The Safer St Helens Community Safety Partnership

Executive Summary
Domestic Homicide Review

Name: Carol

Died: November 2023

Chair and Author: Ged McManus

Assisted by: Carol Ellwood Clarke QPM

Date: March 2025

1 The Review Process

1.1 This summary outlines the process undertaken by the Safer St Helens Community Safety Partnership, Domestic Homicide Review (DHR) panel in reviewing the murder of Carol, who was a resident in their area. The panel would like to offer their condolences to Carol's family on their tragic loss.

1.2 The following pseudonyms have been used in this review to protect the identities of the victim, perpetrator and others referred to in the review.

Name	Who	Age	Ethnicity
Carol	Victim	62	White British
John	Perpetrator and Carol's husband	68	White British

1.3 Carol and John had been married for over 30 years and lived together in social housing in St Helens. The couple were not widely known to services in St Helens in recent years; however, historically there had been many calls to the police from both Carol and John – each making complaints of domestic abuse against one or the other. Children's Social Care was involved with the family when the couple's now adult children were young. Prior to Carol's unlawful death in 2023, there had been no calls to the police since 2017.

1.4 In early 2022, the couple notified the Department for Work and Pensions, and their housing provider, that they had split up. By October 2022, medical records show that the couple were living together again.

1.5 On a date in November 2023, John strangled Carol to death in their home. John laid Carol's body out and then went to the local police station to confess to killing her.

1.6 Carol and John are pseudonyms chosen by the DHR panel from a list of names. Their family did not wish to contribute to the review.

1.7 John was charged with Carol's murder and pleaded guilty to manslaughter. A trial on the murder charge went ahead, with John being found not guilty of murder. During the trial, John claimed that he had been provoked by verbal abuse from Carol (who was drunk) and that he lost control, strangling her to death. The DHR panel wish to state that Carol was the victim in this review, and John's narrative

is victim blaming. However, the panel chose to include John's claim because there is so little other information with which to provide context around Carol's unlawful death.

1.8 Sentencing John to six years' imprisonment for Carol's manslaughter, the sentencing Judge said:

'*I am satisfied that the correct basis for sentence is that you did have the necessary intention for the offence of murder, but that the killing was the result of your loss of control in circumstances where there was a sufficient trigger and your response was justifiable.*

I do not accept that there was, in the circumstances, a very high degree of provocation. Carol [name redacted] was, to an extent, a vulnerable, slightly built, [comment redacted] who represented no threat to you and who was killed in her own home'.

1.9 On 27 November 2023, Merseyside Police made a referral to St Helens Domestic Abuse Partnership Board for the case to be considered for a DHR. On 31 January 2024, the Safer St Helens Community Safety Partnership agreed that the circumstances of the case met the criteria for a Domestic Homicide Review and recommended one should be conducted. The Home Office was informed of the decision to undertake a review on 11 February 2024.

1.10 The first DHR panel meeting took place on 24 June 2024. The first meeting of the DHR panel determined the period the review would cover. The Review Panel determined which agencies were required to submit written information and in what format. Those agencies with substantial contact were asked to produce Individual Management Reviews. The Chair provided training to Individual Management Review (IMR)[1] authors to assist in the completion of the written reports.

1.11 The panel met six times: responses and additional queries outside of these meetings were addressed via telephone and email. The DHR panel carefully considered the material provided by agencies and the contributions made by the family. Following the DHR panel's deliberations, a draft overview report was produced: this was discussed and refined at further panel meetings.

1.12 Carol and John's adult children were supported by a Victim Support Homicide Worker. The Chair wrote to them, inviting them to contribute to the review, and

[1] Individual Management Review: a templated document setting out the agency's involvement with the subjects of the review

included appropriate Home Office leaflets. Through their support worker, they indicated that they wished to contribute to the review, and a meeting was arranged. On the day of the meeting, one of the siblings contacted their Victim Support Homicide Worker and said that they no longer wished to contribute to the review. Although arrangements for the meeting continued in the anticipation of the second sibling attending, they did not attend. When contacted, they stated that they had a family emergency and were unable to attend the meeting that day. Victim Support were unable to engage with them after that.

1.13 Towards the end of the review, the Safer St Helens Community Safety Partnership wrote to Carol's children to offer a further opportunity to be involved in the review or receive a copy of the report. No reply was received.

1.14 Merseyside Police provided statements made by Carol and John's children for the purposes of the investigation into Carol's death. The statements are summarised below.

1.15 **Adult child 1**

Adult child 1 recalled, as a child, a history of domestic abuse between Carol and John. There were regular arguments and sometimes both of them received injuries from the other. Carol would generally be more verbally aggressive and loud whilst John would be quieter and try to stay out of the way. Although John would generally be quiet, he could sometimes snap and then things would escalate.

Carol would drink alcohol excessively. Carol did not work, and John provided the money from his work as a warehouse manager. Adult child 1 described Carol as a functioning alcoholic.

Adult child 1 left the family home aged 17 and kept in contact mainly by telephone.

1.16 **Adult child 2**

Adult child 2 described the difficulties of growing up with Carol, whose life was dominated by alcohol. They described Carol as a violent alcoholic who assaulted both children and John. They also described assaults on Carol by John. Adult child 2 left the family home at the age of 15, as they could not tolerate their parents' behaviour.

Adult child 2 had no contact with Carol for over 10 years prior to her death: this was following an argument over contact with a grandchild.

1.17 **John's siblings**

John has three siblings. They were not in regular contact. One of the siblings made a statement to the police for the purposes of the investigation into Carol's death. They stated that they became aware that John was in hospital in March 2023 and visited him three times with their other siblings. During the visits, John said that Carol had told him not to go back to the marital home, and he was looking for somewhere else to live. The siblings had no further contact with John after visiting him in hospital.

1.18 **Neighbours**

1.19 Merseyside Police provided the statements made by neighbours for the purposes of the investigation into Carol's death.

1.20 Neighbours 1 and 2 lived next door to Carol and John and described a cordial relationship as neighbours. However, they were aware of regular arguments between Carol and John, which could be heard almost every day. Mostly, this was Carol shouting at John and John telling Carol to 'Shut up'.

1.21 Neighbour 3 said that they often gave John a lift to the doctors' surgery, as he struggled with walking. Neighbour 3 would often hear Carol shouting at John when walking the dog past the couple's house. When John was asked why he did not leave, he said: 'Where would I go?'.

1.22 **Employer**

Carol did not work and was reliant on benefits. John was a retired warehouse manager.

1.23 **John**

The Independent Chair of the review wrote to John, inviting him to contribute to the review. His prison offender manager gave him the letter and explained it to him. John declined to contribute to the review.

1.24 **Friends**

The DHR panel was unable to identify friends with which it could seek engagement.

2 Contributors to the review

Agency	Contribution
Merseyside Police	Report with historic information
NHS Cheshire and Merseyside Integrated Care Board – GPs	IMR
Mersey Care NHS Foundation Trust	IMR
St Helens City Council Adult Social Care	IMR
Mersey and West Lancashire Teaching Hospital NHS Trust	IMR
Liverpool University Hospital NHS Foundation Trust	IMR
Safe2Speak	IMR
North West Ambulance Service	IMR
Torus Housing [Carol and John's landlord]	IMR
St Helens Adult Social Care	IMR
St Helens Children's Social Care	Report with historic information

2.1 As well as the IMRs, each agency provided a chronology of interaction with Carol and John, including what decisions were made and what actions were taken. The IMRs considered the Terms of Reference (TOR) and whether internal procedures had been followed and whether, on reflection, they had been adequate. The IMR authors were asked to arrive at a conclusion about what had happened from their own agency's perspective, and to make recommendations where appropriate. Each IMR author had no previous knowledge of Carol or John, nor had any involvement in the provision of services to them.

2.2 The IMRs in this case focussed on the issues facing Carol. Further elaboration by IMR authors during panel meetings was invaluable. They were quality assured by

the original author, the respective agency, and by the panel Chair. Where challenges were made, they were responded to promptly and in a spirit of openness and co-operation.

3 Members of the Domestic Homicide Review Panel

3.1	Ged McManus	Chair and Author
	Carol Ellwood-Clarke	Support to Chair and Author
	Alan Nuttall	Detective Chief Inspector, Merseyside Police
	Michael Andrews	St Helens Borough Council, Community Safety Team Manager
	Sarah Platt	Operational Manager, St Helens & Knowsley Probation
	Francesca Smith	St Helens Borough Council, Head of Safeguarding Adults
	Lindsay McAllister	NHS Cheshire and Merseyside, Designated Nurse Safeguarding Adults
	Hanna Roslund	Mersey Care NHS Foundation Trust, Named Professional Safeguarding Adults
	Lisa Forshaw	St Helens & Knowsley Teaching Hospitals NHS Trust, Named Nurse Safeguarding Children
	Donna Birch	St Helens Borough Council, Housing Options & Advice Team Manager
	Martine McLear	Change Grow Live (CGL), Quality Lead – panel expert on alcohol issues
	Jennie Grayson	Safe2Speak, Domestic Abuse Service Team Leader

Bev Jonkers	St Helens Borough Council, Community Safety Team
Brendan Doherty	Legal Adviser to the panel, St Helens Borough Council Legal Services
Jane Lauchlan	Torus Housing
Rachel McKernan	Chief Executive Officer, Mid Mersey Age UK
Dave Roberts	Safeguarding Senior Lead, NHS University Hospitals of Liverpool Group (UHLG)
Susan Hewitt	Safeguarding Practitioner, North West Ambulance Service NHS Trust

3.2 Each panel member was independent, having no previous knowledge of the subjects nor any involvement in the provision of services to them.

4 Chair and author of the overview report

4.1 Sections 36 to 39 of the Home Office Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews December 2016, set out the requirements for review Chairs and Authors.

4.2 Ged McManus was chosen as the DHR Independent Chair and wrote the report. He is an independent practitioner who has chaired and written previous DHRs and Safeguarding Adults Reviews. He was judged to have the skills and experience for the role. He has experience as an Independent Chair of a Safeguarding Adult Board (not in Merseyside or an adjoining authority).

4.3 Carol Ellwood-Clarke supported the Independent Chair. She retired from public service (British policing), during which she gained experience of writing Independent Management Reviews, as well as being a panel member for Domestic Homicide Reviews, Child Serious Case Reviews, and Safeguarding Adults Reviews. In January 2017, she was awarded the Queens Police Medal (QPM) for her policing services to Safeguarding and Family Liaison. In addition, she is an Associate Trainer for SafeLives[2].

[2] https://safelives.org.uk/

4.4 Both practitioners served for over 30 years in different police services (not Merseyside) in England. Neither of them has previously worked for any agency involved in this review.

4.5 Between them, they have undertaken over 60 reviews, including the following: Child Serious Case Reviews; Safeguarding Adults Reviews; multi-agency public protection arrangements (MAPPA) serious case reviews; Domestic Homicide Reviews; and have completed the Home Office online training for undertaking DHRs. They have also completed accredited training for DHR Chairs, provided by AAFDA[3] and have been awarded certificates in chairing a DHR from the Open College Network, London.

5 Terms of Reference

5.1 The purpose of a DHR is to:

Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;

Apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;

Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;

Contribute to a better understanding of the nature of domestic violence and abuse; and

Highlight good practice.

(Multi-Agency Statutory guidance for the conduct of Domestic Homicide Reviews 2016 section 2 paragraph 7)

[3] Advocacy After Fatal Domestic Abuse

5.2 Timeframe under Review

The DHR covers the period from 1 January 2021 until Carol's death in November 2023.

5.3 Case Specific Terms

Subjects of the DHR

Victim: Carol, aged 62 years

Perpetrator: John, aged 68 years

Specific Terms

1. What indicators of domestic abuse were your agency aware of that could have identified Carol or John as a victim of domestic abuse, and what was the response?

2. What knowledge was your agency aware of that indicated John might be a perpetrator of domestic abuse against Carol, and what was the response? Did that knowledge identify any controlling or coercive behaviour by John?

3. How did your agency assess the level of risk faced by Carol and John? In determining the risk, which risk assessment model did you use, and what was your agency's response to the identified risk?

4. How effective was inter-agency information sharing and co-operation in response to the subjects of this review, and was information shared with those agencies who needed it? N.B. Please also consider cross-border information sharing.

5. How did your agency respond to any mental health issues, substance misuse, and/or self-neglect when engaging with Carol and John?

6. What services did your agency provide for Carol and John; were they timely, proportionate, and 'fit for purpose' in relation to the identified levels of risk?

7. When, and in what way, were the subjects' wishes and feelings ascertained and considered? Were the subjects advised of

options/choices to make informed decisions? Were they signposted to other agencies, and how accessible were these services to the subjects?

8. Were single and multi-agency policies and procedures, including the MARAC, followed? Are the procedures embedded in practice, and were any gaps identified?

9. Were there issues in relation to capacity or resources in your agency that affected its ability to provide services to the subjects of this review, or on your agency's ability to work effectively with other agencies? This should consider any impact of amended working arrangements due to COVID-19.

10. What knowledge did family, friends, and employers have of any incidents of domestic abuse, including coercive control, and did they know what to do with that knowledge?

11. Are there any examples of outstanding or innovative practice arising from this review?

12. What learning has emerged for your agency?

13. Does this learning appear in other Domestic Homicide Reviews commissioned by St Helens Community Safety Partnership?

6 Summary chronology

Risk Assessments – Contextual Note

Merseyside Police assess each domestic abuse incident using the Merseyside Risk Identification Toolkit, or (MeRIT), on a Vulnerable Person Referral Form (VPRF). It consists of 40 questions designed to assess the extent to which the relationship has broken down, a brief social assessment, and a violence assessment. The answers inform a score that is graded bronze, silver, or gold accordingly. The results are conveyed to the Multi-Agency Safeguarding Hub (MASH), via the VPRF, and to the custody officer in cases where there has been an arrest. If urgent measures are needed, the matter is escalated to the senior officer on duty. In every case, a secondary risk assessment is undertaken at the police's Vulnerable Persons Referral Unit. Here, assessors correct any obvious errors and gather additional information: providing an opportunity for the grade to be

adjusted, according to professional judgement. The final grade informs the appropriate level of intervention and determines the necessary referrals.

Not all agencies in Merseyside use MeRIT. Some health agencies use the DASH risk assessment. In this case, only MeRIT was used.

6.1 Relevant History Prior to the Timeframe of the Review

6.1.1 From August 1993, Carol and John were joint tenants in the family home rented from Torus Housing and its precursor organisations.

6.1.2 Between 2004 – 2012, there were over 100 incidents involving Carol and John where police were called to verbal arguments. When officers attended, neither would pursue any complaint and neither had any injuries. They were both recorded as suspect and victim during incidents. Carol was often intoxicated by alcohol when spoken to by police officers.

6.1.3 Carol, John, and their two children were known to Children's Social Care from 1999 to 2007. Due to the age of the events, not all records were available to the review. Those records available to the review are summarised as follows.

The concerns in the main were as a result of the police being called regarding domestic abuse involving Carol and John, or Carol acting harmfully towards the children. Often, John raised concerns regarding Carol's drinking and hitting one of the children. On occasion, Carol would ring the police to ask for John to be removed from the property. There were periods of intervention by Children's Social Care where support was offered to the family and issues settled down; therefore, services were withdrawn. Carol's use of alcohol seemed to be a trigger for the ongoing repeat episodes of social care intervention and reports of domestic abuse.

6.1.4 In June 2004, Carol was seen by her GP for alcohol use. It was recorded that she was a heavy drinker. Carol stated that there were marital problems, and she had been assaulted by John the previous week. Carol had further GP appointments for stress-related disorder.

6.1.5 In 2005, Carol received an 18-month community order for an assault on her then teenage daughter.

6.1.6 In 2006 and 2007, Carol was diagnosed by her GP with mixed anxiety and depressive disorder. Carol was not fit for work for extended periods during this time.

6.1.7 Between April and June 2008, John consulted his GP for anxiety and work-related depression. He was not fit for work during this time.

6.1.8 In 2011, John consulted his GP for depression. He was not fit for work for four weeks.

6.1.9 In May 2012, Carol reported to the police that John had tried to strangle her. Carol stated that she was drunk, and John was sober. A VPRF MeRIT risk assessment, showing Carol as the victim, was graded bronze. There was no further action.

6.1.10 In November 2012, John reported to the police that Carol had smashed the house door with a hammer. On police arrival, the front door had damage to its window. Carol was arrested for breach of the peace. A VPRF MeRIT risk assessment, showing John as the victim, was graded bronze. No further action was taken.

6.1.11 In July 2015, Carol phoned the police, stating that John was aggressive, shouting at her, and had pushed her. When officers attended, Carol refuted the allegation of assault. John went to stay elsewhere for the night. A VPRF MeRIT risk assessment, showing Carol as the victim, was graded bronze. No further action was taken.

6.1.12 In April 2017, Carol phoned the police following an argument with John. On officer attendance, this appeared to be an argument about Carol drinking alcohol. John left to stay elsewhere for the night. A VPRF MeRIT risk assessment, showing Carol as the victim, was completed and graded as bronze.

6.1.13 In August 2017, Carol phoned the police and stated that John had held a knife to her throat the previous night. When officers attended, Carol was under the influence of alcohol. Her account was recorded on body worn camera, where she stated that John had grabbed her around the throat and threatened her with a butter knife. John had left the premises with a suitcase. A VPRF MeRIT risk assessment was completed: this showed Carol as the victim and was graded as silver. Carol did not wish to take the matter further, and there was no further action.

6.1.14 In December 2017, the police received a complaint from a neighbour that Carol had threatened them after the neighbour had complained about a disturbance, as Carol and John were screaming at each other.

6.2 Information within the review time frame

6.2.1 On 5 March 2021, John's state pension claim was opened. His state pension was paid from 28 March 2021.

6.2.2 On 7 April 2021, Carol and John made a joint claim for Universal Credit. The bank account declared on the claim was in John's name.

6.2.3 On 7 April 2021, Carol attended an Urgent Treatment Centre [Mersey and West Lancashire Teaching Hospital Trust]. Carol had a wound to the thumb caused by trying to open a tin with a knife two days previously. Carol smelled strongly of intoxicants but denied drinking. She was prescribed antibiotics. No alcohol referral was made because Carol denied drinking.

6.2.4 Between 9 April 2021 and 7 May 2021, Carol was reviewed by a GP nine times due to back pain. Carol was diagnosed with acute sciatica (a pain in your bottom, leg, or foot caused by irritation or compression of the sciatic nerve).

6.2.5 On 20 April 2021, Carol uploaded a fit note to the couple's Universal Credit journal, stating her health conditions as severe pain in lower back and hips. Carol stated that the medical conditions restricted her ability to work or look for work.

6.2.6 On 29 June 2021, Carol had an initial assessment with Musculoskeletal services [Mersey Care NHS Foundation Trust]. She was diagnosed with a disc bulge and nerve compression. She was advised on activity and exercise.

6.2.7 On 7 July 2021, Carol called Musculoskeletal services to ask about painkillers. She was signposted to her GP. Carol stated that she had tried the exercises, but they were too painful. Also, she requested face-to-face appointments. Carol did not attend a face-to-face appointment on 23 August 2021 and was discharged from the service.

6.2.8 On 13 December 2021, Carol had a physiotherapy review for lower back pain. An MRI scan showed disc bulges and age-related changes. It was recorded that Carol lived with her husband and did the housework. She had previously worked as a cleaner but had stopped work due to poor health. Carol stated that she didn't go out of the house, except for appointments, because she was frightened in case she couldn't walk or got dizzy.

6.2.9 On 16 January 2022, the DWP closed John and Carol's joint Universal Credit claim, as they were no longer living together. The claim was transferred to a single claim for Carol only.

6.2.10 On 3 February 2022, Carol had a Work Capability Assessment via telephone. Medical Conditions listed in the report were back problem, vitamin D deficiency, alcohol dependency, and anxiety and depression.

The report states that Carol's alcohol dependency has improved as '*she does not drink everyday anymore and she has not done this for the past month*.'

Regarding anxiety and depression, the report states that it had been worse for the past 12 months and '*especially over the last month due to stress, relationship breakdown and financial issues*.'

The report further states that she has no self-harm intent, however '*She will think of ending her life as nothing is worth living for, everything is going wrong and she can't cope. No specific thoughts, plans, intent and never attempted. Protective factors in her family. GP aware.*'

6.2.11 On 3 February 2022, Carol made a claim for Personal Independence Payment (PIP). Health conditions declared on the questionnaire were lower back and hip problems and stress/anxiety/panic attacks.

6.2.12 On 4 February 2022, John rang Torus Housing [landlord of family home] to inform them that he had split up from Carol and had left the property. He was concerned that Carol would struggle to pay the rent on her own.

6.2.13 On 7 February 2022, Carol attended a physiotherapy review.

'Lower back pain review also discussed/recorded.
Did contact GP about stress, was supposed to be prescribed citalopram (antidepressant) – noted on urgent care letter, however, patient did not receive prescription, but also doesn't want to take them as feels they may make her worse, would prefer to have somebody to talk to about it instead. has not had any talking therapy.

'Patient feels very stressed, reports not getting on with husband due to financial difficulties. This is making stress worse, finding it hard to switch off, not sleeping, waking up early morning and worrying about things. Asked patient regarding

suicidal thought, reports she has had some thoughts of not wanting to carry on and not wanting to be here but has not wanted to act on them. Not suicidal at present.

'Discussed with patient how stress and mental health issues will adversely affect pain levels, patient agreed that she needs to improve mentally before she can focus on physical health. Advised on how she can get help from think wellbeing for this and given patient the phone number to self-refer – she does not access the computer.

'Discussed with patient how social prescribing might be able to help signpost to services for financial problems – given phone number for patient to contact St Helens wellbeing service for this.

'Also advised need to speak to GP re stress and mental health, has appointment already booked with GP tomorrow – will send note to him regarding this, patient happy.

'No further appointment made but patient can return to me if requires further input once Mental health issues addressed, patient happy with plan'.

6.2.14 On 8 February 2022, Carol had a telephone consultation with a GP.

'Mixed anxiety and depressive disorder (Review)

'To discuss mental health and sick note request.
Patient stressed out with financial difficulties – difficulty with paying bills/rent.
Has been assessed by Department of Work and Pensions for Universal Credit – awaiting outcome of panel.
Worrying about outcome of Universal Credit panel and longstanding low back pains and general physical health.
Anxiety and worries affecting sleep, staying awake most nights, feeling tired in the morning.
Mood is low most days.
Previously had intrusive thoughts of not wanting to be here anymore.
Denies suicidal ideation or self-harm thoughts presently, insists she won't do anything to herself.
Family main protective factor.
Lives with husband, daughter and grandchildren check on her regularly.

Previously prescribed citalopram for low mood – states had bad side effects – felt worse, adamantly refuses to try alternative antidepressants, feels she doesn't need this.

'Given contact numbers for Think wellbeing and social prescriber yesterday at Teleconsultation – plans to call later today.
Requesting sick note for Universal credit.

'Good rapport, engages well, no abnormal perception, normal speech tone rate volume, good insight.

'Agreed sick note extension – previous note ends 24th Feb 2022 – fit note can be extended when old one runs out.
Discussed medications – patient adamantly declined antidepressants.
She is keen to engage with talking therapies/counselling and Cognitive Behavioural Therapy for anxiety and low mood.
Crisis team number given to patient today to contact if worsening intrusive thoughts or self-harm or suicidal ideation – follow up in 3 weeks'.

6.2.15 On 15 February 2022, Carol received her first Universal Credit payment.

6.2.16 On 15 February 2022, John rang Torus Housing to discuss removing himself from the tenancy of the family home.

6.2.17 On 1 March 2022, Carol had a telephone appointment with a GP. She complained of pain in her hips and back and was referred to the pain clinic.

6.2.18 On 22 March 2022, Carol contacted Torus Housing to ask for John to be removed from the tenancy, as they were not living together anymore. Carol did not return the paperwork, and the request was not progressed.

6.2.19 On 22 April 2022, Carol contacted Torus Housing to ask for John to be removed from the tenancy, as they were not living together anymore. The completed application form was received back on 27 May 2022, and a property inspection took place on 28 June 2022. Carol signed a tenancy agreement for the property in her sole name on 11 July 2022.

6.2.20 On 12 May 2022, Carol contacted the DWP because they were paying only half of the amount needed for rent for her home. On investigation, this was because John was shown as a joint tenant. This was resolved on 15 July, after which the full payment was made.

6.2.21 On 31 May 2022, following her medical assessment via telephone on 13 May 2022, PIP received Carol's health assessment report.

Regarding back and hip pain, the report states that Carol has not had a formal diagnosis and that her symptoms cause shooting pains and burning pain in both her legs.

Regarding stress, anxiety, and panic attacks, the report states that: '*She has been offered medications, but she will not take tablets due to family reasons. Her dad was on a lot of medication when she was younger and due to this she does not like medication. Refused medications*.'

The report further disclosed that Carol was alcohol dependant, although this had not been formally diagnosed. Carol reported that she had been drinking a large amount of alcohol every day for a '*very long time'* and that '*she would drink 2 bottles of wine a day if she could afford it.*' She had previously attended Alcoholics Anonymous but was not attending at the time of the assessment.

The report also stated: '*She reports that sometimes she will feel as if life is not worth living, she will speak to the Samaritans on these days, this is not every day - 2-3 times a month. She is not having suicidal thoughts but reports low mood and giving up. No thoughts of self harm and overdose. GP is aware.*'

Carol stated that she lived alone in social housing.

6.2.22 On 16 June 2022, Carol was informed (via letter) that she was entitled to Personal Independence Payment at the standard daily living rate and standard mobility rate – from 3 February 2022 to 12 November 2024. The money was paid into a bank account in Carol's name.

6.2.23 On 12 August 2022, Carol left a message on her Universal Credit journal regarding an extra bedroom request: '*xxxx or xxxx stays three to four nights per week to ensure that I am safe, as I am forgetful in making sure my home is safe and secure. In the morning they help with making sure I have breakfast, and my exercises to ensure I do not have a fall*.' The claim for extra housing costs for an extra bedroom was granted.

There is no evidence that the people named in the journal entry stayed at the property.

6.2.24 On 18 August 2022, Carol was assessed at a face-to-face appointment at the Musculoskeletal service. Following assessment in clinic, a shared decision was made, and it was decided that Carol was going to take a self-management approach. Her diagnosis was discussed in detail, including the fact that chronic low back pain is by nature multifactorial with no specific structure to blame. Carol was reassured that her scan showed nothing sinister or concerning. Carol declined referrals to other services and did not want to take painkillers. During the appointment, Carol disclosed that in an average week, she drank two full bottles of brandy and four bottles of wine.

6.2.25 On 12 October 2022, John was seen by a district nurse regarding an ulcer of his lower leg. He attended with Carol. John was referred to a GP. John was prescribed pain relief and referred to a dermatologist.

6.2.26 On 16 October 2022, Carol rang the ambulance service because the odour from John's leg ulcer was making her unwell. The attending crew spoke to and assessed John. John stated that he was aware that the odour was bothering Carol. Carol denied any mental health issues or suicidal thoughts. The attending crew contacted the GP out of hours service. The crew advised Carol to also speak to her own GP around how she was feeling.

6.2.27 On 16 October 2022, Carol had a telephone consultation with the out of hours GP service regarding her anxiety. Carol declined medication. She accepted a referral to the Think Wellbeing Service.

6.2.28 On 26 October 2022, Carol rang the ambulance service in relation to John's leg ulcers. It was reported that John had failed to attend an appointment the previous day and had dressed his own legs. Carol was advised to contact the treatment centre and reschedule the appointment. Carol advised that she was willing to do this, and the ambulance response was cancelled. A referral was made to the GP in respect of this contact. Worsening advice and analgesia were discussed. An ambulance attended, and John was left at home with the understanding that he would be seen by his GP the following day.

6.2.29 On 17 November 2022, Carol rang the ambulance service because there was a smell in the house making her nauseous. Carol was alone in the house. Carol was left at home.

6.2.30 On 21 November 2022, Universal Credit system notes record that, during a phone call with Carol, she disclosed that:

`her husband is coming to the house and forces his way in. She said the house still smells from when he left and she has told him she does not want him there.'

The Universal Credit agent advised Carol to call the police if she felt threatened. Carol then informed that:

'*there has been domestic violence in the past and the police have been involved therefore she does not want to call them. She hung up the phone when I was talking.'*

The Universal Credit agent called Carol again, but there was no answer. The agent left a message on Carol's Universal Credit journal, providing her with the National Domestic Abuse Helpline number.

6.2.31 On 7 December 2022, Carol called an ambulance for John regarding his leg ulcer. Carol advised that she could not cope with the ulcer, and it needed looking at. John advised that Carol had been anxious with the district nurses, and his ulcer was being looked after. John was seeing the district nurses the following day and was happy to be left at the house with self-care advice.

6.2.32 On 9 December 2022, Carol completed an Initial Assessment with St Helens Talking Therapies. The following is a copy of Carol's initial assessment:

'Presenting problem:
Carol has had a series of significant losses in 2022:
January – Sister died suddenly from diabetes
March – Best friend died of cancer
May – Mum died.

'Carol has also been extremely stressed recently with her husband's medical condition which sounds like a leg ulcer that isn't healing despite regular dressings from District Nurses. Carol complained that the foul smell from the wound is affecting her particularly at night i.e., whereby she struggles to sleep.
Carol reported that she gets quite agitated with her husband because he didn't seek medical intervention sooner and therefore the wound is proving difficult to heal now.

'Carol has stopped doing activities like reading which she used to do a lot. She stated that she used to talk to her neighbours a lot prior to the pandemic but people on the street don't seem to come out and chat as much anymore.

'What does the client want help with?
Carol stated that she is really stressed, anxious and low in mood and would like help in managing these symptoms.

'Goals for therapy:
Reduce stress levels
Learn strategies to boost her mood and reduce anxiety levels.

'Risk / safeguarding:
• Confidentiality statement agreed.
• Self – Carol was quite adamant she has no thoughts, plans or intent to kill herself. It appears to be something she doesn't agree with. She did however mention that she has at points in the last year thought 'What is it all about, why am I here' but it has never got to a point where she contemplates ending her life.

• History – None
• Protective factors – Carol's main protective factor appears to be a belief that it isn't the right thing to do. She made references to praying to God at times during the assessment so appears to have strong religious beliefs about how wrong suicide is.
She also has a son and daughter that she cares about.

• Risk Management Plan – Willing to accept safety plan letter with relevant contact numbers.
• Forensic History – None.

'Current alcohol and substance use:
Drinks 3 miniature bottles of brandy per week.
No illicit drug use.

'Personalised care: e.g., Mobility / interpreter / access requirements.
Has arthritic hip so would prefer not to have to travel for appointments.

'Other treatment: No previous psychological therapy.

'Medication: None.

'Agreed plan: I have discussed the case with one of our services' counsellors and it was felt that Carol would be better served undergoing step 2 low intensity CBT at present in line with the service model'.

6.2.33 On 3 January 2023, Carol called an ambulance for John regarding his leg ulcer. On arrival, the crew were met by Carol, who was verbally abusive and screaming at them to take John. John is documented to have had capacity. John had an infection of his ulcer and had recently undergone a biopsy and stitches. The crew applied a temporary dressing. He had taken paracetamol but reported that he had run out of his prescribed oramorph[4]. An Early Help concern was raised by the attending crew with consent for John, and the concerns were documented on the patient report form handed over at the emergency department.

6.2.34 On 3 January 2023, Adult Social Care received a referral for John from NWAS. It was assessed that no action was required at that time, and John's case was to be tracked to monitor any future attendances at the emergency department.

6.2.35 On 4 January 2023, Adult Social Care attempted to call John. There was no answer, and no facility to leave a message. A letter was sent to John the following day advising where to contact for an assessment if it was required.

6.2.36 On 10 January 2023, Carol had an appointment with St Helens Talking Therapies.

The following has been taken directly from Carol's record:

'Session 1 – assessment

'Attended on time. Confidentiality and exclusions discussed. PWP role explained. DNA policy explained, including late cancellations. Value of regular attendance and completion of intersession work discussed.

'Risk: PHQ9 Q9 score: 0**.
Carol was adamant that she had not experienced any current thoughts of suicide or self-harm, as such has no intent to act and has not made any plans or preparations.
History: denied any history of attempted suicide.
Carol denied any recent thoughts or plans to self-harm.
Protective factors: not wanting to end her life.
Safety plan: Good support network identified. Advice given on how to contact The Samaritans, the crisis team and attending A&E if risk levels increased.
No risk to or from others was disclosed. No safeguarding concerns were discussed.

[4] Oramorph is a liquid form of morphine: a drug which is often used as a pain killer.

'Medication: reports doesn't take any tablets. Carol stated that she does not take any tablets and reported being proud of this.

'CONTEXT: Carol reports being stressed and worried. Husband has a condition with his leg which she states has been 'going on for months'. Carol seemed very agitated with her husband for not seeking medical attention for this sooner. Carol states she has had to deal with the smell from her husband's leg ongoing and this has been causing her stress.

'Carol states she has a son and a daughter. Carol states Daughter lives in [redacted] and son has his own family so she does not see them often but they do speak on the phone.
'Carol states she has Limited mobility due to hip pain, but is able to mobilise around her home and do housework. I asked Carol on several occasions about whether she goes out of the house but she kept referring that she is expecting a delivery of blinds at the moment.

'During the call it was quite difficult to understand Carol and she was often repeating about the smell and dealing with the stress from this and seemed to struggle to answer some of the questions I asked. It was therefore quite difficult to obtain information for a formulation.

'CURRENT: smells in the house due to husband's leg seems to be Carols main issue currently. [Carol] reported that before this became an issue she was coping well and was able to do more things for herself.
Currently [Carol] reports that she doesn't get time for herself to do things that she enjoys. Used to enjoy reading and was able to relax but now spends most of her time cleaning and doing housework.
Has told her husband to leave. Reports staying in for months.

'Autonomic symptoms: struggling to sleep at night due to worrying, biting teeth at nighttime has a mouth guard for this.

'Behaviours: shouting and screaming, keeps a clean and tidy house, gets up very early due to worrying.

'Cognitions: worrying.
'TREATMENT GOALS: "I don't want all this smell; I just want a nice house like we had before"'.

6.2.37 On 17 January 2023, Carol had an appointment with St Helens Talking Therapies.

The following is taken directly from Carol's record:

'Called Carol for telephone session, Carol answered and stated she knew I was calling and immediately asked me to "get her some home help". Carol reported still feeling stressed regarding her home situation. Carol did not want to continue with the session and kept requesting me to get her some home help. Agreed to make a referral to contact cares, consent gained. Referral sent immediately following the call'.

A referral for a Care Act 2014 Assessment was made to Adult Social Care and received the same day.

6.2.38 On 24 January 2023, Carol had an appointment with St Helens Talking Therapies. She did not answer her telephone. Carol was discharged from the service on 31 January 2023 when she did not make contact after being sent a letter asking her to re-engage with the service. This is in line with standard policy.

6.2.39 On 26 January 2023, Adult Social Care spoke to Carol on the telephone. Carol was asked what help was needed, and she stated: 'anything and everything'. Carol said that her husband's legs smelled really bad and had been going on for a year. Carol stated that she could not sleep with the smell and wanted John to go into a care home. The line went dead during the call and attempts to call back had no answer. On 29 January 2023, following further unsuccessful calls, Adult Social Care closed the referral.

6.2.40 On 31 January 2023, Carol rang the NWAS 111 service because she was struggling looking after John. She reported that she could not stand the smell, and he did not shower or attend to his own personal hygiene needs. Carol was documented to be screaming down the telephone, and John was spoken too. John said that he had his bandages changed the day before and had walked there and back. Carol was slurring and admitted that she had drank a large glass of brandy.

111 spoke to the GP surgery and were put through to the on-call GP. It was agreed that the GP would undertake a home visit. Carol was offered a safeguarding concern: this was refused because she said she did not want social services coming to her door.

An Early Help concern was raised for John with consent. The Early Help document records that Carol was advised that she could take her husband to

hospital, as she said that he was feeling suicidal; however, she stated that they couldn't go anywhere.

6.2.41 Adult Social Care was also informed of the Urgent Care Referral on 1 February 2023, and, as a result, a telephone call was made to Carol that day. Carol stated that John had his wounds dressed twice weekly, there was a terrible odour, and health had advised an urgent assessment of needs. Carol was advised to take John to A&E, as she said that he felt suicidal. Carol stated that they couldn't go anywhere.

John didn't want to go into a care home, but Carol felt that it was best for both of them.

As a result of the telephone call, a visit to John and Carol (at home) took place the same day by the Adult Social Care Crisis Response team. Both Carol and John were present. It was found that John was struggling with personal care, and a reablement package of daily care visits was therefore arranged. Carers visited John every day from 2 – 8 February.

6.2.42 On 5 February 2023, Adult Social Care Spoke to Carol. She advised that reablement had been brilliant, and John was doing really well. Carol was told that only the first week was free, with ongoing support being chargeable. Carol said they didn't wish to pay for care and agreed the last call would be 8 February 2023.

6.2.43 On 10 February 2023, an ambulance attended to John for a swollen foot.

John was transported to Whiston Hospital [Mersey and West Lancashire Teaching Hospital Trust]. The attending crew documented that there was some social services' input the previous week, and carers had attended until five days ago. John reported that Carol had pushed him down two stairs.

The handover documentation to hospital recorded details of the above.
John said that he had not been seen by his GP or nurse for two weeks and had been dressing his leg himself.

6.2.44 On 13 February 2023, John's case was reviewed by the Adult Social Care Safeguarding Later Life manager, and a decision was made that the case was to be allocated for Section 42 Care Act Enquiries [safeguarding].

6.2.45 On 14 February 2023, Mersey and West Lancashire Teaching Hospital Trust

Safeguarding Team attended to see John on the ward after a disclosure was made in A&E regarding domestic abuse from his wife.

John disclosed that Carol was alcohol dependent and drank brandy all day. John disclosed that Carol emotionally abused him by telling him he was a 'load of shit' and 'not worth fuck all'.

John stated that since his leg ulcers had deteriorated, he had 'not been thinking properly', which led to him not tidying up as much as he usually would. John described Carol as being 'house proud', and she had therefore been shouting at John for not cleaning up. John reported that Carol had not visited him in hospital because she was 'annoyed' that the bedroom was messy.

John also described that, on 9 February 2023, he was talking in his sleep and was woken up by Carol at 4 am. She was 'shouting, screaming and punching' him because he had woken her up. John stated that he then stood up to go and sleep on the couch and fell over. He reported that he felt Carol may have pushed him, but he couldn't be certain.

No injuries specific to this incident were noted.

A MeRIT risk assessment was completed, which was graded as silver.

A referral was made to Safe2Speak – John stated that he felt safe to return home when he was medically fit for discharge.

John was an inpatient from 10 February 2023 until 15 February 2023, when John was transferred to Aintree Hospital vascular team for ongoing medical management.
Safeguarding information was handed over to Aintree Hospital [Liverpool University Hospitals NHS Foundation Trust], on discharge from Whiston Hospital.

6.2.46 On 17 February 2023, Adult Social Care contacted Aintree Hospital. Notes of the conversation record that John was an open safeguarding case with St Helens Adult Social Care. Adult Social Care requested John remain in hospital until seen by a social worker, as they were concerned that discharging him before a social worker review may place him at risk.

6.2.47 On 21 February 2023, John had surgery on his leg at Aintree Hospital.

6.2.48 On 21 February 2023, Safe2Speak processed the referral from Mersey and West Lancashire Teaching Hospital Trust. A Risk Identification Officer attempted to contact John by telephone. The call was unsuccessful.

6.2.49 On 23 February 2023, the assigned social worker attempted to visit John in hospital. John was not able to be seen due to receiving medical treatment. An arrangement was made to visit John on 28 February. Hospital staff were asked not to discharge John home under any circumstances until a review had taken place, as he was at potential risk of harm at home.

6.2.50 On 23 February 2023, whilst at Aintree Hospital, John discussed safeguarding concerns with a member of staff. John stated that Carol was an alcoholic and had abused him in the past. They had a long history of abuse in the relationship and were both abusive to one another in the past. Pre-admission, Carol had physically and mentally abused him. Carol had not contacted John since he had been an inpatient. John was asked if he felt safe at home, and he was unsure where he wanted to be discharged to.

6.2.51 On 27 February 2023, John discussed his situation with a physiotherapist at Aintree Hospital. John discussed his fear of going home, feeling vulnerable when not able to care for himself independently, stating that Carol was a physically abusive alcoholic, and that he feared he may hurt her if provoked to retaliate.

6.2.52 On 28 February 2023, John was seen at Aintree Hospital by a social worker from the Later Life team. John discussed domestic abuse going back 40 years. Both him and his wife were victims, and the police had been to the property many times. John demonstrated mental capacity and said that the abuse was the result of alcohol misuse.

John advised that he no longer drank, but he had lost his job due to home commitments and the children. John blamed Carol's alcohol misuse. John said that he didn't want to return home and didn't want Carol to know where he went. John stated that he and Carol were in debt, as he paid all the bills. He asked for support with housing and rehabilitation.

6.2.53 On 6 March 2023, Adult Social Care received a telephone call from a woman who stated that she was John's ex-partner. The ex-partner stated that John did not want to return home. Adult Social Care called back but were unable to leave a message. The ex-partner called again on 9 March and confirmed that John did not want to go home.

6.2.54 On 15 March 2023, Adult Social Care called Aintree Hospital to speak to John. John was not on the ward because he had been taken by a relative to view a shared property. John arrived back during the call and declined a social care assessment or further support. The identity of the relative was not recorded.

6.2.55 On 15 March 2023, Safe2Speak contacted John by telephone. He stated that he was open to support from Safe2Speak and was provided with information by text. His case was allocated to a domestic abuse outreach practitioner.

6.2.56 On 16 March 2023, John contacted the Safe2Speak helpline, stating that he was resuming the relationship with Carol, moving back into the family home, and wanted the case closing. The helpline staff confirmed his wishes. They then informed the allocated outreach officer, after which the case was closed.

6.2.57 On 17 March 2023, John contacted the Safe2Speak helpline, stating that he had no recollection of the call on 16 March and did not know who could have made the call because he was still in hospital. He was hoping to reconcile his relationship with Carol, but she would not allow him to return home until he was medically fit.

6.2.58 On 22 March 2023, John told ward staff at Aintree Hospital that when he was discharged, he would like to go back to his home address with Carol. John was asked whether or not the domestic abuse would continue when he went home. He was confident it wouldn't, and he was happy. The Trust safeguarding team were notified of John's wishes.

6.2.59 On 24 March 2023, during a physiotherapy appointment at Aintree Hospital, John said that Carol did not want him to return home until his leg was 'all healed' and had no dressings/scars. John said that he was still going to try and find somewhere else to go on discharge.

6.2.60 On 4 April 2023, Aintree Hospital recorded that John went to view shared living accommodation. It was noted that he was happy with his choice; however, it may not be ready until the end of April.

6.2.60 On 12 April 2023, John informed staff at Aintree Hospital that he wanted to go home to live with Carol. Staff spoke to the safeguarding team for advice, and a ward sister spoke to John. John was clear that he wished to go home and thanked staff for their concern.

On the same day, Adult Social Care spoke to John on the telephone. John confirmed his wish to go home, and that Carol was supportive.

6.2.61 On 15 April 2023, a nurse at Aintree Hospital completed a mental capacity assessment with John. John was deemed to have capacity to make the decision to go home to live with Carol.

6.2.62 On 16 April 2023, John was discharged from Aintree Hospital to the home address with Carol.

6.2.63 On 28 April 2023, Adult Social Care [Later Life Safeguarding Enquiry Practitioner] spoke with John. When asked why he had decided to go home, John stated that he and Carol 'are fine now'. John declined support with housing and did not want the safeguarding process to progress any further. An arrangement was made to meet John the following Tuesday, away from the family home.

John was aware of MeRIT/MARAC, Emergency Duty Team numbers were given, and he was advised to call the police if there were any problems. John declined the numbers for domestic abuse services.

6.2.64 On 2 May 2023, John did not attend an agreed meeting with Adult Social Care (away from the family home). John did not answer telephone calls.

6.2.65 On 30 May 2023, Adult Social Care telephoned John's ex-partner. She stated that John was living with his daughter.

6.2.66 On 4 July 2023, a GP called John: this was following a letter from the Adult Social Care Later Life team (dated 4 May 2023). John denied feeling low in mood and said: 'Everything's okay and I feel fine'.

6.2.67 On 26 July 2023, following a management discussion, Adult Social Care closed the safeguarding referral for John, as he was understood to be living with his daughter.

6.2.68 On a date in November 2023, John strangled Carol to death in their home.

7 Key issues arising from the review

- Opportunities to achieve a comprehensive understanding of Carol and John's situation were not maximised.
- Professionals did not establish who was the primary perpetrator in the relationship.

- The review highlighted the complications of domestic abuse in older people including carer stress and physical and mental health of both parties.
- The full range of domestic abuse services and accommodation options available were not utilised.

Conclusions

8.1 The panel was clear that Carol was a victim of domestic abuse when John strangled her to death in November 2023. There had been historic domestic abuse, with both John and Carol being recorded as victims of each other. However, prior to the review period, there had been a significant gap in agency contact with the couple. There were no reports to the police of domestic abuse after August 2017, when Carol told the police that John had left the house with a suitcase. Contact with Adult Social Care in 2023, by a person who stated that they were John's ex-partner, led the panel to believe that John may have lived away from the family home for some time. In April 2021, the couple submitted a joint claim for Universal Credit and stated that they were living together at that time.

8.2 In January 2022, Carol informed Universal Credit that John was no longer living with her. Both went on to confirm this to their housing provider. In October 2022, there is evidence from medical records that the couple were living together in the family home again.

8.3 From this point, Carol complained that she was struggling to deal with John's care needs and the smell from his leg ulcer. This led to brief interventions from Adult Social Care, for example, reablement visits from carers. However, two days after the last care visit, John was admitted to hospital and disclosed domestic abuse by Carol.

8.4 John's disclosure led to the involvement of Safe2Speak and Adult Social Care. Safe2Speak's interaction with John was brief, and they did not provide ongoing support. Adult Social Care provided John with limited support whilst in hospital and attempted to communicate with him when he left hospital, with little success.

8.5 No agency attempted to speak to Carol about the couple's situation because she was perceived as a domestic abuse perpetrator due to John's disclosure. There was no contact with the police to elicit historic information. This was relevant because John also disclosed that he had previously been a perpetrator of domestic abuse. The panel acknowledged uncertainty about what information the police could have provided to partner agencies, given the historic nature of that information.

8.6 The gathering of further information and contact with Carol may have given a greater understanding of the couple's relationship and enabled the offer of appropriate services to both Carol and John. The panel noted that there was very little interaction with any agency, by either Carol or John, after John left hospital in April 2023. Although John stated to professionals that he was happy to go home to Carol, there is no evidence that Carol was asked for her views. The fact that neither John nor his family have engaged in the review means that the panel was unsighted on what was happening during that time.

8.7 The panel would like to reiterate its condolences to Carol's family.

9 Learning

This multi-agency learning arises following debate within the DHR panel.

9.1 Narrative

After John's disclosure of domestic abuse, services were aimed at John. Carol was not spoken to, and historic information was not gathered. A comprehensive understanding of the couple's situation was not achieved.

Learning

When dealing with domestic abuse in people with care and support needs, and who are in long-term relationships, the strict compartmentalisation of victim and perpetrator may be unhelpful. Understanding the background and dynamics of a long enduring relationship is more likely to lead to the offer of appropriate services and enhance the chances of a more successful outcome.

9.2 Narrative

Professionals did not establish whether Carol or John was the primary perpetrator in the relationship.

Learning

Establishing who is the primary perpetrator in a relationship enables professionals to have informed discussions and provide appropriate services to those involved.

9.3 Narrative

Domestic abuse in older people may be complicated by a range of issues, including carer stress and physical and mental health of both parties.

Learning

Domestic abuse in older people may present additional complexities for professionals, which are not always understood

9.4 **Narrative**

The full range of domestic abuse services and accommodation options available were not utilised in this case.

Learning

Providing professionals with information in relation to the full range of services and accommodation options open to victims and perpetrators of domestic abuse is likely to lead to enhanced take up of services.

Recommendations

10.1 The Safer St Helens Community Safety Partnership / Domestic Abuse Partnership Board and Safeguarding Adults Board should collaborate to produce a pathway for dealing comprehensively with safeguarding referrals that feature domestic abuse in people with care and support needs in long-term relationships. This should include, as a minimum, communication with both parties and an assessment of their needs.

10.2 The Safer St Helens Community Safety Partnership should adopt the SafeLives toolkit for professionals – to aid in their assessment in identifying the primary victim and perpetrator.

10.3 The Safer St Helens Community Safety Partnership should produce a briefing for staff regarding domestic abuse in people with care and support needs, especially those in long-term relationships. [Age UK may be able to assist with this].

10.4 The new St Helens Domestic Abuse Strategy should consider how information on the full range of domestic abuse services, for victims and perpetrators, can be provided to professionals, and it should set out a timeline for doing so.

10.2 **Single Agency Recommendations**

10.2.1 **Adult Social Care**

Reinforce that consent should not be a barrier to safeguarding and progressing MERIT risk assessments.

Safeguarding team to request the police's historical information if there is a domestic abuse element to the concern.

St Helens Safeguarding Information Sharing Agreement with appropriate teams (already on the SAB website).

Professional curiosity training has been facilitated previously. During National Safeguarding Adults Week, there is a session on this subject – 18th Nov.

Consultation should be undertaken directly with the service user before reablement visits are discontinued.

ASC staff should consider whether a carer's assessment would be helpful during their interaction with older people.

10.2.2 Aintree Hospital – NHS University Hospitals of Liverpool Group (UHLG)

The Trust should ensure that where domestic abuse concerns have been raised during a patient's stay in hospital, a domestic abuse risk assessment [MeRIT/DASH] is completed before the patient discharge – to inform any further actions or referrals necessary.

The outcome of this DHR and its learning are to be shared through the organisation's governance process and Safeguarding Vulnerable People Group.

A review of current training provision.

10.2.3 Primary Care – GP

Ensure any disclosures by a patient that they are experiencing anxiety or issues with their mood, and/or that they disclose they are having difficulties in their relationship with their spouse/partner, are explored. Practice staff to ensure professional curiosity and seek clarity on the causes and if domestic abuse is a possible factor.

Ensure any requests for another service to visit (UCR) are provided, and that patient records are updated in detail of what is being requested and of any feedback given following the visit.

Ensure any concerns raised by another service regarding alcohol use are explored, that the findings are documented, and that referrals to alcohol support services are offered, if needed.

10.2.4 Mersey Care NHS Foundation Trust

Further work to be made on implementing Routine Enquiry around Domestic Abuse.

Ensure information is provided to service users on how to access substance misuse services, if this is an identified need/concern.

10.2.5 NWAS

NWAS safeguarding practitioner for Cheshire and Mersey will ensure that there is a general discussion point at the local Cheshire & Mersey Learning Forum around the impact of long-term health conditions on the whole family and the need to unpick any patient comments around pushing or shoving by family members. The discussion will also link to carers' strain. The forum is attended by Advanced Paramedics and has representation from the NWAS Clinical Hub, which provides support to crews who are dealing with live incidents.

10.2.6 Safe2Speak

Contact framework to be embedded within the service to provide structure and consistency to the initial contact. Further contact and wider agency enquiries practitioners should completed upon being allocated a new case.

Development of the Mainstay Case Management System to further support the KPI monitoring and case audit functions.

Enhance the reporting infrastructure and improve data collation and activity reporting.

Safe2Speak practitioners to notify referrers, and any known involved partner agencies, upon case closure.

All incoming referrals to have the address cross referred on the internal Torus QL case management system to identify if the address is a Torus property.

Review of referral forms to ensure that the referrer has the opportunity to capture Adult Social Care and other agency involvement.

Safe2Speak should consider how it can assist clients to engage with Housing Options.

10.2.7 **Mersey and West Lancashire Teaching Hospital NHS Trust**

Review of referral forms to ensure that engagement with Adult Social Care, and other agencies, is captured if information is available.