

## **APPENDIX B: East Sussex Domestic Homicide Review (DHR)**

Kent agencies involved in this Review Panel:

- NHS Kent and Medway
- Kent Police
- Kent County Council – Families and Social Care

### **Final DHR Report Recommendations (copied from East Sussex Report)**

#### **Recommendation 1 – for Kent**

That the Kent Community Health NHS Trust reviews its record retention policy and practice to ensure that robust records management is achieved.

#### **Recommendation 2 – for Kent and E Sussex**

That referring agencies complete referral forms to other agencies fully to provide all the relevant details requested to enable that other agency to act with the best information available about the person's circumstances and needs.

#### **Recommendation 3 - for Kent and E Sussex**

That the SECAS reinforce the need to ensure that copies of original records are retained to avoid incomplete record retention.

#### **Recommendation 4 - for Kent and E Sussex**

All documentation between a patient and a health or social care professional should state who was present at the intervention, with documented detailed recording of specific information in relation to any identified problem.

#### **Recommendation 5 - for Kent and E Sussex**

Safeguarding policies should identify that it is appropriate staff who engage directly with patients and service users who are best placed to complete the DASH tool with the person. It is also these staff that must receive adequate training in domestic abuse and in the use of the DASH risk assessment tool. Ideally this would be within a formal domestic abuse training, or, if not a discrete training course, there should be an enhanced approach within safeguarding training to the application of the DASH tool. It is for each agency to define which of its staff it regards as appropriate and to ensure that they undergo the DASH training.

#### **Recommendation 6 - for Kent and E Sussex**

That where a person has significantly changed circumstances caused by their condition, duration in hospital, changed support needs, or articulated concerns about their relationship with their carer, a documented care management reassessment of their care needs and an assessment of their risk is carried out using the relevant documentation as part of the discharge process.

#### **Recommendation 7 - for Kent and E Sussex**

That the relevant social services authority is notified when a referral is made to the local domestic abuse Advisory Service by the police in regard to a vulnerable adult and/or children.

### **Recommendation 8 - for Kent and E Sussex**

When making initial contact with people referred as being at risk of domestic abuse the DASH risk assessment is always used to inform their analysis of the risk faced by the person contacted and to inform their subsequent engagement and actions. Delivering on this recommendation is contingent on staff in the Advisory Service making that contact being DASH trained, see recommendation 5.

### **Recommendation 9 – for East Sussex**

That this Information Sharing Agreement is adopted by partners in East Sussex.

### **Home Office Feedback**

The East Sussex Community Safety Partnership has now received feedback from the Home Office DHR Quality Assurance (QA) Panel. East Sussex CSP therefore asks that when devising their Action Plans to address this case, the agencies involved consider the particular points raised by the Home Office given below:

- This case concerned an elderly couple and the victim was regarded as vulnerable due to the physical conditions she suffered from. It was noted that older victims are often less likely to disclose domestic violence particularly when there is a short period of contact with agencies. In this case, the periods of contact with agencies were short, and the QA panel felt this would make it unlikely that sufficient trust could have been built in order to lead to a disclosure. The QA panel suggested that a reassessment of care needs was required in this case and that this should also have included a home visit as part of the procedure. By establishing this as procedure the visits would not be seen by the perpetrator as anything out of the norm. The panel asks that this be built into the reports recommendations.
- The QA panel suggested that a further recommendation could include training in coercive control for health care practitioners, and a more sophisticated understanding was required by those completing the DASH form.