SAFER SANDWELL PARTNERSHIP DOMESTIC HOMICIDE REVIEW EXECUTIVE SUMMARY ANGELA, WHO DIED IN 2022

Simon HILL

Independent Chair and Author | Completed December 2024

1 The Review Process

1. This summary outlines the process undertaken by the Safer Sandwell Partnership domestic homicide review panel in reviewing the homicide of Angela who was a resident in the area.

2. The following pseudonyms have been used in this review for the victim and perpetrator to protect their identities and those of their family members.

Angela	The victim was of Black Caribbean origin and was 55 years old at the time of her death
Miles	The perpetrator was of Black Caribbean origin and was 54 years old at the time of Angela's death
Anton	The victim's adult son

3. In 2023, Miles pleaded guilty to murder and was sentenced to life imprisonment with a minimum term of 15 years.

4. The Safer Sandwell Partnership (SSP) Board were notified of the homicide and commenced a DHR after considering the circumstances and agreeing that they met the criteria set under the Domestic Violence, Crime and Victims Act 2004 that the death of Angela has, or appears to have, resulted from violence, abuse or neglect by (a) a person to whom she was related or with whom she was or had been in an intimate personal relationship, or b) a member of the same household as herself.

2 Contributors to the Review

5. IMRs were requested from the Black Country ICB and Sandwell Adult Social Care Mental Health Team. All other agencies responded to the KLOE questions (See Terms of Reference).

3 The Review Panel Members

Role and organisation
Independent Chair and Overview Author

DHR research and administrative support
Domestic Abuse Team Manager Sandwell MBC
Director of Community Services Black Country Women's Aid (BCWA)
Designated Nurse – Adult Safeguarding – Black Country Integrated Care Board (ICB)
Interim Lead for Adults Black Country Healthcare Foundation NHS Trust (BCHFT)
Lead Practitioner: Adult Social Care Sandwell MBC
Sandwell Children's Trust
Adult Safeguarding Lead Sandwell & West Birmingham Hospital Trust (SWBHT)
Public Protection Unit West Midlands Police
Health & Wellbeing Services Manager Sandwell African Caribbean Mental Health Foundation
Support Staff Safer Sandwell Partnership
Domestic Abuse Incident Review Coordinator Sandwell MBC

6. The members of the DHR panel were all entirely independent of the events detailed in the DHR. They had no management oversight or involvement in any of their agencies' engagements with either the victim, perpetrator, or family members.

7. The panel met formally on four occasions, but between panels updates, suggestions and research were shared between panel members through the SSP via secure email.

4 Author of the Overview Report

8. The Independent Chair of this DHR has had ten years' experience chairing DHRs and Safeguarding Adult Reviews (SARs). He is a retired officer from West Midlands Police (WMP) (retirement date Nov. 2013). He attended DHR Training in 2013, which at that period was provided by Against Violence and Abuse (AVA). During his service spent a large period on the Public Protection Unit investigating both child and adult safeguarding concerns in a multi-agency context. He was also responsible for the WMP Review Team contributing and overseeing WMP's Individual Management Reviews (IMRs) into both Child and

Adult Statutory Reviews. He retired before any of the events described in the timelines for this Review and is entirely independent of any of the encounters his former agency had with any of the parties to this review.

5 Terms of Reference

- The aim of the domestic homicide review (DHR) is to:
- Establish the facts that led to the incident in 2022 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 the family.
- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- Identify clearly what 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, and their children, 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.

The review should address both the 'generic issues' set out in the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016) and the following specific issues identified in this case:

IMPORTANT NOTES: Independent Management Review (IMR) authors and authors of helpful reports should, in addressing the terms of reference or the agency specific questions below, identify whether COVID restrictions led to operational or capacity issues that impacted negatively upon the quality and effectiveness of their staff's contacts with any of the parties subject to this review. Please identify measures taken that, with hindsight, could provide effective learning related to the COVID period.

The Safer Sandwell Partnership has included with this Terms of Reference details of key learning and recommendations from Sandwell DHRs that have identified similar themes to those in this DHR. Please include in your IMR/report an update on progress in relation to any single agency or strategic recommendations that related to your agency.

All agencies should address the generic questions above but, in addition to this, there are some specific issues that should be addressed by the following agencies. In response to the initial scoping from agencies, the DHR Panel has identified the following key lines of enquiry which should be considered when answering any agency specific questions.

Key Lines of Enquiry (KLOEs)

KLOE: 'Asking the Question'; a responsibility to identify potential domestic abuse

NICE Public Health Guidelines (PH50) 2014 and the Domestic Violence and Abuse (Quality Standard 116) 2016 describe best practice in relation to the commissioning of domestic abuse services and supporting patients experiencing domestic abuse. They describe the circumstances in which health agencies should either routinely ask questions relating to domestic abuse when first encountering patients or ask questions relating to the possible experience of domestic abuse when a patient presents with a health condition included in a list of potential indicators of domestic abuse.

The scoping identified possible missed opportunities to 'ask the question' of Angela (victim) and Miles (perpetrator) about whether they were experiencing domestic abuse. In addition, Anton (Angela's son) received mental health support over a number of years, and, since 2016, best practice as recommended in NICE guidance has been that mental health services should routinely ask whether a service user's mental health is related to domestic abuse.

Questions for the Black Country Integrated Care Board

1. Identify the extent to which NICE QS 116 (2016) and PH 50 2014 concerning 'asking the question', when a patient presents to primary care and mental health support with health indicators that could indicate they are potentially at risk of domestic abuse, are embedded in the Black Country and evaluate its effectiveness.
2. Were appropriate questions asked of Angela relating to domestic abuse, in line with NICE Guidance (2016)?
3. Describe any measures taken the Black Country ICB, to embed the NICE Guidance relating to asking the question when a patient presents to a GP surgery with health indicators that could indicate they are experiencing domestic abuse?
4. Identify whether the current safeguarding self-assessment required of GP practices allows for reporting of the number of referrals made by a practice to Identification and Referral for Improved Safety (IRIS) advocate educators or other domestic abuse support services, following DA disclosures.

5. What guidance was issued by Black Country ICB during COVID to GP surgeries relating to their duty of care towards patients possibly experiencing DA? (Provide copies of guidance where possible) Describe what best practice should have looked like during that period.

6. In relation to Angela's mental health, please summarise any GP encounters (including those outside of the timeline) that related to depression, anxiety, and stress. (Please identify clearly which encounters were face-to-face and which were on the phone).

Questions for Black Country Women's Aid (BCWA**) and Black Country ICB**

1. Identify whether the GP practices used by Angela, Miles, or Anton in this case, are IRIS trained? (Note: the ICB in their interviews with key staff should identify their levels of training and understanding of 'asking the question').

2. Provide figures to illustrate the number of referrals made to IRIS advocate educators by the GPs practice used by Angela, Miles, and Anton in 2020, 2021 and 2022 to date.

3. Describe how the Black Country ICB and or Black Country Women's Aid audit the effectiveness of GPs practices in relation to asking the question and making referrals to IRIS advocate/educators. (Where no such audit is in place, identify how your agency could provide assurances to the Safer Sandwell Partnership that appropriate audits could be completed).

4. Describe the current uptake of IRIS in Sandwell practices and compare the current position with the rest of the Black Country Local Authority areas.

5. What guidance was issued by Black Country Women's Aid during COVID to IRIS trained GP surgeries relating to their duty of care towards patients possibly experiencing DA and ensuring continuity of support? (Provide copies of guidance where possible) Describe what best practice should have looked like during that period.

6. Provide details of the content of the IRIS package delivered by BCWA and specifically describe how (if at all) practitioners are taught and encouraged to 'ask the question' in an empathetic and effective manner. If BCWA identify any shortcomings in this area, suggest how they could be addressed locally and nationally.

7. Identify any changes to IRIS that have occurred or are planned that appear relevant to this KLOE.

8. The ICB should describe the commissioning and funding of BCWA and IRIS. The ICB should identify any elements of commissioning of BCWA that would allow for improvements to service delivery, should the DHR conclude such recommendations are appropriate.

Question for Black Country Healthcare NHS Trust

1. Identify from the point that Anton was first seen by CAMHS, any disclosure made or identification by professionals, of what would now be called child to parent or carer violence and abuse. (The DHR recognises that at the point that Anton started being supported, this form of abuse was not widely recognised).
2. Identify any disclosures made by Anton of domestic abuse, involving any members of his family.
3. Provide an assessment of Anton's relationship with parents and siblings.
4. Identify any disclosures made by Anton relating to contacts with his mother's husband, Miles, who apparently arrived in the UK in 2020.
5. Identify whether risk assessments used by Black Country Healthcare Trust specifically require professionals to 'ask the question' in line with NICE guidance.
6. Describe any recent changes to any risk assessments used by the Trust that would make it more likely professionals would identify the part domestic abuse may be playing in a patient's mental ill health.
7. Can BCHT identify and audit when their professionals provide DA support or make referrals in relation to patients experiencing DA? Provide details of referral rates.

Questions for Sandwell Adult Social Care Mental Health Team

1. In the autumn of 2020, an AMHP was involved in an assessment of Anton where he apparently was described as arguing with family and neighbours. Anton disclosed his family was 'unkind to him', but this was apparently ascribed to 'paranoia'.
2. Analyse this incident and identify whether practice in this case suggested an awareness of the part domestic abuse can play in relation to mental ill health.
3. Describe policy and procedures relating to 'asking the question' in relation to DA when an AMHP is asked to initiate a Mental Health Act assessment process.

KLOE: In the context of possible domestic abuse, identifying the potential significance of diabetes diagnoses in Angela and Miles's health presentations.

Questions for the Black Country ICB, Sandwell & West Birmingham Hospital Trust

1. Could Angela and Miles's non concordance with treatment for their diabetes lead to or exacerbate mental ill health and aggressive behaviours?

2. Should this have been considered by health professionals as a potential relevant additional risk factor where relationship problems are disclosed by either party?
3. Identify any potential learning points in relation to diabetes you feel would be appropriate to share with your staff as a result of your observations.

KLOE: Identify whether Miles's antecedent criminal history in any country outside the UK should have led to entry clearance refusal under Part 9 of the immigration rules Note: the DHR will pursue this KLOE with Border Force and Immigration if considered necessary.

Since 2012, Part 9, Paragraph 320(2) of the Immigration Rules provide mandatory grounds for refusal for people subject to a deportation order or who have been sentenced to a period of imprisonment. Accordingly, an application **must** be refused if:

the person seeking entry to the United Kingdom:

(a) is currently the subject of a deportation order; or

(b) has been convicted of an offence for which they have been sentenced to a period of imprisonment of at least 4 years; or

(c) has been convicted of an offence for which they have been sentenced to a period of imprisonment of at least 12 months but less than 4 years, unless a period of 10 years has passed since the end of the sentence; or

(d) has been convicted of an offence for which they have been sentenced to a period of imprisonment of less than 12 months unless a period of 5 years has passed since the end of the sentence.

Where this paragraph applies, unless refusal would be contrary to the Human Rights Convention or the Convention and Protocol Relating to the Status of Refugees, it will only be in exceptional circumstances that the public interest in maintaining refusal will be outweighed by compelling factors.

Questions for West Midlands Police

1. Identify whether the investigation into Angela's homicide has established if Miles had convictions in any country, which should have led to an entry clearance refusal. If so, is there any identified reason why there appeared to have been a failure to implement the Immigration rules in this case?

2. Are WMP aware of Miles having any antecedent domestic abuse history (reports or convictions) in any jurisdiction outside of the UK?

6 Summary chronology

1. Angela was of Jamaican origin; her mother and three siblings still live there. She arrived in the UK in 1999. She had two adult children, a son, Anton, and daughter. Angela was previously married but divorced in 2017. Angela's son, Anton, suffered with significant mental ill health from adolescence into adulthood. Angela devoted all her energies to supporting her son and trying to provide a stable home, even though his ill health led to tensions with his mother and sibling and occasionally with neighbours.

2. Angela apparently met Miles at a party in Jamaica and they were married in 2017. Angela's son, Anton, did not approve of the relationship and later told Mental Health professionals he had not attended the wedding. According to Miles, they lived together in Jamaica for approximately two years, before he sought a visa to live in the UK with Angela. (It is not clear when these two years were, but it was probably from 2017 to some point in 2019). It is possible that Angela's desire to support her son was a factor in any decision concerning where the couple would live permanently.

3. Miles is also of Jamaican origin and has thirteen children, most of whom are adults although there are apparently several children under 18 living in Jamaica. The mother of his youngest children passed away during the COVID pandemic.

4. There was an uncorroborated allegation in the UK, obtained by Police during the murder enquiry, that Miles was domestically abusive toward his mother. These claims could not be corroborated because he refused to provide investigators with their details. The DHR was unable to gain reliable details of whether Miles had any relevant history of domestic abuse and criminal activity in Jamaica. The DHR was however made aware of criminal activity in the USA dating from the mid-90s, when Miles was in his twenties.

5. Miles's offending included possession of a firearm, supply of drugs, false imprisonment, and witness intimidation. He was also arrested, but not convicted, for rape. Although not confirmed, the Police investigation revealed that these offences appeared domestic related. Having served a custodial sentence in the USA, Miles was deported to Jamaica upon release.

6. Miles applied to enter the UK in 2018, declaring a desire to arrive in early 2019. In fact, he first entered the UK in early 2020. His leave to remain was extended just weeks before the homicide. The DHR has established that Miles did not declare his offending history when applying for leave to enter the UK. He therefore committed a criminal offence, but one which the Crown Prosecution Service did not consider to be in the public interest to pursue, given that Miles was charged with murder.

7. The DHR Panel, and Safer Sandwell Partnership Police and Crime Board (SSPPCB) when reviewing this report, expressed disappointment that the agencies responsible for overseeing and assessing Miles' entry into the UK, failed to identify that his offending history meant that Part 9, Paragraph 320 (2) of the Immigration Rules, which provide mandatory grounds for refusal should have applied. (Grounds for refusal are included in the KLOE above). Miles should never have been allowed to enter the UK. It is impossible to say whether Angela would have continued her relationship with Miles had he been refused entry. She may have chosen to return to Jamaica, and would have remained at risk, but her commitment to her son Anton makes this possibility seem unlikely. A correct application of the law could have had the effect of increasing Angela's safety.

8. The SSPPCB will ensure that this learning point is shared with the Home Office and Border Force.

9. The DHR was unable to establish whether Angela knew anything about the nature and extent of any domestic abuse between Miles and previous partners or whether Miles disclosed his criminal history in the USA to his wife. Police in the West Midlands had little contact with either party in any relevant context. There were no reported incidents of domestic abuse between Angela and Miles, although the DHR was fully aware that an absence of reports to police does not indicate that domestic abuse is absent, and that many victims suffer multiple incidents before feeling able to report them. The DHR tried therefore to identify any social factors that could have alerted professionals to risk.

10. The issue of the diabetes suffered by both victim and perpetrator (see KLOE) was not, after careful consideration, felt to be relevant to the DHR.

11. The family dynamic in Angela's home was affected by the arrival of Angela's husband, Miles. An Approved Mental Health Practitioner (AMHP) carried out a mental health assessment of Anton in autumn 2020 which revealed some of the underlying tensions. Anton stated he could not remain in the family home and wanted to leave. Police attended a domestic incident in the autumn of 2020 between Anton and the family. Anton moved out of the family home in early 2021 leaving Angela and Miles on their own.

12. Miles and Angela's relationship was not without some signs of difficulties. The Police investigation uncovered evidence that by summer 2021, Angela and Miles exchanged text messages and videos in which Angela spoke of 'needing to review' their relationship and potentially breaking up.

13. The chronology and analysis will describe that in the autumn of 2021, Angela confided to a professional, her GP, that her husband was jealous and controlling. She asked the GP to talk to Miles and the GP concluded the couple needed counselling. This encounter was the only relevant opportunity any professional had to offer appropriate support to Angela in relation to domestic abuse.

14. The situation appears to have deteriorated to the extent that, according to the police investigation, Angela sent an SMS message to her closest friend in 2022 saying she was '*scared to be in the same house as Miles'*. During the trial it emerged Angela had demanded Miles leave the home during this period, but she relented, and he returned.

15. Miles applied for leave to remain in the UK as a dependent spouse in 2022 and it was granted until 2025. Angela is likely to have been placed under additional pressure because any separation or divorce could affect Miles and could have led to the Home Office curtailing his leave to remain.

16. Angela went on a three-day mini-break holiday abroad with her closest friend, immediately before the homicide. Apparently, Miles was not happy about this. Immediately upon her return, an argument occurred during which Miles repeatedly stabbed Angela. Miles fled the scene but was tracked down by Police and arrested.

7 Key Issues arising from the Review

- There were limited opportunities to discover the nature of Miles and Angela's relationship and only one encounter with a GP, where Angela made a clear disclosure of Miles' jealous and controlling behaviour.
- This should have alerted the GP to risk assess whether phone contact was appropriate in the context of COVID restrictions and ICB and IRIS guidance.
- The response of the GP to Angela's disclosure were not appropriate; there was no offer of referral to Identification and Referral to Improve Safety (IRIS), the nationally adopted advocacy and education service providing domestic abuse support in primary care settings.
- The GP was placing Angela at risk when agreeing to talk to her abuser.
- Suggesting the couple self-refer to counselling was inappropriate in the context of domestic abuse. Suggesting Angela refer to Healthy Minds demonstrated the lack of appropriate wellbeing and support.
- Review of the GP practice demonstrated a lack of engagement with IRIS (two referrals in two years) and missed opportunities to attend re-training and updating of knowledge.
- Black Country Women's Aid (providers of IRIS and IRIS training, and the Black Country Integrated Care Board) identified that since Sandwell adopted IRIS in 2015 referral rated and engagement of GP practices across the Local Authority area have declined.
- There was an urgent need to reinvigorate the GP and IRIS relationship in Sandwell.
- Safeguarding in the context of domestic abuse needs to be seen as much a core function of GP practice as health care.

- Sandwell Adult Social Care's Approved Mental Health Practitioners (AMHP) mental health assessments do not have routine questioning embedded in AMHP practice or in assessment tools. Management review should address a failure to consider the issue of domestic abuse in the context of mental ill health.

8 Lessons to be Learned

Key learning for GPs, and DA trained practice staff and all MH teams

- Coercive and controlling behaviours and jealousy are almost always present in domestic abuse.
- You may only get one opportunity to support a victim of domestic abuse so you must make every contact count.
- Mental health professionals are expected to make routine enquiry in relation to domestic abuse.
- GPs and trained staff should be aware of the health indicators that could indicate a patient is experiencing domestic abuse and 'should ask the question' when any of these are present.
- Ask direct questions about the extent and nature of the abuse and offer a referral to domestic abuse services. Don't avoid those difficult conversations. The 'HARK' model may assist you in framing appropriate questions.
- Domestic abuse perpetrators will blame their victim for the abuse and always avoid any personal responsibility.
- Abusers will seek to manipulate your professional judgement to derail support to the victim.
- Advising marriage guidance and counselling is never appropriate where we know or suspect there is domestic abuse.
- We **all** have unconscious bias and stereotypes and may allow them to influence our decisions. Always ask yourself 'do I understand this person and their lived experience?' There really is no such thing as a 'typical' person - we are all different and unique. Reflect on practice and challenge your judgements.
- Ensure everyone in your team knows appropriate responses and support that can be offered to a patient who is a perpetrator of domestic abuse.
- Is there an opportunity to improve domestic abuse support by engagement with IRIS or other DA support?
- Is your domestic abuse training up to date? You may be missing out on new guidance or best practice.
- Do you know the name of your domestic abuse advocate/educator? When did you last refer a patient to IRIS or discuss a concern with them?
- Your advocate/educator should be in regular touch with your GP practice and your Safeguarding lead, so if that isn't the case now, make contact.

9 Recommendations

Recommendation one: The DHR Recommends that the Black Country ICB (Sandwell Place) and BCWA open and maintain a regular dialogue with GP practices and PCNs to create a shared vision of how domestic abuse support is delivered in Sandwell. They should reflect on all barriers to disclosure, identifying and sharing best practice and find shared solutions to identified challenges in providing domestic abuse support using the IRIS model.

Actions:

a. The ICB (Sandwell Place) to use current Primary Care Safeguarding Leads Meetings to reinvigorate GP engagement with IRIS.
b. That the ICB and BCWA panel members on reviews continue to encourage DHR, SAR and CPSR Chairs to release key learning that relates to DA support by primary and secondary care, as soon as possible.
c. That the ICB consider creating a short series of podcasts that BCWA could contribute to, which would be shared with practitioners, relating to any aspect of DA support that is identified as challenging for e.g. asking the right questions and unconscious bias.

Recommendation two: The Black Country ICB IT team and safeguarding leads should review appropriate data collection, monitoring, and analysis in relation to all aspects of domestic abuse support to allow a strategic assessment of the effectiveness of GP responses to domestic abuse and promote improvements.

Actions:

a. Black Country ICB should seek to identify how currently used electronic patient records could be enhanced to allow both GP practices and the ICB to monitor the effectiveness of trained staff in identifying DA through direct questions and making appropriate referrals.
b. Black Country ICB and BCWA to identify and share with partners how referral rates of GPs practices will be judged based on a ratio of trained staff to patient numbers and any other factor considered relevant to accurate data collection (i.e. disaggregated data on protected characteristics).

c. ICB to publish quarterly a list of top performing practices with a short commentary from safeguarding leads on how this has been achieved.
d. Black Country ICB and BCWA to identify in relation to DA Support, poor performing GP practices and make regular direct approaches both in person and email, to senior partners and practice managers to encourage better engagement with IRIS.

Recommendation three: The Black Country ICB should engage with the CQC to request that a thematic review of domestic abuse safeguarding responses form part of their inspection regime for GP practices and provide data to the CQC to facilitate this.

Actions:

a. The ICB should prepare a short performance summary of individual practices in relation to their identifying DA and making referrals when they are notified of a CQC inspection.
b. The ICB should promote the use of the Safeguarding Self-Assessment Tool as a valuable tool that practices can share with CQC to demonstrate their compliance with safeguarding requirements.
c. That the ICB Safeguarding team encourage 3-4 GP practices to undertake a voluntary audit of DA safeguarding practice. (This should with due warning, become a random audit).

Recommendation four: Sandwell Adult Social Care Mental Health Team should review their performance, procedures and documentation and provide assurance to the SSP that AMHPs are carrying out routine questioning in relation to domestic abuse and that DA is adequately explored in supervisory review.

Actions:

a. Sandwell Adult Social Care Mental Health Team should review AMHP assessments to establish whether they are identifying DA and pathways to support.
b. Sandwell Adult Social Care Mental Health Team should review current documentation used by AMHPs in their Mental Health assessments and ensure routine domestic abuse questions are embedded in their threshold grid in line with Pathfinder recommendations.
c. Sandwell Adult Social Care Mental Health Team should ensure their revised Supervision Plan ensures clinical audit of domestic abuse risk that reflects Pathfinder guidance.

Recommendation five: Survivors of domestic abuse in Sandwell should be able to access appropriate support services that can in the first instance address wellbeing to reduce the

frequency with which they are direct towards mental health services as a response to their experience of trauma.

Actions:

a. The Safer Sandwell Partnership should promote awareness of the Domestic Abuse Survivors Group (DASG) with all relevant partner agencies and domestic abuse support groups.
b. The Safer Sandwell Partnership should identify and promote wellbeing services in Sandwell which are trauma informed and recognise that domestic abuse survivors may not wish to be directed to Mental Health services to address wellbeing.