

Gloucester Community Safety Partnership in conjunction with Safer Gloucestershire

Domestic Abuse Related Death Review

Overview Report for

Julie

May 2024

**Shona Priddey
Overview Report Author
Completed 28th May 2025**

Preface

This is a Domestic Abuse Related Death Review (DARDR) report referring to the life and death of Julie.

I would like to begin by expressing my sincere sympathies and that of the panel to the family and friends of Julie.

This review has been undertaken in order that lessons can be identified to inform future responses to domestic abuse.

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

DARDR Chair and Author.

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1. Introduction

1.1 This Domestic Abuse Related Death Review (DARDR) has been commissioned with due regard to the Domestic Violence, Crime and Victims Act 2004, in response to the death of Julie.

1.2 This report of a DARDR examines agency responses and support given to Julie, a resident of Gloucester prior to the point of her death on 4th May 2024. Julie died from falling from a roof at the block of flats where she lived; it is unknown whether she jumped or fell, and it will remain unknown. A pseudonym will be used in this report for the victim and the perpetrator of Domestic Abuse towards Julie.

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

1.4 The review considers agencies' contact and involvement with Julie from 1st January 2019- 4th May 2024. The panel agreed that this time period reflected the issues identified through scoping and contact with agencies in respect of these. The panel were asked to consider and submit any other significant information outside of the timescales set, particularly in relation to Domestic Abuse (DA), Substance Abuse and Mental Health.

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

1.6 The aim of this DARDR is to: establish the facts that led to the tragic death of Julie in May 2024 and whether there are any lessons to be learned from the case about the way in which local professionals and agencies worked together to safeguard Julie. The aims from the statutory guidance for a DARDR will be covered within the Terms of Reference in this report.

1.7 This review process has been conducted with an open mindset to avoid hindsight bias. Those leading the review have sought the views of family members and have made every effort to manage the process with compassion and sensitivity.

2. Timescales

2.1 On 4th June 2024 this case was considered by an expert panel. The purpose of this panel is to make recommendations to the Community Safety Partnership (CSP) as to whether or not a review should be commissioned. The expert panel made a recommendation to the CSP that they should commission a review.

2.2 The CSP made its decision and informed the Home Office on the 16th July 2024 of its decision to commission a DARDR for Julie. Panel members were duly notified and informed about the DARDR.

2.3 Shona Priddey was appointed as Independent Chair of the review panel and Author of the DARDR report in August 2024.

2.4 The first panel meeting took place on 7th October 2024. Agencies were asked to provide chronologies to assist with formulation of the Terms of Reference.

2.5 The Terms of Reference were sent out to the Panel by 21st October 2024 and any amendments or queries were received by 7th November 2024.

2.6 The Chair contacted the family's Specialist Advocate and had a meeting on 4th December 2024. At present, the family are not wanting to engage with the review.

2.7 The IMRs and short reports were received by the 13th January 2025.

2.8 The second panel meeting took place on the 20th January 2025 to discuss the IMRs and short reports.

2.9 The first draft overview report was completed by 24th March 2025.

2.10 The third panel meeting took place on the 7th April 2025 to discuss the first draft of the report.

3. Confidentiality

3.1 The findings of this review are confidential. Information is available only to participating officers/professionals and their line managers until the report is approved for sign off by the CSP and agreed by the Home Office for publication. A pseudonym is used for both the victim and the perpetrator in the report. The report will be published following Home Office Quality Assurance.

3.2 The victim was female, white British and 41 years of age at the time of the fatal incident. The alleged perpetrator of domestic abuse was male and 44 years of age at the time of the fatal incident and is white British.

4. Terms of Reference

4.1 Statutory Guidance (Section 2.7) states the purpose of the DARDR is to:

- Establish what lessons are to be learnt from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- Identify clearly what these lessons are, both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
- Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate.
- Prevent domestic violence and homicide and improve service responses for all victims of domestic violence and abuse, by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to at the earliest opportunity.
- Contribute to a better understanding of the nature of domestic abuse.
- Highlight good practice.

4.2 Specific Terms of Reference set for this review:

Agency response

- Did agencies share information and if they did, what did they share?
- Did any agency join the dots? If they did was it done correctly and in a timely manner?
- What more could have been done by agencies?
- Could improvement in any of the following have led to a different outcome:
 - Communication and information sharing between services?
 - Information sharing between agencies regarding the safeguarding of adults?
 - Communication within services?
 - Communication and publicity to the public and unknown specialist services about the nature and prevalence of domestic abuse and available local specialist services.
- Was the work undertaken by services in this case consistent with each organisation's professional standards and any domestic abuse policy procedures and protocols?
- Has any learning already been identified? If so, has anything been implemented since Julie's death?

5. Methodology

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

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

5.3 The aim of the IMR is to look openly and critically at individual and organisational practice to see whether the case indicates that changes could or should be made to agency policies and practice.

5.4 Each agency’s IMR or summary report covered details of their interactions with Julie and Damon, and whether they had followed internal procedures. Where appropriate, the report writers made recommendations relevant to their own agencies and prepared action plans to address them. Participating agencies were advised to ensure their actions were taken to address lessons learnt as early as possible.

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

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

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

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

6.1 Julie's family only engaged through their advocate with the review process and unfortunately no other individuals were identified as having any social connection with Julie. The family were offered the opportunity to feed into the development of the Terms of Reference. The DARDR would also have considered relevant engagement with friends and associates of Julie if any had come to light during the review process.

6.2 The DARDR Chair is engaging with the family's Advocate. The Home Office leaflet was shared with Julie's mother through the Advocate. Julie's mother shared with the advocate the little she knew about potential DA. Julie's mother had suspicions and had advised Julie to end the relationship. Julie had said that she loved him. Some years prior to the dates covered in the report, Julie's mother had tried to help Julie, which resulted in Julie spending a couple of weeks in Wotton Lawn Mental Health Hospital.

6.3 In reference to the comment made by Julie addressed in 14.11; Julie's mother stated that "some family members found some of Julie's behaviour difficult to deal with but that she had maintained contact with Julie throughout; in person and by phone, offering advice and sending small amounts of money for food. Contact became increasingly difficult as Julie routinely did not show up to meet as arranged and became increasingly extremely verbally abusive. Contact in the final few months of Julie's life was by phone only".

6.4 Julie’s mother stated that, “Over the years I tried to help my daughter with money and advice. Unfortunately, the advice was never taken. She became increasingly abusive making our relationship harder to maintain”.

7. Contributors to the Review

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

- Gloucestershire Constabulary - IMR
- Gloucestershire Health and Care NHS Foundation Trust - IMR
- Gloucestershire Hospitals NHS Foundation Trust - IMR
- South Western Ambulance NHS Foundation - IMR
- Gloucestershire Domestic Abuse Support Service - IMR
- Integrated Care Board (ICB) - IMR
- Gloucester City Homes - IMR
- Gloucester City Council - Short Report
- Change Grow Live (CGL) - Short Report
- Department of Work and Pensions (DWP) - Short Report

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

8. The Review Panel Members

8.1 The following agencies constitute the DARDR panel:

Name and Job Title	Agency
Shona Priddey, Independent Chair and Author	

Rachel Williams, Assistant to the Chair	
Sophie Jarrett, Violence Against Women and Girls (VAWG) Policy and Strategy Lead	Gloucestershire Office of the Police and Crime Commissioner (OPCC)
Jeanette Welsh, Lead for Safeguarding Adults	Gloucestershire Hospitals NHS Foundation Trust (GHFT)
Samantha O'Malley, Designated Nurse for Safeguarding Adults	NHS Gloucestershire Integrated Care Board (ICB)
Jonathan Newman, Named Nurse for Safeguarding Adults	Gloucestershire Health & Care NHS Trust (GHC)
Lisa Ratcliff, Safeguarding Specialist	South Western Ambulance Service NHS Foundation Trust (SWAST)
Tessa Davis, Service Manager	Gloucestershire Domestic Abuse Support Services (GDASS)
Sue Smith, Service Manager Substance Misuse	Via (Gloucestershire Drug and Alcohol Support Service)
Hazel Mitchell, Housing Operations Lead, LA Housing Services	Gloucester City Council
Nikki Smith, Head of Services for integrated Adults and Social Care, Local Authority and Adult Social Services	Gloucestershire County Council, Adult Social Care
Caroline Lucas Mouat, DA Housing Lead Gloucester City Council	Strategic Housing Partnership

Nicola Bullock, Homes & Neighbourhood Manager	Gloucester City Homes
Louise Missen, Detective Inspector	Gloucestershire Constabulary
Katie Lewis, Nelson Trust	Nelson Trust Women's Centre
Sarah Hawker, Advanced Customer Support Senior Leader – Customer Experience Directorate	Department of Work and Pensions
Minesh Patel, Director, Change Grow Live, Quality Lead	Change Grow Live

8.2 Independence and impartiality are fundamental principles for a DARDR. It is essential that all panel members including the Chair and Author are impartial to ensure the report is legitimate and credible. All panel members meet the criteria, and no one had any direct involvement in the case, or had line management responsibility for any of the practitioners involved.

9. Author of the Overview Report

9.1 Safer Gloucestershire in conjunction with Gloucester Community Safety Partnership appointed Shona Priddey as independent Chair and Author for this DARDR. Shona acts as an independent Chair and Author for DARDRs. She has completed the Home Office approved course for Domestic Homicide Review Authors provided by AAFDA. Her background is within the Criminal Justice System both academically and professionally. She is a Justice of

the Peace and holds the position of Trustee for a Domestic Abuse Charity (SUTDA). Shona is independent of all the agencies involved in this case and has never worked in Gloucester or Gloucestershire or for any of its agencies.

10. Parallel Reviews

10.1 Coroner's inquest. The Chair contacted the Coroner, and the inquest will be postponed until the DARDR has been completed.

11. Equality and Diversity

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

11.2 Julie was a forty-one-year-old white British woman who had Ocular Albinism affecting her vision and had a diagnosis of Schizotypal personality disorder. The Crime Survey for England and Wales (CSEW) showed that a significantly higher percentage of adults with a disability experienced domestic abuse in the last year than those without for the year ending March 2024. A higher percentage of women than men were victims of DA in the last year. Approximately 7 in 100 women and 3 in 100 men (2024 CSEW from the Office for National Statistics). The perpetrator was a forty-four-year-old white male.

11.3 Sixty-one percent of victims were considered to have a vulnerability with twenty-seven percent having more than one. The most common were illicit drug use, mental ill-health, and problematic alcohol use. Julie was highly vulnerable, suffering from poor mental health and prolific illicit drug use. Julie had a physical disability, and this does make her significantly more likely to experience poor mental health due to biological, social and external factors.

11.4 Approximately sixty percent of perpetrators were indicated to have previous offending history. Of these three quarters had abused previous partners.

11.5 In consideration of the nine protected characteristics, there is no direct evidence that these negatively affected Julie's access to services; however, Julie's personality disorder hindered Julie making full use of the services she was engaging with.

12. Dissemination

12.1 In accordance with Home Office guidance all agencies and the family of Julie are aware that the final Overview Report will be published. Julie's family have had the opportunity to read the report before publication and the Chair received positive feedback from the family. The family will be supported, if they require it, by their advocate. IMR reports will not be made publicly available. Key issues, if identified, will be shared with specific organisations. The report will be shared with Safer Gloucestershire and Gloucester CSP for sign off prior to submission to the Home Office. The Overview Report will not be disseminated until clearance has been received from the Home Office Quality Assurance Group.

12.2 The content of the Overview Report will be suitably anonymised if it is necessary to protect the identity of the female who died and relevant family members. The Overview Report will be produced in a format that is suitable for publication with any suggested redactions before publication. The Overview Report will be received by the local Police and Crime Commissioner and the Domestic Abuse Commissioner.

13. Background Information (The Facts)

13.1 Julie lived in a flat in Gloucester. At the time of her death, she was a 41-year-old woman.

13.2 On a morning in May 2024, the police received a call due to Julie who was causing disorder in shops looking for alcohol. Julie had initially tried to purchase alcohol, but the purchase was declined due to lack of funds.

13.3 Within thirty minutes of this call, Julie was found by a member of the public on the pavement having fallen from a roof. It was unknown at the time that it was Julie.

13.4 An Ambulance was called for by the member of the public for a female (Julie) who was reported as unconscious with traumatic injuries and in cardiac arrest. Resuscitation was carried out including critical care intervention to no avail. Julie died of traumatic injuries from this fall and was declared dead at the scene.

13.5 The body was then left in the care of police as this was a possible crime scene.

13.6 Julie had been in a domestically abusive relationship with Damon for approximately five years. Damon did not officially live with Julie, but he often stayed in her flat and was abusive towards her. Damon was not with Julie at the time of her death and was later brought over by Police. His movements were verified by the Police and no charges were made.

13.7 The Crime Scene Investigator (CSI) suggested Julie had climbed over the barrier, but whether she jumped or fell is unknown and will remain unknown.

14. Chronology

14.1 Julie and Damon were both known to agencies outside of the timescale set by the TOR. Julie had struggled with her mental health since her teens and had used both prescription drugs and illicit drug use and alcohol to cope. Julie was known to the Police and the Courts for her own criminality. Damon had been in prison prior to his relationship with Julie but not for anything DA related. Damon was also reported to be an illicit drug user.

14.2 3rd September 2019 Telephone consultation with GP6- Julie was noted as crying during her contact with the GP, noting that Damon had stolen her medication, and she needed more. The GP asked Julie to get a crime reference number as the drugs she wanted (pregabalin and diazepam) are controlled drugs. Julie stated she was the victim of DA and was trying to leave her boyfriend. The GP suggested she call the police and discussed GDASS with her. Julie stated she was scared he would kill her, so she needed the medication, so she was calm enough to face him. The GP explained this did not sound safe, and that if she is concerned, she should call police. Julie was noted as not having been in contact with mental health/CRISIS team. The GP suggested this as she was very upset, but Julie stated she didn't want to. Julie hung up the phone before anything further could be discussed.

14.3 26th November 2019 spoke to the Mental Health worker (GHC). They noted an escalation in behaviour recently as well as Julie being physically as well as verbally aggressive. Julie was reported to have thrown things at the antisocial behaviour team. The mental health worker confirmed that they should never issue more than the prescribed medication and suspicions were noted that Julie was selling it. The mental health worker strongly advised against seeing Julie alone and also advised against seeing her in the same room as her boyfriend, suggesting asking him to wait outside, as he can also be aggressive. The mental health worker was planning on seeing Julie with a consultant in view of this and also considered taking her down the criminal route for her ongoing aggressive behaviour.

14.4 Telephone call to Police from Julie 29th December 2019 at 02:36 stating Damon had kicked her out of her own home. Screaming and shouting could be heard by the call taker. Julie stated she had been grabbed around the neck and kicked in the head. Police attended and spoke with Julie; she declined medical treatment. Damon was arrested on 30th December, but Julie declined to provide further detail. Damon was interviewed but a No Further Action (NFA) decision was made.

14.5 16th January 2020 at 23:25, third party call to Police regarding male and female arguing. Damon seen to be the aggressor and was reported to have assaulted Julie by pushing her over a flower pot. Police attended. Julie did not wish to engage. Damon arrested for assault. Damon interviewed but a NFA decision was made.

14.6 17th January 2020 GDASS High risk Police referral received. Incident details allege Julie had been grabbed by the throat and kicked to the head by Damon. Incident dated 29th December 2019. An admin error was reported that explained the delay in sending to MARAC and IDVA.

14.7 26th February 2020 at 16:08, third party call from VANS Team (a vulnerable adult nursing team that utilizes vehicles to provide healthcare services in a mobile or outreach setting) to say they had spoken with Julie, and she reported she was in physical danger from Damon and that he had made her use crack. Police attended and Julie refused to open the door or speak to Police. Neighbour spoken with who confirmed verbal arguments. NFA taken.

14.8 27th February 2020 GDASS High risk referral from VANS Team. The DASH detailed ongoing assaults from Damon, that Julie needed help, and she reports having an STI and using crack. GDASS were unable to engage with Julie, so they contacted the referrer and police (police did attend but Julie would not allow access) to consider other routes to engage Julie, but neither service engaged. Contacted Nelson Trust Women's Centre (NTWC), client not open to service. Updated MARAC that IDVA not engaged.

14.9 6th March 2020 Appointment with GP. Julie reported she was worried she had an all over body infection from previously using partner's needles - she was advised she would have become extremely unwell with systemic infection. Mentioned at the end her partner can be abusive - GP signposted Julie to GDASS.

14.10 20th May 2020 GP10 -cv19 crisis. Discussion with Julie's dentist who noted they had spoken with the patient that day and raised concerns that Julie's boyfriend was domestically abusing her. Dentist had been in contact with relevant safeguarding authorities to alert them to this and was due to see patient again on Friday. The GP noted that the dentist wanted to keep them up to date. GP noted Julie was seen by them in September 2019 about DA issues and a GDASS referral was made at the time.

14.11 27th May 2020 – Telephone consultation with GP11- Long discussion with Julie who is reported to have been having urinary problems. GP noted Julie told them her partner “hits her” and is a “bit of a nightmare”. Julie is noted as stating she didn’t want to leave him, saying he was “all she has” and that she felt her family “don’t care about her”. In lockdown, Julie noted it had been worse but thought now they were able to go out more, that things were a bit better. GP offered to discuss with GDASS for her, or refer, but she declined. Julie denied thoughts of self-harm or suicide.

14.12 21st August 2020 Third party call for an Ambulance as Julie was reported as outside on the ground. She reported a chest infection, ear infection and diabetes type 2. Police had searched the property the previous night and housing were repairing her door. Her flat was noted as dirty and unkempt with rubbish and maggots on the floor. Julie was also noted as appearing dirty and unkempt. A safeguarding referral was made, and her GP was contacted. The referral stated that she was neglecting herself and was at risk of abuse and reported harm over a long period. Food was noted as rotting and there was evidence of fleas in the property along with piles of rubbish on the floor.

14.13 13th November 2020 at 02:18, Julie calls 999 for Police stating Damon refusing to leave and has been abusing her for 18 months. Further call received to say he had left but she was worried he would return. She stated he had been making her take drugs and had threatened to kill her. Police attended but Julie did not want to make a complaint and is described as hostile. Safeguarding referral made due to state of property. Damon arrested but NFA.

14.14 13th November 2020 at 05:34, a 999 call- No speech heard. Called back at 05:37 and Julie told call taker that she called by accident. No attendance.

14.15 13th November 2020 at 06:07, a 999-call received from Julie stating “he” had left but he might come back, and she needed locks changing. Julie said in her previous call she had to say that it was an accident as Damon was there and had been holding her hostage but had gone out to get crack. She stated that he told her that if she answered the door, she was dead. Julie said she didn’t want police as he was not there and hung up. Police attend at 06:23.

Damon not present and Julie reported as hostile. Damon was already wanted for arrest and further comments added to handover.

14.16 13th November 2020 GDASS - High risk Police referral received after Julie called police saying Damon was refusing to leave and disclosed that abuse has been happening for the last 18 months.

14.17 17th November 2020 at 01:19, third party report to police by neighbours that screaming and shouting could be heard all day from Julie's address. Police attended but all quiet and Julie refused to answer the door.

14.18 17th November 2020 05:12 Police alarm activation. On Police attendance Julie stated that Damon had been in the address earlier and had now assaulted her before leaving the address. Julie stated she had been punched in the head and pushed into a table but also said she wasn't sure she had been injured. Damon arrested; case sent to Crown Prosecution Service (CPS) but returned NFA.

14.19 17th November 2020 GDASS - High risk Police referral received. Incident details Julie activated her alarm, discloses Damon punched her in the head and pushed her into the table.

14.20 27th January 2021 at 15:25, initial call to police from professional third party that Julie had reported Damon had hit her and stolen her phone and that he was due back at any time. Further call from Julie who again states Damon was staying at the address, and she was frightened. She stated he had hit her and taken her phone. On attendance phone returned to Julie. Other offences put down to mental health and Vulnerability Identification Screening Tool (VIST) submitted.

14.21 22nd April 2021 Third party report from ambulance to police with a concern for welfare of Julie and at risk of harm from Damon. On arrival Julie was outside of the address, described as aggressive. No offences disclosed so NFA.

14.22 24th April 2021 Julie called South Western Ambulance Service Trust (SWAST) with withdrawal symptoms. Julie reports that her boyfriend Damon, takes her card and buys drugs before making her take them. Clinicians noted she appeared manic and erratic. She asked to go somewhere safe so the clinicians take her to the Emergency Department (ED) where she disclosed the male keeps her against her will in her flat. A safeguarding referral was made for abuse. It stated she is being held against her will by a male in her flat. It also reported that the flat was messy, and the male perpetrator was using her money and forcing her to take drugs.

14.23 30th April 2021 Julie called an Ambulance alleging DA. Take to ED at Gloucestershire Royal Hospital (GRH). Whilst DASH was being completed, and some conflicting answers were clarified Julie became angry and left the department.

14.24 5th May 2021 Report from GRH that Julie had left prior to treatment. Concerns she had been held against her will and forced to take drugs. On Police attendance Julie denied being held against her will but that Damon does want her money for drugs. VIST completed.

14.25 6th May 2021 Report to police from Gloucester City Homes (GCH) that Damon was at Julie's address. Request to remove him and serve injunction paperwork on him. Officers attended and served paperwork.

14.26 5th September 2021 at 06:16, a 999-call received from Julie stating Damon had left her flat but was banned, and she reported he had also left canisters in the address which she believed were explosives. She noted she was scared of him and worried he would kill her. 06:40 Police attendance and Damon's possessions along with drugs paraphernalia were found in the address. Concerns raised for Julie's mental health and her account was reported to change and she was noted as incoherent at times. Damon's property taken from the flat. Arrangement made for locks to be changed. Referral to crisis team made.

14.27 8th September 2021- GDASS- High risk police referral received following Julie calling police stating Damon had recently left her flat which he was banned from attending, she was scared of him, that Damon had stated he would kill her.

14.28 13th October 2021 at 17:48, a 999-call received from Julie to say she has been assaulted by Damon who she stated has hit her twice and grabbed her around the throat. Damon had left already before she made the call. On attendance on 14th October Julie reported taking an unknown substance. Julie stated Damon had pushed her to the face. Julie stated Damon had access to her house and she felt unsafe. Live injunction noted to keep Damon away from the area of Julie's address. VIST completed but additional risk factor questions were not completed. NFA.

14.29 14th October 2021 Julie attended ED at GRH after being brought in by police as Julie had called them about ongoing abuse (financial and emotional) at home by partner. Complex Mental Health history and >3 years DA noted. Julie said that she was the victim of "emotional abuse" and insults from her partner. She admitted to smoking crack daily for the previous 2-3 years - reporting to have often been supplied by her partner. Triage nurse had noted that Julie appeared frightened of somebody/returning home, so Doctor wanted to complete a DASH with Julie and check with Safeguarding Team, but Julie decided to leave ED. Assessed to have capacity for this decision. Doctor asked her to stay for a better assessment and to get some help, but she declined and left. Abusive partner named as Damon to Triage nurse.

14.30 6th January 2022 at 07:16, a 999 call from Julie whispering to say, "he is really dangerous, and they need to arrest him". On Police attendance both Julie and Damon were in the address. Julie stated she wanted to end the relationship but was worried about asking him to leave. Damon left the address and Julie then asked the Officers to leave.

14.31 26th May 2022 Call from Julie to SWAST, and she was taken to ED, and a clinical supervisor made a safeguarding referral stating she was vulnerable, and she had reported that her partner was stealing money from her.

14.32 27th July 2022 Gloucester City Homes (GCH) phone call with Julie, she reports that her partner Damon, has left her and she has agreed to let GCH refer her to the Nelson Trust, GDASS and anywhere else that can offer her support. £30 food voucher sent, and Pest Control were going in to Julie's address that same day. The Nelson Trust has no record of

this, so either they didn't receive one or a completed referral may not have provided the correct information to meet their criteria. From Julie's support needs, she would have met the criteria, but this may not have been reflected in the referral form and would have been sent back to the referrer for more information.

14.33 22nd November 2022 Julie called SWAST with reported mental health concerns following an assault by her boyfriend. Julie reported Damon as abusive, stating he had punched her in the head and grabbed her neck. She wanted direct access to Wootton lawn, but all clinicians could offer was ED, so she refused. After some persuasion she agreed to attend ED, although she appears to have left on arrival. Julie refused police involvement.

14.34 22nd November 2022 at 13:31, Wiltshire Police received a call from ambulance who had received a call from Julie requesting help with her mental health (This was passed to Gloucestershire Police for attendance; Wiltshire had been taking calls for Gloucester due to an ongoing incident within Gloucester). Police attended on 24th November and arrested Damon. Julie had her Social Worker (SW) from GHC there and was now saying it was a stranger that assaulted her and wasn't happy with the Police arresting Damon. The SW believes Damon has assaulted Julie. NFA.

14.35 8th December 2022 at 16:00 Call to police from Julie stating Damon has taken around £60,000 from her over a period of years and is dangerous. On Police attendance Julie denies contacting the Police and that Damon has taken any money from her. NFA

14.36 8th December 2022 Gloucester City Council – Damon contacts the homeless team. He stated he has been living with ex-girlfriend, her name is Julie, but that he had been homeless since 7th December 2022, sleeping in Gloucester bus station. The City Council needed to contact Julie to confirm Damon's rooflessness. Called Julie and as soon as it was explained that it was the city council calling, she hung up. Damon was given a placement at Winter Shelter, he booked in but refused to stay, tried to reassure but he was noted as very unsettled. No other contact from Damon thereafter.

14.37 10th January 2023 Julie called SWAST after being assaulted the day previously, noting bruising to her right eye. Julie was noted as having confused recollection on whether this was caused by the police or her boyfriend. She was in custody the day before and there was a warrant for her arrest. Clinicians called 101 from scene to report the domestic abuse.

14.38 18th January 2023 Julie calls SWAST with mental health concerns. There was no answer when clinicians arrived, but Damon came to the balcony and reported Julie was out. He refused to let them in, so they called the police and reported her as a missing vulnerable individual. They also checked with ED that she wasn't already there.

14.39 14th June 2023 Julie called SWAST reporting abdominal pain, diarrhoea, and vomiting. Julie said she'd smoked heroin to help with the pain. The report notes Damon her partner appears to be under the influence of drugs and was uninterested in the fact that they were there. The home is unkempt and dirty with Julie using clothing to clean herself after using the toilet. The report also stated there was no consent for a safeguarding referral, so none was made.

14.40 6th July 2023 18:54 Call from ambulance to police to report that Julie had called them to report she had been "accidentally stamped on". When ambulance arrived, she stated it was by Damon and it was whilst she was asleep. Ambulance left as Julie was abusive. 13th July Police attend Julie's address and Damon was arrested. Julie refused to make a statement. Damon was interviewed and NFA.

14.41 6th July 2023 Gloucester City Homes - lock change for Julie's flat due to DA.

14.42 7th July 2023 11:41 GHC Professional liaison with MARAC (referral no 10): incident noted on Julie's mental health record. Referred to MARAC by police. Noted theme of Julie raising concerns about Damon but when professionals try to support, she denies there are problems-making meaningful intervention very difficult.

14.43 7th July 2023 GDASS – High risk referral from police. Incident details swelling to nose, jaw, and forehead. Allegations that Damon had stamped on her head accidentally when she was asleep. Damon no longer at the address. Incident date 6th July 2023.

14.44 1st August 2023 Julie calls SWAST reporting a panic attack. Julie stated she was fearful for her own safety stating her partner was physically, emotionally, and financially abusive. Julie reported he had been giving her methadone for the past five years. The report documents a filthy flat and the fact she had asked for emergency accommodation, but none has been found. Julie appeared erratic. The clinicians called the police and on hearing this, Julie closed the door on them stating she would not talk to the police.

14.45 11th September 2023 - CGL (drug and alcohol service provider at the time for Gloucestershire) - Julie telephoned the service to self-refer but there were challenges undertaking this as Julie was unintelligible during the phone call. Outreach Recovery Coordinator called Julie back later that day to further explore the referral, but the call was not answered. A voicemail message was left but there was no recorded response from Julie.

14.46 29th September 2023 Third party call to SWAST from a shop but Julie was no longer there when the crew arrived, so clinicians attended her address where she would only speak to them through the letterbox. Julie reported not needing an ambulance. Control had passed a message to the crew that she is a long-term victim of domestic abuse. The record notes that “baby please be caring” was written on the door possibly in blood and there was evidence of faeces on the door frame and floor. Control suggested the crew could leave scene if she was refusing entry, but they were not happy to do so and made repeated attempts to get Julie to let them in. They called the police and asked them to attend due to their concerns. Police had no resources to attend immediately but noted they would do so as soon as they were able.

14.47 10th October 2023 Julie called SWAST reporting ingesting insect spray. Julie reported being infested with parasites via her boyfriend and had sprayed insect spray in her mouth. Due to reports of poisoning, her home had been cordoned off. A container of unknown substance had been found by HAZMAT/fire service which was found to be methadone. She was reported as talking very fast and refusing to let anyone touch her. Julie reported taking

freebase and is very paranoid. The record noted the flat was mouldy and her cat had been removed. A safeguarding referral was done by SWAST, fire and police. SWAST's referral stated she was a vulnerable adult who had reported bed bugs in her flat. It also noted she was scared of her partner who was using drugs and taking her money. Julie requested everyone leave her flat, so all agencies left after seeing her.

14.48 10th October 2023 16:35 Call to police from Julie to say she has been raped, that her phone had been taken and £100,000 taken. On Police attendance Julie changed her account saying she had been sexually abused as a child and not recently, and the amount of money taken changed to £100. Julie was taken to hospital and was found to have a water infection which was deemed to have caused her behaviour and delusional thoughts.

14.49 21st November 2023 - CGL -Julie presented at the service unscheduled and was noted as erratic in manner, with quick speech and disordered thinking. Julie reported having Multiple sclerosis and Scabies and needed medication for them. Julie reported that she was in the process of fleeing her partner, Damon, who she stated was domestically abusive and was controlling her. Julie was encouraged to attend hospital immediately. She agreed and telephoned for an ambulance.

14.50 28th November 2023- CGL- A home visit was conducted at Julie's property. On arrival, Paramedics were at the address. The notes state a large kitchen knife was present in the property, which Julie stated she was using for her own protection. The recovery coordinator left the property as they were unable to engage with Julie in a meaningful way. Julie was noted as verbally abusive towards the Paramedics. The recovery coordinator spoke with Police, by telephone, who stated that they would not be visiting the address and Julie should call the Crisis Team for assistance. The recovery coordinator completed an Adult Safeguarding referral the same day with a view to explore support for Julie. Julie did not engage so no plan was implemented.

14.51 29th November 2023 Julie called SWAST with reports of a rape and poisoning. Julie was at the council offices and when the ambulance arrived, she was reported to be shouting in the street. She was saying she requires Coca-Cola for her blood sugar level and clinicians buy

her one. The report states she was talking fast and sometimes incoherently but states she has been raped by 81 people and violated all her life and has a variety of diseases. Clinicians noted a lack of capacity and took her to ED. They made a safeguarding referral stating she was unable to care for herself, that her cat was sick, and her washing machine was broken. They reported that she was unable to shop for herself, and she had minimum furniture.

14.52 5th December 2023 Julie called SWAST to report female genital mutilation. When the crew arrived, she wouldn't let them in unless they told her a code and the 'colour of their soul', stating all men were rapists. Julie appeared incoherent and started shouting about Satan, so the crew retreated to the ambulance. However, Julie followed with what may have been a weapon, and police were called. The police attended and stated that this could be a usual presentation for her. No weapon was found, and she subsequently refused assessment. The crisis team were contacted by clinicians from scene and an immediate referral to adult social care was made. Nothing came from this referral. The clinicians asked for support for her mental health and substance misuse. Julie wasn't open to CRHTT but was advised she can use the 0800 number for CRHTT.

14.53 18th December 2023 Julie called SWAST reporting feeling suicidal. She appeared agitated, but the crew managed to calm her down. The police then arrived as Gloucester City Homes had called them following Julie's disclosure to them that she was suicidal. Clinicians made a call to the EDT at adult social care and spoke to the crisis team who report knowing Julie well despite the fact she wouldn't engage with them. A safeguarding referral was made for inadequate housing in respect of her needs. Also documented on this referral was the fact Julie was not eating or compliant with medication. They made an emergency referral to the police, adult social care, and the crisis team from the scene. A lack of food and money being spent on drugs is noted and the police and ambulance crew bought and supplied food for Julie.

14.54 11th January 2024 Julie called SWAST reporting she was cold and outside. Julie had gone to the shops to get some Coca-Cola, but they were shut. She was noted as having been in the cold for a couple of hours and was cold. She is noted to have appeared manic but calmed down with the clinicians who then took her home. The report stated the home was

dirty with cat urine and faeces present. Her mattress was outside of the bed frame the frame was being used as a wardrobe. They made a safeguarding referral and called the crisis team who had not seen her for over a year. The safeguarding referral was made for self-neglect, an inability to care for oneself, unsanitary/ unclean living conditions, no functioning toilet and a smell of urine and faeces (cat faeces also present).

14.55 2nd April 2024 - GP 25 - Called to do a Mental Health review of Julie while she was with the Nurse for her Phlebotomy appointment. Upon speaking with Julie, she was noted as rapidly speaking about multiple failed attempts of getting bloods taken and that 'Edward Jenner was good for it'. It was noted that it took time to convince her to allow the doctor one attempt to get the blood sample after explaining the doctor was a senior A&E clinician. Julie was noted as speaking in rambling, very incoherent and fast-paced nature the whole time. Julie mentioned she was depressed, and that her meds were not working, but that she was receiving "green liquid pain medication from CGL". Julie was noted as having no contact with CGL. Julie was asked about suicidal thoughts, she stated she is of course suicidal and feels suicidal when she gets taken advantage of. GP notes not being able to get Julie to continue on the conversation as she went on another tangent and could therefore not complete the suicide risk assessment. Julie was noted as threatening to leave the surgery the whole time. GP notes indicate a possible diagnosis of severe schizophrenia or Psychosis. The GP documented a plan that noted that Julie needed to be sectioned. GP spoke to the Gloucestershire Recovery in Psychosis team (GRiP), and they stated they did not know Julie and advised GP to contact the Crisis team. Crisis team stated they could only offer advice and asked the police to be contacted. The GP reports being on the phone to the police when Julie left the surgery, her description was provided to the police, and the GP explained to them that she had expressed suicidal ideation, and her lack of insight put her at significant risk to herself. Police promised to send out an emergency response officer and contact the ambulance to attend to her once they located her.

14.56 9th April 2024 - GP 25 - written in retrospect- Incident relates to the 2nd of April 2024. Julie was noted as later returning to the Surgery, more erratic than when seen earlier, rambling in 1000 words/ second. GP notes agreeing she needed acute Psychiatric input, as she clearly lacks insight, and Julie had mentioned that someone 'owns her' and has been

collecting her benefits. Ambulance was noted as having been called to come in and collect Julie to provide help to her. GP notes having later been informed that when the crew arrived (mental health car (RRV) SWAST provide that includes a member from CRHTT) after Julie had left for a second time, that they did all look for Julie but were unable to find her. The GP noted that the issue about Julie's mental condition and high risk remains a major concern for them. The surgery coordinator at Gloucestershire Health Access Centre GP practice stated that the patient had been on the premises for five hours. Showing the crew to where the patient had last been, it was agreed by all that the patient had now left the scene following a walk around the grounds.

14.57 1st May 2024 GHC meeting between GP, Consultant Psychiatrist with Recovery Team, and GP/GHC ACP to discuss response plan for Julie. Response plan agreed and put in writing on 2nd May 2024 to GP surgery.

14.58 2nd May 2024 Call to SWAST from the GP surgery for a mental health crisis. Julie had attended that day and was not offered an appointment, so she is reported to have laid herself down on the ground outside the surgery and become verbally aggressive to staff and patients. The ambulance arrived and she refused to move, threatening to kill the crew if they tried to move her. The police were called, and Julie was arrested under the public order act 4a and was removed.

14.59 3rd May 2024 Julie presented to ED at GRH as "Unwell", reported to have been shouting and as, incoherent. Reports noted of Julie having collapsed but it was not clear to hospital staff what the problem was. No injuries of any type were recorded. Julie is recorded as having said she could not move unless she gets "some meds and sedatives" then lay on the floor swearing at people. No assessed medical need. Police called and removed from hospital.

14.60 May 2024 SWAST called for a cardiac arrest. Unknown person found unconscious outside flats with traumatic injuries and in cardiac arrest. Resuscitation carried out including critical care intervention to no avail. The body was then left in the care of police as this was a possible crime scene. Sadly, this was identified as Julie after the event.

15. Overview

15.1 The overview summarises what information was known about Julie and her partner (the perpetrator of DA) Damon, by the agencies and professionals involved. The views of the family have also been sought and have been represented in the overview/but the family have declined to feed into the review.

Overview of Involvement with Gloucestershire Police

15.2 The first contact with the police during the scoping period was made on 29th December 2019 by Julie about Damon.

15.3 There are seventeen recorded contacts relevant to this report involving Julie between the 29th December 2019 and the 10th October 2023.

15.4 Police were called to an incident on 29th December 2019 at 02:36hrs by Julie, reporting that she'd been kicked out of her own home by her ex-partner Damon. She stated that Damon had grabbed her by the throat that evening. The call handler advised that they could hear shouting and swearing in the background, and that Julie and Damon had begun to have a heated argument. Julie said that she was scared of Damon and that he had been drinking alcohol and was a heroin addict. Julie began talking to a passer-by before screaming.

15.5 Police attended the incident location at approximately 02:52hrs on the 29th December 2019. Julie was reported as reluctant to engage with officers and Damon had left the property. Julie reported that she'd been grabbed around the throat and kicked in the head by Damon. There were no visible marks that could be seen but Julie reported pain in her throat. It was recorded that the disagreement started because Julie was accused of cheating on Damon. He then reportedly ripped keys from a chain around Julie's neck. Julie said that Damon then proceeded to assault her by grabbing her with both hands around the neck.

15.6 Officers offered Julie medical attention and to request an ambulance, which she declined. Police looked at other options for Julie with regards to where she could stay that night to ensure her safety. GDASS or emergency accommodation through the district council were not contacted though on Julie's behalf. Julie stated that she has no family or friends and couldn't go anywhere this evening. Julie was left at home on her own. She locked the front door but left the key in the lock so no one else can get in the address.

15.7 A VIST (containing DASH question set) was completed by the attending officer and assessed as high risk due to Julie's vulnerability. It was noted that she would not engage with the VIST or answer any of the questions. The officer noted that Julie was not engaging but that this may be due to medication she was taking which may impact decision making.

15.8 Crime number was created on the 29th December 2019 for an offence of ABH and ongoing arrest attempts for Damon were made. He was arrested at 00:56 on 30th December 2019. Julie would not engage with police following initial contact, Damon was interviewed and made no comment. He was released at 11:35 with no further action being taken (NFA).

15.9 Rational recorded on file states police received a 999 call from a member of the public who discovered the victim upset and crying. They have not witnessed any assault, but the victim stated that she is assaulted by her partner. She alleges that she has been assaulted in various ways but when police arrived, she states that she has been grabbed around the throat by him. There are no other witnesses to the altercation and no CCTV within the address, the suspect has been interviewed and provided a no comment interview when questioned. Due to having no complaint from the victim, her having no visible marks and no other witnesses can confirm what occurred and a no comment interview from the suspect, the officer did not believe there was a realistic chance of a successful prosecution, and as such the decision was made to NFA the matter.

15.10 As a result of the VIST being completed a UNIFI enquiry log was created (the system used by the constabulary to record case information). From this an Operational Police Information (OPI) and warning marker have been placed on Damon and the address. The

case is referred to MARAC and on 17th January 2020 it is noted that there has been a more recent referral and therefore MARAC to be addressed on that information.

15.11 Second contact on 16th January 2020 was created following a 101 call by a third party at 23:25hrs to report a male and female having a domestic in the street, shouting and arguing. The male, Damon, is reported to have pushed a bin over. The female, Julie, was reported to have looked distressed. Damon was noted as walking ahead of Julie who was following. They are reported to have then started physically fighting outside Boots.

15.12 Damon is reported as having used both hands to push Julie into a flower pot. Julie was recorded as sitting in front of Boots crying, with Damon shouting abuse at her. Damon is noted to have walked away, and then returned to give Julie more abuse, shouting and screaming. Police attended. It was not known what injuries the victim had sustained due to unwillingness to engage; however, she did not complain of any pain. The incident was witnessed by an independent party and partially on police CCTV.

15.13 Both parties were reluctant to engage with Police and did not disclose any offences. Julie refused to co-operate with VIST which was recorded as medium risk and declined to make any formal complaint. Crime report was created on the 17th January 2020 for ABH. CCTV was available but did not cover the actual assault, the initial caller provided a statement in which he described Damon pushing Julie on three separate occasions and describes her as looking intimidated.

15.14 Damon was arrested on suspicion of assault. He was interviewed and said there was a verbal argument only. Police decision to NFA, the rationale documented - "This is an allegation of common assault with battery, the phone call to Police is made by a member of the public, the alleged victim has refused to engage with Police. No injuries seen; the CCTV only shows a verbal altercation no assault seen. The defendant has refused to comment during interview. There are no other lines of enquiry, this does not pass the public interest test to pursue a victimless prosecution".

15.15 The VIST led to a UNIFI enquiry being created and the risk was escalated to high risk via the MASH daily review. The case was referred to MARAC who requested further information from partner agencies. Repeated efforts were made to contact Julie by the police.

15.16 Third contact was a call received from HS from Vulnerable Adults Nursing Team (VANS) stating that Julie had informed her she was in physical danger from partner, Damon, but did not want the police informed. Julie stated that Damon was making her use crack and had recently assaulted her. It was agreed Police would not be called that day to attend but would the following day for a safety check.

15.17 Police attended the address the following day. Julie was inside and stated she did not want to speak to the officers. She refused to let them in or to even come to the door.

15.18 UNIFI enquiry log created, and referral sent to MARAC. Updated on 11th March 2020 that MARAC meeting to be arranged due to concerns that professionals were not able to engage with Julie and Julie was failing to attend appointments she had created.

15.19 The fourth, fifth and sixth contacts ranging from 24th May 2020 – 17th November 2020, were all made by Julie regarding Damon refusing to leave her flat and assaulting her. On each occasion the officers attended, Julie refused to engage other than to be abusive to the officers on occasion. Julie would not support any complaint or prosecution but would allow an Adult Social Care referral to be made.

15.20 Two medium VISTs were completed for contact four and five and one high risk VIST after contact six. Enquiry was raised and referred to MARAC, ASC, and GP over the following three days after the fifth contact on 13th November 2020. Officers contacted the ambulance service and requested that they attend to treat her on the sixth contact.

15.21 Damon was arrested but NFA again on the fifth contact. Damon was arrested for ABH on the sixth contact but NFA due to insufficient evidence and Julie not cooperating. However, an update from MARAC was received to state that Julie was engaging with

professionals and that an injunction with power of arrest has been granted against Damon on 26th November 2020.

15.22 The seventh contact on 27th January 2021 was an initial call from Housing reporting Julie had stated Damon had stolen her mobile and was asking for an emergency lock change. Julie did not want to call the police. A further call was made from Julie on a payphone to say she does need Police as an emergency. She reported that Damon has stolen £18,000 and has tried to poison her and her teeth were falling out. She stated she wanted her phone back.

15.23 Officers attended the address of Julie and spoke with her regarding the offences mentioned. The update on the crime suggests that Damon has not been in the address recently and that Julie was reporting incidents which had already been investigated. The money was from a joint account, and the poisoning related to mouldy food.

15.24 A VIST was submitted which outlined the following: Julie called police asking for assistance in the retrieval of her phone from her ex-partner Damon. On attendance Julie appeared extremely distressed and after some discussion stated that she had been advised by her doctor to cease taking her medication for schizophrenia. Julie further explained that she had been in an on /off relationship with her ex-partner that ended over six months ago. In regard to police attendance Julie stated that she had bought the phone in question as a gift for Damon and due to the breakdown in the relationship with him, she now wanted the phone back due to her continuing to pay for its contract. Damon was called and accepted that the phone had initially been bought as a gift which is now asking to be returned, and he suggested that he would return the phone into the possession of Julie via a friend of his whilst the police were still in attendance. Damon did not attend in person, and he was fully aware of the injunction order preventing his attendance. No other offences were disclosed whilst Police were in attendance. Further safeguarding advice was given to Julie, advising her to dial 999 in the event of Damon attending her address or if she felt like her life is in danger at any point. A medium VIST was completed due to the previous related history. It was believed that further support from partner agencies would prove beneficial to her well-being and mental health. Enquiry was created and information shared with agencies.

15.25 The eighth contact on the 22nd April 2021 was made by ambulance following a call for service by Julie. Julie made disclosures on the phone that caused Ambulance concern for her welfare, in particular that she was at risk of harm from Damon. She stated she was withdrawing from methadone and crack cocaine and stated if her boyfriend came home, he would be violent, she then changed this and stated he would look after her. On ambulance attendance Julie refused to let them in and they believed the boyfriend was in the address preventing her from accepting support. Police attended and Julie was then on the street, and they report her screaming and shouting toward them. Due to this Ambulance were content there was no concern for welfare. No further action was taken.

15.26 The ninth contact on the 5th May 2021 was a 999 call to police from GRH to report that Julie left the hospital prior to treatment and had stated she had been held against her will at her flat and forced to take drugs. Ambulance had confirmed there was no one else at the address on their arrival.

15.27 Officers attended and located Julie nearby. She spoke about her relationship with Damon and that there had been previous incidents between them. She denied being held against her will now but stated when she gets paid, he wants money for drugs. She wanted support from agencies as she didn't have much money or food. She returned to the hospital.

15.28 Tenth contact on 6th May 2021 was a call to Police from Gloucester City Homes to request police remove Damon from Julie's address. On attendance he was found asleep in the lounge. Civil injunction paperwork was served on him which banned him from the address, and he left.

15.29 The eleventh contact on 5th September 2021 relates to a 999 call at 06:16hrs from Julie, who stated that her partner Damon had left her flat about an hour ago and he was banned from her flat. She was concerned that he had left small canisters in her bedside cabinet, and she believed that they were explosives. She was scared of him, she stated he would kill her and wanted police to attend. She was also concerned for his mental health and stated that he was a drug addict. She stated that she could not take it anymore.

15.30 At 06:40hrs on the 5th September 2021 police attended the address. Julie is recorded as having difficulty in relaying what happened. She was noted as very up and down and did not want to talk in full about what she was trying to report. Possessions of Damon were in her property. Damon's clothes were noted as sprawled around in the bedroom and there were also used needles and what appeared to be a crack pipe. Police searched the house for Damon; he was not there. The officer stated that it was clear that Julie was suffering from a variety of mental health issues, her accounts of what happened would change, she was irritable and at times slightly incoherent. Julie stated that she had weekly visits from a support service but would not state which.

15.31 No injuries were seen and there was no sign of a disturbance in the house. She said that she had concerns that Damon still had a key, the officer contacted Gloucester City Homes and they arranged for the locks be changed. Julie would not talk to police regarding Damon and would not provide a statement. Police facilitated the return of Damon's property to him. The officer was concerned that Julie was very vulnerable and had complex mental health needs. She was given crisis team details and safeguarding advice. Julie would not engage with the VIST questions. Enquiry log was created, and information was forwarded to MARAC.

15.32 The twelfth contact on 13th October 2021 was a 999 call from Julie at 17:48hrs stating that Damon had hit her twice on that day and he had grabbed her around the throat. She was very upset. Damon had left about an hour before she made the call.

15.33 On the 14th of October 2021 at 03:07hrs police attended. Julie stated that she had taken an unknown substance at 22:00hrs. She stated Damon had pushed her to the face. She did not have any visible injuries. Julie was reported to be very agitated and did not appear to be totally with it. When she explained what had happened, she appeared confused and kept changing the details of the incident.

15.34 Julie stated that Damon had kept coming round and she could not get rid of him. She stated Damon had a key and he was able to climb up to access her flat. She stated the door was insecure and did not have a lock, officers checked the door, and it did have a working

lock and did appear secure at the time the officers were there. Julie stated that she did not feel safe in her flat and wanted to move because of Damon. She stated that she wanted to live in a refuge with her cats.

15.35 Julie was taken to hospital by the officers to receive medical treatment for the unknown substance that she had taken. A crime for common assault was raised. Julie was reported to be at risk from DA by Damon and needed support. There was a live injunction that meant Damon was not to go to the area where Julie lived. Julie was given safeguarding advice and advised to call 999. A VIST was completed but additional risk factor questions were not completed. The VIST was assessed as medium risk but raised to high the following day during the MASH daily review (secondary risk assessment process).

15.36 Officers attempted to contact Julie, but it wasn't until 2nd November 2021 that they managed to speak with her at home. She was unsupportive of any police action and said she didn't remember the incident. As a result, the investigation was closed.

15.37 On the 6th January 2022 at 06:05hrs the thirteenth contact was made by Julie stating Damon has been "drugging her for three years". Refers to him kicking a baby out of another ex-partner when he was 18 and that she is scared and that police do nothing. She states he has been injecting her in her sleep with crack cocaine and heroin, and she has only realised that morning.

15.38 07:16hrs on 6th January 2022 Julie contacted 999 again whispering, asking for police stating, "he is really dangerous, and they need to arrest him". The call taker stated that they could hardly hear as she was talking so quietly.

15.39 At approximately 07:43hrs officers attended and located Julie in the address with Damon, who was asleep in bed. Both parties were spoken to alone. Officers stated that Julie was shouting and being uncooperative. She told them that she had been in a relationship with Damon for four years, on and off, and had decided that she wanted to end it. Julie stated that they had extensive history together and was worried about asking him to leave.

15.40 Officers spoke to Damon and asked him to leave the address, they stated that he was calm and packed a suitcase, before leaving. They stated that he had taken all of his property and was told that he was not welcome back. Officers stated that Julie was agitated and shouted at them, but not making much sense. They questioned Julie about a report she made that Damon was “drugging” her, however said that she did not make sense and began talking about money and how much of it she wasted on Damon. Officers reported that Julie told them to leave her address.

15.41 Julie confirmed that she knew who GDASS were, however stated that she didn't want their support. Officers left her with safeguarding advice. Prior to leaving the address Damon told officers that Julie often acted that way and felt she had severe mental health issues and that she didn't take her medication.

15.42 At 13:00hrs Gloucester City Homes contact Police relaying same information Julie reported to Police direct. Closed as a duplicate. Enquiry created and VIST risk raised to high.

15.43 On 22nd November 2022 at 13:31hrs Wiltshire police received a call from ambulance who stated that Julie had called and had asked for help with her mental health, Gloucestershire Police raised incident after it was passed to them. Julie stated that she had cuts due to a “fight” with her partner, Damon. Julie stated that he had verbally and physically abused her. She reported he had been drugging her for four years and controlled all her finances. Julie then screamed down the phone and the line cleared.

15.44 Ambulance attended Julie’s address and took her to GRH, and she was discharged that same afternoon.

15.45 On the 24th November 2022 at 11:22hrs officers attended Julie’s address. Her social worker was present and had confirmed that Damon had been in the property. Julie stated that Damon had been her main carer and that the police had taken that from her. She claimed that the man who had assaulted her was a stranger in a shop on Westgate street and demanded that the officers viewed the CCTV. She had not been able to state the date or time that the assault took place.

15.46 Social Worker said that two days previously Damon had hit Julie in the head and when the social worker had attended on the 24th November to take Julie to a medical review, he had been obstructive and defensive as to why she had been there. The social worker stated that she had seen bruises to Julie's arm, but Julie had refused to show officers this and had refused to engage with police. Julie told the officers to leave and that she wanted police to change her locks as people had been entering her address (GCH had changed her locks 19 times since 2014 due to Julie's belief that people had been entering her property and had refused to do this anymore unless she paid).

15.47 Damon was arrested from the address at 11:28hrs on 24th November 2022 for ABH. Julie was reportedly not happy that Damon had been arrested. Julie is noted as refusing to provide any evidence and Damon was interviewed to which he made no comment. He was released at 16:18hrs. NFA - rationale- "police have been made aware through professional body disclosure namely the ambulance service and social services. The victim has informed the services that she is the victim of an assault on an unspecified time and date. Officers have made efforts to engage with the victim who has denied that an assault took place and refused to engage. There is no statement or injury photographs provided by the victim and the only evidence available is essentially hearsay. The defendant has not provided an account and in the absence of any evidence I have decided this matter will be finalised NFA. A high risk VIST submitted, and enquiry created with further request from IDVA for MARAC".

15.48 The fifteenth contact was a call by Julie on the 8th December 2022, Julie has reported that she has lived with a male for several years who has stolen approximately £60,000 from her. The male is Damon, her current partner. Julie has referred to other incidents which she states have already been reported to the police, such as having to attack him with a blunt object years ago in order to get him out of the address. Julie stated that Damon is a very dangerous individual and has previously smashed her flat up. She states he has demanded money from her every payday for five years now and she had never felt able to stand up to him, unclear how much she has handed over voluntarily, how much has been coerced from her and how much has been stolen.

15.49 Police try to make contact on several occasions and eventually speak with Julie on the 12th December 2022 at around 09:00hrs. Julie stated that she hadn't called police. Julie was quite frustrated at the fact she was being told she had called. Julie was informed of the time and date she had called, being the 8th December 2022 at around 16:00hrs. Julie still denied having called police, and informed police that Damon has not taken any money from her. Julie was asked if Damon was inside the property, as she was sat on the landing area, but she said something along the lines of "I don't know what you are saying". Due to Damon being assessed as a high-risk DA offender against Julie, BWV was activated as it appeared she was not going to engage with police regarding the alleged theft of £60,000. Julie was asked if she wished to take any action against Damon, she said she did not and became quite abusive. Police left the address as they appeared to be aggravating Julie more by being there. Crime report was raised for Coercive and Controlling Behaviour but closed due to no disclosure from Julie on attendance.

15.50 The sixteenth contact was made on the 6th July 2023 at 18:54hrs a call was made to police by ambulance to report that Julie had called them at 17:15hrs to report that she had been "accidentally stamped on". When ambulance arrived, Julie had stated to them that Damon was in the property and had done this to her whilst she was asleep. Julie refused to allow ambulance into the property and sat outside. She was noted to have been screaming and shouting at ambulance and refused to go with them. Whilst with ambulance Julie went to pack a bag to leave and got into another verbal argument with Damon. Julie had asked ambulance to get Damon to leave, and he had left without issue on his bike.

15.51 Ambulance left due to Julie being abusive towards them without assessment of her suspected head injury. Julie had refused assessment and observations as well as the advice to attend ED for follow up care and treatment for the head injury. Julie had initially presented with a knife on scene and had become increasingly agitated and verbally abusive towards the crew. Despite this, the crew called the police from scene to report the domestic abuse, they also tried to contact the crisis team with no success, tried to fill in a DASH form but Julie would not comply and finally gave her words of advice; this included what red flags to look out for, to call 999 back if needed and to walk to ED from where she was if she didn't wish to go by ambulance. They did not notice any obvious injuries as far as Julie would let them

assess and observe. Officers attended at 20:38hrs. Upon arrival Julie explained to officers what happened. Julie presented with swelling on her nose, jaw, and forehead, but refused officers to take pictures of her injuries. She also refused to be taken to hospital by officers, despite saying that she needs medication and ambulance had not given it to her. Julie stated to officers that Damon had poisoned her by administering drugs to her, along with multiple threats to kill her. She also stated that he “controlled her life”.

15.52 She wished for the locks to be changed so he could not regain entry into her property. Officers asked neighbours if they had heard anything of the incident and one neighbour stated that they often hear arguing coming from the address. They had heard a male shouting and a lot of “fuck offs” and “get out of my house” throughout the day. They also stated that they had been woken up in the night by their arguing but could not state what time this was.

15.53 Julie was given advice to call 999 if Damon returned. Locks have been arranged to be changed that night with Gloucester City Homes.

15.54 Crime for Controlling and Coercive Behaviour was created, and Damon was arrested at 08:40hrs on the 13th July 2023 from Julie’s address. Julie refused to make a statement. Damon was interviewed and made no comment to all questions. He was released with NFA. Comprehensive NFA rationale recorded, and Evidence Led Prosecution (ELP) considered. Enquiry created and sent to MARAC for a meeting.

15.55 The seventeenth contact was made on the 10th October 2023 at 16:35hrs police received a 999 call from Julie, reporting that she had been raped, and had her phone and £100,000 stolen. Julie was noted as speaking very fast, so it was difficult to follow what she was saying. She then cleared the line.

15.56 A further call at 17:12hrs from member of the public stating female was stating she was infected with chemicals. Officers located Julie in the city centre, where she was sat on the pavement. This is noted by police to be usual behaviour for Julie, she would sit in the city centre most of the day. She was shouting and screaming and stated that she was infested and had sprayed bug repellent up her nose to get rid of the bugs inside her. She also stated that

her legs were going to fall off and she had seen a man with his arms falling off. Fire attended, where they had to block the entire road off due to Julie disclosing that she had doused herself and her flat in an unknown liquid. It became apparent this was fly spray and methadone (belonging to her partner, Damon), which she stated she had also consumed.

15.57 Julie began shouting that she had been raped and that her phone had been taken. She stated Damon had taken £100,000 from her, then stated that it was £100.

15.58 Once in the back of the ambulance, Julie explained that she had been sexually assaulted as a child and not recently. Police located Julie's phone while helping her look for tobacco in her three large bags.

15.59 Julie did not support any police investigation. She repeatedly stated that she wanted to go to hospital with ambulance which she did. Here, she was diagnosed with a water infection, which is believed to have caused her behaviour and delusional thoughts.

15.60 The officer noted that Julie is a vulnerable adult and there are concerns regarding her mental health and actions while in a state of delusion. Julie reported that she is no longer in a relationship with Damon and does not wish to resume the relationship. She reported that he has taken money from her, however, could not specify details to police. Crimes raised for rape and theft.

Overview of Involvement with Gloucestershire Health and Care NHS Foundation Trust (GHC)

15.61 The volume of records for Julie for her mental health and physical health is extensive so it will be condensed for this review and significant events will be used. Julie was not in contact with GHC services at the time of her death. Damon had minimal contact with GHC services.

15.62 Julie had contact with GHC dental services in 2020 where she disclosed domestic abuse. This was treated seriously by the dentist and compassionately. They sought advice from the Trust safeguarding team and raised a safeguarding concern for Julie. They arranged a follow up appointment close to the original appointment and planned to undertake a DASH risk assessment with Julie. Unfortunately, she did not attend any further appointments. Information was shared with the mental health team. Julie had two contacts with GHC sexual health team in the period of interest. They completed a DASH risk assessment with Julie and submitted this to MARAC. In both examples services acted in accordance with GHC Domestic Abuse Policy.

15.63 Julie had extensive involvement with GHC mental health services dating back to 2002 aged 19 years. Julie was under the Recovery Team from 20th November 2008 – 27th July 2020 and the Assertive Outreach Team (AOT) from 23rd July 2020 – 17th August 2023. A transfer of care from the AOT back to the Recovery Team was actioned in July 2023 but Julie did not attend any appointments to transfer care. Julie had been offered four appointments between 14th August and 18th October. Julie was finally discharged from GHC mental health services on 9th November 2023.

15.64 There was a breakdown in professional relationships between Julie and her care coordinator after an incident on the 17th May 2023. The care coordinator visited Julie at home. Julie had loaded a wheelchair with wet, dry, and dirty clothing, bed linen, food, a chair, and a tent. She was observed to manhandle her two cats into a carrier. She would not answer her care coordinator about what she was doing until she was out of the property. Julie said Damon was abusing her and she could no longer stay in her flat. The care coordinator offered to call the police to seek Damon's removal, Julie declined saying he will only return. Julie denied experiencing any suicidal ideations, she stated she intended to camp outside the local authority building. The care coordinator spent considerable time trying to persuade Julie not to pursue her plan, but she was unsuccessful, and Julie left, leaving the care coordinator in the street with the two cats and Julie made her way to the County Council building. The care coordinator ensured Julie had emergency contact numbers and spent considerable time making efforts to home the abandoned cats. The care coordinator visited Julie the next day, and Julie was at home, but after this time Julie accused the member of staff of stealing her

cats. Staff had long term concerns about the treatment and poor care of the cats by Julie and they were rehomed after a lot of liaisons with animal welfare agencies and liaison with GHC legal department.

15.65 Prior to transfer, the AOT consulted with the GHC Complex Emotional Needs Team (CEN) to support any additional suggestions for agencies to work with Julie. The CEN team support voluntary and statutory sector services to consider sustained strength-based choices for people with complex emotional needs (diagnostically referred to as personality disorders). They do not provide direct work with service users but have peer led groups service users can attend. Julie was also offered a referral to the Nelson Trust Women's Centre (NTWC) a number of times but declined and also to the Anchor Project. The NTWC are skilled at working with women with multiple disadvantages who may have backgrounds of complex trauma, mental health challenges, substance misuse problems, they may be victims of domestic abuse and may touch the criminal justice system. The Anchor Project provide community services for people with complex needs and offer a wide range of opportunity for service users to engage with developing life skills and social activity.

15.66 It was acknowledged at the point of transfer from AOT to the recovery team that domestic abuse, Julie's vulnerability to exploitation and her drug issues remained concerning. It was documented that the team had tried on multiple occasions to assess Julie's mental capacity in relation to her care, her finances, and her living arrangements. It is noted that when Julie engaged in the assessments, she was deemed to have capacity to make decisions in these specific areas. She did not always engage in attempts to carry out assessments, but the consensus was that Julie was a capacitous adult - other than at times of high distress or under the influence of substances. There are, however, no formal recordings of mental capacity assessments in the relevant areas of the electronic patient record. When recording mental capacity assessments there is an expectation that the assessor will include reference to the questions used to ascertain the outcome. The validity of the assessments around mental capacity cannot therefore be adequately appraised.

15.67 On September 6th 2023, a Section 42 enquiry (Care Act 2014) was opened by the Local Authority Safeguarding Adults Team and was sent to the Recovery Team Care Coordinator

with a request to undertake the enquiry on behalf of the Local Authority. Ordinarily, in GHC working age adult mental health services, this would be an inappropriate request, in this instance, however, as the Care Coordinator did not see Julie during the transfer period from AOT, the enquiry was returned incomplete. The enquiry was in relation to financial abuse from Damon to Julie. The enquiry noted that Julie was dependent on Damon for aspects of her daily living due to her visual impairment. This was not believed to be the case by the Recovery Team. They noted that Julie had the physical capability to undertake activities of daily living but relied on Damon emotionally. The Local Authority Safeguarding Adults Practitioner raised concerns that Julie had been discharged without the enquiry being completed and that the Recovery Team should have held the case open until it was completed. The summary was sent to Julie and to her GP.

15.68 After the discharge from the Recovery Team; in the time leading up to Julie's death, Julie had contact with the Emergency Department in the acute trust and was seen by MHLT on the 8th March 2024 and 24th April 2024. On the 8th March, when MHLT attempted to see Julie, she told them to "Fuck Off". It is noted it is likely her presentation on admission the previous night was due to intoxication with drugs and had resolved by the following day. The last contact on the 24th April 2024, where she presented with a possible physical health need, Julie declined an assessment by the MHLT but agreed to be seen for advice and signposting. Risks at this time were assessed as low, this included suicide. DA is not specifically mentioned as an individual risk, but Julie was asked whether she felt safe to be discharged, she confirmed she did.

15.69 On 1st May 2024, a professionals meeting was held by Julie's former Consultant Psychiatrist with the AOT, with Julie's GP and Advanced Clinical Practitioner with the surgery (senior mental health nurse employed by GHC but works solely in the surgery). The meeting had been requested by the GP surgery to look at options for supporting Julie and forming a response plan. Mental capacity was discussed, particularly when Julie presents to services in distress, which can include shouting, screaming, making bizarre statements, being hostile and throwing herself to the ground. A response plan was agreed and was followed up in writing to the GP and ACP. This was the last involvement from GHC services prior to Julie's death.

15.70 Julie's early history suggests her father misused alcohol and Julie described him as having "nasty moods". Her mother was noted to have problems with anxiety. Julie was exposed to parental arguments and at some stage her parents separated. Julie lived with her father although had wanted to be with her mother, she told professionals that her father had been physically abusive to her. Julie described experiencing some symptoms of poor mental health from age 12 years. She suffered with social anxiety. Julie had a boyfriend six years her senior from age 13-16 years and from her notes, this was an abusive relationship. Julie's history and early experiences of relationships would have made her vulnerable to future abusive relationships and limitations of understanding the nature of healthy relationships.

15.71 Damon had contact with services between 2007 and 2009 when Gloucestershire NHS used to provide specialist substance misuse services. He was subject to a court order for a Drug Rehabilitation Requirement. His attendance was noted to be erratic. He had an addiction to crack cocaine and heroin. Damon had an inpatient stay in 2008 to support him to become abstinent from crack cocaine. He was prescribed an opiate substitute medication.

15.72 Damon did not disclose any adverse childhood experiences in early childhood, but his mother developed alcohol dependency problems from his mid-teens. He has no history of contact with mental health services.

Overview of Involvement with South Western Ambulance NHS Foundation Trust (SWAST)

15.73 SWAST records indicate that Julie had a total of sixty-four calls within the scoping period of January 2019 to May 2024. Prior to scoping, SWAST had a record of fourteen calls from 2017 to 2018 relating to her mental health, issues with medications and suicidal ideations. SWAST made a total of thirteen safeguarding referrals within the scoping period, and these were shared with multiple agencies including the police, adult social care, and her GP. Themes included mental health, drug misuse, reports of domestic abuse and assaults,

childhood abuse, health issues, self-neglect, non-engagement, and violent and aggressive behaviours.

15.74 Julie reached the threshold for being deemed a High Intensity User (HIU) within SWAST on and off between the 1st November 2002 up until April 2024 due to the number of calls SWAST had received. The threshold for this is more than 5 incidents a month. However, as she was not in the top 10% of frequent callers, no individual plan was made for her and therefore her calls were responded to as normal. Most calls were during 2023 and the chief complaint was for psychiatric/abnormal behaviour. This was followed by social need, medical and behaviour issues. The majority of calls were dealt with by being seen by an ambulance and treated at home. Warning flags can be added to addresses within SWAST and Julie had one attached to her address which warned of abusive behaviour and a risk of violence and aggression towards SWAST control room staff and operational clinicians.

Overview of Involvement with Gloucester City Homes (GCH)

15.75 Gloucester City Homes (GCH) is a registered housing provider, providing social housing and was Julie's landlord. Julie was the sole tenant of the property. GCH's involvement with Julie was to fulfil their landlord obligations, as detailed in her tenancy agreement, such as collection of rent, deliver a repair service and working with Julie to access support or assistance that she needed from statutory services to help her maintain her tenancy and well-being.

15.76 GCH's main areas of contact with Julie were: regarding Julie reporting repairs and requesting lock changes; GCH trying to gain access to deal with repairs affecting other properties or gain access for compliance works; dealing with reports of anti-social behaviour perpetrated by Julie; giving support to Julie in terms of domestic abuse; housing advice; assistance assessing grants; benefits; food vouchers and referrals for support. Julie had approximately nineteen lock changes in the scoping period of this report. Julie was rehomed also, to allow repairs to be made on her flat.

Overview of Involvement with Integrated Care Board (ICB) (On behalf of GP)

15.77 Julie was a frequent attender at the GP Practice. In the time period January 2019 to January 2024, she attended the Practice fifty-seven times seeing twenty-one different GPs. It is worth taking into consideration that this time period incorporates the Covid lockdowns that would have naturally reduced Julie's attendance at the Practice.

15.78 There were seventeen comments recorded by Receptionists and three by Pharmacists. Julie did not attend ten appointments, including the virtual Covid Ward. It was difficult for Julie to see a regular GP due to the fact that she often phoned the same day demanding an appointment.

15.79 During the short period Julie was registered with a different Practice from January 2024 to May 2024, she had contact with five GPs, one Pharmacist and twice with the Social Prescriber on eleven separate appointments. She did not attend three GP appointments. Phone calls by Julie were reported as generally abusive, with her noted as swearing and being demanding.

15.80 Julie would attend primarily wanting medication for a variety of reasons and would often become aggressive if she wasn't happy with the outcome she had received especially regarding medication. Julie made some disclosures of DA and the Practice discussed GDASS with Julie and offered to refer her themselves, but Julie would not engage further or declined the offer of help.

15.81 Regarding Julie's mental health the Practice called other appropriate agencies (Ambulance, Crisis Team, and Police) at times to get Julie the care she needed and to protect themselves and their other patients.

Overview of Involvement with The Department for Work and Pensions (DWP)

15.82 Julie had three benefits claims during the scoping period:

Employment and Support Allowance (ESA), Personal Independence Payment (PIP), and Universal Credit (UC).

15.83 Julie claimed ESA from 2014: she was awarded Personal Allowance Support Group, Enhanced Disability Premium (EDP), and Severe Disability Premium (SDP).

On 4th October 2023 SDP called Julie to complete a further evidence form for SDP, her claim was processed, and she was awarded SDP from 22nd August 2023.

15.84 On the 9th October 2023 Julie called ESA very distressed as she had been paid early, as she had requested previously. Julie informed ESA she had spent it all and had no money until she got paid on the 20th October 2023. She requested a crisis loan, and it was explained this was not available, the ESA agent offered welfare support, but Julie said she did not want the stress to ring them. Julie requested the ESA agent sent the request to a manager.

15.85 On the 6th December 2023 Julie telephoned ESA to report a change of address and GP details; after the call the Vulnerable Customer Champion (VCC) was contacted as Julie had been very distressed on the call as she had no money. The VCC called Julie back, Julie initially got distressed on the call saying, “that she was being hurt and poisoned”. Then she terminated the call. The VCC involved Customer Experience Customer Support Team (CEAST) (who provide support on complex cases), who contacted Julie’s GP who stated that Julie did not have Mental Health Team Support, but they would contact them.

15.86 On the 23rd February 2024 Julie’s ESA claim was closed as she was admitted to Eastwood Park HMP for shoplifting offences.

15.87 On the 11th March 2024 Julie called ESA stating she had only been in prison for two nights and requested that her claim be reopened. On the 19th March 2024 ESA informed Julie and her representative on a call that they would now need to claim Universal Credit. On 28th March 2024 Julie called ESA, following the call the agent called the emergency services for welfare check to ensure that she was okay, the agent also contacted the job centre and asked them to call her to support her with making a claim to UC.

15.88 On one occasion when Julie is contacted by PIP to book her health assessment; an agent completed a clerical incident form for unacceptable behaviour as Julie was screaming and shouting at the agent on the call saying she did not want a male healthcare professional to carry out her assessment, the agent advised Julie he would contact the assessment provider and arrange for a female; Julie went on to say she “would attend the assessment but would be waiting with a knife”. Julie was noted as often missing appointments and not responding to written communication she would have received; however, individuals from DWP went out of their way to assist Julie in completing forms and in contacting other agencies to ensure Julie’s welfare and safety.

Overview of Involvement with Gloucestershire Hospitals NHS Foundation Trust (GHFT)

15.89 The majority of Julie’s involvement with GHFT was with the Emergency Department (ED) at Gloucester Royal Hospital (GRH). There was minimal involvement of other specialties.

15.90 Julie would arrive at ED alone, by ambulance or with Police. Julie would present with numerous physical health care issues and staff would try to address these. Julie would often be under the influence of drink and drugs and often her behaviour would be erratic and abusive towards members of staff. When staff tried to be professionally curious regarding DA, Julie would often become abusive and would refuse all offers of examination, investigation, and onward referrals. The perpetrator was consistently named as Damon, but he did not attend the hospitals during the period of review.

15.91 Julie called an ambulance alleging DA on 30th April 2021 and whilst DASH was being completed, and some conflicting answers were clarified Julie became angry and left the department.

15.92 Julie presented at ED on the 24th April 2024 with a possible mental health crisis. Unclear whether this was a reaction to drug use. Standard blood tests and cultures were taken for sepsis and a CT scan of Julie's head ordered, but she left ED without having been scanned.

15.93 Although there were twenty-five entries for the scoping period of this review, at no point did Julie reach the High Intensity User (HIU) threshold of seven or more attendances in three months and therefore she was not managed by the HIU team. Her abuse of staff resulted in discussion at the Trust Behavioural Standards Panel and then a Staff Welfare alert being added to her record in September 2023 to advise staff to report all incidents of abusive behaviour. The hospital was informed of her DA high risk status in January 2020 and received all updates thereafter from MARAC. These were all uploaded to her safeguarding Log entry and available to clinical staff on attendance.

Overview of Involvement with GDASS

15.94 Julie had thirteen support records with GDASS. Julie was contacted by various staff members within GDASS including the helpdesk team, IDVAs, A&E IDVA and Mental Health IDVA. GDASS received a referral for Damon but had no direct contact.

15.95 17th January 2020 IDVA received high risk police MARAC referral. Tried to contact Julie and through MARAC partners including the community mental health nurse and Gloucester City Homes without success and the case was closed due to failed contact on 18th February 2020.

15.96 8th September 2021 IDVA received a police high risk MARAC referral - 9th September 2021 IDVA called Julie who states there was no issue and that she is a paranoid schizophrenic and when she "loses it", she really "loses it". Julie denied any abuse from Damon and states that everything is fine - she thanked IDVA for the call and stated it was good that people were looking out for her, however she did not feel she needed to speak to GDASS.

15.97 14th January 2022 IDVA telephone call to Julie (initial contact was made on the 6th of January 2022 with Julie when IDVA received a police high risk MARAC referral and Julie had been engaging and would accept a Target Hardening referral to her property), Julie said she had “gone doolally” and thought her partner was abusive but he isn’t. Stated she was back with him, and they were fine. Said she did not now want any IDVA support. It was stressed that GDASS were here for her at any point if this changed. Target Hardening referral was unable to be progressed.

Overview of Involvement with Change Grow Live (CGL)

15.98 Julie’s engagement with the service was low. Julie had been known to the service intermittently since 21st April 2017. During this time Julie had four separate treatment journeys with the service. All of which were brief (less than approximately three months) and ended due to non-engagement. Assertive attempts were made to engage with Julie at her home address in 2023 but Julie was unable to engage in a meaningful way and a treatment journey could not be initiated. She is reported to often present with what was described as erratic behaviour. Her mood during appointments was often unpredictable and she struggled to remain focused which made forming realistic service user plans challenging.

15.99 Julie discussed DA for the first time directly with the service on 21st November 2023 during an unscheduled visit to the service. Julie stated she was in the process of fleeing her partner, Damon. During this appointment her behaviour was erratic, and she struggled to remain focused. Julie later referenced DA during a home visit appointment on 28th November 2023.

15.100 During a home visit on the 28th of November 2023 Julie fixated on concerns around her cat being infested with parasites but they were not visible to the recovery coordinators that attended. Julie reported having a large kitchen knife as a self-defence weapon but was unclear who, or what, this was to defend against. Due to Julie’s concerning behaviour and mental health, the service immediately made a referral to Adult Safeguarding and also

contacted police with a view to explore support for Julie. Police stated they would not attend the property and recommended Julie speak with the crisis team.

Overview of Involvement with Gloucester City Council

15.101 Damon contacted the homeless team on 8th December 2022 stating he had been sleeping in Gloucester bus station and wasn't able to sleep at his ex-girlfriend's house. To clarify his rooflessness to progress his application contact was made with Julie. When Julie was called and it was explained to her who was calling and why, Julie hung up. No other contact from Damon thereafter.

16. Analysis

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

Agency Response

16.2 All Agencies recognised the Domestic Abuse (DA) Julie had experienced by her partner and did offer help through GDASS on multiple occasions. There is also evidence of this in professional liaison and discussion. Agencies tried hard to engage with Julie, but she would consistently deny DA after the moment of abuse had passed for her. DASH risk assessments were completed and referrals to MARAC were made.

16.3 The Police responded quickly when Julie would contact them with a DA emergency on almost all of her calls and would ensure Damon was removed from the home. The one time this did not occur was due to the call taker accepting Julie's excuse as to why she had called a

second time and on reflection it is noted attendance should have taken place to check on her welfare. On occasion, when Julie would not allow entry, a more proactive approach could have been sought to gaining entry to ensure safeguarding action at an earlier stage.

16.4 Good Practice was shown as Safeguarding concerns were considered and a VIST was always completed even if it was their observations as Julie would not answer questions; allowing concerns to be raised with partner agencies and the MARAC process followed. Relevant referrals were made from VIST, such as referrals to GDASS and Adult Social Care.

16.5 On one occasion though, the MARAC process was still being considered six weeks on from the first incident, so no meeting had been arranged or taken place. At this point in time, capacity in the MARAC team was under pressure. This has since been resolved and MARAC cases are now usually reviewed within 2 weeks of referral. There are ongoing discussions to improve the capacity of the MARAC team further to address referrals more swiftly.

16.6 Positive action was taken in locating Damon and arresting him on multiple occasions.

16.7 The Police showed good practice in, following arrest, re-visiting the victim (Julie) to try and engage to obtain a statement or further evidence of offence. When CCTV was available it was secured. Statements were taken from third parties to help with investigations when they had witnessed anything.

16.8 The action that wasn't considered though was a DVPN and this could have been beneficial to Julie as it is designed to help protect victims without any input from them or pressure. This could have been extremely beneficial to Julie who struggled to engage with agencies. The DVPN came in to use in 2014 so should be standard thinking in 2019 for circumstances such as these.

16.9 The amount of NFAs is something that could be improved as the public interest test would always be met in a DA case and Damon had been assessed as high-risk DA towards Julie which should have been considered. The evidence threshold was not always met but

police could have considered Evidence Led Prosecutions (ELP) and earlier engagement with CPS.

16.10 Police attended to support Ambulance when they were concerned for Julie's welfare and prompt attendance to serve the civil paperwork on Damon from GCH.

16.11 When Damon breached this injunction, he should have been arrested and further efforts made from CCTV and neighbours to place him at the address instead of a NFA and his property being returned to him.

16.12 On one occasion the police activated the Body Worn Video (BWV) to capture any evidence of DA, although, when this was used to approach the CPS for a charge, they made the decision to NFA it as the time from the initial call to Police to when they were able to speak with Julie was over four hours and therefore would not be accepted by the court as Res Gestae evidence.

16.13 The GHC dental services demonstrated good practice in raising the safeguarding concern for Julie when she disclosed DA in 2020.

16.14 GHC offered Julie packages of care, but they were all declined. Julie did not meet the criteria for supported accommodation and was ruled out of mental health residential respite options due to her substance misuse. Services were trying to think holistically about options to best support Julie.

16.15 Good practice was shown in 2020, Julie's Care Coordinator was a male and Julie requested to have a female Care Coordinator which was accommodated.

16.16 The AOT Care Coordinator provided a statement to report a breach of injunction by Damon as they had directly witnessed him being at the property.

16.17 GHC shared information between agencies in day-to day practice and in using formal mechanisms such as MARAC and in multi-agency meetings. There is evidence of extensive

liaison between services particularly police and housing. It is noted that if GHC had invited GDASS to multi-agency meetings held outside of MARAC they may have benefitted from this.

16.18 In mental health services using a MHIDVA may have helped consider opportunities for engagement with Julie as there was very little engagement secured through the conventional IDVA route.

16.19 A care needs assessment under section 9 Care Act 2014 would have helped to pinpoint Julie's needs in greater detail. However, Julie was not willing to engage with this and declined all offers of support in all aspects of her daily living while under the AOT. Under the Mental Capacity Act, where an adult has capacity to make unwise choices in any aspect of their lives, there are significant limitations in what services can do to intervene. There is an option to refer service users to a Local Community Partnership. This was early in implementation at the time of Julie's discharge. The partnerships are locality based and formed from health, social care, and voluntary agencies. People who fall between service provision can be considered in a multi-agency forum to consider what services might be best to meet a person's needs.

16.20 SWAST responded consistently to the calls made by Julie using the MPDS triage system. Calls were triaged appropriately and responded to accordingly. Good practice was demonstrated by SWAST as Julie would often hang up prior to triage or passing on her details and Emergency Medical Dispatchers always attempted to call back, often several times.

16.21 SWAST demonstrated good practice as despite Julie's escalating behaviour and the risk of violence and aggression, clinicians often stayed on scene trying to persuade Julie to engage or attend ED, this was despite the risk to their own safety. At times when this behaviour has become too high risk, they still took the time to make a safeguarding referral on her behalf.

16.22 Julie was highlighted as a high intensity user after triggering the threshold and placed on the Frequent Caller database. She did not have an individualised plan, but the software allowed for notes to be made and an analysis of her calls. Clinicians use additional services well, calling on the expertise of the police when required and also mental health professionals. There appears to be evidence of good professional relationships between SWAST and the police in this scenario.

16.23 On occasion, when clinicians were very concerned about Julie's presentation, they made immediate emergency referrals from scene to EDT and the crisis team rather than waiting for a safeguarding referral to be processed, received, and acted upon, which is proactive. There is one example whereby the crew call the police immediately from scene about her risk of DA, and two documented occasions, EOC passed relevant information regarding her risk of DA to clinicians on scene. This would have been due to a safety flag placed on her address. There is evidence of safeguarding referrals being made for Julie's mental health, risk of DA, self-neglect, and substance misuse. These were then sent to the appropriate agencies.

16.24 Clinicians and police, on more than one occasion, provided food and drink for Julie from their own finances which shows great kindness and empathy as well as going above and beyond what is expected of them as professionals.

16.25 On numerous occasions clinicians displayed good professional curiosity and also made the extra effort to build a rapport with Julie, often putting themselves at potential risk of harm as her behaviours became more violent and aggressive. On one occasion they responded to her as an emergency but spent a significant amount of time talking with Julie as she just wanted someone to listen to her life's difficulties. This is obviously not an emergency, but they felt this was time well spent supporting her and ensuring she had her immediate needs met.

16.26 GCH recognised the vulnerability of Julie and that she was a victim of DA. Good practice was demonstrated by GCH obtaining an injunction against the perpetrator to try and protect Julie and keep him away from the facility of her address. GCH have engaged with all

agencies involved with Julie and have been proactive in making referrals to agencies and challenging decisions. Further evidence of good practice is when both the Enhanced Support Coach and Tenancy Sustainment Advisor worked tirelessly under difficult circumstances to get Julie's benefits reinstated as she was on legacy benefits not Universal Credit. They were unsuccessful and had to support Julie to make a UC claim, despite Julie become increasingly abusive and demanding towards them. It had come to the point where GCH were having to consider legal action against her. A lot of the staff within the team who had worked with Julie had all recognised how vulnerable she was and made every effort to help and support her.

16.27 ICB (GPs) demonstrated good practice as they remained courteous and showed compassion to Julie even when she was demanding and abusive and appointments were offered to her when she requested them – these being all on the day requests for appointments. Attempts were also made to contact Julie by the social prescriber to help with filling in disability forms in September 2023.

16.28 DWP ensured Julie was supported by the Vulnerable Customer Champion (VCC), the Customer Experience Support Team and the Disability Employment Advisor; all of Julie's claims were highlighted as an additional support required and vulnerable customer. Good practice was demonstrated when the VCC contacted her GP to raise concerns about her mental health.

16.29 GDASS workers in all roles made numerous attempts to engage with Julie to provide domestic abuse support. On all occasions where direct contact was not established, workers contacted professionals who were working with Julie to seek opportunities jointly, or by contacting those agencies in Gloucester Julie was likely to present to, given her support needs around substance abuse and complex needs. MARAC was updated regularly in an effort to ensure IDVA information, specifically around not being engaged, was disseminated to all MARAC partners. The IDVA team attended and contributed to all MARACs.

17. Conclusions

17.1 Julie had a tremendous amount of engagement with agencies and professionals, yet she was not able to engage with them in a proactive way once she was given the help she had asked for. It is evident that all agencies saw a vulnerability in Julie as they all tolerated more from Julie than they would have normally accepted in their roles as professionals.

17.2 Julie had complex needs. Julie struggled with her mental health and was diagnosed with a personality disorder. Julie had addictions to drugs and alcohol and was a victim of DA. Julie may have had a lack of trust in agencies as when Damon breached the injunction no arrest was made. This potentially is part of why Julie did not engage fully with agencies.

17.3 There is reference to Julie's childhood and early physical relationships, and both of these will have impacted what Julie perceived as acceptable behaviour within a relationship.

17.4 One of the purposes off a DARDR is to prevent domestic abuse and homicide and improve service responses for all domestic violence and abuse victims and their families by developing a coordinated multi agency approach to ensure that domestic abuse is identified and responded to effectively and at the earliest opportunity. The panel will identify lessons and make recommendations accordingly.

18. Lessons Identified

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

18.2 GHFT employed a Substance Mis-use Specialist Nurse in February 2023 and many of the more challenging aspects of Julie's care would have benefitted from that nurse's oversight. With the progress made in this area since the post started, this would now mean a more nuanced bespoke patient management plan than the GHFT plan of December 2022. This would be written with clinicians and those known to already be involved. This would include advice to GHFT staff on known "normal" behaviour and known prescribed medications so

that they have an objective record of what had or had not been prescribed and could check with pharmacies whether this had been picked up.

18.3 GHFT now have body worn cameras for the Nurse- in- Charge of ED and the Violence and Aggression team lead, which enables later review of incidents to better understand the level of abuse being experienced by staff and assist with forming a view of whether a person had capacity at the time of the incident. Only people with capacity at the time of an abusive incident are dealt with by the Behaviour Standards Panel. Those thought likely to lack capacity are addressed via the clinical team with the greatest expertise in the patient's diagnosis.

18.4 GCH recognised Julie's vulnerabilities and her lack of engagement during her tenancy and as a result sometimes went over and above what a landlord/GCH would do, for example delaying or not taking any action re. ASB or tolerating her abusive language either at all or soon enough.

18.5 SWAST recognised that on occasion opportunities to make safeguarding referrals were missed due to not having consent when mental capacity should have been considered. Capacity was noted on EPCRs, but this could be questioned by her presentation at times. When heightened, agitated, aggressive or refusing to engage, establishing capacity would have been challenging. Julie often refused ambulances after calling or refused the offer of attending ED and whilst capacity was usually noted, further exploration of fluctuating capacity may be relevant. Capacity was usually assessed for the decisions regarding treatment and not necessarily regarding her own care and safety.

18.6 It is worth noting the changes to the safeguarding department since May 2024, following an independent review recommendation, the safeguarding department within SWAST now have a new management structure and dedicated safeguarding specialists for each geographical locality covered by SWAST, as well as a dedicated training professional. The specialists provide a link between external local partners, SWAST as an organisation and operational staff. The dedicated safeguarding trainer provides bespoke training, an invaluable input into the content of SWAST clinical yearly training days.

18.7 SWAST have invested in a training programme whereby clinicians are having an increased mandatory face to face four and a half hours on safeguarding which has domestic abuse as a specific topic this year and Operational Officers are being offered Level 3 safeguarding training. There is also a current programme being rolled out geographically on further training on capacity assessments for clinicians. This is a topic often covered on yearly training days however this bespoke training is in addition to this.

18.8 ICB (GP) Better liaison is required between primary care and secondary/tertiary care, this might have provided a more co-ordinated approach to managing Julie's complex health needs. A mental health worker/advocate attending appointments with Julie would have been helpful for Julie.

18.9 ICB (GP) Keeping a complex patient on if the registration with another practice is only going to be temporary and within the County.

18.10 ICB (GP) did not receive any information from police about welfare checks or MARACs undertaken for Julie. If they had done, they would have followed the RCGP guidance for recording relevant and proportional information about the patient's vulnerabilities or DA status.

18.11 GHC Mental Capacity Assessments need to be clearly documented as per policy to evidence the basis of the assessment and the decision.

18.12 GHC Staff can use the Trust MCA specialists for advice and guidance on complex cases where continued unwise decisions are made, and the person is at risk of serious harm. This is to ensure all options are considered.

18.13 GHC Safeguarding adult reflective supervision on complex cases can help to explore complex cases and support staff in their practice.

18.14 Police recognised that opportunities to arrest Damon for breach of injunction were missed and that citing lack of victim complaint as a rationale not to proceed isn't acceptable for DA cases. The amount of NFAs has been reflected on and there is more oversight on DA cases now following a force wide DA improvement plan being implemented following the roll out of DA Matters. Custody Sgts are no longer authorised to make a NFA decision in relation to DA cases and this must now be considered by an inspector.

18.15 As part of the ongoing focus to improve the police response to DA, breach of bail or breach of other preventative orders for DA are now expected to be treated as a new incident with the potential for new crimes being committed. Breaches of conditions are indicative of rising risk within an abusive relationship and should be treated as such.

18.16 Dealing with incidents in isolation despite Julie frequently making the same allegations has been recognised and controlling and coercive behaviour (CCB) would be considered now and there is a concerted effort to look at the bigger picture to join incidents together to show a pattern of wider offending. This has been covered in the DA Matters training rolled out across the force and made mandatory for all officers.

18.17 In addition, following the DA Matters force 'health check', Gloucestershire Police have stopped the use of Negative Pocketbook entry since December 2023 and are now directed to consider opportunities for ELP and other investigative avenues, rather than relying on the victim to decide as to further police action.

18.18 VISTs for DA must always be completed by an officer face to face unless exceptional circumstances apply (implemented already).

18.19 Clear directive has been issued in the constabulary that Body Worn Video must be used when capturing first accounts or completing the VIST with DA victims and must be used when attending all DA incidents.

19. Recommendations

19.1 When attending a multi-agency meeting, the GCH officer attending should request a follow-up meeting be scheduled and a date agreed at the meeting.

19.2 GCH will always look to support vulnerable customers and any enforcement action for ASB would always be a last resort. Whilst each case will always be dealt with on a case-by-case basis, GCH should be aware of the impact of any ASB on the neighbour(s) and take this more into account during ASB case reviews; not forgetting however the separation between ASB and DA and the acknowledgement that DA requires a different response to ASB even when identified as ASB by neighbour(s).

19.3 ICB (GP) Discuss complex cases in regular clinical governance meetings.

19.4 ICB (GP) The consideration of a PCN safeguarding care coordinator, they could be utilised in future cases such as this.

19.5 ICB (GP) Complete a GDASS referral to obtain better support for a patient experiencing DA (this was offered to Julie, but she had declined). Promote attendance at GDASS training which will raise awareness of GDASS support at the practice.

19.6 ICB (GP) recommend not deregistering patients when they are moving temporarily and still within an acceptable distance to the surgery.

19.7 GHC The safeguarding adult supervision offer is being relaunched from the 20th January 2025. Practice reminder to go directly to recovery and AOT team managers to ensure it is considered for domestic abuse and safeguarding concerns - GHC safeguarding adults' team to action.

19.8 GHC and GDASS to agree MHIDVA relaunch in the trust - GHC Head of Safeguarding, GHC Named Lead for Safeguarding Adults and GDASS health lead.

19.9 GHC Practice requirements regarding recording of Mental Capacity Assessments and use of MCA specialists for consultation to be addressed through targeted plan with Recovery and AOT Teams - MCA leads.

19.10 GHC Targeting AOT Teams, specific domestic abuse training update to be delivered at the whole service away day April 2025 - GHC safeguarding adults' team to action. Representation from each AOT to be secured for the Trust Domestic Abuse Champions Network.

19.11 Police to ensure investigations to begin at first point of contact, and from then on receive timely and robust supervision to drive activity to improve standards. Officers attending DA incidents must seek to investigate and not just focus on safeguarding responsibilities. This could be communicated to officers through divisional training days or via "team talks".

19.12 Officers should be reminded to treat DA as a pattern of behaviour, rather than as a series of isolated incidents. They should be reminded of the importance of recording partner agency referrals on to the VIST and incident reports and to consider all domestic assaults as serious offences. All of these behaviours should be addressed through initial training to new recruits and ongoing CPD or divisional training days for existing officers.

19.13 Gloucestershire has already joined the Making Every Adult Matter (MEAM) network with the aim of improving outcomes for people facing multiple disadvantages. As multiple disadvantages are a systemic issue, the overarching aim is that learning from the MEAM approach will influence systems change in Gloucestershire. The approach in Gloucestershire will explore themes of safeguarding and complex emotional needs. The intersection of mental ill health and domestic abuse are represented within the work and learning to lead to systems change.

Appendix One

Glossary of Terms

Advanced Clinical Practitioner (ACP)

Approved Mental Health Professional (AMHP)

Crime Scene Investigator (CSI)

Crisis Resolution and Home Treatment Team (CRHTT)

Crown Prosecution Service (CPS)

Data Action Response Plan (DARP)

Domestic Abuse Related Death Review (DARDR)

Domestic Abuse, Stalking, Harassment and Honour Based Abuse Assessment Tool (DASH)

Drug Abuse Screening Test (DAST)

Emergency Department (ED)

Gloucestershire County Council (GCC)

Gloucester City Housing (GCH)

Gloucestershire Domestic Abuse Support Service (GDASS)

Gloucestershire Health and Care NHS Foundation Trust (GHC)

Her/His Majesty's Prison (HMP)

Independent Domestic Violence Advisor (IDVA)

Individual Management Review (IMR)

Mental Health Liaison Team (MHLT)

Multi-Agency Risk Assessment Conference (MARAC)

Multi -Agency Safeguarding Hub (MASH)

Nelson Trust Women's Centre (NTWC)

Non-Catalogue Requests (NCRS)

No Further Action (NFA)

Officer in the case (OIC)

Vulnerability Identification Screening Tool (VIST)

DARDR ACTION PLAN							
Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome	RAG Rating
Police							
Police to ensure investigations to begin at first point of contact, and from then on receive timely and robust supervision to drive activity to improve standards. Officers attending DA incidents must seek to investigate and not just focus on safeguarding responsibilities. This could be communicated to officers through divisional training days or via “team talks”.	Local	Investigations to begin at first point of contact	Gloucestershire Constabulary	Implementation of RVR team to enable quicktime video calls with Victim where appropriate to gather evidence of offence.		April 2025 Team in place. Initial results show they responded to over 150 incidents in the first month with a quicker average response time.	
				Training has been provided to FCR and they were included in DA matters. It has been stressed that they are very much part of the investigation team from first contact.		In place	
				In initial training it is stressed that they are investigators and not just crime recorders when they attend incidents.		In place	

		Force focus on timely and robust supervision		Dashboard created to provide scrutiny of supervisory reviews on crimes.		In place	
				Inspector to review DA cases where NFA recommended in custody to ensure all line of enquiry are complete.		In place	
				Consideration of a specific supervisor's course to reinforce responsibilities around supervision of DA.	TBC	TBC	
		Improve standards		DA matters training implemented across force.		In place	
				Op Sherlock – a three day course provided to RIT officers aimed at driving up DA investigation standards.		Ongoing for RIT officers	
				ELP template must be competed in all DA cases to ensure opportunities are not missed		In place	
		Officers should be reminded to treat DA as a pattern of behaviour, rather than as a		Local	Officers to treat DA as a pattern of behaviour	Gloucestershire Constabulary	DA matters training has been delivered to almost 1400 officers and police staff.

<p>series of isolated incidents. They should be reminded of the importance of recording partner agency referrals on to the VIST and incident reports and to consider all domestic assaults as serious offences. All of these behaviours should be addressed through initial training to new recruits and ongoing CPD or divisional training days for existing officers</p>		<p>Importance of VIST referrals</p>		<p>New recruits provided initial training on DA/stalking/HBA and encouraged to research history and look at the bigger picture.</p>		<p>In place</p>	
				<p>CPD being considered as follow on from DA matters.</p>	<p>Nov 25 and ongoing</p>	<p>A range of CPD has been implemented, including DA/Suicide training, Homicide Timeline Training and DA Voice of the child training. Specific DA Matters CPD will be developed by L&D</p>	
				<p>Reminder sent to all officers in April 2025 regarding GRIP principle of DA to include submission of VIST in every DA case and consideration of ELP and DVPOs.</p>	<p>April 2025</p>	<p>Complete</p>	
				<p>Initial training that no incident to be looked at in isolation and understanding increase in frequency or severity affects</p>		<p>In place</p>	

				the level of risk on the VIST.			
		Consider all DA assaults as serious offences		Consideration of moving all High Risk DA to CID to investigate. DCDHEP students currently in training to bolster crime command staffing levels to enable allocation of high risk DA crimes.	November 25	Crime allocation policy amended and HR DA now sits within CID with transfer of officers into CID to boost numbers.	
				DARE perpetrator training has been delivered on Core days for first responders and crime command.		In place	
				In training officers encouraged to contact partner agencies such as GDAS to get a clear picture of risk. Imperative that officers check whether victim or perpetrator are known.		In place	
Gloucester City Homes							
When attending a multi-agency meeting, the GCH officer attending should request a follow-up meeting be scheduled and a date	Local	Where a Multi-agency meeting is held, ensure a follow-up meeting to arranged to ensure actions agreed have	GCH				

agreed at the meeting.		been undertaken and whether further actions are needed					
GCH will always look to support vulnerable customers and any enforcement action for ASB would always be a last resort. Whilst each case will always be dealt with on a case-by-case basis GCH should be aware of the impact of any ASB on the neighbour(s) and take this more into account during ASB case reviews; not forgetting however the separation between ASB and DA and the acknowledgement that DA requires a different response to ASB even when identified as ASB by neighbour(s).	Local	Continue to work towards our DAHA accreditation, changing practices, raising awareness throughout GCH, using trauma informed practices to support victims of DA.	GCH	Achieving Bronze, Silver and Gold accreditation. DA champions	December 2025 for awarding of one of the accreditation standards	16.03.26: In December 2025, Gloucester City Homes were awarded the Domestic Abuse Housing Alliance (DAHA) Gold accreditation – one of the highest in the UK for excellence in domestic abuse practice within housing.	
		GCH engage with work under the Making Every Adult Matter approach and utilise Multi-Agency Risk Management framework		Including information in in-house training to all staff	October 2025		
				Considered as part of case reviews			

ICB							
ICB (GP) Discuss complex cases in regular clinical governance meetings.	Local	To deliver cases discussion and recommendations at next Practice Manager Forum	ICB		September 2025	<p>10.03.26: Regular Clinical governance meetings are enquired about during safeguarding practice visits by the ICB safeguarding team and we are assured that this happens in the majority of practices. There is opportunity for GP's and primary care staff to attend Dr Sam Holdcroft's safeguarding drop in sessions. Additionally, they have email access to the ICB safeguarding team for support and to discuss complex cases</p>	

						<p>within office hours Mon-Fri.</p> <p>ICB annual Primary Care/ GP audit also seeks assurance that regular clinical governance meetings are happening regularly to discuss complex cases.</p>
<p>ICB (GP) The consideration of a PCN safeguarding care coordinator, they could be utilised in future cases such as this.</p>	<p>Local</p>	<p>To deliver case discussion and recommendations at next practice manager forum</p>	<p>ICB</p>		<p>September 2025</p>	<p>10.03.26: DA care co-ordinators and champions are in place in some PCNs; although this this cannot be mandated in every PCN. A DA champion and care co-ordinator has joined the health sub-group, and I hope that this supports the wider awareness of their role and skills amongst the</p>

						various PCNs and primary care, as well as the ICB and health system having a named expert to liaise with.	
ICB (GP) Complete a GDASS referral to obtain better support for a patient experiencing DA (This was offered to Julie, but she had declined). Promote attendance at GDASS training which will raise awareness of GDASS support at the practice.	Local		ICB			GDASS GP Development worker attended SG Adults GP Forum in May 2025.	
						Correspondence sent out to all GPs via county wide GP bulletin encouraging DA champion recruitment and training	
ICB (GP) recommend not deregistering patients when they are moving temporarily and still within an acceptable distance to the surgery.	Local	To deliver case discussion and recommendations at next Practice Manager Forum	ICB		September 2025	10.03.26: This has been discussed at recent GP Forums and DA lunch and learns following the dissemination of recommendations	

						<p>from this review. Again it can be advised but not mandated for primary care.</p> <p>This DARDR was also discussed and action fed back to the Practice Managers forum in September 2025 (although the forum was poorly attended a recording of the training was sent to all practice mangers).</p>	
GHC							
<p>GHC The safeguarding adult supervision offer is being relaunched from the 20th of January 2025. Practice reminder to go directly to recovery and AOT team managers to ensure it is considered for domestic</p>	<p>Local</p>	<p>A new adult supervision model launched as planned in January 2025</p>	<p>GHC</p>	<p>We now offer a weekly safeguarding adult supervision clinic where any GHC staff can book a supervision slot through the advice line.</p>	<p>January 2025</p>	<p>March 2025</p>	
		<p>Site communications completed November 2024 and</p>		<p>Any GHC staff member, group of clinicians or teams – can request bespoke sessions for</p>	<p>January 2025</p>	<p>March 2025</p>	

abuse and safeguarding concerns - GHC safeguarding adults' team to action.		this was repeated in January 2025 to raise awareness across the trust		adult safeguarding supervision through the advice line			
		The offer was presented to Senior Leads at the Safeguarding Group (Jan 2025)		n/a	January 2025	March 2025	
		Emails have been distributed to team managers/leads promoting the safeguarding supervision offer		n/a	January 2025	March 2025	
		Named lead has attended Community Managers Meeting and the Mental Health Inpatient and Community Mental Health Governance meetings to promote the adult supervision offer		n/a	January 2025	March 2025	
		Supervision offer distributed to team managers/leads		n/a	January 2025	March 2025	

		promoting the safeguarding supervision offer					
GHC and GDASS to agree MHIDVA relaunch in the trust - GHC Head of Safeguarding, GHC Named Lead for Safeguarding Adults and GDASS health lead.	Local	Monthly interface meetings are in place between GHC named Nurse Adult and Safeguarding and GDASS Health Team Leader	GHC	Sadly both MHIDVAs have left leaving a recruitment gap but the service is covered by the provision of GDASS wider IDV A resource and GDASS Health Lead	September 2025		
		We have temporary recruitment gaps with MHIDVA (these 2 posts were filled in 2024 but the staff have recently left)		Site communications completed March 2025 to promote IDVA referrals and professionals' line	September 2025		
				DA and MHIDVA updates presented at bi-monthly Safeguarding Group	September 2025		
				2025/26 DA Training plan in place	September 2025		
				DA training has been reviewed and slides updated ready for wider delivery: <ul style="list-style-type: none"> • Understand the definition of DA and coercive control • Understand domestic abuse perpetrator 			

				<p>behaviours</p> <ul style="list-style-type: none"> • Be able to recognise DA risk factors • Explore how DA specifically impacts people with mental health needs • Understand how to complete the DASH risk assessment with victims/survivors of DA • Understand high-risk indicators of DA • Know how to refer to MARAC and understand the MARAC process • Professional line LIVE as of 24/02/2025 will be manned 09:00 – 17:00 Monday to Friday 07485369552 • Queries and referrals can be sent to MHIDVA@gdass.org.uk 			
		GDASS have retendered and are currently working with GCC and GHC commissioners to	GDASS with GHC	GDASS and GHC Joint Training is Underway	August 2025		

		understand the expected scope of the new service within Health. After the discussion have concluded, GDASS will work with GHC to ensure pathways are in place for MH services.					
GHC Practice requirements regarding recording of Mental Capacity Assessments and use of MCA specialists for consultation to be addressed through targeted plan with Recovery and AOT Teams - MCA leads.	Local		GHC	All recovery and AOT teams have access to the new Mental Capacity Assessment forms and Best Interest forms on the RIO system. Training on how to complete MCA assessments and Best Interest decisions has been provided to recovery and AOT teams. Refresher training will be offered as part of this action plan. All staff have access to weekly drop in sessions with the MCA leads to enable them to discuss cases and any wider MCA issues they may have. All clinical teams have been invited to appoint a member of staff to be an MCA champion. The MCA leads will contact managers of Recovery	To be completed by August 2025		

				and AOT teams to remind them of this offer if they do not currently have a champion.			
GHC Targeting AOT Teams, specific domestic abuse training update to be delivered at the whole service away day April 2025- GHC safeguarding adults' team to action. Representation from each AOT to be secured for the Trust Domestic Abuse Champions Network.	Local		GHC	The date we initially hoped to deliver training in April was missed due to staff absence in the team. Therefore, we need to extend the deadline for the training and champion recruitment.	September 2025		