safe & sound

Dudley's Community Safety Partnership

Executive Summary of the Domestic Homicide Review

In respect of the death of Baksho[1] In January 2020

Report produced for Dudley Safe and Sound[2] by
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Independent Chair and Author
January 2023

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[1] Pseudonym

[2] Dudley Safe and Sound is the name for Dudley Community Safety Partnership

Contents

1. The homicide

1.1.1 This domestic homicide review concerns the homicide of Baksho (pseudonym), an 82-year-old woman, who was killed by her husband, Kesar (pseudonym) in January 2020. Although the death was not initially considered to be suspicious, a post-mortem revealed that Baksho had died from a sustained and violent attack and her husband was arrested on suspicion of murdering her.

1.1.2 Following the homicide, Kesar experienced a rapid deterioration in his health, was diagnosed with dementia and needed 24-hour care. He was found to be mentally unfit to stand trial and was convicted of her manslaughter in his absence. He was sentenced to a Supervision Order for two years and for him to reside at home, or at a place directed by the supervising social worker, where his 24-hour care would continue.

2. Summary of Chronology

2.1. Both Baksho and Kesar were Panjabi and of Sikh faith and had been married for 63 years. They had 4 grown-up children and 14 grandchildren and lived in a prosperous home which they shared with one of their children and his family. Baksho's family were prominent health providers in the region.

2.2. Neither Baksho nor her husband had contact with agencies beyond health and, for a short period, social services. Baksho had hypertension and glaucoma. Kesar also had hypertension and was receiving treatment for cancer. However, practitioners reported that they did not notice any significant change in his behaviour over the duration of his treatments.

2.3. In early 2018, Baksho underwent surgery for a fractured hip. The doctor considered that the fall was likely to have been accidental and that previous surgery to replace both knees may have contributed.

2.4. Whilst it was recorded that a Punjabi interpreter would be needed, one was not arranged throughout the month that Baksho was in hospital and family members were relied upon to interpret for them when they were present. Prior to discharge, Baksho appeared confused. The doctor considered that the confusion was due to a common reaction to medication, although the language barrier hindered diagnosis.

2.5. Baksho was discharged home with a package of care involving four calls per day from carers within the local authority's Urgent Care Team. Baksho went to stay with another of her grown up children out of the area for a short period and thereafter her care was transferred to a private care provider.

2.6. Thereafter, Baksho did not attend three hospital appointments which had been scheduled to review her progress post-surgery and, other than ophthalmology assessments for glaucoma, Baksho had no other contact with agencies before she was killed in January 2020.

3. Key Findings

3.1. Communication

3.1.1 Baksho spoke Punjabi and had little command of English. She was usually accompanied by family members who were used by practitioners across health and social care to interpret for them, including during a month-long stay in hospital.

3.1.2 Whilst it is understandable that practitioners sought to involve family members in Baksho's care, the absence of an interpreter, and the lack of recording of whether she was seen alone or accompanied had implications for Baksho. There were implications for her personalised care and treatment and missed opportunities to make safeguarding enquiries concerning indicators of domestic abuse or explore further the confusion that she appeared to be experiencing.

Learning point: the use of interpreters & the need to see people on their own for at least part of the assessment

Interpreters should always be used for assessments, discharge and care planning where a patient's first language is not English. This is because a number of problems can arise from the use of family or community members, friends, and children rather than professional interpreters.

- They may not understand or interpret everything that is being said.
- They may insert their own opinions or impose their own judgment as they interpret.
- They may inadvertently or deliberately obscure the voice, wishes and feelings of the individual and prevent person-centred and person-led care and treatment.

From a domestic abuse and safeguarding perspective,

- The individual may not be able to disclose abuse, particularly if it is perpetrated by an interpreter or family member
- The family member may share, or be capable of sharing, information that has been heard, with the wider family or community.
- Individuals should always been seen on their own, wherever possible, for at least a part of the assessment

3.2. Recording who is accompanying an individual

3.2.1 Although Adult Social Care recorded that they were unable to speak with Baksho on her own, there were few records across health and social care agencies detailing which members of the family were present.

Learning Point: Accompanying Adults
Practitioners should record who accompanies an adult in order to demonstrate familial support networks and which persons are involved in a caring role. It could also identify those who may pose a risk to an individual and signal the need to see someone on their own.

3.3. Selective Enquiry

3.3.1 In the post-operative review, the doctor made enquiries about the cause of her fall and received an explanation which was consistent with Baksho's health and age, and which did not give cause for suspicion about intentional harm. This appeared to be a missed opportunity to directly ask her about domestic abuse, either then, if it could be done safely, or at a later time when she was seen alone and with an interpreter present.

Learning Point: Selective Enquiry in Safe Environments
Healthcare professionals have a unique window of opportunity to respond to victims of domestic abuse.
All front-line health and social care staff should be equipped with the knowledge and skills they need to enquire about domestic abuse safely, sensitively and supportively through an explorative conversation.

3.3.2 The review recognised that in the intervening time, much work had taken place in local health settings to develop a whole health response to domestic abuse, which was seen as good practice, including:

- Hospital domestic abuse policies and training
- co-located Independent Domestic Violence Advisors (IDVAs) in the hospital in a partnership with Black Country Women's Aid
- the roll-out of the Identification and Referral to Improve Safety (IRIS) programme across primary care

3.4. Discharge from Hospital and Domiciliary Care

3.4.1 There was good communication with the family in the discharge planning process, but the process would have benefited from a subsequent review at home and Adult Social Care have since introduced a system to do this within 72 hours of discharge. Thereafter no concerns were noted by the visiting domiciliary carers, although it was not recorded whether the carers were trained in identifying domestic abuse.

Learning Point: Training Domiciliary Carers in Domestic Abuse.
Few practitioners have the opportunity to observe day-to-day life within an individual's home. By virtue of their discreet presence in the home environment, domiciliary carers have a unique role in identifying indicators of domestic abuse where they are present.

3.5. Follow-Up of 'Did Not Attends'

3.5.1 Baksho did not attend any of the three appointments at hospital for follow-up to her surgery and the GP Practice did not receive any of the notifications to this effect sent by the hospital on each occasion. There was therefore no follow-up undertaken.

3.6. Falls Prevention and Domestic Abuse

3.6.1 Although a falls assessment was undertaken, it was not known whether Baksho's earlier fall was indeed accidental as opportunities did not appear to have been sought to ask Baksho safely about the potential for abuse.

Learning Point: Domestic Abuse Disguised as a Propensity to Falls
Domestic abuse in older populations can easily be disguised as frailty and a propensity to falls. Practitioners should be engaging victims of falls in safe, sensitive, exploratory conversations and enquiry into domestic abuse.

3.7. Equality and Diversity

3.7.1 Practitioners appeared confident in their reliance upon Baksho's family to interpret for her and the panel reflected upon cultural assumptions that abound about the expectation that the family in Sikh communities will take on the caring role. The effect of these decisions was to provide a barrier to Baksho, as an older Sikh woman who spoke little English, to disclosing domestic abuse and seeking help, had she wanted to.

Learning Point: Black and Minoritised Women may experience additional barriers to identifying, disclosing, seeking help or reporting abuse including:

- A mistrust of agencies
- A fear of racism and racial stereotyping
- Language barriers
- Fear of rejection by family and wider community
- Intersecting identities will compound the barriers that they face

3.7.2 The panel reflected that unconscious bias concerning older people's experience of domestic abuse was also commonplace and abuse amongst older generations often

minimised or ignored. This may also have affected the response of practitioners in the contact that they had with Baksho.

3.7.3 The review heard how CHADD, the local domestic abuse service, was already providing specialist domestic abuse refuge provision and dedicated Independent Domestic Violence Advisors for older people. In addition, Domestic Abuse Local Partnership Board had been raising awareness amongst the public and partner agencies about the needs of older people experiencing domestic abuse and had identified within its training needs analysis, the need to further raise awareness and responses to domestic abuse in older people's lives. Work was also ongoing regionally to explore effective risk assessment of domestic abuse for older people. In these ways, Dudley could be seen to have placed the needs of older people experiencing domestic abuse firmly in place in its local response to domestic abuse.

Learning Point: Domestic Abuse and Older People. A 'generational invisibility' and a 'generational silence.'

Practitioners need to be aware that domestic abuse occurs across the age span and that older people face additional barriers to understanding their experiences as domestic abuse and in accessing help including that:

- They are less likely to identify their experiences as domestic abuse
- They are less likely to have lived with abuse for prolonged periods before getting help
- They may lack awareness of support services and less likely to want to discuss personal matters with professionals
- They may face isolation and fear disrupting family dynamics
- They are more likely to suffer from health problems, reduced mobility or other disabilities which can exacerbate their vulnerability to harm
- If they have intersecting identities, this will compound the barriers that they face

Domestic Abuse Statutory Guidance (2021) emphasises the importance of supporting older people to make safe and informed choices when seeking help and directs agencies to consider the guidance: Transforming the Response to Domestic Abuse in Later Life [1] to improve their responses.

[1] Available at https://dewischoice.org.uk/wp-content/uploads/2021/12/Practitioner-guidance-document-English-epdf_compressed.pdf

4. Recommendations

4.1 Overview Recommendations

Recommendation 1: Use of Interpreters
Dudley Domestic Abuse Local Partnership Board to seek evidence-based assurance from its partner agencies that interpreting services are being consistently used with individuals who may be at risk of domestic abuse.

Recommendation 2: Accompanying Adults
Dudley Domestic Abuse Local Partnership Board to seek evidence-based assurance from its partner agencies that partner agencies are consistently recording who accompanies an adult is present during discussions and assessments

Recommendation 3: Selective Enquiry in Safe Environments
Dudley Safe and Sound to promote safe, targeted and selective enquiry into domestic abuse across front-line health and social services.

Dudley Domestic Abuse Local Partnership Board to seek assurance from front line health and social services that routine/ selective enquiry into domestic abuse is embedded into local policy and procedures, and routinely being undertaken, in keeping with the National Institute for Health and Care Excellence, Quality Standard QS 116

Recommendation 4: Training Domiciliary Carers in Domestic Abuse. Dudley Council to ensure that all front-line Adult Social Care staff, including carers, have been trained in identifying and responding to domestic abuse

Recommendation 5: Follow-Up of 'Did Not Attends'
Black Country Integrated Care Board and Dudley Group to review the communication pathway to ensure that all notifications concerning 'did not attend' issued by the hospital are being received and, where necessary, followed up by primary care.

Recommendation 6: Falls prevention and domestic abuse
Dudley Domestic Abuse Local Partnership Board to recommend to Dudley Falls Prevention Partnership that a domestic abuse focussed review of its policies and procedures is undertaken to ensure
(a) that routine enquiry on domestic abuse is systematically included in assessments pre and post discharge after there has been an injury from a fall when considering falls prevention advice with an individual and

(b) that public information signposts potential victims of domestic abuse to sources of help.
(c) that written awareness materials are also made available in the main community languages in the area.

Recommendation 7: Black and minoritised women
Dudley Domestic Abuse Local Partnership Board should continue to raise awareness with agencies and the public that domestic abuse occurs across communities and seek assurance that partner agencies are working to effectively address the barriers that Black and minoritised women face, including challenging prejudice and stereotypes that restrict the options available to them.

Recommendation 8: Domestic abuse and older people
Dudley Domestic Abuse Local Partnership Board should continue to raise awareness with the public that domestic abuse occurs across the age span and advertise the help that is available.

Once its toolkit[3] for working with older people is developed and implemented, Dudley Domestic Abuse Local Partnership Board should monitor the numbers of older people being referred into services and seek assurance that partner agencies are working to effectively address the barriers that older women face, including challenging prejudice and stereotypes that restrict the options available to them.

Recommendation 9: Private Care Providers
Dudley health and social care commissioners of domiciliary care to consider introducing contractual requirements that care providers have domestic abuse policies and provide training and support to their care workers in the identification and response to domestic abuse.

Recommendation 10: Private sector engagement with domestic homicide review (Local)
Dudley's health and social care commissioners to consider introducing contractual requirements that require contracted health and care services fully co-operate with domestic homicide and safeguarding reviews.

[3] The toolkit is part of the wider training package

Recommendation 11: Private sector engagement with domestic homicide review (National)

Dudley Safe and Sound to consider making recommendations to government to extend the persons and bodies responsible for engagement with domestic homicide reviews, under section 9(4) of the Domestic Violence Crime and Victims Act 2004, to include private sector companies engaged in the provision of health and social care services.

4.2 Individual Recommendations

Dudley Council Adult Social Care

- 72hr post discharge review to be carried out for all urgent care referrals, to ensure any changes in need or identification of aids and adaptations are confirmed in a timely manner.
- Discharge team to review discharge documentation prior to discharge.

Black Country Integrated Care Board

- Provide IRIS training for the practice
- Facilitate safeguarding training for all Practice Nursing Staff in Dudley.
- Introduce a domestic abuse policy in the GP Practice concerned

Dudley Group NHS Foundation Trust

- Raise awareness and accessibility around use of interpreters
- Raise awareness of staff that they must document who else is present, including friends, family, interpreter at every contact as part of their record keeping
- Continue to raise awareness and highlight the need for staff to obtain the wishes and feeling of patients in their care and discharge planning arrangements

Appendix: The Review Process

i. Summary

The decision to undertake a domestic homicide review was made by the Chair of Dudley Safe and Sound in consultation with partner agencies, on 30.09.2020 and the Home Office was notified of the decision on the same day. An independent chair and review panel were appointed, and the review was managed in accordance with the relevant statutory guidance.

The review panel members are listed below and included representation from Black Country Women's Aid, who deliver domestic abuse services in the area. They provided particular expertise on gender, domestic abuse, race and the broader 'victim's perspective' to the panel. The panel members were all independent of the particular case.

The process was delayed thereafter, whilst waiting for criminal proceedings to conclude. Terms of reference were drawn up and incorporated key lines of enquiry as featured below Agencies participating in this review are featured below as well as those who had no contact. The review panel went on to meet on three occasions.

Family members were invited to engage with the review at various times but were deemed to have declined. They were provided with details of specialist agencies for support. The perpetrator was not considered by clinicians to have mental capacity to be able to engage with the review.

The Overview Report was endorsed by Dudley Safe and Sound in 30.01.23 before being submitted to the Home Office for approval.

ii. Review Panel Members

Designation	Organisation
Independent Chair	-
Head of Assessment & Independence	Dudley Council Adult Social Care
Designated Nurse Safeguarding Children	Black Country Integrated Care Board
Detective Sergeant	West Midlands Police
Community Safety Officer	Dudley Council Community Safety
Regional Head of Domestic Abuse Services	Black Country Women's Aid
Head of Safeguarding	Dudley Group NHS Foundation Trust

iii.Independence of the Chair

Paula Harding was the Independent Chair and Overview Author for this review.

Beyond undertaking domestic homicide and safeguarding adult reviews, Paula Harding had not been employed by any agency in Dudley.

iv.Key Lines of Enquiry

The review sought to address both the 'circumstances of a particular concern' set out in the Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016) and the following specific issues identified in this particular case:

- **What opportunities did agencies have in identifying and responding to indicators of domestic abuse during their contact with Baksho and how effective were these responses?**

  To consider:

  - *Providing a pen picture of Baksho as known by agencies at the time of contact*
  - *Responses to any indicators of domestic abuse as detailed in NICE Quality Standard QS116 Domestic Violence and Abuse, available at https://www.nice.org.uk/guidance/qs116/chapter/Quality-statement-1-Asking-about-domestic-violence-and-abuse*
  - *Whether routine/direct/selective enquiry on domestic abuse was undertaken and rationale for decision making*
  - *What barriers to engagement did agencies face and how did they seek to overcome these barriers, including isolation and language needs*
  - *How did agencies recognise and respond to issues of equality and diversity for Baksho? Was there any evidence of unconscious bias in the assessments, decisions or services delivered?*

- **Additional Questions for Dudley Group NHS Foundation Trust**

  - *Reasons for length of inpatient stay*
  - *What opportunities for meaningful engagement and disclosure of abuse during this time*
  - *Observations on visiting*
  - *Whether there were indicators of confusion and how responded to*
  - *Whether any actions were, or could have been, taken to explore the patient's non-attendance at their follow-up appointment*

- **Additional Questions for Adult Social Care**

  - *Conclusions of discharge assessment undertaken*
  - *Reasons and expectations of referral to Urgent Care*
  - *How did the service identify and respond, individually or collectively, to Baksho's post-operative rehabilitation needs?*
  - *What were the nature of discharge assessments?*
  - *Should there have been a multi-agency discharge planning meeting in view of the delays in discharge*
  - *Whether carers were identified and support offered*

- **What can be established from informal networks (family, friends, community) regarding any domestic abuse in the household? How can the circumstances contribute to our collective understanding of domestic abuse?**
- **What lessons can be learnt to prevent harm in the future?**

v.Agency Involvement in the Review

Individual Management Reviews and chronologies were provided by:

- Dudley Council Adult Social Care
- Dudley Group NHS Foundation Trust
- Black Country Integrated Care Board (ICB) – Dudley Place[4].

Limited Information was provided by:

- Bewdley Social Care
- Tipton Home Care

The following agencies were contacted but confirmed that neither Baksho nor her husband were known to them, or their involvement was not relevant to the review:

- Black Country Women's Aid (regional domestic abuse service)
- Black Country Healthcare NHS Foundation Trust
- CHADD (local domestic abuse service)
- Dudley Council Children's and Education Services
- Dudley and Walsall NHS Partnership Trust
- Probation Service
- West Midlands Ambulance Service
- West Midlands Police

[4] Formerly Black Country and West Birmingham Clinical Commissioning Group (CCG) – Dudley Place