illicit

[25] https://www.csnetwork.org.uk/en/about/what-is-contextual-safeguarding

substances, was potentially self-neglecting (as described by the police officers concerning his appearance, no food in the fridge and tins of soup found in the kitchen) and described himself as vulnerable to girlfriends. Therefore, it would be suitable for ASC to inquire about this relationship, consider potential safeguarding children referral/discussion, his well-being and what support was needed to address his drug use.

3.1.68 Think Family and a more comprehensive discussion with services, for example, probation and consideration of contextual safeguarding, were overlooked in this case, which may have supported a comprehensive review of Michael and how he came to be in such a situation. To note, Michael was not under Probation at the time of the Enquiry; however, they had information about Michael which would support the enquiry. ASC was not aware of his previous contact with probation. This information was known to the housing officer, CNTW, GP, and the police.

3.1.69 The concern did drive the social worker to discuss the matter with My Space housing, the hospital, and the police. The author noted this as standard practice in supporting a safeguarding enquiry.

3.1.70 The Safeguarding had been open from May 2021 and closed due to Michael's death.

4.2 Cumbria Northumberland Tyne & Wear Foundation NHS Trust (CNTW)

4.2.1 Michael was initially referred to the Community Treatment Team by his GP in 2013 and was diagnosed with PTSD and co-morbid substance and alcohol dependence. His engagement was erratic, and he was eventually discharged in 2014.

4.2.2 In 2020 and 2021, Michael was referred to the Trust on separate occasions by probation services, a veteran's charity, and his GP. All referrals led to a discharge from the Trust following non-engagement.

4.2.3 VTILS attempted to engage Michael and offered other appointments; at each non-attendance, a risk assessment was completed and shared with his GP, WWTW and My Space. VTILS informed ASC that a referral was made to the CNTW; however, the referral was declined. ASC challenged This decision, and

following a Multi-Agency Safeguarding Hub (MASH) referral, the VTILS worker spoke to the CTT. It was agreed that the referral would be accepted, and a joint assessment could be completed. Appointments were offered, which Michael did not attend. Efforts were made in response to him reporting difficulties in managing and accessing his post. A second appointment was sent to housing and by text.

4.2.4 The Trust referred Michael to the Drug and Alcohol service; Michael did not engage with this service.

4.2.5 The Trust are members of the MARAC and document the referrals/discussions on their electronic record system. Michael had been open to the service and thus had a record on the electronic database. The Trust member recorded Michael as a perpetrator of domestic violence, and four alerts had been placed on the system: Alison was the victim. Although Michael was not open to the Trust at this time, they tried to engage him in treatment for substance abuse as this could be a potential trigger for domestic abuse. The panel agreed this was an excellent example of practice to support Michael further.

4.2.6 In March 2021, Probation services shared information with the Trust informing them that Michael was in a relationship with a known perpetrator of domestic violence. The alert was recorded, and communication was shared with the GP. Michael was not open to the Trust at the time. Nonetheless, the Trust addictions services attempted to contact Michael. As a result, they could not get through and wrote to the GP to request they encourage Michael to contact them or VTILS. This was a further example of excellent practice by the Trust. The Trust and agencies devised an action plan per the Safeguarding Conference in June 2021 to engage Michael with services to support and explore a safety plan. ASC was not updated with the information on the previous contact with probation and the potential domestic abuse, and a referral or support from Domestic Abuse agencies was not sought.

4.2.7 A safeguarding meeting was held to discuss Michael's disengagement from services and what was needed to reduce Michael's risks. The action plan was discussed with Michael at a scheduled meeting in July with WWTW and VTILS. At this meeting, Michael was intoxicated and denied he was vulnerable.

4.2.8 Consideration of family involvement and expertise in alcohol and drugs was omitted throughout his service engagement. This may have strengthened the development of the action plan. The plan relied upon Michael's engagement, which services were aware would not have been insufficient, and therefore the program would be redundant. There was no immediate protection plan to reduce harm or recognise that such a plan may prove challenging.

4.2.9 The information received from probation concerning a domestic abuse perpetrator who had commenced a relationship with Michael was not explored. This information should have triggered a response and, at the very least, discussion with agencies of what additional support Michael may require or to advise him of Clare's Law[26].

4.3 Department for Work and Pensions

4.3.1 Michael contacted the department for work and pensions on several occasions. He requested an advance payment to support his child. He was not eligible for this and would have needed to supply evidence of his caring responsibility. He contacted the department three days later to report that the child had returned to her mam.

4.3.2 Michael called, concerned his ex-partner would access his money. They advised that no changes had been made to the bank account. He ended the call abruptly as he was not promised he would receive his payment on a particular day.

4.3.3 Concerning the call about an ex-partner accessing money, the department reported that passwords could be placed on the account, and further exploration may have occurred during the call. However, Michael became rude and ended the call.

4.4 My Space Housing Solutions

4.4.1 Michael moved into the accommodation in June 2020; he was reported to have settled in well, received benefits and budgeting of food and utilities, and attended the local YMCA gym.

4.4.2 The housing scheme highlighted the following risks:

[26] https://www.met.police.uk/advice/advice-and-information/daa/domestic-abuse/alpha2/request-information-under-clares-law/m

i. Very high risk of mental and physical health

ii. Very high risk of substance misuse (Crack Cocaine history, £1,000 per day using savings to fund his habit)

iii. Spent five months in Prison (outside of this timeframe) for cultivating cannabis and theft of a motor vehicle

iv. Failed tenancy - £2,000 in arrears with the previous accommodation provider

4.4.3 Michael received support from a Social Worker, Project NOVA and SSAFA[27]. Both agencies supported Michael whilst on probation. The service is also for veterans' families. There is no written record of his family being contacted within the Probation Electronic System.

4.4.4 The accommodation highlighted that Michael had a court appearance three months into his stay. He had been selling clothes for suspected drug use, leaving doors open and requesting food. He breached his tenancy by allowing his girlfriend to stay over, and she called the police, alleging assault. The girlfriend's details were not provided. He was placed on a tag[28] and received a restraining order.

4.4.5 Christmas of 2020, the accommodation reported Michael visited family, appeared to be improving, and playing the guitar. The information indicates that Michael's family positively impacted his well-being.

4.4.6 From February 2021, Michael allowed unknown individuals into his flat and was subject to an Anti-Social Behaviour Notice (ASB); there were clear indications of drug and alcohol abuse. An ASB Notice is part of the non-legal pre-warning stage of possible loss of tenancy - landlords need to demonstrate to courts that they have made numerous attempts to resolve the anti-social behaviour before they can go to court for possession of the tenancy.

4.4.7 Michael was arrested in February and March 2021 for breach of bail conditions and suspected robbery and shoplifting offences. In March 2021, he had been stealing from tenants and was banned from shops in his local area.

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27 https://www.ssafa.org.uk/?gclid=Cj0KCQjw1tGUBhDXARIsAIJx01n7y9xLtQmTFKPiJ27pRONPnSTnbXbi-VaAtt8WqLCTd697uw0vO6QaAhYqEALw_wcB&gclsrc=aw.ds

28 https://www.gov.uk/electronic-tags

4.4.8 In April 2021, Michael admitted taking Valium (brought off prescription) and allowing non-tenants access to his flat.

4.4.9 In July 2021, Michael called to inform My Space that his girlfriend had assaulted him. The Housing Support Officer saw him a few days later. He was under the influence of alcohol and drugs and was with a known associate. The officer observed cigarette stubs on the table and furniture inside his flat, and the bed base was torn. In the hallway, clothing was all over the flat, and the carpets were messy. Consideration of referring or seeking advice from domestic abuse services was not considered.

4.4.10 Michael denied drug and alcohol use and noted he struggled with motivation and attending appointments.

4.4.11 My Space housing consulted with the police and ASC highlighting the above concerns. ASC kept My Space informed of the safeguarding process. Domestic abuse was not highlighted as an area to be explored within the safeguarding enquiry.

4.4.12 A Safeguarding Adult Review in Northumberland[29]identified: A specific interpersonal risk assessment tool to be commissioned/developed by supported/temporary accommodation services. A multi-agency information sharing protocol to aid the prompt completion of any such assessment. A Northumberland multi-agency meeting/group to consider the broader dynamics of interaction and risk relating to those living within the transient community, drawing on similar practices within the Newcastle and North Tyneside areas. A multi-agency housing meeting is now embedded in North Tyneside. However, Michael was not included in any such discussions.

4.5 North East Ambulance Service (NEAS)

4.5.1 The ambulance service was called to Michael three times during the period under review. The ambulance recorded Michael as a MARAC perpetrator. This alerts the crews to be more vigilant when attending to patients. The MARAC flag is to raise awareness of either a known perpetrator or victim; this should ensure that the crew attending thinks about domestic abuse in the context of that job. For example, does the mechanism of injury fit with the version of events

[29] https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Health-and-social-care/Care%20support%20for%20adults/Adult-U-Executive-Summary-report-PUBLISH.pdf

relayed to the crew? The first attendance was following a stabbing. The police were alerted; however, the stabbing perpetrator was unknown, and the Ambulance Service was not informed that Michael was a potential victim of domestic abuse. The Ambulance service acknowledged that the crew should have enquired about the perpetrator, highlighting the need for professional curiosity. In the second attendance, Michael reported having taken an overdose and had had an argument with his girlfriend.

4.5.2 The ambulance did not inquire further about the girlfriend or determine whether deliberate self-harm by overdosing was a coping strategy Michael employed due to the arguments.

4.5.3 The ambulance service accepted that further enquiries should have occurred concerning the perpetrator and girlfriend.

4.6 Northumbria Healthcare NHS Trust

4.6.1 Michael had four attendances to the hospital, including following a stab wound, deliberate self-harm, domestic abuse, and end-of-life care. In addition, the Trust safeguarding team shared information with the MARAC.

4.6.2 The Trust completed the Dash Risk Assessment Tool,[30] despite Michael scoring below the score for a referral. The Trust referred based on professional judgement; the panel agreed this was an example of good practice. The Trust acknowledged a delay in sending the referral, and the safeguarding service administration process has been reviewed and strengthened. However, the police were contacted on the same day of his admission; this was completed during the police attendance at the hospital on another matter. The police did not have a record of the report.

4.6.3 Michael had reported a fight with his partner, and he could not state who this was and said it was bi-directional, and he did not believe himself to be a victim.

4.6.4 The Trust has accepted further discussion with Michael concerning the stabbing wound that should have been initiated. However, this was impacted by Michaels's aggression and storming out of the department before staff could begin the conversation.

[30] https://safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL_0.pdf

4.6.5 The Trust has a dedicated Domestic Abuse and Sexual Violence Practitioner and a specialist alcohol nurse. However, Michael declined engagement and could make this decision. The completed Dash Risk Assessment was noted as good practice. However, advice from the specialist alcohol nurse may have supported Michael's treatment and ongoing plan and support engagement with the alcohol services.

4.7 Northumbria Police

4.7.1 Michael was known to the police for substance abuse, being a crime suspect and a perpetrator of domestic violence. Michael had ten domestic violence records linked to him, eight of which Michael was recorded as the offender against Allision and two as the victim. The alleged perpetrator was not identified in one case. The second case was related to the male potentially exploiting Michael. He had thirty-eight crime records: five as the victim and thirty-three as an offender.

4.7.2 Michael was recorded as both the victim and an offender regarding criminal exploitation and primarily the offender regarding domestic abuse.

4.7.3 There is no current legal power/legislation specifically for cuckooing; however, there is a range of civil and criminal justice options: Closure Order power under the Anti-Social Behaviour, Crime and Policing Act 2014; Restraining orders and injunctions. Michael was subjected to an ASB notice. However, this considered Michael the perpetrator, and the concern was that Michael was a victim of cuckooing. The Centre for Social Justice recommends that the Government amend section 1 of the Modern Slavery Act 2015 to express cuckooing within that offence.[31]

4.7.4 The police had prior knowledge of the alleged male exploiting Michael. The suspected person had moved into Michael's home and reported he was Michael's carer. No legal framework is in place to allow the police to disclose this information to Michael.

[31] https://justiceandcare.org/wp-content/uploads/2021/11/Cuckooing-%E2%80%93-The-case-for-strengthening-the-law-against-slavery-in-the-home-%E2%80%93-Justice-and-Care-the-CSJ.pdf

4.8 North Tyneside Clinical Commissioning Group (CCG)

4.8.1 During this review, Michael was registered at two GP practices. The first practice he was registered at was outside the borough of North Tyneside. Michael moved into the borough in June 2020 and registered with a GP.

4.8.2 Michael had nine contacts with the GP practices, three with practice one and six with practice two; all communications were via the telephone due to the pandemic[32]. Michael was referred to mental health and substance misuse services.

4.8.3 The CCG noted that Michael should have been coded as vulnerable due to his mental health and substance misuse. Coding would have informed staff accessing his record that he was at risk of exploitation and abuse. Michael was not coded as vulnerable; however, the GP had added extra notes in his records regarding his mental health and substance misuse issues.

4.8.4 The GP was alerted that Michael was a domestic abuse victim and at risk of exploitation. This information was received a few days before Michael died. There was no contact between Michael and his GP, so they could not discuss this with him.

4.8.5 The GP service was aware Michael had contacted mental health services and had substance issues. Support from a GP perspective would be to refer/signpost to relevant services. However, this is achievable only through discussions with the patient and their consent. There is limited contact between Michael and his GP practice; the GP did discuss mental health and substance misuse issues, along with responsible medication prescribing for someone with substance misuse problems with Michael.

4.9 Probation Service

4.9.1 Michael was subject to a 12-month conditional discharge[33] in May 2018 (motor vehicle interference in March 2018). He re-offended with theft of a motor vehicle in February 2019 and was subject to a further 12 months conditional discharge.

[32] https://www.nhs.uk/conditions/coronavirus-covid-19/using-the-nhs-and-other-health-services/
[33] A conditional discharge means the defendant is absolved from punishment if they do not commit any offences during the period said by the court. This could be up to three years.

4.9.2 Probation noted that the order should have included a Drug Rehabilitation Requirement (DRR), as this was a significant problem for Michael. The two last sentences did impose a Drug Rehabilitation Activity. The use of DRR was significantly curtailed at the time following changes in testing on arrest and the withdrawal of drug assessment provisions for offenders directly before sentence at court. This should change with the drug treatment and assessment provisions being introduced as part of the new Drug Strategy.

4.9.3 Michael received a twelve-month community order[34] (Offender Rehabilitation Act 2014) with twenty days rehabilitation activity requirement in January 2020 following stealing a motor vehicle, possessing a Class B drug (Cannabis), and a conditional discharge breach. In May 2020, he committed a further offence: violating the non-molestation order. His Community Order was revoked, and twelve-month community order with fifteen days of rehabilitation activity requirements and a six-month exclusion zone to protect Partner Alison.

4.9.4 Probation services did not perceive Michael as vulnerable or at risk of exploitation. He had presented in July 2019 with bruises and reported he had been 'jumped' and refused to supply details of the assailants.

4.9.5 From May 2019 to November 2019, there were six domestic abuse callouts, with Michael being the alleged perpetrator.

4.9.6 Probation was alerted to concerns that Michael's flat was being used for drug-related activities and exploitation of other residents. Probation consulted with the accommodation management and noted they could have considered home visits.

4.9.7 Probation was aware Michael had relapsed, using substances, he was associated with drug-using peers and offending. His relationship situation was unclear, with Alison and Betty mentioned over time.

4.9.8 Probation shared information about Cara and her risk history with CNTW in March 2021. This is not shared with other agencies. A significant omission of the Section 42 enquiry is the trust not informing ASC of Cara or that probation held vital information concerning Michael's drug misuse and chaotic behaviour.

[34] https://www.sentencingcouncil.org.uk/droppable/item/community-orders-table/

4.9.9 Michael's last appointment with Probation was the 25th of March 2021; he had been offered thirty-one contacts with probation with five acceptable absences and seven unacceptable absences, and two breaches had been initiated; he was not visited at home. One area to consider concerning the absences was that Michael had reported losing his phone, resulting from his chaotic behaviour, either his phone being stolen or Michael selling the phone to buy drugs. Reporting phone changes by offenders is widespread, and it is challenging to know what action could have been taken due to this information.

4.9.10 Probation has identified areas to be strengthened, such as professional curiosity; there was a recognition that the staff were over-reliant on self-reports and risk assessments. The Spousal Arousal Risk Assessment[35] was not conducted. A SARA assessment would have assessed Michael's risk to others and not his risk from others in any given situation. The risk assessment would have been indicated as probation was aware of previous domestic abuse concerns and his relationship with Cara.

4.10 Walking with the Wounded

4.10.1 Michael was referred in April 2021 by My Space for support with his Independent Payments. It was reported that he could run his flat with little help, presented well, and always looked smart.

4.10.2 The presentation reported by My Space contrasted with what My Space stated in their summary. They said that in February 2021, Michael was subject to an Anti-Social Behaviour Notice.

4.10.3 WWTW experienced challenges engaging Michael due to losing his phone and missing appointments.

4.10.4 In June 2021, a social worker was allocated following concerns of potential exploitation. WWTW planned to support Michael in moving out of the area and being closer to his family. WWTW did not record any contact with the family.

4.10.5 Michael attended an appointment with WWTW and VTILS; he wore jogging bottoms and a sleeveless T-shirt. He was heavily intoxicated and had visible

[35] https://www.rma.scot/wp-content/uploads/2019/09/RATED_SARA_August-2019_Hyperlink-Version.pdf

bruises and bite marks on his person. The appointment did not go ahead due to difficulty understanding Michael.

5 KEY LINES OF ENQUIRY

The Key Lines Of Enquiry are analysed in this report section to confirm that they have been addressed and met.

5.1.1 Michael received input from the following agencies during the period under the review:

1. Adult Social Care
2. Cumbria Northumberland Tyne & Wear NHS Foundation Trust:
3. Department for Work and Pensions
4. My Space Housing
5. North East Ambulance Service
6. Northumbria Healthcare
7. Northumbria Police
8. Probation Service
9. Walking With the Wounded

5.1.2 **KLEO 1**: Were local domestic abuse and adult safeguarding procedures followed by agencies who had contact with Michael?

Analysis

5.1.3 All services were aware of Domestic Abuse and the safeguarding procedures. The police raised two Adult Notifications to ASC concerning, 1. Potential exploitation and cuckooing, and 2. Domestic abuse following his final attendance at the hospital.

5.1.4 Michael had lengthy engagements with the police and probation as a perpetrator. The services predominantly saw Michael as a perpetrator, with Probation reporting they did not assess Michael to be a victim. The Police

referred Michael to ASC as a victim of cuckooing, exploitation, and safeguarding ensued.

5.1.5 The police and probation services are primarily concerned with protecting the public. In this case, they were protecting the public from Michael.

5.1.6 Michael was named as a perpetrator of domestic abuse, with a discussion at MARAC concerning his relationship with Alison as the victim.

5.1.7 A study[36] explored the overlap of the domestic abuse perpetrator to victim. They found that those who were perpetrators had victimisation experiences. Michael, the alleged perpetrator of domestic abuse, was experiencing potential exploitation and was subject to domestic abuse towards the end of his life. He described his life in the military as traumatic; details of his previous experiences are not documented, only that his dad had an amphetamine addiction and was admitted to a psychiatric unit following a psychotic episode. The Police recorded the dad as a potential victim of financial exploitation by Michael. The report was completed with no further action; his dad reported he had willingly given money to Michael.

5.1.8 ASC opened a Section 42 Enquiry (Care Act 2014); consideration of Michael's broader life and potential self-neglect was not explored. The safeguarding officer diligently followed through with housing and police concerning the allegation of cuckooing. Michael himself did not wish to pursue safeguarding; however, the enquiry remained open due to the potential risk to Michael.

5.1.9 The overarching principle within safeguarding is: Making Safeguarding Personal; the focus is driven by the needs of the adult and to achieve the outcome the adult desires. Michael was a drug user and potentially at risk of exploitation and self-neglect. Therefore, it can be assumed that one of his needs would be to address the drug use and support Michael with recognising the impact this was having on his life. The enquiry did not explore this and consulted with My Space and the police to discuss the exploitation and cuckooing.

[36] https://journals.sagepub.com/doi/10.1177/1524838017730648

5.1.10 Michael had disclosed that he had been vulnerable to ex-partners to ASC. Further exploration may have supported agencies to understand his current relationships and how these develop. The cross-over between safeguarding adults and domestic abuse has evolved into two separate fields, and the focus becomes on one or the other. ASC knew Michael was a domestic abuse victim nine days before his final admission.

5.1.11 All the statutory agencies, and My Space, became aware Michael was potentially a victim of Domestic Abuse; Northumberland sent a MARAC referral, albeit much later than required. However, the other agencies did not refer Michael to the Domestic abuse service. No reports suggest a discussion with Michael concerning him being a victim of domestic abuse or bi-directional domestic abuse took place. Taking

5.1.12 Men often do not have the social and support networks to discuss personal issues with friends or family members[37].

5.1.13 Male victims of domestic abuse have historically been an under-served population and have received relatively little focus in research on intimate partner violence. It is essential to state that this is in no way intended to minimise the experiences of female victims but to develop a more rounded and complex view of the subject that accounts for a diversity of experiences. For example, gendered assumptions of domestic abuse not only preclude scenarios in which there is a female perpetrator of abuse or reciprocal abuse between both partners but also fail to account for diverse couplings such as LGBT or non-monogamous partnerships. More importantly, gendered assumptions of DA neglect the experiences of male victims, making them more likely to ignore or minimise their experiences and less likely to reach out for assistance.[38]

5.1.14 The think family approach[39] was not adopted by agencies providing input to Michael. The IMRs suggested he had a close relationship with his nan; he stayed with his mam and dad (they lived independently (they were in a 'bubble' during the Covid Lockdowns periods) and described his mam as his "hero". Yet,

[37] https://reducingtherisk.org.uk/male-victims/
[38] https://link.springer.com/content/pdf/10.1007/s43545-021-00263-x.pdf
[39] https://www.scie.org.uk/publications/guides/guide30/introduction/thinkchild.asp

they were not contacted for either a collective history or provided the opportunity to disclose their concerns and how they felt agencies might be able to improve engagement with Michael. It is acknowledged that consent is required from a capacitous adult. However, there is no documentation to suggest this avenue was explored.

5.1.15 **KLEO 2**: Were any other options for perpetrator disruption or victim safety planning available to your agency/agencies at any time during the period of this review, and if so, why were they not considered, or were there barriers to using them?

Analysis

5.1.16 Michael was subject to an anti-social behaviour notice, the consequences of which were levied at Michael and not the perpetrator of the cuckooing/exploitation. However, a closure notice could have been included to prevent the exploiter from entering the property.

5.1.17 The police were aware of the perpetrator and noted he had previous of the same in another area. North Tyneside does not have a cuckooing pathway which would support multi agencies to respond collectively to such cases (please see recommendations which refer to enhancing current pathways).

5.1.18 CNTW was notified by probation of Cara. The addictions services attempted to contact Michael; however, consideration of seeking advice or support from domestic abuse services was not considered.

5.1.19 **KLEO 3**: Were service responses to Michael affected by the COVID19 pandemic (review relevant contact/response with current impact)?

Analysis

5.1.20 23rd of March 2020, the Prime Minister announced the UK's first Lockdown, with people advised to stay at home. On the 25th of March 2020, the Coronavirus Act 2020 received Royal Assent, and on the 26th of March 2020, the Lockdown measures came into force.

5.1.21 The Covid-19 pandemic factored in Michael's input from probation; it was acknowledged they did not conduct home visits, which may have better informed them of his home environment, which had been described by previous

agencies, with drug paraphernalia, small traces of blood on walls and cigarette stubs on furniture. The home visit may have allowed probation to delve into his relationship with the potential exploiter and confirm whether Michael had someone staying with him.

5.1.22 In Addition, probation staff working remotely may have resulted in inexperienced staff members not receiving support from established colleagues, and remote working made it more difficult for the manager to oversee cases.

5.1.23 ASC, with the support of the housing officer, contacted Michael by phone to discuss concerns in the absence of the potential exploiter.

5.1.24 The Coronavirus Act 2020 did not change the duty to safeguard, and the obligation under the Care Act 2014 section 42 remained unaffected. However, safeguarding during the pandemic altered the access to services with limited face-to-face engagement for high-risk cases and moved many organisations to work remotely and use virtual means.

5.1.25 A report[40] found concerns referred for safeguarding fell in March, April, and May 2020 and, in June 2020, exceeding expected levels. These changes reflect the easing of the Lockdown; unexpectedly, the location of abuse in the adult's home increased. It was alleged that Michael was being exploited in his home.

5.1.26 North Tyneside Council continued to perform their safeguarding duties, and the enquiry officer maintained dialogue with Michael's housing officer and the hospital following his final admission.

5.1.27 **KLEO 4**: Was information shared promptly and to all appropriate partners during the period covered by this review?

Analysis

5.1.28 Michael did not have a key worker to link him and the agencies. He was not subject to a care coordinator under the statutory services, so links were not

40 https://www.local.gov.uk/sites/default/files/documents/25.177_Insight%20Project_layout_FINAL%20WEB.pdf

made between all agencies. However, he was assigned an enquiry officer in May 2021.

5.1.29 Information concerning Cara as a potential perpetrator of domestic abuse was shared by probation to CNTW; this was not shared with other agencies. Michael was not open to CNTW; ASC conducted a Section 42 enquiry.

5.1.30 He was referred to individual agencies to support his poor mental health and offending behaviour. However, the significant contributing factor of alcohol and substance misuse was not addressed. It remained throughout, with Michael declining engagement with specialist substance misuse services and unreliable engagement with services.

5.1.31 There was a delay in referring Michael to MARAC. NHFT made a referral based on professional judgement; Michael scored nine on the risk assessment. The guidance[41] states that MARAC referral criteria are generally met with a score of 14 or more. The decision to refer is highly commendable.

5.1.32 North Tyneside convene a weekly MARAC which is led by Northumbria police. Each agency has a single point of contact responsible for the referral's quality. The referral is sent to the Police MASH team, determining the risk level. The referrals to the police are received in tandem with the Independent Domestic Violence Advocate (IDVA). The IDVA contacts the victim before the MARAC.

5.1.33 It is acknowledged that Michael was concerned about a referral's consequences but consented to the referral. Therefore, engaging Michael in the process would require careful consideration, and the plan must involve multiple agencies.

5.1.34 Michael's engagement with agencies was erratic; he would either not attend appointments or miss phone calls. The IDVA may have struggled to contact Michael and would have needed to consult with the housing officer to support engagement. The MARAC referral section 1.2 was received following Michael's final admission to the hospital.

5.1.35 **KLEO: 5** Are there areas that agencies can identify where national or local improvements could be made to the existing legal and policy framework?

[41] https://safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL_0.pdf

Analysis

5.1.36 In June 2021, probation services were reunified, resulting in policy, practice, and monitoring changes and reviews. It is acknowledged[42] that reunification is the first step in a journey that will require investment to reduce crime and protect the public effectively.

5.1.37 **KLEO 6:** What was the sequence of events up to the date of the death?

5.1.38 For details, please see the case summary section 1.2 and critical events section 3details.

5.1.39 **KLEO 7:** Information: What knowledge/information did your agency have that indicated that those involved might be victims and perpetrators of domestic abuse and criminal exploitation and how did your agency respond to this information?

Analysis

5.1.40 All agencies were aware of the concerns regarding exploitation, and Safeguarding was leading on this. WWTW attempted to secure Michael's accommodation close to his family to escape the current situation. The safeguarding concern involved housing, police and WWTW. Michael did not believe he was a victim of exploitation, and it was noted on a visit to Michael that he appeared subdued in the presence of the alleged exploiter and had been locked out of his own home by the suspected exploiter.

5.1.41 Michael was in a coercive and controlling relationship[43] with the male (not as an intimate partner). Michael had reported that the male had saved his life and was his carer; consequently, he may not have believed or accepted that he was engaged in an unhealthy relationship. This was despite ASC's attempt to support Michael to reflect on the relationship.

[42] https://www.justiceinspectorates.gov.uk/hmiprobation/probation-unification-is-not-enough-by-itself-to-put-right-the-flaws-of-past-reform/

[43] **Controlling behaviour** is a range of acts designed to make a person subordinate and dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance, and escape regulating their everyday behaviour. **Coercive control** is defined as a pattern of acts of assault, threats, humiliation and intimidation or other abuse used to harm, punish, or frighten the victim.

5.1.42 Probation shared information with CNTW Michael was in a relationship with Cara. The Trust attempted to contact Michael and requested the GP encourage Michael to contact the Trust. However, no further action was taken.

5.1.43 **KLEO 8**: In considering your response, think about the impact of abuse and exploitation upon Michael and specifically, respond to the following (where possible)

5.1.44 **KLEO 8a:** To what extent did Michael consider himself a victim?

Analysis

5.1.45 Michael did not consider himself a victim of exploitation or domestic abuse; he informed agencies that the male alleged to be causing him harm was a friend. Although Michael disclosed being vulnerable in his relationships with ex-girlfriends, he described his current relationship as bi-directional abuse.

5.1.46 There are similarities between cuckooing and coercive and controlling behaviour within domestic abuse. Michael had been locked out of his property, and the male allowed him in; coercion may have been used to occupy the property and control the person.

5.1.47 Half of the male victims (49%) fail to tell anyone they are victims of domestic abuse and are two and a half times less likely to tell anyone than female victims (19%).[44]

5.1.48 The stigma around poor mental health also presents with domestic abuse and men. Most of the literature speaks of domestic abuse as a gendered crime, and whilst women are more at risk than men, it may further impact men coming forward as victims and affects society in recognising men as victims. Most defendants in domestic abuse-related prosecutions in the year ending March 2020 were male (92%), and most victims were female (77%, compared with 16% who were male).[45]

[44] https://www.mankind.org.uk/statistics/statistics-on-male-victims-of-domestic-abuse/
[45] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/#:~:text=The%20large%20majority%20of%20defendants,recorded%20in%207%25%20of%20prosecutions.

5.1.49 National statistics report for the year ending March 2020, the Crime Survey for England and Wales estimated 1.6 million women and 757,000 men aged 16 – 74 experienced domestic abuse in the last year.[46]

5.1.50 **KLEO 8b**: To what degree did Michael's understanding of the risks he faced impact your decision-making?

Analysis

5.1.51 Michael advised services that he was no longer using drugs and was engaging with services. Services were reliant on Michael's account and did not explore this further. Drug addiction is a disease that interferes with how the brain receives and processes information; it also affects the ability to think clearly, problem-solve and alter the person's behaviour[47]. Drug use may be perceived as a social or criminal problem, and services are traditionally separate from general physical and mental health care. The fragmentation of services, for example, different providers providing mental health services and other providers providing drug services, further complicated using varying systems to record, may support barriers to accessing support and for practitioners to strengthen their understanding of the complexities of drug addiction.

5.1.52 Regarding the risk of exploitation, despite Michael's report, services continued to explore this, and ASC activated the Safeguarding Adult Duty (Care Act 2014: Section 42). An example of good practice.

5.1.53 **KLEO 8c:** Does your agency have any information that helps understand the possible 'triggers' that existed in Michael's life that may have led to his substance misuse and life circumstances?

Analysis

[46] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020

[47] https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain

5.1.54 Childhood adverse experiences[48] can impact future victimisation, violence, perpetration, and health. Michael's parents separated; his dad had an amphetamine addiction and was admitted to a psychiatric unit.

5.1.55 All agencies knew Michael experienced PTSD due to his experiences in the army.

5.1.56 A study exploring the health and well-being of veterans in the criminal justice system[49] found that veterans diagnosed with PTSD were associated with an increased risk of interpersonal violence and substance misuse. The same cohort was linked with acquisitive offending.

5.1.57 There are several potential explanations for this association. Violence by military personnel is associated with pre-enlistment antisocial behaviour, and the military recruits from areas of higher social deprivation and crime. Thus, military service may merely act to temporarily contain the behaviour of individuals already predisposed to exposure is also associated with an increased risk of future violence among veterans even after adjusting for pre-military offending. Furthermore, PTSD and alcohol misuses are risk factors for violence and more general offending behaviour among military personnel. Combining these factors contributes to the overall increase in violence among veterans.[50]

5.1.58 Michael's experiences and resultant behaviours created a chaotic and complex life. Michael was referred to relevant agencies. However, the challenge was engaging Michael and supporting his engagement to seek and receive treatment for PTSD and his alcohol and substance misuse.

5.1.59 A further barrier to successful treatment is austerity, which has affected people's access to stabilising factors such as housing and employment. Michael lived in several accommodations, including sofa surfing, before being housed with My Space. He was at risk of losing this place and being subject to an Anti-Social Behaviour Notice for drug use.

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[48] https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next

[49] https://kclpure.kcl.ac.uk/portal/files/102703352/PloS_inpress_Nov2018.pdf

[50] https://www.Cumbria Northumberland Tyne & Wear NHS Foundation Trust.nhs.uk/services/veterans-services-hartside-st-nicholas-hospital/

5.1.60 **KLEO 9**: Were practitioners alert to potential domestic abuse and criminal exploitation indicators and aware of what to do if they had concerns about a victim or perpetrator?

Analysis

5.1.61 Michael was known to agencies as a perpetrator of Domestic Abuse, highlighted at MARACs. Housing and police identified Michael as a potential victim of exploitation and referred him onwards. He was recognised by Probation at potential risk of domestic abuse from Cara.

5.1.62 Domestic abuse was not highlighted; in retrospect, there were opportunities for an enquiry. There is no evidence that this is because he was male, but panel members have raised this as a possibility.

5.1.63 Michael had reported to the ambulance that he had argued with his girlfriend, which resulted in him taking an overdose of prescribed and illegally obtained medicines. The query around the antecedent to his overdose may have highlighted domestic abuse concerns or maladaptive coping strategies, which would warrant further exploration.

5.1.64 Michael called the ambulance and attended NHFT following a self-report of stab wounds to his leg. The police described the scars as appearing like puncture marks from a needle. Michael stated that someone had stabbed him with a Stanley knife. Further exploration was not undertaken, and it is unclear whether services considered the assault may be a consequence of domestic abuse or whether he was a victim of crime due to his vulnerabilities: Poor Mental Health and Drug addiction.

5.1.65 The hospital did examine the wounds, and he had small puncture wounds scabbed over to the top of both lateral thighs, with some swelling. Michael left after assessment but before treatment was complete. It was noted that Michael was aggressive and stormed out of the department. Michael stated police were involved. He was deemed to have the capacity to leave and appeared orientated and not confused.

5.1.66 **KLEO 10:** Has your agency policies and procedures been in place for identifying domestic abuse and criminal exploitation and dealing with those concerns? Were these assessment tools, practices, and policies considered

adequate? Was it reasonable to expect staff to fulfil these expectations given their level of training and knowledge?

Analysis

5.1.67 All agencies report having policies and procedures to identify domestic abuse and broader safeguarding concerns, including criminal exploitation. The guidelines inform staff what their expectations following concerns are and how to report these. The assessment tools, namely the DASH Ric Assessment are available, and staff received training in domestic abuse and safeguarding.

5.1.68 Each organisation has several policies for specific care delivery and response, with some having fifty-plus policies and procedures. Staff working in these areas must conduct several activities to address the needs of the service users. Training and responsibilities depend on the role, and all staff are expected to follow policies and procedures to safeguard themselves, the service user, and the organisation.

5.1.69 There are several reasons staff have cited in previous reviews for not being able to follow policy and procedures. Some of these include policies and procedures not readily available or accessible, or they may be too generic or challenging to navigate.

5.1.70 Each organisation has a single point of contact/team to support safeguarding or domestic abuse matters. This would be an added resource for frontline staff who may struggle to navigate the policy and require assistance with progressing a case to MARAC or safeguarding.

5.1.71 No organisation needed to activate escalation. However, the opportunities for conducting a domestic abuse enquiry were missed.

5.1.72 A Safeguarding Adult Review conducted in North Tyneside made recommendations concerning policies and procedures[51]. This review found that services had followed through with the recommendations. However, domestic abuse referrals were not considered by all agencies.

[51] https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Health-and-social-care/Care%20support%20for%20adults/Adult-U-Executive-Summary-report-PUBLISH.pdf

5.1.73 **KLEO 11:** What were the key points or opportunities for assessment and decision-making in this case? Do assessments and decisions appear to have been informed and professional and in keeping with organisational and multi-agency policies and procedures?

Analysis

5.1.74 The key events are highlighted in Section three. Michael presented to services when in need, for example calling the ambulance. Drug misuse was a large part of Michaels's life and an area challenging to address and fully assess. Probation accepted they were over-reliant and did not challenge Michael, conduct drug testing, or discuss with drug and alcohol specialists. ASC was focused on the safeguarding concern related to cuckooing and did not complete a holistic assessment of Michael and his needs.

5.1.75 However, it can be accepted that a thorough assessment may have proved onerous, knowing that Michael did not always attend his appointments. In addition, the priority of keeping Michael safe was the driver for services.

5.1.76 The knowledge of drug addiction on the brain may also have required specialist input to support assessments and better inform decisions.

5.1.77 Cuckooing is considered an activity under County Lines involving violence and the abuse and exploitation of children and vulnerable adults who are often groomed, coerced, and subjected to threats of violence and intimidation to support the county lines model. The police referred Michael to ASC, highlighted by the panel as good practice. However, they did not explore further investigation or disruption to the potential perpetrator, for example, criminal proceedings against the male under the Modern Slavery Act 2015, which has successfully prosecuted members of county lines gangs.[52]

5.1.78 Drugs and alcohol were a significant part of Michael's life. Probation accepted they did not explore further when Michael would inform them that he was no longer using. Her Majesty's Inspectorate of Probation services[53] found the

[52] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

[53] https://www.justiceinspectorates.gov.uk/hmiprobation/media/press-releases/2021/08/probation-services-disappointing-work-with-drug-users-lacks-focus-and-funding/

response of the probation service to drug use was poor. The use of drug testing was limited, Michael was a known user, and drug testing was not considered. A further factor the inspectorate found was the caseloads of probation officers; some workers have caseloads of seventy and above, which would impact the quality of work.

5.1.79 There are several barriers for the service users and the staff within probation services concerning access to drug and alcohol services[54].

Services users have reported the following barriers:

- The assessment processes
- Staffing issues in treatment agencies
- Waiting times for interventions
- Clashes between probation and treatment appointments
- Travel issues and caring responsibilities

5.1.80 Michael cited that one of his reasons for missing appointments resulted from being muddled about where and when he should attend meetings. He reported several engagements with the recovery team, veteran services, and probation.

5.1.81 Staff reported the following barriers to successful treatment:

- Issues with service users' motivation
- The impact of chronic drug use
- The availability of appropriate services
- The management of breach and compliance.

5.1.82 The focus for probation concerning substance misuse was to engage Michael via veterans' services. Michael's engagement was erratic, and the staff were over-reliant on Michael's account of his drug use and meeting with services.

5.1.83 **KLEO 12:** Were joint assessments to assess factors such as substance misuse, mental ill-health, domestic violence abuse, and criminal exploitation?

[54] https://www.justiceinspectorates.gov.uk/hmiprobation/research/the-evidence-base-probation/specific-areas-of-delivery/substance-misuse/

Analysis

5.1.84 An assessment had been arranged; however, at this time, Michael was intoxicated, and the meeting could not go ahead. However, these discussions focused on Michael as a victim of cuckooing.

5.1.85 As earlier, contact with specialist services such as substance misuse was indicated; however not sought.

5.1.86 **KLEO 13:** Should the information known to your agency have led to a different response?

Analysis

5.1.87 This was not indicated for many agencies. The agencies responded to the exploitation concerns.

5.1.88 The theme which has become apparent with Michael is substance misuse. This was a significant driver in his actions, becoming involved in criminal activity and perpetrating domestic abuse. However, this area was not addressed and was relegated to the consideration of the exploitation concern.

5.1.89 Drug users are stigmatised and often blamed for their continued use; they are excluded and discriminated against. The stigma of being a drug user may prevent people from accessing help.[55] Michael had informed services that he was no longer taking drugs and may have wished for services not to place him in the stigmatised category.

5.1.90 **KLEO 14:** How accessible were the services for Michael?

Analysis

5.1.91 Michael attended and accessed all agencies; however, besides probation, this was when he needed additional support following an overdose or stabbing.

5.1.92 Michael was referred to services specific to his needs, a specialist in veterans services working with those in custody or probation.

[55] https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Getting%20serious%20about%20stigma_%20the%20problem%20with%20stigmatising%20drug%20users.pdf

5.1.93 In the UK, National Health Service providers must have standard access policies to ensure fair access for veterans and their families. National Health Service England expects providers to have due regard to the Armed Forces Covenant.[56]

5.1.94 Commissioning evidence-based services are vital to delivering recovery-focused treatment. To achieve positive change and outcomes, agencies need to work together to identify the needs of veterans, build resilience through a 'whole systems approach and work in partnership.[57]

5.1.95 **KLEO 15:** Were there identified needs unmet or conflicts identified between Michael's requirements and the needs of others?

Analysis

5.1.96 Agencies reported no unmet identified needs or conflict. However, Michael experienced PTSD from his service in the army and misused drugs and alcohol. He had been referred to specialist services that he did not attend, resulting in a discharge from services. Therefore, these identified needs remained, and he continued to misuse drugs and alcohol. They were unmet.

5.1.97 Michael did not wish to pursue the safeguarding, his consent was overridden, and a section 42 (Care Act 2014) enquiry was activated. This conflicted with what Michael wanted, and permission was overridden due to Michael's risk.

5.1.98 **KLEO 16**: Was there any additional action that could have been taken, and would it have made a difference? (Missed opportunities?)

Analysis

5.1.99 Agencies did not report any additional action aside from previously highlighted missed opportunities for enquiring about safeguarding and domestic abuse.

5.1.100 **KLEO 17**: Capacity and resources: Were there issues about capacity or help in your agency that impacted the ability to provide services to the victim, the alleged perpetrator(s), or any other relevant others? If so, did these issues also impact the agency's ability to work effectively with other agencies?

[56] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf
[57] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8855732/

Analysis

5.1.101 The Covid 19 Pandemic affected services as previously highlighted. However, services seamlessly transitioned to virtual working, which provided a more significant opportunity to work with other agencies. This was evident in ASC's engagement with services to safeguard Michael.

5.1.102 ASC did not visit Michael at home due to the pandemic and could not notice his deterioration. WWTW reported they 'were shocked at his appearance; he looked like he had lost weight and was not taking care of himself; this was concerning because he liked to look good when he went out. He liked wearing designer T-shirts.'

5.1.103 **KLEO 18:** Are there lessons to be learned from the case relating to how your agency works to safeguard victims and promote their welfare, or how it identifies, assesses, and manages the risks posed by perpetrators? Where can practice be improved? Are there implications for working, training, management, and supervision in partnership with other agencies and resources?

Analysis

5.1.104 This has been highlighted within the separate agencies in section 4.1.

5.1.105 **KLEO 19:** Identify good practices where responses may have exceeded the required standards.

Analysis

5.1.106 Agencies have highlighted good practice, which is mentioned in Section 4.1.

5.1.107 **KLEO 20**: The reports should consider any equality and diversity issues pertinent to the victim and alleged perpetrator, e.g., age, disability, gender reassignment, marriage, civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

Analysis

5.1.108 Probation noted disability as a protected characteristic, and the learning from ensuring appropriate pathways are accessed provides an adequate response.

6 CONCLUSIONS

6.1 The purpose of this review is to establish the facts that led to the death of Michael in July 2021 and to 'articulate the life through the eyes of the victim[58]

6.2 Michael suffered PTSD because of his traumatic experiences serving in the army. He was discharged following a positive test of cocaine. He had multiple convictions related to both alcohol and drug misuse and a history of perpetrating domestic abuse against Alison and Betty and described Bi-directional abuse with Cara.

6.3 Michael's living arrangements were unstable before securing an flat with My Space. Michael had a court appearance where he met a stranger outside the magistrate's court who befriended him, whom agencies later described as a male known to the police for exploiting vulnerable adults and had cuckooed Michael's home.

6.4 A Safeguarding Adult Enquiry was activated and planned to engage Michael was discussed with the agencies. Michael was known to disengage with agencies and was not obliged to engage except with probation. At the time of the enquiry, Michael was not under probation.

6.5 The housing officer reported that an ASB notice would be served on Michael, who was at risk of losing his home.

6.6 Disruption strategies concerning the exploiter were insufficient and concentrated on Michael engaging with services and complying with the ASB Notice.

6.7 The male exploiter was known to prey on vulnerable adults, and police had witnessed via CCTV that Michael appeared submissive in the company of the male, who was leading and giving items to Michael to carry. Michael had been locked out of his flat by the male waiting for the male to let him in. No action was taken against the alleged exploiter.

6.8 Michael was a known drug user; he had been referred to the addictions service under CNTW. However, he did not engage. He had committed crimes to fund his habit and had informed agencies he was spending £1 000 - 2,000 per month on Crack Cocaine.

58 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf

6.9 Michael was referred to veteran's agencies to support his drug use. Once again, his engagement was poor.

6.10 In December 2021, the Government launched its 10-year strategy to tackle drug-related harms[59]. The strategy was followed with guidance for delivery published in June 2022[60] and the creation of new Combatting Drugs Partnerships.

6.11 The strategy requires partnership at the local level, and throughout 2022 there are milestones for completion of the needs assessment and critical steps towards local delivery.

6.12 Michael had taken an overdose six days before the fatal overdose. At the time, he had not waited to be seen by the medics and mental health services. There was a reliance on assistance from the housing officer to engage with Michael to support his mental health and drug use and to stop the exploiter from engaging with Michael. This was an unrealistic expectation. The housing officer contacted the relevant agencies to address this. However, the plan was for housing to continue to engage with Michael.

6.13 Michael's reluctance to engage with services was actively pursued by agencies offering alternate appointments. However, no home visits were conducted, and due to the pandemic, agencies had not resumed face-to-face contact despite the ease of lockdowns. ASC was concerned about the potential risk the alleged exploiter may have on them. Consideration of attending with the police and housing officer was not pursued.

6.14 Michael did not perceive himself as a victim, although he had reported he was vulnerable to ex-girlfriends. This may have provided the opportunity to discuss healthy relationships and use the power and control wheel[61] to highlight the agencies' concerns about Michael's relationship with the male. The wheel is used in Domestic abuse relationships and recognises women as victims, which may have prevented services from accessing the tool. However, the focus is on highlighting how control and coercion are used in a relationship, and it was clear

[59] https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

[60] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1083170/Guidance_for_local_delivery_partners_FINAL.pdf

[61] https://safelives.org.uk/sites/default/files/resources/Medical%20power%20and%20control%20wheel.pdf

Michael was in such a relationship with the male. Agencies who were engaged with Michael may have been able to draw on the components of the tool to ensure Michael was aware of why agencies were concerned.

6.15 Michael had three heterosexual relationships and was reported to be a perpetrator in two of these; in his last relationship, there was bi-directional abuse. Michael had stated he had "given as good as he got." However, Michael feared this partner, Cara and told the hospital that he did not wish to reveal her identity for fear of what she would do to him. Michael was known to all agencies as a perpetrator, and whilst there was a recognition that he was a victim of exploitation, his broader context concerning his drug use and potential self-neglect was not explored. He did not view himself as a victim of exploitation.

6.16 His mam reported Michael had taken pride in his appearance and clothing and had no real friends in North Tyneside, describing them as associates and would use each for gain and substance misuse.

6.17 Michael sadly died following an overdose, with the coroner concluding his death has misadventure. Michael did not leave a suicidal note or report having any thoughts, plans, or intentions to end his life.

6.18 Research[62] shows that men often do not understand or recognise that what they are experiencing is wrong and that they are victims. Male victims take longer to identify themselves as victims as they experience an enhanced sense of shame, embarrassment, and lack of pride.

6.19 The Government launched a refreshed Male Victims Position Statement in March 2022[63] covering male victims of domestic abuse and other crimes such as sexual violence and forced marriage. The Statement included:

> "Harmful stereotyping, combined with popular myths and misconceptions around male victims, can function as additional barriers to reporting and seeking help. For example, stereotypes around masculinity can have a significant role in a male victim's experience of domestic abuse. Male victims may be less likely to disclose that they are

[62] Hine, B. (2019). "It can't be that bad, I mean, he's a guy": Exploring judgements towards domestic violence scenarios varying on perpetrator and victim gender, and abuse type. In Bates, E. A., Taylor, J. C. (Eds.), Intimate partner violence: New perspectives in research and practice (pp. 43-57). Taylor Francis.

[63] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1073565/Supporting_male_victims_2022.pdf

being abused or may not recognise they are victims of domestic abuse as they may believe the term ‘domestic abuse is only applicable to women.”

6.20 The ManKind Initiative also states that from their experience, the public and professionals' lack of recognition and understanding of male victims can create additional barriers, leading to a lack of professional curiosity. A recent study was undertaken in 2021 by the University of Cumbria[64], which analysed 22 Domestic Homicide Reviews where the victims were males. This research found that opportunities were missed due to outdated stereotypes about not thinking men could be victims.

6.21 Interim findings from the Domestic Abuse Commissioner's report "Mapping of Domestic Abuse Services across England & Wales" also found that over two-thirds of men and over half of non-binary survivors found it ‘quite difficult’ or ‘very difficult to get help in comparison to a third of women survivors.[65]

7 LESSONS TO BE LEARNT

7.1 Michael experienced PTSD and was using Drugs and Alcohol. North Tyneside has specialised services that Michael was linked in with to address these needs. However, Michael was inconsistent with his engagement, resulting in unmet needs.

7.2 The review has revealed that agencies attempted to engage Michael; however, due to the pandemic, the attempts were by phone and relying on Michael to attend the appointments. Agencies were aware that the housing officer would visit Michael, which was identified as a protective factor. He held much responsibility to ensure the welfare and well-being of Michael, which was excessive considering his role and the fact he had contacted agencies for support identifying his limits with the ability to help Michael.

7.3 The lessons here concern how to engage Michael and others who present in similar circumstances and are challenging.

[64] https://connect.springerpub.com/content/sgrpa/12/4/384

[65] https://domesticabusecommissioner.uk/wp-content/uploads/2022/07/DAC-Mapping-briefing-paper-final.pdf

7.4 Engagement relies on a relationship; the Social Worker did not see Michael, which may have been a barrier to building a relationship. In addition, he was expected to attend appointments with the addiction services and the veteran's services, A further barrier to developing a relationship. It was noted that when Michael attended his meetings with probation, he was open about his experiences and spoke about his mam, whom he described as his hero.

7.5 For people who are challenging to engage, a named individual would be beneficial to support a therapeutic relationship and use a strengths-based approach[66] to understand the person rather than the issue in a silo. This also lends itself to contextual safeguarding. The Safeguarding enquiry commenced in May 2021, and an enquiry officer was assigned to Michael.

7.6 Contextual safeguarding may have allowed services to understand Michael and persons in a similar position, how they came to be in the situation, and what was maintaining this; the person cannot be seen in isolation away from the environment and those around them. Contextual safeguarding is not well established in adult safeguarding within North Tyneside.

7.7 Michael was a victim of exploitation and cuckooing; the police had identified this and raised an Adult Notification to ASC. A Safeguarding Enquiry proceeded with disruption measures, including an ASB Notice and for the police and housing to monitor Michael. The steps did not identify what Michael was gaining from a relationship, and using a strengths-based model may have improved the actions, with Michael being at the centre and directing his own life. Michael was under the control of the male and agencies with the Ant-Social Behaviour notice seen as a threat; should he not comply, he would be evicted.

7.8 The use of the Modern Slavery Act 2015 or other disruption activity should have been considered against the exploiter as he was the person causing harm to Michael.

7.9 Probation noted that the risk assessment was not used and identified this as a lesson for their area.

7.10 NHFT identified learning concerning the human error in sending the MARAC referral, and consequently, changes have been made within the administration system.

[66] https://www.scie.org.uk/strengths-based-approaches/guidance#video

7.11 Domestic Abuse can be a traumatic experience with severe consequences for both men and women, and many of these consequences may be similarly experienced by both sexes. However, just as it is essential to understand the unique ways female victims experience domestic abuse, understanding the unique experiences of men and the barriers they face to seeking help is critical to improving their outcomes.[67]

8 RECOMMENDATIONS

Individual IMR Recommendations:

8.1 Northumbria Healthcare NHS Foundation Trust

1. Ward staff need to consider early discussion when patients present with injuries and ask questions about how it happened.
2. When a patient self-discharge, ward staff need to consider whether the patient is an adult at risk/vulnerable adult and submit a safeguarding referral when a patient has presented with an injury.

8.2 Probation Service

1. Staff supervising domestic abuse cases must have completed Spousal Assault Risk Assessment training and be aware of Domestic Abuse policy and safeguarding. The IMR has highlighted staff who require more support and input regarding the above and may need a specific action plan to support their work whilst developing knowledge, awareness, and confidence in the area. Clearer guidance is required for staff on expectations before and following a MARAC meeting, how to access minutes, and record actions or evidence follow through.
2. Five probation practitioners participated in the management case over time. Individual circumstances meant there was no opportunity for a formal handover. Where formal handover is possible, an Internal Handover Transfer Checklist v2 has been recently introduced and a Probation Practitioner checklist for new allocations within the community and in custody.

[67] https://link.springer.com/content/pdf/10.1007/s43545-021-00263-x.pdf

3. A Professional Judgement toolkit and Professional Curiosity workshops run. Still, the Quality Development Team are available and will assist in supporting those practitioners identified in this review who would benefit from such input.

Recommendations for the panel:

8.3 Recommendation 1a: Cuckooing

North Tyneside Safeguarding Adult Board will promote awareness and gain assurance from organisations addressing cuckooing in order to protect adults at risk.

8.4 Recommendation 1b: Cuckooing

To empower victims of cuckooing, North Tyneside should consider the work undertaken by Safeguarding Adult Boards nationwide: https://www.llradultsafeguarding.co.uk/guidance-for-working-with-adults-at-risk-of-exploitation-cuckooing/#7_Multi-Agency_Planning_Meeting

8.5 Recommendation 1c: Cuckooing

North Tyneside should consider developing cuckooing pathways involving the police, housing associations, mental health, social care, and drug support services. They would work together to protect those at risk from criminals who use violence and threats to gain access to their homes.

8.6 Recommendation 1d: Cuckooing

My Space and agencies should consider using Closure orders and restricting who can enter the property. Breaking a closure order is a criminal offence punishable by imprisonment, meaning police can immediately arrest unwanted people found in a home with a closure order.

8.7 Recommendation 2: Contextual Safeguarding

Michael's social system comprised of drug associates, a male exploiter who had taken over his home and a girlfriend whom Michael had reported had assaulted him. She was also known to exploit other vulnerable adults.

8.8 Recommendation 2a: Contextual Safeguarding

Social Care is developing a non-consent-based multi-agency "addresses causing concern" meeting where a robust multi-agency approach is needed to

manage risk. Care Act 2014: Section 42 can be incorporated into this where required to avoid duplication and will be a vital information-sharing forum. It will also be an opportunity to agree mutually on who is the best person to be the single point of contact for the person – it will not always be the social worker. The forum discusses older young people who need a transitional safeguarding approach.

8.9 Recommendation 2b: Contextual Safeguarding

North Tyneside Safeguarding Adult Board to extract learning from Safeguarding Children Contextual safeguarding to apply to the adult world.

8.10 Recommendation 2c: Contextual Safeguarding

North Tyneside to identify areas targeted by potential exploiters, for example, outside courts; the alleged exploiter befriended Michael in this area – places where vulnerable adults may attend and ensure these services, are aware of the potential risk of exploitation of vulnerable adults and the developed pathways to support the adults.

8.11 Recommendation 3: Engaging the hard-to-engage

Michael contacted services when he required their support, i.e., calling the police, contacting DWP and attending A&E. Michael was referred to the appropriate services to help support his care and support needs. However, he did not engage with them, resulting in his conditions being unmet. In addition, Michael did not identify as a domestic abuse or exploitation victim and was at risk of self-neglect.

8.12 Recommendation 3a: Engaging the hard-to-engage

North Tyneside should consider using trauma-informed care to understand and assess the pervasive nature of trauma to promote an environment of healing and recovery rather than practices and services that may inadvertently re-traumatise.

8.13 Recommendation 3b: Engaging the hard-to-engage

North Tyneside employs a strengths-based approach to consider the person's strengths and capabilities and what support might be available from their comprehensive support network or within the community to help.

8.14 Recommendation 3c: Engaging the hard-to-engage

North Tyneside to ensure that the 2022 drugs need assessment informs the design of local strategies to support the reduction of severe violence and associated harms.

8.15 Recommendation 4: Bi-Directional Domestic Abuse

Michael disclosed that he was in a bi-directional domestic abuse relationship with Cara. Bidirectional domestic abuse suggests that both partners can display aggressive behaviours during a conflict. Although, this may not be with each conflict episode and may not be symmetrical.

8.16 Recommendation 4a: Bi-Directional Domestic Abuse

Better understanding and training around male victims of domestic abuse, including the challenges they face and their experiences.

8.17 Recommendation 4: Bi-Directional Domestic Abuse

The Safer North Tyneside Partnership should consider specific local communications campaigns to encourage the local community-based service/police to come forward around events such as International Men's Day. This recommendation would also support recommendation three.

8.18 Recommendation 5: Think Family

Michael's family or social system was not explored with agencies, who spoke to each other to identify support methods. There was no discussion with Michael to seek consent to talk with his family or social system.

8.19 Recommendation 5a: Think Family

The Safer North Tyneside Partnership is to embed The Think family culture throughout services, with all practitioners focusing on building relationships and staying curious.

8.20 Recommendation 5b: Think Family

North Tyneside Safeguarding Adult Board to consider the work of other boards: https://bexleysafeguardingpartnership.co.uk/wp-content/uploads/2021/11/Bexley-Think-Family-Protocol-Practice-Guidance-Sept-2021-Final.pdf and

https://api.warwickshire.gov.uk/documents/WCCC-850-305