# Barnsley Community Safety Partnership

## Domestic Homicide Review – Executive Summary

**Prepared by the Independent Chair**
**October 2015**

# Executive Summary

## 1. Introduction

1.1 This executive summary is a brief anonymised version of the overview report in respect of a domestic homicide review (DHR) commissioned by the Barnsley Community Safety Partnership (CSP) Executive Group. The review was to enquire into the events that led up to the death, in March 2013, of a 35 year old female (to be referred to as X) at her home address in the Metropolitan Borough of Barnsley. The husband of X (to be known as Y) was also present at the address suffering from knife wounds. He was arrested the same day and subsequently charged with the murder of his wife. In line with statutory guidance arising from Section 9 of the Domestic Violence, Crime and Victims Act (2004), on the 2nd April 2013 the circumstances of the death were considered by the Executive Group. A decision was made by the Group, that as the suspect was the husband of the victim and lived at the same address, a joint review would be held.

1.2 In line with that decision the following were the agreed terms of reference for the conduct of the review:-

- To review events from 1st April 2002 until the date of death of X on 4th March 2013, unless it becomes apparent to the Independent Chair that the timescale in relation to some aspect(s) of the review should be extended.

- To ensure that the timescales for submission of the Individual Management Reviews are met and that the submission of the agreed final report meets with Home Office (HO) laid down guidance in respect of process, required content and timescales.

- To liaise with and seek to include a potential contribution from family members to the review process.

- To quality assure the Individual Agency Management Reviews submitted for the review process.

- To consider agency involvement with children and the family and whether there were concerns identified which could have impacted on the outcome.

- To analyse and review the actions of the agencies who were involved with the family of X and comment on the appropriateness of actions taken.

- To identify the key issues lessons to be learnt, by both individual agencies and when working in partnership, including the ease of access to relevant agencies and services where they are required.

- To quality assure and produce a report which; summarises concisely the relevant chronology of events, including the actions of all agencies involved.

- To make recommendations which will better safeguard families and children where domestic violence is a feature.

- To consider challenges that could be made to the review report.

- As panel members and agency representatives through the Barnsley Safeguarding Adults Board / Community Safety Partnership ensure lessons learnt are implemented and organisational Action Plans are put in place as appropriate.

## 2. Methodology

2.1 In undertaking the review, reference was made to the published HO Guidance on conducting Domestic Homicide Reviews and the local guidance issued by the Barnsley Safeguarding Adults Board in undertaking a Domestic Homicide Review. Relevant agencies and organisations (listed below), were requested by the Barnsley CSP to undertake an internal management review based on the guidance and in line with the terms of reference framed for this review. The process used in conducting the management reviews included the examination of individual agency relevant client case files, electronic records of all four members of the family, examination of operational logs and comparisons of practice to current policy and practice guidance. Also reference to research papers and the appropriate individual interviews of staff members. An integrated chronology was created of the information supplied.

The following agencies and organisations contributed to the review:-

**Barnsley Hospital NHS Foundation Trust - BHNFT**

**South West Yorkshire Partnership NHS Foundation Trust - SWYPFT**

**Barnsley Clinical Commissioning Group - CCG**

**Barnsley MBC - Assessment & Care Management, Adults & Communities Directorate - BMBC**

**Barnsley MBC - Children Young People & Families Directorate**

**Barnsley MBC - Education Welfare Children & Young Peoples Directorate**

**Barnsley MBC Community Safety Services**

**Barnsley MBC - Housing Options and Homelessness Prevention Team - HOAHPS**

**South Yorkshire Police - SYP**

**Berneslai Homes**

**Victim Support**

**Pathways Family Support**

The families of both the victim and perpetrator were invited to contribute to the review but declined. They were provided with the HO information leaflet. The Independent Chair of the review met with the perpetrator following his conviction and rejection of his appeal. The review was partly delayed so as not to prejudice the judicial process and in light of the appeal. The HO and CSP were consulted regarding the delay. HO advice was that it is emerging practice that perpetrators are being seen as part of the review process. The information provided by the perpetrator was considered for the compilation of the full overview report.

2.2 The DHR Panel was comprised of representatives as shown from the following agencies and organisations:-

**John Curry Associates (Independent Chair and Report Author)**

**Principal Hate & Hidden Crime Officer, Community Safety Services, Barnsley MBC (Assistant Chair)**

**Safeguarding Adults Service Manager, Barnsley MBC**

**Senior Service Delivery Manager, Victim Support**

**Specialist Nurse, Barnsley Clinical Commissioning Group**

**Assistant Executive Director (Vulnerable Adults) Barnsley MBC, Adults & Communities Directorate**

**Community Safety Manager, Community Safety Services, Barnsley MBC**

**Public Protection Manager, South Yorkshire Police**

**Chief Nurse, Barnsley Hospital NHS Foundation Trust**

**Director of Housing Management, Berneslai Homes**

**Professional Lead, School Nursing, SWYPT**

**Executive Director of Nursing, Clinical Governance & Safety, SWYPT**

**Case Investigator, South Yorkshire Police**

**Specialist Advisor, Vulnerable Adults, SWYPT**

**Named Doctor for Safeguarding Adults, Barnsley Clinical Commissioning Group**

**Assistant Executive Director, Safeguarding Children, Health & Social Care,**

**Barnsley MBC**

**Service Manager Pathways Family Support**

**Chief Nurse, Barnsley Clinical Commissioning Group**

**Head of Safeguarding & Welfare, Children Young People & Families, Barnsley MBC**

## 3. The Facts

3.1 On the afternoon of 4th March 2013 a request was made by a male caller for an ambulance to attend at a residential address in Barnsley, as he was suffering from a knife wound. On arrival the caller was found laid in the hall with a small knife sticking out of the right side of his abdomen. He also had a further two stab wounds and other cuts on his arms and face. He was treated by ambulance personnel at the scene for his injuries.

3.2 A check of the other rooms in the address was carried out. The female X was found in a bedroom in a state of asphyxiation with a ligature around her neck. No signs of life were evident. There were no other persons present. Police response was requested and attended at the address. The male Y, after his initial treatment, was arrested by the Police on suspicion of the murder of his wife and conveyed to hospital for further treatment to his injuries. These were not life threatening. The finding of a later Post Mortem on X was, 'death by strangulation'. A substantial amount of prescribed medication, some of which was unopened, was found at the address. Later expert opinion was that the injuries of Y were self inflicted.

3.3 Following his discharge from hospital into Police custody, Y was subsequently charged with the murder of his wife following Police interview(s). After initial court appearances he appeared at Crown Court in September 2013 when he pleaded not guilty. His defence was based on 'self defence', that his wife had attacked him and he had protected himself. He was tried, found guilty of an offence of murder and sentenced to 18 years imprisonment. A later appeal against conviction was rejected. The trial did not raise any issues around the mental health of the perpetrator or the victim.

## 4. Overview

4.1 This is drawn from the integrated chronology. The couple X and Y had initially lived in the south of England and had lived in Barnsley since April 2002. They married on 3rd July 2003. There were four members of the family resident at the address, the husband and wife and their two children aged 5 and 7 years. Information in respect of any domestic abuse and concerns within the relationship between X and Y is not a substantial factor. Family, friends or work colleagues did not mention any issues of domestic abuse during the Police investigation. There was one visit by Y to his GP in April 2005 for treatment

when he states his wife pushed him downstairs. There was a request from Y in October 2009 for social housing, the reason given that the marriage had broken down. The second request from X in December 2011 was as the marriage had broken down due to financial difficulties. Neither application was progressed further by either party.

4.2 Because of financial difficulties they did move as a family into social housing in September 2012. Financial aspects do appear to have caused some tensions within the relationship, especially with Y being unable to work due to a medical condition. The report analysis does show some difficulties in the relationship and that the children's behaviour was difficult to manage due to sleeping problems. Advice and support was given by health professionals. There was no referral to any agency concerning domestic abuse of X but being mindful of the research into domestic abuse this could have been a possibility. Y in his meeting with the Chair did mention issues in the relationship which were detrimental but that cannot be verified.

4.3 A total of fourteen visits were made to the home by health professionals during the review period, but neither party reported to health professionals any domestic abuse in the relationship on those visits. X had a high level of post-natal depression after the birth of the youngest child in August 2007, but there was reported good support from Y in that respect. Both X and Y reported substantial health problems for which they had sought medical treatment and advice. There is possibly a behavioural trait of Y to self harm but that cannot be substantiated.

4.4 Apart from one reported incident concerning the children in December 2008, which was investigated and found to have a satisfactory explanation, there were no safeguarding concerns or other issues noted in respect of the two children. They were regular attendees at school. Contact with Police before the death of X was minimal, relating to minor matters only. No incidents of domestic violence were reported to the Police by either party.

4.5 If domestic violence was a feature of this relationship, by either party and they had felt the need to report this abuse, there are well established, well publicised referral pathways in place in Barnsley to make that report either by self referral or directly by professionals. This is mirrored by the fact that referrals in Barnsley have increased by over 1000 in 2013/14. There are also support systems available, provided by Pathways Family Support, who in 2013 opened a total of 772 new cases and intend to raise awareness of appropriate sources of support. Health, Police and Social care on a par account for 70% of referrals. There was no referral or contact in respect of the family of X and Y. The multi-agency MARAC risk assessment process is also supported by multi-agency engagement within Barnsley. Locally there are comprehensive policies in place, in respect of equality and diversity which can be accessed at www.barnsley.gov.uk. Although overall there were no direct referrals or reports of domestic abuse this is not limited to physical abuse and may take the form of financial or emotional abuse.

4.6 As a matter of good practice, Victim Support in conjunction with BMBC and other stakeholders, are to review publicity for services for victims of domestic violence.

Also acknowledged by agencies is that there is need to re-launch the local guidance taking into consideration lessons learned and updated HO guidance (Multi-Agency Recommendations - Appendix 1). This review has also given agencies involved, an additional opportunity to examine and where required reinforce individual agency current policies, processes and guidance.

## 5. Review analysis

5.1 The analysis covers the period of time contained in the terms of reference, 1st April 2002 until the 4th April 2013, a time span of just over eleven years. Although Y has been convicted of murdering his wife, a criminal offence within the domestic homicide parameter, as indicated, reported or suspected domestic abuse is not a significant feature of the relationship. Both X and Y could be described as being medically needy from the middle of 2007 and through the rest of the review period. Both at various stages of their relationship suffered from stress related illness. The underlying factors to that stress appears to be personal illness, which becomes acute for X in later years. As outlined, the demands of two young children and financial pressures in respect of property purchase appear to have placed their relationship, as a couple and family, under substantial pressures. There have been a number of crisis periods.

5.2 They moved into owner occupation housing in March 2004 and both at some stage through the review were employed as Civil Servants. X was at the time of her death employed in a part time capacity. Towards the latter part of the review period Y was unable to work through ill health, as he was under investigation for a presumed cardiac condition. In 2006 both parents were working and childcare was being undertaken by a grandparent.

5.3 The first indication that there may be stress related issues in respect of both parties was a month prior to the birth of the second child in August 2007. They both accessed health services for individual stress issues and after the birth X was treated for post-natal depression. In December the following year, a report was made to the NSPCC, by a neighbour, that Y was always shouting and swearing at the children and that the children are being left to cry long into the night. A Social Worker visited the home and it was explained that the older child was experiencing difficulty with sleeping and disturbing the younger child. The children were well cared for and no problems were evident in the relationship. The neighbour was seen as part of the Police investigation who said that it was not unusual to hear the couple arguing or shouting at the children, usually X. No reports were

5.4 In the early part of 2009 X was again treated for mental health issues which improved but regressed later that year and she was placed on medication. It was during this period that an application for social Housing was made by Y as his marriage had broken down. Domestic violence is not mentioned as a reason. In the period March 2009 until the beginning of December 2012 there were a total of forty nine instances where either X or Y were seen by medical practitioners in respect of their different medical conditions. There would, therefore, appear to be from at least October 2009 and possibly before the birth of the second child a relationship with an unstable base which is subject to pressures through mental

health issues.

5.5 Included in these instances is an episode in December 2011 when Y was treated at Hospital for admitted deliberate self harm with a knife. He stated that he had relationship problems heading towards divorce. There were no indications that either X or the children were at risk. At the same time X submitted an on-line Housing application for herself and her two children, the reasons given being, 'marriage broken down'. Y again attended hospital in April 2012 with a stab wound to his abdomen. The wound was not compatible with the explanation given but there is no clear explanation as to whether this was self inflicted, caused by another person or as the explanation given, accidental.

5.6 In 2012 X was accessing physiotherapy services for back related pain and as a hospital outpatient for mouth soreness. She was seen on a number of individual occasions but did not mention stress related problems until May of that year when she admits that she has domestic / personal stress. The clinical assessment is that the stress condition is causing the mouth problem. There is no mention of domestic abuse.

5.7 This stress situation is exacerbated In August of that year when mortgage repossession is undertaken because of substantial mortgage debt. An application was made for social housing in which it stated the family were reconciled due the ill health of Y which prevented him from working. The family were re-housed in Barnsley in September of that year. Housing staff made a number of visits to the house when Y only was present with X at work but nothing untoward was noted. Both parties continued to have further appointments with the GP service in relation to stress issues.

5.8 In February 2013 Y is again seen by his GP for low mood as he was facing bankruptcy proceedings. The following day he presented at hospital with a laceration to his hand. No further information is available concerning the circumstances as to how he sustained the injury. Although only speculative this was potentially the third occasion that Y had been treated for self inflicted knife wounds. A pattern appears to be developing in respect of Y of crisis followed by self harm. The question raised for panel members was,' should the pattern of potential self harm have been more fully recognised?' If it were, did Y then present a threat to his immediate family or the wider public, which required to be risk assessed? Was it acceptable to accept the second two instances as possibly self harm based on the vague description, the evidence provided by the admitted first self harm incident and his previous history with Mental Health Services? It was agreed by panel members that it was difficult to ascertain if these injuries were accidental, self harm or on the day of the death inflicted by X. It was noted by panel members in that treating different health conditions that local Health Services have different electronic systems which at present do not interface. It was recognised by relevant panel members an interim solution without computer reliance is required until this can be addressed.

5.9 Prior to the incident on 4th March 2013 the last time X was seen by a practitioner was an appointment with her GP on 20th February 2013. The last time Y was seen by an agency was on 28th February 2013 when a routine visit was made

by a representative from the housing corporation, Berneslai Homes. Y was advised that there were rent arrears. These were subsequently cleared. Nothing abnormal was noted in those contacts which gave an indication as to any potential risk factors to either party.

5.10 Following the death of their mother the two children were placed in the care of their maternal grandmother who had provided substantial child care whilst her daughter was working. The extended family, in respect of the children were offered social care support and a Police Family Liaison Officer was appointed to support the family through the judicial process. A referral was made to bereavement services through social care. All aspects of family welfare, most importantly those of the children, were catered for.

## 6. Conclusion

6.1 To summarise this review, the analysis indicates that mental health issues have played a part in the dynamics of the relationship. Other medical conditions have also featured very strongly. Access to appropriately prescribed medication would appear to have featured heavily in the couple's daily lives and as mentioned substantial quantities of prescription medication were recovered from their address. It was clearly under used. A behavioural issue in this respect is something that cannot be ruled out. There is a possibility that the couple had been sharing each other's medication as tablets found in the stomach of X fit a type of pain killer prescribed for Y. There is also the proclivity of the perpetrator of possible self harm with knives. The Mental Health Services offered to both parties in respect of their depression are considered as appropriate in isolation and without hindsight.

6.2 From October 2009 the emerging pattern is that the relationship is deteriorating, which is exacerbated by, or causative of mental health issues. In addition the pressure of reported financial difficulties. It is interesting to note that although there is the upmost turmoil in a stressful relationship, overall the health, education and safety of two young children does not outwardly appear to have been compromised, with only one isolated matter reported.

6.3 Information concerning the dynamics in the relationship are limited to the occasional remark to a practitioner or underpinning a request for accommodation. It is purely speculative, If the question had been asked of either party on a more regular basis, as to whether domestic abuse featured in the relationship, would have prevented the death of X. At no time did she request treatment for a physical injury.

6.4 Without commentary or admissions from Y as what led to the death of his wife on 4th March 2013 and the injuries to himself, there is no clear reason as to what trigger or triggers caused those events. However, there is no doubt that the tensions within the relationship caused by individual illness, family pressures and stress linked to the personality of the alleged perpetrator, are clear and possible indicators as to why this tragic event occurred.

6.5 However, this tragic event has given individual agencies and organisations an

opportunity to review processes and systems to further enhance the safeguarding of citizens for whom services are provided for. In addition, to review and strengthen multi-agency partnership arrangements and agree identified improvements for the future through the Barnsley CSP.

## 7. Recommendations

7.1 Victim Support together with Barnsley Metropolitan Borough Council and other partner organisations and stakeholders, should review whether promotion and publicity for services for victims of domestic violence or abuse can be improved.

7.2 Re-launch of Guidance for DHR's taking into consideration lessons learnt and updated guidance from the Home Office.

**John Curry – Independent Chair**

**NB: During the course of the Domestic Homicide review contributing Agencies structures have changed, all Agencies have signed off their IMR's.**

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## APPENDIX 1 – ACTION PLAN

| Agency + Action Owner | Recommendation | Action proposed | Defined Outcome or Improvement | Evidence/Activity | Progress rating R>A>G |
|---|---|---|---|---|---|
| Barnsley Hospital NHS Foundation Trust Safeguarding Department | **Recommendation 1**<br><br>To ensure good and consistent practice BHNFT should raise awareness amongst staff in both Children & Adult Emergency Departments and the Dental Department of the need to assess domestic abuse where there are potential indictors and consider the possibility of child abuse in actual or potential cases of domestic abuse. | Staff in relevant areas will be reminded of the need to ask direct questions about domestic abuse in line with the Barnsley Child Protection Procedures and MARAC guidance. Awareness will be raised through direct supervision, training, newsletters and memos etc. | Staff in relevant areas will have a sufficient standard of knowledge of domestic abuse to be able to identify and manage concerns including any impact on children. | Domestic abuse and MARAC is part of all safeguarding training delivered in the Trust – either Induction or Update. Additionally staff awareness has been raised through supervision, memos and newsletters. The Emergency Department has gained national recognition for the high number of referrals it makes into the MARAC process. Questions about domestic abuse are also part of spot checks to test staff knowledge. These have not identified any concerns in relation to staff knowledge in this area. | Green |

| Agency + Action Owner | Recommendation | Action proposed | Defined Outcome or Improvement | Evidence/Activity | Progress rating R>A>G |
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| Community Safety Partnership | **Recommendation 2**<br><br>Re-launch of Guidance for DHR's taking into consideration lessons learnt and updated guidance from the Home Office. | • Review processes - arising from the learnings from the DHR.<br><br>• Update DHR Guidance.<br><br>• Learning the lesson event to be arranged.<br><br>• Provide refresher training by publicising and tracking DHR training available on the Home Office Website. | Update Guidance & Policy, building on:<br><br>• Lessons learnt from the review.<br><br>• Taking account of updated DHR guidance – revised 1 August 2013.<br><br>• Assisting any future DHR's to be more robust.<br><br>• Strengthen and build on multi agency partnerships. | DHR Guidance updated November 2015. Will be updated again December 2015 but new guidance will not be used until the recent homicide is reviewed. | Green |
| NHS Barnsley CCG | Send a reminder to all practices to constantly review their repeat | Send a letter to the lead GP for Safeguarding and the Practice manager of all | To help to eliminate multiple prescribing of unused drugs. | In July 2013 a letter was sent from the Named Doctor to all Barnsley | Green |

| Agency + Action Owner | Recommendation | Action proposed | Defined Outcome or Improvement | Evidence/Activity | Progress rating R>A>G |
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| | prescribing system to avoid duplication of the same class of drug. At the same time make practices aware of the risk of hoarding where there are multiple items on a repeat prescription. | Barnsley practices recommending a review of the way they manage their repeat prescribing systems. | | Practices. This outlined the recommendations of the DHR to raise awareness of the need to regularly monitor repeat prescribing systems to ensure compliance. It was acknowledged that where individuals kept to the correct schedule for collection of repeat medication but stockpiled it by not taking it, then this would be almost impossible to detect. This scenario should however be borne in mind. | |
| | Approach A&E and see if it is possible to raise the profile of knife injuries and perhaps routinely notify the Police. | Seek support from the CCG to include an item in the contract with BHNFT to record all knife injuries and the action taken with them. | To attempt to track a pattern of knife injuries in order to provide early help if Domestic Violence is the cause. | The named Doctor had a meeting with the Director of Commissioning for the CCG and discussed the inclusion in the local Hospital contract of a log of knife injuries attending the Emergency Department.<br><br>Staff within A&E have been advised of the need to complete an internal | Green |

| Agency + Action Owner | Recommendation | Action Proposed | Defined Outcome or Improvement | Evidence/Activity | Progress Rating R>A>G |
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| | | | | incident form when patients attend with a knife injury. The staff will then take action as appropriate, these actions may be<br>• An adult safeguarding referral<br>• A child safeguarding referral<br>• A referral to Police<br>• A referral to mental health services<br>• A referral to MARAC<br>The actions would depend on the circumstances and would involve a discussion with the senior team In A&E and adult safeguarding lead at BHNFT to determine action.<br>The matron in A&E has highlighted this to staff. | |

| Agency + Action Owner | Recommendation | Action Proposed | Defined Outcome or Improvement | Evidence/Activity | Progress Rating R>A>G |
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| South West Yorkshire Partnership (NHS) Foundation Trust | To ensure that clinicians have access to appropriate risk assessment tools. | RIO is introduced across Barnsley Mental Health Services to ensure clinicians have access to level 1 Risk Assessment Tool (Assessment A Sainsbury Risk Assessment). | Clinicians awareness and ability to identify risk will be improved. | The level 1 (Assessment A Sainsbury Risk Assessment) has been introduce across Barnsley on the electronic system, RIO. Evidence is available via the electronic record to indicate if clinicians are completing the assessment. Awareness has been raised as demonstrated through increased referral into MARAC. | Green |
| | To ensure that staff have an increased awareness of issues relating to Domestic Abuse. | To provide information to all clinicians relating to Domestic Abuse. | Increased awareness of issues relating to domestic abuse. | Development of Policy, information provided on Trust Internal Intranet site, posters in clinical areas. Audit undertaken in relation to MARAC and Survey Monkey audit completed on staff understanding around issues relating to Domestic Abuse. | Green |
| Agency + Action Owner | Recommendation | Action Proposed | Defined outcome or | Evidence/Activity | Progress Rating R>A>G |

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| | | | Improvement | | |
| South West Yorkshire Partnership (NHS) Foundation Trust | School Nursing staff to be reminded of the need to record who is present at any contact. | Share lessons learnt from the review with all staff. Emphasise the importance of recording who is present during contact. | Records clearly show who is present at contacts. | Audit | Amber |
| | School Nursing staff to be reminded of the need to be mindful about domestic abuse, to ask direct questions when appropriate and record responses. | Share lessons learnt from the review with all staff. Emphasise the importance of asking direct questions and recording responses. Identify staff who need further training. | Records clearly show that domestic abuse has been considered and explored. | Audit | Amber |
| | Audit adherence to the above. | Develop an audit tool for establishing compliance. Audit practice every 4 months initially. | As above. | Audit tool in place and an initial audit carried out. However due to changes of senior staff in the service further audits have been missed. | Amber |
| | Incorporate good practice from Health Visiting SystmOne recording templates into School Nursing practice when this development work initiated. | Liaise and seek guidance from Health Visiting colleagues when developing processes etc for SystmOne implementation. Ensure assessment templates include fields for recording. | Records support good practice | School Nursing SystmOne unit mirrors Health Visiting and since the 0-19 Children's Service came into being there is increased integrated working. | Green |

| Agency + Action Owner | Recommendation | Action Proposed | Defined Outcome or Improvement | Evidence/Activity | Progress rating R>A>G |
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| Victim Support & Domestic Abuse & Sexual Violence Partnership (DASVP) | **Recommendation 1**<br><br>Victim Support should review, together with Barnsley Metropolitan Borough Council and other partner organisations and stakeholders, whether promotion and publicity for services to victims of domestic violence or abuse can be improved. | Barnsley Domestic, Sexual Abuse & Gender Based Violence Partnership (DSAGBVP) produced an Implementation Plan covering 2012/2015. Within the Implementation Plan were combined priorities for the group's membership. A number of the priorities focused on publicity and awareness raising. As a member of the DSAGBVP, Victim Support will continue to work to these priorities alongside organisational goals in the area of publicity and awareness raising.<br><br>Alongside the priorities identified in the Implementation Plan, Victim Support in Barnsley continues to publicise its own services including DV provisions. | To raise awareness of Domestic violence and the services available to members of the Barnsley community who may benefit from support. In particular targeting GP and Dental surgeries | Victim Support in Barnsley continues to publicise its domestic abuse services by:<br><br>• Regularly attending the Domestic, Sexual Abuse & Gender Based Violence Partnership (DSAGBVP)<br><br>• Provide talks and presentation to agencies and community groups as appropriate<br><br>• Ensuring posters and publicity materials are present within GP and dentist surgeries<br><br>• Working with hard to reach communities eg Barnsley LGBT forum<br><br>• Attendance at relevant events and conferences | Green |
| Agency + Action Owner | Recommendation | Action proposed | Defined Outcome or | Evidence/Activity | Progress rating R>A>G |

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| | | | Improvement | | |
| | | Priorities include:<br>• Providing talks and presentations to community organisations<br>• Producing posters to put up in GP and Dentists waiting rooms<br>• Working with forums for hard to reach communities e.g. Barnsley LGBT forum<br>• Attending events and conferences e.g. Gender Equality Forum Launch | | Reviewed by:<br>• Monitoring attendance at DSAGBVP meetings (dates yet to be set for 2015)<br>• Monitor presentation content through staff one to ones<br>• Monitor attendance at relevant events and conferences<br><br>Update November 2015; Barnsley commissioners are currently conducting a review of all domestic service provision and a request has been made to include an annual review of the publicity strategy with particular reference to health services for inclusion in the domestic abuse & sexual violence partnership (DASVP) action plan. | |
| Agency + Action Owner | Recommendation | Action Proposed | Defined Outcome or Improvement | Evidence/Activity | Progress Rating R>A>G |

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| Berneslai Homes | **Recommendation 1**<br><br>Recommend that staff continue to be regularly updated on safeguarding issues and Berneslai Homes' role in identification, support, referral and partnership working (this is in line with our Vulnerability Strategy 'Something Doesn't Look Right'). | Review Vulnerability Strategy.<br><br>Continue to work in partnership with appropriate agencies to ensure staff have appropriate training to identification, support issues and refer and work in partnership with appropriate agencies to deliver appropriate support to its tenants to minimise the risk of any safeguarding issues. | Policies & procedures are fit for purpose and have been adhered to. | Review of strategy completed 14 December 2014<br><br>Regular training/briefing takes place to updating front line staff with regard to identification of vulnerability issues as part of service delivery. Early identification of low level support, referral and partnership working are also core parts of our service delivery.<br><br>Position at July 2015<br><br>Integral part of our Housing Management Ethos and individual case management. Strategy available on internal systems (Berneslai Homes Intranet). Case management monitored via Northgate & Civica management systems. | Green |
| Agency + Action Owner | Recommendation | Action Proposed | Defined Outcome or Improvement | Evidence/Activity | Progress Rating R>A>G |

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| Pathways | **Recommendation 1**<br><br>Raise awareness of appropriate sources of support | Clearly displayed information which informs where help is available/helpline telephone numbers to both victims and perpetrators of domestic abuse. Target voluntary and statutory agencies waiting areas. GP surgeries and Medical Centres – distribution to be arranged through the hospital internal post system.<br><br>Get it Right male perpetrator handbook finalise, print and distribute.<br><br>Produce discreet ways to convey information, for example, by providing pens or key rings with a helpline number. | Completed September 2013<br><br>Completed September 2013 | Funding secured for another print run of Relationship Handbook and new Safety Plan. | Green<br><br>Green |
| Agency & Action Owner | Recommendation | Action Proposed | Defined outcome or Improvement | Evidence/Activity | Progress Rating R>A>G |
| | | Produce 'Not what you expected' publicity material | | | Green |

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| | | specifically for:-<br>• Pregnant women<br>• Families at Christmas | | | |