South Gloucestershire Safer & Stronger Communities Strategic Partnership

JOINT DOMESTIC VIOLENCE HOMICIDE AND DRUG RELATED DEATH REVIEW

EXECUTIVE SUMMARY OF THE OVERVIEW REPORT

Into the death of Michael (pseudonym)

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Report Completed: 20th January 2016

Domestic Homicide Review Panel

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Charlotte Leason, Avon & Somerset Constabulary

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Section One: Introduction

1. This Review examines the contacts agencies in Bristol and South Gloucestershire had with Michael (pseudonym) prior to his death on 27th May 2015. Michael who was 24 years of age at the time of his death lived in South Gloucestershire with his partner Daniel (pseudonym).

1.1. The circumstances of Michael's death are:

1.1.1. On Wednesday the 27th May 2015, Daniel and Michael were travelling by car to London. They stopped at the motorway service station. Michael went off on his own, to the toilet. He was seen about twenty minutes later wandering about, with blood on his t-shirt. He looked as though he was hallucinating and having a panic attack. Wiltshire Police and an ambulance were called. On the arrival of the police he was lucid and conscious, the officers noticed that his eyes were dilated and his skin was pasty. Michael's condition gradually deteriorated resulting in cardiopulmonary resuscitation (CPR) being administered but without success. A doctor at the scene declared Michael dead after trying to revive him with a number of resuscitation drugs. It was deemed to be non-suspicious death. Michael had a needle in his possession, another was found in the car and a third under the car.

Daniel told the police that Michael, a user of heroin and crack cocaine, had been on methadone but had not had a prescription for 10 days.

1.1.2. The Coroner's Inquest took place on the 9th September 2015 and the Coroner held that Michael having taken a cocktail of drugs including heroin, methadone and cocaine died from a cardiac arrest.

Section Two: The Review Process

2.1. This summary outlines the process undertaken by the South Gloucestershire Joint Review Panel in reviewing the death of Michael.

2.2. On 7th July 2015 South Gloucestershire Safer and Stronger Communities Strategic Partnership together with Bristol Community Safety Partnership considered the circumstances of Michael's death i.e., that he had died of a suspected drug overdose and that days prior to his death there had been a referral to the South Gloucestershire Multi Agency Risk Assessment Conference (MARAC) as he had been subjected to domestic abuse. Consequently the South Gloucestershire Partnership Chair took the decision to undertake a joint Drug Related Death Review and a Domestic Homicide Review and the Home Office were informed on 8th July 2015. Later Public Health England was also notified.

2.3. The process began on the 4th September 2015 with an initial Review Panel meeting of all agencies that potentially had contact with Michael or Daniel prior to the point of Michael's death on the 27th May 2015 and it was concluded on the 3rd December 2015.

2.4. Michael's mother was contacted at the commencement of the Review and confirmed that she wished to be involved with the Review. She provided a pseudonym to be used for her son and gave written consent for the Review to access his medical records. Daniel was also written to at the commencement of the Review but did not respond. He later explained that he was ill at the time.

2.5. At the conclusion of the Review, Michael's mother was informed of the outcome of the Review. On the 2nd December 2015, supported by AAFDA, she read the Overview and Executive Summary Reports and attended a Panel meeting on 3rd December 2015.

2.6. On 13th November 2015, Daniel was contacted and offered the opportunity to read the Overview report. He declined the offer as he was still receiving counselling as a consequence of Michael's death and felt it would be too traumatic. Nevertheless he agreed to be told of the lessons learnt, conclusions and recommendations of the Review. He agreed to the pseudonym Daniel being used for him in this report. On being told of the conclusions of the Review he stated that he did not accept that his relationship with Michael had been volatile. He said they loved each other and had been very happy; the one contentious issue had been Michael's chaotic drug taking, particularly his use of crack cocaine which he said made Michael quite aggressive and unreasonable. He stressed he had done everything he could to get Michael to sign on with a local doctor so that he could get a methadone prescription.

2.7. The agencies participating in the Review are:-

- Advocacy After Fatal Domestic Abuse
- Alliance Pioneer Medical
- Avon and Somerset Constabulary
- Avon and Wiltshire Mental Health Partnership NHS Trust
- Avon Fire and Rescue
- Bereaved Through Addiction
- Boots
- Bristol City Council Housing Advice Team
- Bristol City Council Safeguarding Adults
- Bristol City Council Substance Misuse Team
- Bristol Drugs Project
- Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company Ltd.
- Cruse Group
- Diversity Trust
- Developing Health and Independence
- Great Western Hospitals NHS Foundation Trust
- LIFT psychology
- ManKind
- Merlin Housing
- National Probation Service
- NHS England
- New Law Solicitors
- North Bristol NHS Trust
- Places For People
- St. Mary's Academy
- St Mungos Broadway
- Salvation Army
- Sirona Care and Health
- Solon South West Housing Association Limited
- South Gloucestershire Clinical Commissioning Group
- South Gloucestershire Council Community Safety Team
- South Gloucestershire Council Drug and Alcohol Action Team
- South Gloucestershire Council Children Adults and Health

- South Gloucestershire Council Environment and Community Services.
- South Gloucestershire Council Chief Executive and Corporate Resources
- South Gloucestershire Multi Agency Risk Assessment Conference (MARAC)
- South Western Ambulance Service NHS Foundation Trust
- Survive South Gloucestershire and Bristol
- Victim Support
- Wiltshire Police

2.8. The agencies were asked to give chronological accounts of their contacts with Michael and Daniel prior to the death. All relevant documentation was secured. Where organisations had no involvement, or insignificant involvement, they informed the Review accordingly.

2.9. Of the forty agencies contacted about this Review, nineteen responded that they had had no contact with either Michael or Daniel.

2.10. Two of those agencies listed provided the Review with expert assistance.

2.10.1. The Diversity Trust provided the Review Panel with specialist advice regarding the Lesbian, Gay, Bisexual and Transgender community in Bristol and surrounding areas and in particular with regard to male sex workers. The Review was concerned that Michael's mother who lives in [redacted] was not in receipt of any support of assistance. The Review Chair contacted Advocacy After Fatal Domestic Abuse (AAFDA) and the Chief Executive of the Charity agreed to provide her with support. (The Review Panel included experts in Domestic Abuse and Drug and Alcohol Services).

2.10.2. The Review Panel thanks these organisations for their invaluable help.

2.11. Two organisations, Bristol City Council Substance Misuse Team and South Gloucestershire Council Drug and Alcohol Action Team, had no contact with either Michael or Daniel. However, being the commissioners of drug and alcohol services in Bristol and South Gloucestershire they have provided the Review with reports detailing the number of drug related deaths in their respective areas in line with the requirements of Public Health England guidance on drug related death reviews. No evidence was found to link Michael's death with any of the other deaths.

2.12. Twenty-one agencies completed either an Independent Management Review (IMR) or a report with information indicating some level of involvement with either Michael or Daniel.

2.13. The information obtained from the IMRs, reports, from Michael's family and friends and from Daniel are summarised as follows:

2.13.1. Michael's mother informed the Review that she brought up Michael and his brother (who was 5 years older) within the Catholic faith in [redacted], mainly on her own. The boys' father had left the family when Michael was a small child but remained in contact with his sons. Michael's mother was aware that he was gay from an early age. The Deputy Principal of his school, who had known and taught Michael for seven years, described him as "perhaps the brightest pupil in his school year". Michael first started to smoke cannabis when he was about fifteen years of age and quickly progressed to using other drugs including heroin. These had an adverse effect on his school work and attendance. He eventually left school without completing his course or taking his leaving certificate.

2.13.2. The Review was told by Michael's family and teacher that when he was in his late teens, Michael was admitted to the psychiatric wing of a hospital in [redacted] where he seemed to make progress in tackling his drug dependency for a short time, however he was later discharged, in keeping with the hospital's policy, after being found drunk and in possession of a half bottle of vodka.

2.13.3. Michael's friend told the review that Michael later travelled abroad for a period and lived in [redacted]. His family have little detail of his movements during this time, however Michael had told Daniel, he had been involved in an unhappy relationship in [redacted], where due to his heavy drug use, he became paranoid of the people close to him, this resulted in him being compulsory admitted for hospital treatment.

2.13.4. Michael moved to Bristol in late October 2012. Through the Compass Centre, a Bristol "street population" outreach support service (run by St. Mungo's charity), he was found accommodation at a Salvation Army Hostel, prior to moving into the Bridge Drug Rehabilitation Programme. Initially he was motivated towards abstinence but later struggled and left the programme due to non-engagement issues. In April 2013 through the Bristol "Rough Sleepers Initiative" Solon Housing provided him with a flat in Bristol on an assured short term tenancy agreement for a maximum of 2 years. He was provided with weekly direct tenancy support through Places for People.

2.13.5. One of Michael's friend told the Review that due to Michael's chaotic drug and alcohol use he could not obtain regular employment however rather than turning to crime; he took up sex working to fund his drug use.

2.13.6. On the 5th March 2013 Michael first registered with an NHS GP. As there is no automatic transfer of medical records between [redacted] and the UK, knowledge of his previous medical history came from information provided by Michael in a new patient questionnaire. His history of drug use and prescribed dosage of substitute therapy prior to registration was reported to the Practice by his drug support worker. Consequently Michael started receiving a prescription for daily supervised administration of subutex and zopiclone and later methadone from Boots. Between 5th March 2013 and 8th December 2014 Michael had 48 face to face consultations with 18 different GPs at the one GP Practice as he used the emergency/duty doctor appointments rather than routine bookable appointments. His medical record shows that all 18 GPs tried to encourage him to use the routine bookable appointment system so that he would have continuity of care from one or two doctors.

2.13.7. On 7th November 2013 Michael contacted the police to report a verbal domestic incident whereby his ex-partner was making threats towards him. The offender left the flat while Michael was on the telephone and he then declined to give the police any further information.

2.13.8. On 5th December 2013 Michael was first referred by his GP to the Bristol Drug Project (BDP). Five days later whilst in custody for burglary (no further action was taken, due to lack of evidence) he gave a positive test for Class A drugs. Consequently he was assessed by the Avon and Wiltshire Mental Health Partnership NHS Trust's (AWP) Criminal Justice Intervention Team (CJIT). Michael told the CJIT worker that he was injecting heroin and smoking crack cocaine daily. A comprehensive care plan was agreed after careful risk

assessments were conducted. BDP organised opiate substitution treatment and his CJIT worker arranged housing support and motivational work.

2.13.9. Michael attended several appointments with both BDP and his CJIT worker and on 24th December 2013 he was referred by the BDP Shared Care Team to the Bristol Specialist Drug and Alcohol Service (BSDAS), the core service for preparation for specialist prescribing and for the Recovery Group. However, after this meeting, Michael failed to respond to telephone calls and letters from his CJIT worker and from his housing support worker. When he was eventually contacted in January 2014 he said he had been in a car collision and had hurt his neck.

2.13.10. On 2nd April 2014 Michael was given a conditional discharge for twelve months at Bristol Magistrates Court for shop lifting. The same day Michael was discharged from CJIT and referred to the Bristol Recovery Orientated Alcohol and Drugs Service (ROADS) for key working and recovery support; engaging with BSDAS Shared Care, in accordance with his care plan.

2.13.11. In May 2014 Michael made two calls to the police. The first call related to his then partner leaving his flat and taking Michael's iPhone and other personal items. Officers made numerous attempts to contact Michael by visiting the flat, telephoning and texts but eventually filed the complaint as they could not contact him. Thirteen days later Michael again contacted the police to report that he had been raped by his "ex-boyfriend" and his friend about 10 months previously and that one of them was at the flat. Michael sounded drunk and kept leaving the phone, eventually he told the operator that the offender had left and he did not want any further action. The Operator concerned about his welfare sent officers to the flat. He appeared to the officers to be under the influence of either alcohol or drugs but he confirmed that nothing had happened that evening and that he did not want any police action. When pressed, he said if he changed his mind he would go to the police station.

2.13.12. In July 2014, as Michael had not engaged with either Solon Housing or Places for People in accordance with the registered social landlord procedures, a notice requiring possession of his flat was served. After Michael failed to respond to visits, letters and warnings from both Solon and Places for People, an order for possession was given on 14th November 2014. At that time he owed £1950 in rent arrears. On 19th January 2015 a Court bailiff attended at the flat to change the locks and it was then apparent that Michael had already abandoned the property, although large number of used needles and syringes were left at the premises.

2.13.13. On the 3rd October 2014 Michael and Daniel met through a social dating application. Both Michael's friend and Daniel told the Review that Michael and Daniel liked each other and went out regularly on dates. During that time Michael told Daniel he was addicted to heroin but wanted to give up. Daniel offered his support for him to do so. After approximately three weeks Michael moved in with Daniel.

2.13.14. On the morning of the 13th January 2015 Michael and Daniel had a verbal argument. Both contacted the police. Daniel told the police that they had been in a relationship since October 2014 saying that Michael was a drug addict whom he was trying to help to get clean. He said that Michael had been visiting a friend who had got him back into drugs. This caused an argument during which Daniel contacted Michael's mother, which annoyed Michael. The incident was initially recorded as threats by Michael on Daniel. However when Michael claimed Daniel had pushed him (no injury) this was changed accordingly. A DASH risk

assessment was carried out in relation to Michael with the risk set as 'medium'. In accordance with the Avon and Somerset Constabulary Procedural Guidance on Domestic Abuse, Michael was recognised as a vulnerable adult and therefore flagged on the police data system "Guardian" to receive an 'enhanced service' in accordance with the Victims Code of Practice (VCOP). A background check on Daniel revealed that he had been involved in two 'verbal domestics' with an ex-partner in 2008. The following day, Michael stated that he was no longer pursuing a complaint of assault, as the couple had 'made up' and he requested that the police should "stop ringing him, as this amounted to harassment". He did not answer the telephone thereafter. Evidence in the case was reviewed by a supervisor and assessed to be weak. Michael had refused any contact with the officer in the case. Without support from the victim it was determined that there was no further action to be taken. The report was closed on 22nd January 2015 and the matter filed. A referral to the Lighthouse Victim and Witness Care scheme was nevertheless made where it was noted that no further police action was to be taken. Daniel told the Review that this incident was due to Michael, who normally only used heroin and methadone, being encouraged to smoke crack cocaine by his friend in Bristol. Daniel claimed Michael became aggressive when he took crack.

2.13.15. On 5th February 2015 during an appointment with BDP, it was noted that Michael's partner Daniel stayed for much of the session. The support worker stated "In my opinion there are control issues within the relationship but the partner agreed to leave when I asked. Michael said they do argue and last night Michael left and went to stay with ex-partner. Michael reports being slapped and almost strangled by partner. I have talked through options of safety with Michael but he would like to stay and try and make the relationship work." Daniel told the Review Michael had asked him to go with him, so that he could see for himself that he (Michael) was trying to control his drug use. Michael's chaotic drug use had strained their relationship and the patience of their non-drug using friends who witnessed how Michael was when he had taken crack in particular. At the following appointment it was noted that, "Michael reports domestic violence in relationship and pressure for unprotected sex. He has asked today for support in accessing men's Crisis Centre. I have given Michael the number and let him know he can self-refer and that they can call me for further information regarding his care." BDP Shared Care noted on 14th April 2015 that Michael chose not to contact the Crisis Centre as he was permanently staying at his partner's address.

2.13.16. On the 24th April 2015 Daniel contacted Developing Health and Independence (DHI) seeking support relating to Michael's drug use and a family and carer support triage was completed. It was recorded that Daniel spoke about Michael's aggressive behaviour and there were notes regarding finances and Daniel suffering chest pains.

2.13.17. During the early hours of the 7th May 2015 Daniel called the police as Michael had been taking crack cocaine and was disturbing him. He was advised that if it continued the police would attend and remove Michael. A DASH risk assessment was completed with a medium risk being recorded in respect of Daniel. The police were later called again and Michael was arrested for breach of the peace. Daniel had said that Michael had punched him three times. When the police were leaving with Michael, Daniel became upset and asked why Michael was being taken into custody as he did not want him to go. Following Michael's release from custody he told the officers that Daniel had been subjecting him to physical, emotional and mental abuse for five months. He said this happened when Daniel got drunk, Michael refused to give any further information. Nevertheless the officers offered a support agency referral but Michael declined the offer. The Officers recorded that Michael and Daniel were in a relationship. As the officers deemed that Michael was at risk of abuse from Daniel a rapid

response marker was placed on the premises and the police Lighthouse initiative was tagged. A DASH risk assessment was completed with a high risk and it was referred for discussion at the South Gloucestershire MARAC on 21st May 2015.

2.13.18. On 12th May 2015 Daniel contacted DHI to ask for support to get Michael a methadone prescription as he had failed to register with a new GP locally. Again on 19th May 2015 Daniel contacted DHI and asked for help with contacting BDP as Michael's drug use was escalating. He was advised to encourage Michael to sign on with a local GP as soon as possible so that he could obtain a prescription for methadone.

2.13.19. Also on the 12th May 2015 South Gloucestershire Council Adult Safeguarding Access Team received a report from the police stating that when Michael had been arrested to prevent a breach of the peace, he had disclosed that he suffered abuse from his partner and that there were concerns about his mental health. As there was no known mobile phone number for Michael a senior practitioner wrote to offer him an assessment. Michael subsequently contacted her by telephone and told her that his home situation was "dire". His partner was violent and he would like to leave. He said he was currently registering with a new GP. (Which he did not do.) After discussing the urgency of the situation Michael agreed to meet with a social worker on 26th May 2015. In preparation for that meeting the social worker discussed with South Gloucestershire Housing an option of emergency housing, however Michael did not attend the meeting.

2.13.20. On the 21st May 2015 Michael's situation was discussed at the South Gloucestershire MARAC. It was agreed that the police would carry out a welfare check and advised Michael to register with a GP. They should also check if anyone else is living at Daniel's address and feedback to the South Gloucestershire Safeguarding team

2.13.21. A summary of the incident itself is set out in paragraph 1.1.1 of this report.

2.13.22. The agencies that had contact with Michael and Daniel have taken the opportunity to review those contacts and to identify what lessons should be learnt from them. Those lessons are detailed in section 5 of this Executive Summary.

Section Three: Terms of Reference

3.1. Definition of a Domestic Homicide Review.

Section 9(3) of the Domestic Violence, Crime and Victims Act (2004). States:

"Domestic homicide review" means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by;

(a) A person to whom he was related or with whom he was or had been in an intimate personal relationship, or

(b) A member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.

3.2. Definition of a Drug Related Death Review.

A review into the circumstances of a death where the underlying cause is poisoning, drug abuse or drug dependence and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved.

3.3. The purpose of the Domestic Homicide Review is to:

a) Ensure the review is conducted according to best practice, with effective analysis and conclusions of the information related to the case.

b) Establish what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and support victims of domestic abuse including their dependent children.

c) 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.

d) Apply these lessons to service responses including changes to policies and procedures as appropriate; and

e) Prevent domestic abuse homicide and improve service responses for all domestic 10abuse victims and their children through improved intra and inter-agency working.

3.4. The purpose of the Drug Related Death Review is to:

a) Prevent and reduce drug related deaths.

b) Identify ways to improve services, remedy system failures, and develop opportunities for shared learning and challenge practices through interpretation of the details of individual cases and groups of cases.

3.5. The focus of both Domestic Homicide Reviews and Drug Related Death Reviews are therefore about identifying and addressing lessons to be learnt from the death, they are not about blame.

<u>3.6. Overview and Accountability:</u>

8.6.1. The decision for South Gloucestershire to undertake a joint Domestic Homicide Review (DHR) and a Drug Related Death Review (DRDR) was taken by the Chair of the South Gloucestershire Safer and Stronger Communities Partnership, after discussion with partnership agencies, on the 7th July 2015 and the Home Office informed on 8th July 2015. The basis of the decision was that "Michael" had been referred to a Multi-Agency Risk Assessment Conference in relation to suspected abuse and there is reason to believe that he died as a result of taking an illegal drug.

3.6.2. The Home Office Statutory Guidance advises where practically possible the DHR should be completed within 6 months of the decision made to proceed with the review. While there are no set time scale for the completion of DRDRs they should be concluded expeditiously so that lessons learnt can be addressed promptly.

3.6.3. This joint review which is committed, within the spirit of the Equalities Act 2010, to an ethos of fairness, equality, openness, and transparency, will be conducted in a thorough, accurate and meticulous manner.

3.7. The Review will consider:

3.7.1. Each agency's involvement with Michael, 24 years of age at time of his death on 27th May 2015 or with his partner "Daniel". Agencies involvement should include any contacts between 1st November 2012 and 27th May 2015; and any contacts relevant to domestic abuse, violence, drug or health issues prior to that period.

3.7.2. Whether there was any previous history of abusive behaviour towards the deceased or to any previous partner of Daniel and whether these incidents were known to any agencies or multi agency forum?

3.7.3. Whether either Michael or Daniel had any previous history of dependency on any legal or illegal drug and whether either had or were receiving support or treatment from any specialist drug support or treatment agency.

3.7.4. Whether family, friends or neighbours want to participate in the review. If so, ascertain whether they were aware of any abusive behaviour to the victim or any concerns relating to drug abuse, prior to the death?

3.7.5. Whether, in relation to the family member's friends or neighbours; were there any barriers experienced in reporting domestic abuse or drug abuse?

3.7.6. Could improvement in any of the following have led to a different outcome for Michael?

a) Communication and information sharing between services.

b) Information sharing between services with regard to the safeguarding of adults and children.

c) Communication within services.

d) Communication to the general public and non-specialist services about available specialist services.

3.7.7. Whether the work undertaken by services in this case are consistent with each organisation's:

a) Professional standards.

b) Domestic Abuse policy, procedures and protocols.

c) Drug abuse policy, procedures, protocols or treatment.

3.7.8. The response of the relevant agencies to any referrals relating to Michael or Daniel concerning drug abuse, domestic abuse or other significant harm from Daniel, or to other any

incident relevant to drug abuse, violence or domestic abuse prior to that date. It will seek to understand what decisions were taken and what actions were carried out, or not, and establish the reasons. In particular, the following areas will be explored:

a) Identification of the key opportunities for assessment, decision making and effective intervention in this case from the point of any first contact onwards with the deceased or his partner.

b) Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective.

c) Whether appropriate services were offered/provided and/or relevant enquiries made in the light of any assessments made.

d) The quality of any risk assessments undertaken by each agency in respect of Michael or Daniel.

3.7.9. Whether organisational thresholds for levels of intervention were set appropriately and/or applied correctly in this case.

3.7.10. Whether practices by all agencies were sensitive to the ethnic, cultural, linguistic and religious identity of the respective family members and whether any specialist needs on the part of the subjects were explored, shared appropriately and recorded.

3.7.11. Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and completed in a timely manner.

3.7.12. Whether, any training or awareness raising requirements are identified to ensure a greater knowledge and understanding of domestic abuse processes and/or services.

3.7.13. The review will consider any other information that is found to be relevant.

Section Four: Key Issues

4.1.The Review Panel, having had the opportunity to analyse the information obtained from participating agencies, from Michael's family and friends, from Daniel and from the Coroner's Inquest, consider the key issues in this Review to be;

4.2. Michael's mental health.

4.2.1. Michael's mother told the Review that Michael suffered a period of depression in his mid-teens due to his drug dependency and his inability to find work. For a short time he was an inpatient in the psychiatric wing of a Hospital in [redacted], but this was in connection with his drug and alcohol use rather than for mental health issues. Michael told both Daniel and a friend on separate occasions, that for a while he had lived in [redacted] where he had been in an unhappy relationship mainly due to his excessive drug use. Due to the drugs and their quantity he became paranoid of the people around him and eventually was taken into hospital in [redacted]. The Review has not been able to trace any records of this.

4.2.2. After he moved to Bristol in October 2012, during his assessment to obtain a place on the Salvation Army's Bridge detox programme, he stated he had previously suffered from

depression. However as the Bridge has closed, it has not been possible to check if his mental health was ever explored whilst he was on the programme. On another occasion he told his Places for People support worker that he had previously had mental health problems and she recorded that there were marks on his arms akin to old self-inflicted cuts. He was not asked about them. At a GP consultation in 2014 he gave a history of past psychiatric problems. A request for past medical notes was sent to his last known doctor in [redacted]. The response was that Michael had not been seen at the practice since September 2012 and that the release of any records would require Michael's written consent. This was never given and no records were received. GPs repeatedly recorded trying to get Michael to book a normal surgery appointment which would have provided opportunities for further disclosure of his mental health, however he continued to use the open access/duty doctor appointments, which being shorter are not so suitable for review of complex ongoing problems or continuity of care.

4.2.3. Michael's closest friend in Bristol, said that Michael did not enjoy sex work and would often feel low. He said that when he was in that mood he tended to binge on drugs and alcohol. The Review's Lesbian and Gay, Bisexual and Trans (LGB&Trans) communities adviser has highlighted research which indicates that LGB and Trans people suffer from higher levels of anxiety and depression and demonstrate a higher likelihood of being substance dependent than other people.

4.3. Michael's vulnerability as a sex working male and through his drug and alcohol use.

4.3.1. Michael was allegedly introduced to drugs at an early age by his brother. Although very bright, by 15 years of age Michael's school work started to suffer as he moved from cannabis use to heroin, benzodiazepine and alcohol; he subsequently left school with no qualifications. Information provided to the review indicates that he tried several times in both [redacted] and Bristol to give up drugs and to reduce his alcohol intake but at the time of his death was unable to sustain those changes and was still problematically using drugs and alcohol.

4.3.2. Michael rarely used crime to fund his drug and alcohol usage, turning instead to sex working, advertising in the online contact app "Grindr". His friend said that while Michael was aware of the dangers he faced in this work, he took precautions by refusing to have unprotected sex or to indulge in some of the more bizarre requests made by clients. He did not like his work and his friend speculated if this was the reason for his drug binges and why he was so keen to stay with Daniel and make that relationship work. Michael had a previous partner who he told the police had taken some of his property and been violent towards him. Michael also told the police about a historic rape. No action was taken as Michael refused to give names or details and there was no forensic evidence available. Nevertheless the police did recognise his vulnerability and later referred him to both Adult Safeguarding and to the MARAC.

4.3.3. The Diversity Trust has completed a discussion paper highlighting the vulnerability of young men engaged in the male sex trade. (See unpublished research "RESEARCH AND ENGAGEMENT WITH YOUNG MEN EXCHANGING AND/OR SELLING SEX TO MEN" by the Diversity Trust 2015 Appendix G**)**

4.4. The number of drug related deaths in Bristol and South Gloucestershire and whether there is any evidence of possible links between them.

4.4.1. Drug related deaths during 2014/2015 only slightly increased from previous years. All of the deaths attributed to overdose were opiate related. No evidence has been found to indicate any connection between Michael's death and the other recorded drug related deaths in Bristol or South Gloucestershire. This is considered in more detail in paragraphs 14.6 to 14.8 and 16.4 of this report. The reports from the Bristol and South Gloucestershire Drug services commissioners are included in full in Appendix D. The "Lesbian, Gay, Bisexual and Trans Research Report" prepared for the Bristol Recovery Orientated Alcohol and Drug Service by The Diversity Trust in January 2015 (see appendix E) indicates that LGB people demonstrate a higher likelihood of being substance dependent).

4.5. How drug treatment services engage with someone who is leading a chaotic life which results in him regularly missing appointments.

4.5.1. According to his mother and his teacher, Michael twice went into residential drug and alcohol treatment in [redacted] and after promising starts on both occasions he relapsed and become more chaotic in his usage. After moving to Bristol, this recurred throughout his treatment journeys, initially being eager to be abstinent then reverting to chaotic use of illegal substances and missing appointments. Each agency that has provided the Review with an IMR has reported on the regularity with which Michael missed appointments with drug treatment agencies, hospitals, housing support and the police. On occasions when he missed key appointments he resorted to using inaccurate information relating to the welfare of his mother and brother to explain why he missed his appointments. Drug agencies are particularly well practiced in maintaining contact with clients who regularly miss appointments, or drop out of services for a period. They remain non-judgmental and keep the door open through risk reduction initiatives such as needle and syringe exchange schemes, whereby clients can find it easy to re-engage in core support services. Michael used this route back into services more than once. This is recounted in section 14 of this report.

4.6. Daniel's relationship with Michael and their relationships with previous known partners.

4.6.1. Michael and Daniel first met after Daniel responded to Michael's advert in the contact application "Grindr." Michael's friend told the Review that Michael and Daniel hit it off immediately and weeks later Daniel invited Michael to live with him. Daniel's ex-partner still lived in the house together with another male lodger. It is clear from the information provided by agencies, Michael's mother and his friend that Michael and Daniel's relationship was at times volatile, with both contacting the police and making allegations about each other. Daniel believed that Michael's drug dependency was the key cause of their disagreements and arguments and there is evidence from AWP, BDP and DHI records that, although he was viewed as being controlling by Michael's BDP support worker, he made active attempts to get Michael back on methadone prescriptions. Yet at the same time, he funded Michael's purchase of drugs to stop him being tempted to commit crimes or to go back to sex working. It is noted however that Michael's mother told the Review that shortly before his death, Michael had told her on the phone that, "Daniel had made him stop using methadone and he was now using heroin again". Michael told his drug worker, the police and a social worker that Daniel was controlling and on occasions hit him. This has been confirmed by friends. Michael was offered support to leave Daniel by agencies including Bristol Drug Project, South Gloucestershire Adult Services and by the Police (who also made a MARAC referral). Repeatedly however once Michael had told an agency that he wanted to leave Daniel he would change his mind stating he wanted the relationship to work and he would stay with Daniel. This is a common occurrence with those experiencing abuse in a relationship.

4.6.2. Daniel told the Review that since Michael's death he has been receiving regular counselling. He cannot get over Michael's death as he had loved him and believed Michael had loved him. He did not accept that their relationship was volatile, he stated they were happy together except when Michael took drugs, particularly crack. He said that when Michael was like that, it strained their relationship, as he tried to get Michael to stop using and Michael would lie to him that he was stopping, but never did.

4.6.3. A Police background check on Daniel revealed that he was involved in two 'verbal domestics' with an ex-partner in 2008. No action had been taken. Michael had also reported a previous partner to the police for a historic rape but did not provide any further information stating he did not want any police action.

4.7. Whether agencies did not recognise domestic abuse as being an issue because of Michael being male and/or his being in a same sex relationship.

4.7.1. It is clear that the Police and South Gloucestershire Adult services accepted that Daniel and Michael were in a same sex relationship and that Daniel's behaviour amounted to domestic abuse. Four organisations, Bristol Drug Project, North Bristol NHS Trust, South Gloucestershire Clinical Commissioning Group and Sirona Care and Health acknowledged that Michael being a man may have hindered him from being recognised as a victim of domestic abuse.

Section Five: Effective Practice/Lessons to be learnt

5.1. The following agencies that had contacts with Michael and Daniel have identified effective practice or lessons they have learnt during the Review.

5.2. Avon & Somerset Constabulary

5.2.1. Throughout their dealings with Michael and Daniel, officers of the Avon and Somerset Constabulary demonstrated effective practice in accordance with their Procedural Guidance on Domestic Abuse. Greater awareness may need to be developed amongst "Lighthouse Project" staff (an initiative to support crime victims) to ensure that in unusual/less frequently occurring cases peer/supervisory reviews may assist in ensuring that the best support/referrals are made. There is a case for a review of the services available in both the public and charitable sector to ensure that individuals in Michael's situation (as a male sex worker and victim of domestic abuse within a same-sex relationship) receive appropriate and helpful referrals. This case has highlighted a potential gap in services for individuals with Michael's particular vulnerabilities.

5.3. Avon and Wiltshire Mental Health Partnership NHS Trust

5.3.1. Historically, there was a need for improved communication, particularly with primary care. This has subsequently been addressed through the introduction of shared consent across the ROADS treatment system and shared electronic records (Theseus).

5.3.2. It may be presumed that Michael as the service user was at risk of exploitation due to his young age and involvement as a male sex worker, which would likely be with older men, potentially funding his substance use. More inquisitive questioning about the nature of the

relationship with his partner and the funding of his drug use may have highlighted potential risks in these areas.

5.3.3. More assertive ways of managing the transfer of service users from BDP into BSDAS needs to be explored.

5.4. Bristol Drugs Project

5.4.1. Reducing Risk of Drug-Related Death

Michael's death occurred during a period that saw a marked increase in overdoses, both fatal and non-fatal. All ROADS staff were aware of this phenomenon, and the feedback regarding variations (generally upwards) in the purity of drug supplies locally, from data compiled by Avon and Somerset Police from locally seized samples. Information is routinely shared with clients and at this time the heightened focus would have seen Michael being informed of the increased risk of overdose. Good practice around Michael's needs was demonstrable with regards work to help him reduce the risks associated with his ongoing injecting of heroin. He was able to access testing to ascertain his Blood Borne Virus (BBV) status, and had completed a course of vaccination to protect himself from Hepatitis B. At the time of giving Michael the results of his BBV tests his Shared Care worker had discussed future BBV testing with him in a further three months, recognising continuation of risk behaviours.

5.4.2. Actions Taken to Promote Retention in Opioid Substitution Treatment (OST)

Efforts to keep Michael engaged and in receipt of OST when he had to change GP surgery, though ultimately unsuccessful, were proactive attempts to reduce the likelihood of Michael exiting treatment and losing its evidenced protective effects. Bristol's Operational Guidance was adhered to, and efforts made to make re-engagement as easy and timely as possible for Michael. For example, multiple possible appointment slots were actually reserved for Michael at a new GP Surgery after his contact with BDP on 26th May 2015 when he informed BDP of his intention to complete his registration at that GP surgery that day.

5.4.3. Recognition of Controlling Behaviours

Michael's regular Shared Care worker recognised what she believed to be controlling behaviour from his new partner (Daniel), and appropriately sought to explore her concerns with Michael immediately on his own, to be able to offer advice and support should he need this.

5.4.4. Lessons Learned re Domestic Abuse

Although the controlling behaviour and the later knowledge that Michael and Daniel's relationship had been violent, there are questions as to whether practice was as effective as it ought to have been in responding to this information. A gap in communication has been recognised, between BDP's Shared Care team and the Engagement Team (who staff the Direct Access and needle exchange service). There was no direct communication around the issues raised regarding domestic abuse, where clearly knowledge would have informed supportive and appropriate intervention. It is not impossible that those working in the NSP would access a client's electronic treatment record, but it should not be assumed and is unlikely to be routine because NSP records are recorded on a separate and stand-alone part of the system. This separation exists to ensure that those using the NSP have the protection of knowing that their use of the service is confidential. Consideration for client confidentiality does not however, prevent proper information sharing where this would be in a client's interest or reduce risk in any area.

5.4.5. Two further issues were recognised by BDP. The first being whether there should have been a referral to MARAC. BDP acknowledges that Michael's vulnerability was not fully appreciated. This was possibly because he normally presented with a quite brash exterior and was experienced as a demanding client at times. Also it is possible that as a male in a same sex relationship he may have not been considered as vulnerable as a woman in similar circumstances.

5.4.6. Secondly BDP has considered whether they might have been more proactive in pursuing a referral to appropriate services when Michael told of his desire to leave Daniel. His desire to seek a placement with mental health-related support was responded to by being advised how to self-refer, but nothing more assertive. Again an under-estimation of Michael's vulnerability may have informed the decision to accept his inability to self-refer and ultimately to apparently change his mind without further questioning.

5.5. Developing Health and Independence (DHI)

5.5.1. DHI identified the need to establish defined timescales between triage and full assessment.

5.5.2. DHI recognises the need to review triage paperwork to ensure immediate risks are identified at an early stage

5.5.3. DHI needs to ensure that the appropriate level of assessment (including risk) takes place for all clients triaged and accepted into support services and that this should be completed prior to or in parallel with support being offered.

5.6. North Bristol NHS Trust

5.6.1. North Bristol NHS Trust staff acted in line with the Trust Policy on Domestic Abuse and Violence with regard to screening. As Michael was not a member of a high risk group and the injuries were consistent with the explanation given by Michael he was not routinely asked if he was a victim of domestic abuse.

5.6.2. The information held by the Trust although limited was not shared at the MARAC as it should have been.

5.7. St. Mungos Broadway

5.7.1. The Outreach Team has since their contact with Michael been fully assessing equalities data at the start of the assessment process to accurately record diversity issues and to offer appropriate support to homeless people. However this was introduced separately to this Review as part of improving equalities monitoring.

5.8. Sirona Care and Health

5.8.1. The phrase ‘No safeguarding concerns’ appeared in the letter to Michael’s GP (relating to his injured hand) and in the circumstances it is felt this was not a helpful phrase to include as it might have suggested that this possibility had been thoroughly checked out and discounted. The reason for this was the electronic record for Michael stated “No safeguarding concerns were indicated at the time” but this was automatically translated in the discharge

letter into a much more categorical statement "No safeguarding concerns" which could be unintentionally misleading.

5.9. South Gloucestershire Clinical Commissioning Group

5.9.1. Effective practice: The consistent approach by all GPs to working with a patient who was affected by substance misuse mitigated to a certain extent the fact that 18 GPs saw Michael over the course of 20 months.

There is evidence of good two-way communication between a number of GPs, BDP practitioners and pharmacies and this ensured a significant degree of safety around drug misuse for Michael.

5.9.2. Lessons learnt: The possibility of Michael being affected by domestic abuse does not appear to have been explored by the GPs who saw him. Given the evidence of the supportive nature of the care provided by all 18 GPs there is a need to raise awareness of male victims of domestic abuse to better improve recognition of this as a risk and to enable provision of support to reduce risk of harm

5.9.3. In Bristol and South Gloucestershire there is training available to all GP practices around domestic abuse in women, through the IRIS (Increased Recognition to Improve Safety) programme. In the training, mention is made about male victims and perpetrators and information on signposting is included in a care pathway for victims of domestic abuse, however in light of this Review that training about male victims should be enhanced. IRIS has only been validated as a tool for use in primary care in relation to domestic abuse in women.

5.10. South Gloucestershire Council Children Adults and Health's Adult Services.

5.10.1. In view of the time lapse from the date of notification by the Police to the scheduled first meeting between Adult Services and Michael, work needs to be done about time scales.

5.10.2. There was a significant delay of days before the Access team Senior Practitioner was able to speak to the police officer involved as he was not on duty. His Sergeant or another senior officer in the police could have been contacted.

5.10.3. Whilst an internal risk assessment was completed, the use of the DASH risk assessment could have been reconsidered, as this is the South Gloucestershire Council approved risk assessment for domestic abuse.

5.11. South Gloucestershire MARAC

5.11.1. The Review of the MARAC process raises questions about whether there is enough time between the deadline for MARAC referrals and the circulation of the agenda. Gathering of additional information, useful to other MARAC agencies, is compromised by current time constraints.

5.11.2. Given the referral was made on the basis of professional judgement it would be useful to know who completed the risk assessment.

5.11.3. Although the referral form contained a summary of information from the Police National Computer (PNC) in relation to Michael and Daniel's previous police contacts, this had not been analysed by the referrer to provide an opinion on how the information affected the risk.

5.11.4. There were missed opportunities to speak to Michael prior to the MARAC, which compromised the ability of MARAC to consider his wishes and needs. Safety Planning is also more likely to be successful with an actively engaged victim.

5.11.5**.** Efforts should be made to clarify and improve the implementation and documentation of safety measures by all agencies throughout the MARAC process.

5.11.6. By not having Bristol agencies participating in this South Gloucestershire MARAC, there were missed opportunities for information sharing and safeguarding of Michael.

5.11.7. There is a need to ensure that the MARAC meeting minutes accurately reflect the information shared.

Section Six Conclusions

6.1 In reaching their conclusions the Review Panel has focused on the questions:

- Have the agencies involved in the Review used the opportunity to review their contacts with Michael and Daniel in line with the Terms of Reference (ToR) of the Review and to openly identify and address lessons learnt?
- Will the actions they take improve the safety of drug users and domestic abuse victims including those from the Lesbian, Gay, Bisexual and Trans communities in South Gloucestershire and Bristol in the future?
- Were there any links between Michael's death and other drug related deaths in the Bristol and South Gloucestershire areas during 2014/2015**?**
- Was Michael's death predictable?
- Could Michael's death have been prevented?

6.2. **Have the agencies involved in the joint Review used the opportunity to review their contacts with Michael and Daniel in line with the Terms of Reference (ToR) of the Review and to openly identify and address lessons learnt?**

6.2.1. The Review Panel acknowledges that the Individual Management Reviews and other reports have been thorough, open and questioning from the view point of Michael and Daniel. The Panel is satisfied that several of the organisations have shown that their contacts with either Michael or Daniel were in accordance with their established policies and practice and that they have no lessons to learn. Other organisations have used their participation in the Review to properly identify and address lessons learnt from their contacts with Michael and Daniel in line with the Terms of Reference (ToR).

6.3. **Will the actions they take improve the safety of drug users and domestic abuse victims including those from the Lesbian, Gay, Bisexual and Trans communities in South Gloucestershire and Bristol in the future?**

6.3.1. The Review Panel believes that the agreed recommendations address the needs identified from the lessons learnt. The Panel also recognises that although the agencies represented on the South Gloucestershire Safer and Stronger Community Safety Partnership and Bristol Community Safety Partnership have robust, fit for purpose, domestic abuse policies, some of the other agencies involved in the Review did not have domestic abuse policies. With the assistance of the South Gloucestershire and Bristol Community Safety Partnerships, those agencies are now in the process of addressing this gap. Provided those recommendations, strategies and policies are fully and promptly implemented, they will improve the safety of domestic abuse victims in Bristol and South Gloucestershire in the future. All of the specialist drug services with which Michael had been involved have clear policies on how an individual can access drug treatment services. The Panel wishes to highlight the Bristol Drug Project Needle and Syringe Programme as a proven harm reduction initiative which is also an effective way of sustaining contact with those drug users who may not be ready/willing to enter a treatment programme. The Review Panel believes that the cross agency client database system which has been introduced in Bristol and the one which is being introduced in South Gloucestershire will make a significant improvement in the cross agency care provided to service users.

6.3.2. The Diversity Trust has played a significant part in this Review by drawing attention to the particular problems faced by gay men in relation to domestic abuse, mental health and drug and alcohol abuse. It has used its participation to inform all of the agencies taking part in the Review of the research it has conducted, the partnership work and training it is involved in with regard to both domestic abuse and drug and alcohol misuse.

6.4. Were there any links between Michael's death and other drug related deaths in the Bristol and South Gloucestershire areas during 2014/2015?

6.4.1. The Bristol City Council substance Misuse Team and South Gloucestershire Council Drug and Alcohol Action Team that are responsible for commissioning drug and alcohol services within their respective areas have carried out reviews encompassing the known drug related deaths in Bristol and South Gloucestershire during 2014-2015. It is important to stress that the reviews were only able to consider those deaths notified to them by treatment agencies and the police, it is possible that there are other drug related deaths not known to those organisations. The Coroner has yet to hold an inquest in a number of cases as toxicology reports have not been received defining the causes of death. It is also acknowledged that the cause of death is on occasions stated only in broad terms e.g. multiple organ failure, pneumonia, cardiac arrest etc. Within those limitations, the reviews found no evidence of any connection between the deaths in terms of the source or purity of the drugs or between the individuals themselves, other than the deceased were all known to drug treatment service providers.

6.5. Was Michael's death predictable?

6.5.1 Whilst Michael's life was chaotic it is clear from the evidence provided to the Review that he was taking steps to reduce the risks.

During the last few weeks of his life he increasingly told the police, his drug worker and social services that he wanted to leave Daniel. Whilst those agencies offered him help and support in accessing new accommodation, as is common with victims of abuse, he was not able to engage with the support offered to him.

The Review Panel is satisfied that the agencies had no reason to predict his death at that time.

6.6. Could Michael's death have been prevented?

6.6.1. The Review Panel accepted that the drug support agencies Michael sought help from, did encourage him to control his consumption of drugs and alcohol. They engaged him in harm reduction and substitution programmes. Whilst Michael tried on several occasions, he was not able to maintain his commitment to change. This is not uncommon, people trying to control their drug or alcohol consumption often make many attempts before succeeding.

6.6.2. Whilst Michael may have suffered from either depression or anxieties in the past. The Panel acknowledged that his Bristol GP had little opportunity to explore his mental health needs in depth.

6.6.3. This Review has highlighted the mind-set that staff may not consider that a man that a man, including those in same sex relationships could be a victim of domestic abuse. It also draws attention to the particular vulnerabilities of those in a same-sex relationships. Nevertheless the Panel accepts that those agencies that Michael told of the domestic abuse he suffered, did offer him tangible help.

6.6.4. The Panel has therefore concluded that whilst there are many lessons to be learnt there was nothing any agency could have done that would have prevented Michael's death.

Appendix A: Recommendations and Action Plan

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
Government Equalities Office	Enhancement or amendment to Equality Act 2010 to ensure consistency of monitoring of protected characteristics and consistency of training.	National	South Gloucestershire Community Safety Partnership write to the GEO.			1st January 2017	
Cross Agency	Where a victim may have links or associations across Local Authority boundaries, that the MARAC and its participating agencies ensure that the MARAC in the relevant adjoining area and organisations in that area are informed and invited to share information.	Cross Agency Avon and Somerset Wide	To be raised at the Avon and Somerset Police's Strategic Violence Against Women and Children Group for discussion and agreement with all Domestic Abuse leads about how MARAC across the Force can establish an appropriate mechanism to share cross border information.	Avon and Somerset Police and all authority areas within the force area.	Avon and Somerset and all authority areas agree a minimum standard for information sharing where it is indicated a victim or perpetrator has lived within another locality.	February 2016	South Gloucestershire Council are in the process of reviewing the MARAC operating Protocol to ensure that it reflects the role and responsibility of the MARAC administrator and MARAC Panel members. Within the operating protocol it will

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
							stipulate that where a referral form indicates that victim or perpetrator has lived in another area that it is the responsibility of the administrator to check the relevant MARAC and the panel member to check their specialism within the area indicated. Furthermore South Gloucestershire are looking to improve the referral form to make it clear within the form whether a victim or perpetrator has lived within another area within the last 12 months.

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
Cross Agency	All agencies taking part in this Review and organisations which are members of the South Gloucestershire and Bristol Community Safety Partnerships have role commensurate Equalities training including competencies in working with Lesbian, Gay, Bisexual and Trans communities.	Cross Agency South Gloucestershire and Bristol	South Gloucestershire and Bristol Community Safety Partnerships task their equalities coordinators to review role commensurate Equalities training including competencies in working with Lesbian, Gay, Bisexual and Trans communities; with all partner agencies.	Anti-Social Behaviour and Community Safety Team South Gloucestershire Council	Minimum Standard of training is achieved across all organisations within both CSPs	December 2016	

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
Cross Agency	South Gloucestershire and Bristol Community Safety Partnerships will assist those none specialist organisations that do not have appropriate domestic abuse policies to introduce fit for purpose domestic abuse policies.	Cross Agency South Gloucestershire and Bristol	The Community Safety Partnerships will notify partnership organisations and (through Drug and alcohol service commissioners) drug and alcohol commissioned services that they can be provided with support and advice on what should be included within fit for purpose domestic abuse policies.	South Gloucestershire and Bristol Community Safety Partnerships, Women's Aid and individual organisations that currently do not have DA policies		31st March 2016	While those agencies that are incorporated within the Partnerships and those that are commissioned to provide drugs and alcohol services will introduce domestic abuse policies by 31st March 2016. Women's Aid is conducting an ongoing programme to assist private businesses to develop appropriate domestic abuse policies.

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
Cross Agency	South Glos and Bristol substance misuse services to ensure communication between treatment providers and pharmacies- with particular focus on information being shared on the initiation and cessation of opiate substitution therapy prescriptions.	Cross Agency South Gloucestershire and Bristol	Commissioners to communicate expectations to commissioned treatment providers	-South Glos DAAT -Bristol Substance Misuse Team	Protocols reviewed to reflect expectations	Completed	
Cross Agency	Commissioners to require agencies successful in tendering for contracts to have effective policies around domestic abuse that recognise issues relating to LGBT community	Cross Agency South Gloucestershire and Bristol	Commissioners to consider agencies efficacy in responding to same-sex domestic abuse when evaluating tender submissions	-South Glos DAAT -Bristol Substance Misuse Team	Evaluation process reflects needs of same-sex relationships	ongoing	

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
Avon and Somerset Constabulary	The method of making contact with a vulnerable victim should be considered extremely carefully, particularly if it is known that the perpetrator controls access to/use of a mobile telephone.	Force wide	An exercise to raise awareness of this in the Lighthouse Teams should be undertaken.	Avon and Somerset Constabulary		31st December 2015	
Avon and Somerset Constabulary	Where unusual/less frequently occurring cases requiring support present themselves, Lighthouse staff should be encouraged to seek support by discussing the case with a supervisor before making referrals/deciding upon the method of communicating with the victim.	Force wide	An exercise to raise awareness of this in the Lighthouse Teams should be considered.	Avon and Somerset Constabulary		31st December 2015	

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
Avon and Somerset Constabulary	Avon and Somerset Constabulary should seek new partnerships with charities working with men, including men and sex working men who are at risk of exploitation/abuse from their partners, including risk of DA.	Force wide	Creating a Robust and Visible Collaborative Service for Male Victims of Rape and Sexual Assault under the Rape and SSO plan	Avon and Somerset Constabulary	The Terence Higgins Trust are eager to work with Force in this an area of work that is of interest to them and that may be developed. Similarly, Barnardos advise that they work with young males (up to the age of 25) who experience sexual abuse so may be another organisation with whom it would be helpful to develop contacts for the purposes of referrals	3rd December 2016	
Avon and Wiltshire Mental Health Partnership Trust (AWP)	Learning from this incident to be shared with BSDAS teams, particularly in relation to more inquisitive questioning about	local	Staff training to increase awareness of the potential risks relating to male sex work, use of substances and potentially abusive relationships, to	BSDAS		End March 2016	

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
	potential risk issues.		include training in the use of the DASH risk assessment.				
Avon and Wiltshire Mental Health Partnership Trust (AWP)	BDP and BSDAS to review procedures for transferring service users from shared care to BSDAS specialist prescribing, to explore whether there are ways of more effectively facilitating service users attendance and engagement with the new team.	Local	BDP shared care manager and BSDAS Stokes Croft manager to meet to review how the transfer process can be improved to facilitate attendance and engagement between services.	BSDAS	A new collaborative ROADS referral panel is now in place to assess and monitor suitability of new referrals from one element of the treatment system to another. As part of this process, this group will be asked to consider ways of facilitating attendance and engagement in the transfer process.	End November 2015	

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
Avon and Wiltshire Mental Health Partnership Trust (AWP)	BSDAS to explore accessing Illy electronic case records for continuity of care purposes for service users attending South Gloucester Drug and Alcohol services.	Local	BSDAS to explore costings, governance and mechanics around transferring from Theseus to Illy.	BSDAS		End March 2016	
Bristol Drugs Project (BDP)	BDP will establish a centralised system of recording where issues pertaining to Domestic Abuse are recognised	Local	1. Extension of existing arrangements around Vulnerable Adults (VA) under Safeguarding Policy and Procedure. 2. Centralising of response and involvement with MARAC	BDP - responsibility of safeguarding lead.	1. Staff to be advised of extension of VA arrangements to include all cases where DV is noted. 2. Arrangements to be confirmed with Bristol City Council Substance Misuse Team lead.	1. Agency Meeting 30.11.15 2. Meeting arranged for 09.11.15	
Bristol Drugs Project (BDP)	Training provision to be reviewed in light of lessons learned through DHR process	Local	Existing training to be updated, especially around issues pertaining to DV within same sex relationships.	BDP - responsibility of Managers delivering or arranging training.		June 2016 - Next date for Domestic Abuse training in Internal Programme.	

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
Bristol Drugs Project (BDP)	Integration of DASH risk assessment tool into practice where DV is highlighted	Local	Staff to be familiarised with form and process to use same	BDP - responsibility of safeguarding lead.		1. Agency Meeting 30.11.15	
Developing Health and Independence (DHI)	Triage risk assessment tool to be reviewed and revised	Local	Draft new tool and consult with team leader and staff	DHI	Revised risk assessment tool drafted, revised risk assessment tool agreed, revised risk assessment tool adopted	Revision complete by and agreed 30/11/2015. Implemented by 31/12/2015.	
Developing Health and Independence (DHI)	Workflow timescales between triage and assessment to be established	Local	Draft workflow timescales and consult with team leader and staff	DHI	Timescales drafted, timescales agreed, timescales adopted	1st January 2017	
Developing Health and Independence (DHI)	Cross organisational information sharing. Implement a new working model for information sharing across and within the organisation, to include a single	Regional	1. Review of all local MARAC/safeguarding information sharing arrangements. 2. 'Test' new model from January to March 2016. 3. Implement fully from April 2016.	DHI	Protocol drafted, protocol agreed, protocol adopted	Fully implemented from April 2016.	On the agenda for November 2015 executive meeting

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
	point of reference for all client record databases held by the organisation.						
Developing Health and Independence (DHI)	Undertake a 'lessons' learnt meeting with the team in relation to this case, to include the lessons learnt above, plus potential assumptions about risk, boundaries of role in supporting client in relation to person in treatment i.e. where they are not directly working with the person in treatment	Local	Put on agenda for Family & Carers Service Team Meeting	DHI	Meeting takes place, minutes of meeting circulated, any agreed practice learning is embedded	Nov-15	
Developing Health and Independence (DHI)	Domestic Abuse - develop a specific policy	Regional	Draft policy to be reviewed and approved by DHI's Executive team	DHI	Policy drafted. Policy approved by executive team. Policy implemented.	Drafted by end January 2016, approved by end February 2016, implemented by end March 2016.	Currently, Domestic Abuse is covered within DHI's Safeguarding Adults policy. Domestic Abuse training is part of the organisation's core training

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
							programme and services are actively involved in MARAC. DHI also delivers services for perpetrators of Domestic Abuse.
Developing Health and Independence (DHI)	Ensure team and the service are culturally competent.	Regional		DHI		Fully implemented from April 2016.	Existing mechanisms: the service has an Equality & Diversity Champion, staff have attended Diversity Trust training (commissioned by Safer Bristol), DHI contributed to a Bristol ROADS wide multi-agency Equalities & Diversity working group (which focuses on LGBTQ community).

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
							DHI has an Equality & Diversity policy, which was reviewed by Diversity Trust in 2014. Earlier in 2015, the service undertook an equality impact assessment.
North Bristol NHS Trust	Safeguarding training to be reviewed to include reinforcement that DA can and does occur in same sex partnerships	local	Safeguarding Lead to organise.	North Bristol NHS Trust		31st March 2016	
North Bristol NHS Trust	Information sharing at MARAC to be audited to ensure information is shared when it is in the possession of NBT	Local	MARAC reps to be informed	North Bristol NHS Trust		Jan-16	
St. Mungo's Broadway	Amend initial assessment forms to assess equality and diversity needs	Local	Ensure equality and diversity questions are captured at the start of an assessment form.	St Mungos Broadway / Diversity Trust	When clients first enter a service they feel confident that the	Completed.	St Mungos Broadway Street Population Outreach Team

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
	at the start of the assessment process when a client first enters the service. As required using guidance from the Diversity Trust.				service is fully aware of equality and diversity issues and have an open opportunity to disclose and discuss individual needs related to diversity. The service is then able to fully address these needs and provide appropriate support to meet them. Staff have more awareness of equality and diversity needs and are able to signpost to specialist support agencies where appropriate. Improved monitoring of equality and diversity issues is accurately recorded.		implemented this action in 2014 using advice and guidance from the Diversity Trust.

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
Sirona Care and Health	Sirona managers responsible for the MIU to provide additional training for staff to ensure that the full checklist of safeguarding questions (including questions about mental health) are completed in every case.	Local		MIU Managers		31st March 2016	
Sirona Care and Health	The Safeguarding Lead for Sirona to meet with MIU staff as a matter of urgency and provide additional bespoke training on safeguarding and domestic violence issues.	local	Training to be organised	Safeguarding Lead for Sirona		30 November 2015	Complete.
South Gloucestershire Council: Children, Adults and Health	To discuss the outcomes of this report with all Senior Practitioners.	Local	Meeting to ensure timescales are adhered to.	South Gloucestershire Council - Access Team	To facilitate improved practice and performance for the future	9th December Business Meeting	To be completed 9th Dec and principles of good practice to be embedded

Agency	Recommendation	Scope of recommendation i.e. local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target date	Date of completion and Outcome
South Gloucestershire Council: Children, Adults and Health	To ensure all correspondence from MARAC is copied to Senior Practitioners.	Local	Correspondence to be shared	South Gloucestershire Council - Access Team	Achieved to be integral to ongoing practice	21st October	21st October achieved to be part of ongoing standards
South Gloucestershire Council: Children, Adults and Health	To ensure that any post relating to possible risk is sent 1st class.	Local	To be shared with Access Team.	South Gloucestershire Council - Access Team	In progress	4th November Team Meeting	From 4th November to be part of ongoing good practice
South Gloucestershire Council: Children, Adults and Health	To devise scripts when contacting Service User by phone who may have an abuser present.	Local	Scripts to be devised with Senior Practitioners and Team Manager.	South Gloucestershire Council - Access Team	To be part of ongoing improved practice	9th December Business Meeting	9th December onwards , to be made integral to good standard practice
South Gloucestershire Council: Children, Adults and Health	To ensure that all cases with potential domestic abuse are prioritised and utilising the DASH risk assessment where appropriate within adult safeguarding.	Local	Decisions to be made in a timely way.	South Gloucestershire Council - Access Team	To be part of ongoing improved practice	9th December Business Meeting	For ongoing practice and review

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South Gloucestershire Council: Children, Adults and Health	Ensure all recommendations are followed and reviewed regularly in Supervisions	Local	Team Manager to discuss in Supervisions with Sen Prac/Serv Man	South Gloucestershire Council - Access Team	In progress to be reiterated in Team Meetings and supervisions	21st October	For ongoing improved practice , subject to review
South Gloucestershire Council: Children, Adults and Health	Contact with named police officers and discussion with alternative colleagues when not available	Local	Team Manager and seniors to discuss with alternative police personnel when officers not on shift	South Gloucestershire Council - Access Team	Embed as good practice rather than matters being delayed	4th November Team Meeting	4th November onwards , to be made integral to good standard practice in the Access team
South Gloucestershire Council: Children, Adults and Health	Building on DASH risk assessment completed by other agencies to ensure a more comprehensive assessment of risk and consistent approach	Local	Managers to discuss in Team Meetings and group supervisions	South Gloucestershire Council - Access Team	Ensure that team members build on DASH that may be in existence to complete work and fine tune rather than starting again to ensure consistency	4th November Team Meeting	4th November onwards , to be made integral to good consistent multi agency work .Subject to review
South Gloucestershire Council: Children, Adults and Health	Adherence to agreed time scales for actions and feedback, avoidance of drift	Local	Team Manager , Seniors and all Access staff to set time deadlines on actions	South Gloucestershire Council - Access Team	Facilitate improved practice and resilient timely standard setting that is measurable	9th December Business Meeting	9th December onwards , to be made integral to good standard practice

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South Gloucestershire MARAC	The MARAC Operating Protocol should be reviewed to ensure it is fit for purpose and ensure confidence that it is a process not a meeting.	Local	A process for contacting 'hard to reach' victims prior to a MARAC (to check welfare, seek consent for / make them aware of the referral and to request information about their wishes) § Best practice in terms of safe phone contact with victims (e.g for those who have stated their phone is monitored by the perpetrator, or for those in same sex relationships where it is likely to be difficult to confirm the person you are speaking to).	MARAC Steering Group		March 2016	
		Local	The MARAC Steering Group should review the standing invite list for MARAC on a quarterly basis for accuracy and appropriateness. In addition, a process should be agreed in terms of responsibility for identifying and	MARAC Steering Group		March 2016	

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			including additional agencies in any MARAC case				
		Local	The MARAC Steering Group should review best practice in terms of MARAC Minutes and make any necessary amendments to the South Gloucestershire process / template as required.	MARAC Steering Group		March 2016	
		Local	Increase the time between the referral deadline and circulation of the MARAC agenda to allow time to seek further information and identify additional agencies to attend. E.g. In the case of Michael – an appropriate method of contact for him and liaison with relevant Bristol agencies.	MARAC Steering Group		March 2016	

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South Gloucestershire MARAC	The MARAC Referral Form should be reviewed to ensure it is fit for purpose and reflects best practice.	Local	Task and Finish group to convene to discuss and amend the referral form; sign off from PADA to be received.	MARAC Steering Group		March 2016	
South Gloucestershire MARAC	The MARAC Steering Group to consider implementing appropriate quality assurance and audit functions	Local	Task and Finish Group to look at best practice for quality assurance processes.	MARAC Steering Group		March 2016	
South Gloucestershire Clinical Commissioning Group (CCG)	Practices to be encouraged to consider implementing a system of identifying and allocating known drug users to a specific GP who should co-ordinate their care, with flagging of records to indicate which GP they should be directed to.	Local	Presentation of DHR learning/findings to CCG Membership Meetings, Safeguarding Lead GP meetings and Practice Manager Forums.	Primary Care	GP practices will have an enhanced understanding of the benefits of continuity of care for vulnerable patients.	March 2016 - to fit with meeting agenda schedules	

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South Gloucestershire Clinical Commissioning Group (CCG)	Awareness raising and training about the links between mental health and substance misuse and domestic abuse to be reinforced.	Local	Incorporation of DHR findings to be included in Safeguarding Training for GPs	Primary Care	GPs will have a better understanding of indicators of domestic abuse and a lower threshold for seeking disclosure to allow support to be offered	Sept 2016 - to allow time to incorporate into training programmes	
South Gloucestershire Clinical Commissioning Group (CCG)	Training in recognition of domestic abuse in men to be made available to all GPs.	Local	Incorporation of DHR findings to be included in Safeguarding Training for GPs	Primary Care	GPs will have a better understanding of domestic abuse in men and a lower threshold for seeking disclosure to allow support to be offered	Sept 2016 - to allow time to incorporate into training programmes	