BEXLEY COMMUNITY SAFETY PARTNERSHIP
DOMESTIC HOMICIDE REVIEW
EXECUTIVE SUMMARY

Report into the deaths of Andrea, Jordan and Sammy December 2015

Independent Chair and Author of Report: Laura Croom
Associate Standing Together Against Domestic Violence
Date of final: 9 December 2020

1. Executive Summary

1.1 The Murders

1.1.1 Andrea (43) and Dean (48) were partners and lived with their two young children (8 and 4) in Bexley. Andrea's strength and health had been deteriorating over the previous few years. In mid-December 2015, she was given the diagnosis of motor neuron disease, a debilitating and life-limiting disease.

1.1.2 Two days later, she visited her family to talk about arrangements for the children. It was agreed in principle that she and the children would move back in with her mother and the children would live there following Andrea's death. That was the last time the three of them were see by the family.

1.1.3 A family member anonymously rang NSPCC Child Protection Helpline a few days later as the family had not heard from her for several days which was unusual. The police visited and searched the house several times. Dean said Andrea and the children had gone to visit friends. He left the UK and returned to the country he had grown up in. The family received a few text messages from Andrea's phone during this time, purportedly from her.

1.1.4 About three weeks after they were last seen, the bodies of Andrea and the children were found in shallow graves in the garden of their home. They had all suffered blunt force trauma to the head, been stabbed and their necks cut before being buried. Jordan had defensive wounds to his right hand. The specialist consultant neurologist later reported that Andrea would not have had the strength to defend herself.

1.1.5 Dean was arrested abroad and extradited back to the UK in February 2016.

1.2 The Review Process

1.2.1 This summary outlines the process undertaken by Bexley Community Safety Partnership domestic homicide review panel in reviewing the homicide of Andrea, Jordan, and Sammy who were residents in their area.

1.2.2 The following pseudonyms have been in used in this review for the victims: Andrea, Jordan and Sammy. They were Black British. The perpetrator is named Dean. He was Black, born in another country and moved here to join his mother when he was 8. His nationality is uncertain[1].

1.2.3 The family and friends who kindly provided information for the review are identified by their connection to Andrea and pseudonyms: Andrea's sister, Andrea's brother, Cousin Catherine and Cousin Sarah, Friend Helena and Friend Amanda.

1.2.4 The perpetrator pleaded guilty to three counts of murder and was given a whole life sentence. Criminal proceedings were completed in October 2016.

1.2.5 Initially, the CSP commissioned a local learning review to understand what could be learned. When the learning review was submitted to the Home Office, they replied saying that a

[1] Dean is described variously in the paperwork as "Black British", "Black British and African", and as "mixed race". As his immigration status is not a focus of this review, we have accepted the ambiguity here.

learning review was not sufficient in this case and highlighted aspects of the review that needed strengthening to meet the criteria of a domestic homicide review. In these circumstances, the Bexley CSP undertook to complete a DHR. Relevant agencies were notified of this in late September 2019 and asked to secure their records.

1.3 Contributors to the Review

1.3.1 This Review has followed the statutory guidance for Domestic Homicide Reviews 2016 issued following the implementation of Section 9 of the Domestic Violence Crime and Victims Act 2004. On notification of the homicide, agencies were asked to check for their involvement with any of the parties concerned and secure their records. Twenty agencies were contacted to check for involvement with the parties concerned with this Review. Fifteen agencies returned a nil contact, three agencies submitted Independent Management Reviews (IMRs) and chronologies, and one submitted an IMR only, and another supplied what limited information it held. A chronology was created from the IMR submitted and combined with the chronologies from other agencies. A narrative chronology was created from this by the Chair.

1.3.2 *Independence and Quality of IMRs*: The IMRs were written by authors independent of case management or delivery of the service concerned. Three services had involvement with the victim of sufficient duration which required IMRs and chronologies to be submitted, one submitted an IMR only. Another supplied the limited information it had. The IMRs received provided information that enabled the panel to analyse the contact with Andrea, Jordan, Sammy or Dean and to produce the learning for this review. Where more information was needed, the chair sent further questions to the IMR writers and some responses were received. Four IMRs made recommendations of their own and evidenced that action had already been taken on these. The IMRs have informed the recommendations in this report.

1.3.3 The following agencies and their contributions to this Review are:

Agency	**Contribution- Chronology/IMR/Letter/Other**
Bexley CCG	IMR and chronology of GP's contact
Oxleas NHS Foundation Trust	Summary report and analysis of occupational therapy appointment IMR and chronology of HV
Kings College NHS Trust	IMR
Dartford and Gravesend NHS Foundation Trust	IMR and chronology of Andrea's contact with Darent Valley Hospital
Bexley Safeguarding Children's Board (BSCB)	Meeting notes from the Bexley Safeguarding Children Board's Serious Incidents Sub Group's review of this case to determine if a Serious Case Review was required

	The letter notifying colleagues of the decision that a SCR was not required.
Greenwich Steiner School	SOE and email exchanges between the school and Andrea
Bexley Education Services	Review of the draft of this review and help in shaping education recommendations

1.4 The Review Panel Members

1.4.1 The Review Panel consisted of:

Name	**Role/Agency or Organisation**
Laura Croom	Chair, Associate of Standing Together
Deborah Simpson	Domestic Abuse and Sexual Violence Strategy Manager, Bexley Community Safety Partnership
Philippa Uren	Designate Nurse for Adult Safeguarding, South East London (Bexley) Clinical Commissioning Group
Heather Payne	Adult Safeguarding Head of Department, Kings College Hospital NHS Foundation Trust
Gina Tomlin	Safeguarding Adults Lead, Darent Valley Hospital, Dartford and Gravesend NHS Foundation Trust
Stacy Washington	Trust Lead for Safeguarding Adults and Prevent, Oxleas NHS Foundation Trust
Malcolm Bainsfair	Head of Adult Safeguarding and Principal Social Worker, Bexley Adult Social Care
Anita Eader	Bexley Safeguarding Adults Board Practice Review and Learning Manager, Bexley Adult Social Care
Fiona Cisneros	Deputy Director, Bexley Children's Social Care
Moksuda Uddin	Head of Children's Social Care, Bexley Children's Social Care
Amy Glover	Senior Manager, Solace Women's Aid
Russell Pearson	Detective Inspector, Specialist Crime Review Group, Metropolitan Police Service
Karen Upton	Lead GP Safeguarding Adults and Children South East London CCG (Bexley)
Clare Hunter	Designate Nurse for Children Safeguarding South East London CCG (Bexley)

1.4.2 *Independence and expertise*: Agency representatives were the appropriate level of expertise and were independent of the line management of those involved in this review.

1.4.3 The Review Panel met two times, with the first panel meeting on the 31 October 2019 and the final meeting on 28 September 2020.

1.4.4 The Chair of the Review wishes to thank everyone who contributed their time, patience and cooperation to this review.

1.5 Chair of the DHR and Author of the Overview Report

1.5.1 The Chair and Author of the Review is Laura Croom, an Associate DHR Chair with Standing Together. Laura Croom has worked in the domestic abuse sector for 17 years. In that time, she has provided frontline work, developed service standards for domestic violence services with SafeLives, reviewed the effectiveness of the coordinated community response (CCR) in 17 areas as part of Home Office-funded work with Standing Together and received Home Office DHR chairs' training in 2013. She is currently chairing her thirteenth DHR.

1.5.2 Standing Together is a UK charity bringing communities together to end domestic abuse. Standing Together aims to see every area in the UK adopt the CCR. The CCR is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse survivor, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase survivors' safety, hold perpetrators to account and ultimately prevent domestic homicides. Standing Together has been involved in the Domestic Homicide Review process from its inception, chairing over 80 reviews.

1.5.3 *Independence:* Laura Croom has no connection with the Bexley area or any of the agencies involved in this case. Authors of Individual management reviews are independent of line management of the service delivery in this case.

1.6 Terms of Reference for the Review

1.6.1 At the first meeting, the Review Panel shared brief information about agency contact with the individuals involved, and as a result, established that the time period to be reviewed would be from 1 August 2011 when the family moved to the area to the day in December 2015 when they were last seen by the family. Agencies were asked to summarise any relevant contact they had had with Andrea, the children or Dean outside of these dates.

1.6.2 *Key Lines of Inquiry:* The Review Panel considered the "generic issues" as set out in the 2016 Guidance:

(a) Analyse the communication, procedures and discussions, which took place within and between agencies.

(b) Analyse the co-operation between different agencies involved with Andrea, Jordan, Sammy and Dean

(c) Analyse the opportunity for agencies to identify and assess domestic abuse risk.

(d) Analyse agency responses to any identification of domestic abuse issues.

(e) Analyse organisations' access to specialist domestic abuse agencies.

(f) Analyse the policies, procedures and training available to the agencies involved on domestic abuse issues.

1.6.3 The Panel also identified and considered the following case specific issues:

(a) Analyse the family's and friends' identification of domestic abuse issues and access to specialist domestic abuse information and agencies

(b) Review the oversight of children when home-schooled and what opportunities there are to identify domestic abuse

(c) Children as carers

(d) Carer stress

1.6.4 As a result, the Chair contacted the Children's Society and Carers UK for information, invited Solace Women's Aid to be part of the review panel due to their expertise in domestic abuse, and sought updates on Bexley Elective Home Education's Policy. The Chair spoke to four family members and a friend and received information from a second friend. The Chair also spoke to an academic researcher on safeguarding and the clinical nurse specialist for the Motor Nerve clinic at Kings Hospital regarding motor neuron disease and the work of the clinic. IKWRO[2], who deliver specialist Black and minority ethnic support in Bexley, provided feedback on the draft report.

1.7 Summary of Chronology

1.7.1 **Chronology**

1.7.2 The family had little contact with local agencies in Bexley. They bought a home in Bexley and moved there in August 2011. Andrea's family report that the house needed mending and decorating, but Dean declined all offers of furniture, money or help with the work.

1.7.3 They had several contacts with the Oxleas NHS Foundation Trust health visitor (HV) as Sammy was very young. Andrea registered herself and the children at a Bexley GP but visited rarely and Dean had no contacts with his GP.

1.7.4 The HV and the GP noted that Andrea declined all immunizations for the children. In December 2012, after a visit with Jordan, she refused for the summary case record to be uploaded which is unusual but within her rights.

1.7.5 Jordan attended the kindergarten class at Greenwich Steiner School from January 2012 to December 2012. The school was not told why Andrea had withdrawn Jordan, though they thought that Dean disapproved of Jordan attending and they also thought the family might have had problems paying the school fees.

1.7.6 Andrea's neurological symptoms started in September 2013 with weakness in her left hand which gradually worsened. About eight months later, her right hand started to gradually weaken as well.

[2] IKWRO is the abbreviation for Iranian and Kurdish Women's Rights Organisation. The charity's brief has expanded since its founding and IKWRO now provide the specialist support in Bexley for BME victims of domestic abuse.

1.7.7 Andrea saw her GP in March 2014 about the weakness in her left arm. The GP conducted a neurological examination and found nothing of concern and advised her to return if symptoms persisted.

1.7.8 In August 2014, Andrea attended A&E at Darent Valley Hospital (DVH) with pain in her left shoulder and a weakness in her left arm. She said she had had these for the previous 12 weeks. A CT scan was carried out and her GP was asked to refer her to physiotherapy, for nerve conduction studies and an MRI.

1.7.9 She was referred to a neurologist and attended DVH A&E again in September 2014 with the same symptoms. She was again advised to see her GP.

1.7.10 Andrea was referred to the Oxleas Occupational Therapist (OT) after the A&E attendance in August 2014 and attended in late October 2014. The OT recorded that Andrea that Andrea was worried about symptoms as they were affecting her everyday life as she had no power in either hand. OT noted that Andrea was tearful and “fearing the worst”, primarily because of the two children. This is the first recording of a seriously disabling symptom.

1.7.11 Andrea attended a neurology outpatient appointment in mid-November 2014. She was told that there was evidence of damage to the nerves outside the brain spinal cord which often causes weakness. New weakness was noticed during physiotherapy. It was recorded that her fine motor skills were diminished, and she was unable to fasten buttons or zippers. She reported that she had lost about a stone and a half in weight. The following letter to the GP noted that she lived with her two children and was managing daily living. Andrea was referred to the Kings College Hospital consultant neurologist requesting further tests.

1.7.12 Andrea saw her GP in early December 2014 for other health issues. She cancelled an OT appointment, saying she was waiting for further test. She had those tests later in December and they showed acute paralysis in her arms, and loss of reflexes without sensory loss. Her MRI showed mild degenerative changes too.

1.7.13 In January 2015, Andrea cancelled her OT appointment and an appointment at DVH. She attended the DVH lumbar puncture clinic in early February 2015. Improvements were noted: the strength in her arms had improved and she had gained weight. She was referred to the peripheral nerve clinic.

1.7.14 The Oxleas OT closed her file on 14 April 2015 as Andrea had not re-booked the missed sessions.

1.7.15 Andrea attended the GP at the end of April 2015 to discuss her blood tests and was started on iron pills.

1.7.16 In mid-June 2015, Andrea had her first appointment with the KCH consultant neurologist. She attended with her sister. The neurologist’s opinion was that Andrea had severe progressive lower motor neurone syndrome affecting all four limbs. Initially, another condition was suspected which improves with a standard treatment of intravenous immunoglobulin (IVIG).

1.7.17 Andrea started this standard treatment in mid-September 2015 as a day case and reported some improvement when she attended the DVH Neurology Clinic. At her next KCH appointment in October 2015, the neurologist found that her muscle strength was worse than it had been in June. The KCH neurologist told her that the diagnosis was more likely to be

motor neurone disease (MND) but that Andrea had not had enough of the IVIG treatments to be sure. She had the further IVIG treatment on in late October and mid-November 2015.

1.7.18 At the end of November 2015, Andrea contacted the Greenwich Steiner School that Jordan had attended and asked about places for both of the children.

1.7.1 Andrea attended an appointment with the KCH neurologist on 11 December 2015 alone. Andrea reported small improvement in her fingers but said her legs were weaker and she was able to do less. The doctor told her that the diagnosis was definitely MND and referred her to the motor nerve clinic and the regional specialist service for MND. The doctor told her that with MND, her condition would deteriorate, and she would eventually die. She admitted she was quite depressed. The doctor noted that her hands and arms hung loose at her side and she could hardly make any movements at all with her fingers and hands. She was not able to grip anything, and she had very limited use of her hands and arms. She was very weak and though she could walk unaided, her walk was slow and unsteady.

1.7.2 The same day, the Greenwich Steiner School offered places for both children from Easter 2016.

1.7.3 A few days later, Andrea went to visit her mother and sister. She told them she had been diagnosed with MND and that she probably had between one and three years to live. She asked if she and the children could move back in with her mother. Her mother agreed but said that she could not bring Dean. The family understood that she would likely move back home around Christmas. Dean and the children collected Andrea. Andrea rang a cousin that day and talked about the children's future.

1.7.4 The next contact agencies had about Andrea was the call to the NSPCC made by Andrea's aunt.

1.7.5 **Family information**

1.7.6 Andrea was part of a large extended family that lived close to each other in another part of London. The family background is Jamaican, West Indian, and Indian. Andrea's sister described the family as a large matriarchal one. The extended family were very involved and looked after each other's children, meaning the cousins were very close. Andrea's sister and brother, two cousins and two friends provided information for this review.

1.7.7 Dean was raised in another country and came to the UK to be reunited with his mother when he was 8. He described his separation from his original family carers as traumatic. He had two previous relationships that resulted in three children whom Jordan did not have regular contact with. He told a psychiatrist that he could be possessive in relationships.

1.7.8 The family were concerned about Andrea's relationship with Dean from the start. They met in the late 1990s through work. Andrea was in her early 20s and lived in her family's home. Dean then went to France for eight years. When he returned, Andrea and Dean took up where they had left off. Dean moved into a flat owned by Andrea in the area where Andrea's mother, sister, and extended family lived. Andrea moved into the flat with Dean eight months after Jordan was born. After Sammy was born, the family moved to Bexley.

1.7.9 Andrea was initially the breadwinner. Dean and Andrea had shared interests in that they both worked in the entertainment business and cared about their health, working out daily and eating healthily.

1.7.10 Over time, Andrea's family and friends saw Dean's control grow. He took on Andrea's interests and then took them over, becoming her trainer and eventually deciding what she and the children could eat and sending food with them when they were away from home for a meal. The family's diet was essentially a raw diet with pureed food and soups. Dean preferred them to eat cold food.

1.7.11 Dean decided what Andrea could wear. He told her that no one would want her and demeaned the work that she did. Dean discouraged her contact with the family, listening in to mobile phone calls, arriving early to pick her and the children up when she was no longer strong enough to drive to visit the family. He discouraged her from taking any jobs that required travelling and became jealous when she socialised with her colleagues.

1.7.12 Andrea and Dean moved to Bexley and, though they had few possessions and the house needed a good deal of work, Dean refused all offers of time, help, furniture and money from Andrea's family. Dean would go into the back of the house when the family visited in Bexley and Andrea discouraged such visits, sometimes cancelling arrangements at the last minute. When anyone challenged Dean, that person would be cut off from Andrea and the children. She lost contact with many friends. After the murders, Dean expressed a good deal of hatred of Andrea's family.

1.7.13 Andrea's deteriorating health increased the control that Dean had as she became more dependent on him. A friend said that caring for Andrea changed Dean. Family say that he did not do much for her and left the children to do a good deal of the caring for her.

1.7.14 Though the family were aware of Dean's control and were concerned, they did not think that such control constituted domestic abuse. They tried to encourage Andrea to come home which she had agreed to do just before she and the children were killed.

1.7.15 **Agency involvement**

1.7.16 *Oxleas NHS Foundation Trust* provided two services for Andrea and her children, the health visiting service and the occupational therapist.

1.7.17 The HV had four contacts with the family regarding Sammy. She met them in November 2011 after they had moved to the area and completed a family health assessment. These family health assessments now include questions about domestic abuse. In April 2012 Sammy had a hearing test by an audiologist and he had a developmental check at the local Children's Centre in May 2012. In March 2014 the HV visited Andrea at home and identified no problems. Andrea said she was home-educating Jordan while waiting for a primary placement at Greenwich Steiner School so the children would go to school together.

1.7.18 Andrea saw the OT in October 2014 where she was assessed and significant neurological deficits were noted in both hands. Andrea said the symptoms were affecting her everyday life and was tearful, saying she "feared the worst", being particularly concerned about her two children. She was given exercises to do. She re-scheduled following appointments and, when she had not been in touch by the following April, she was discharged from the OT service.

1.7.19 *GP:* Andrea saw her GP 9 times between registering with the GP and her death. Four of those visits were about her weakening muscles. The others were for blood tests, hypothyroidism and general medical issues. Jordan was not seen at the surgery after he was

registered there. Sammy was seen once for an earache. Andrea said that he did not want the children immunised, that she preferred homeopathic remedies.

1.7.1 *Dartford and Gravesham NHS Foundation Trust* includes Darent Valley Hospital. Andrea was seen five times, twice in A&E and three times in outpatient clinics. The A&E records were paper notes and do not document the attendances in full. The neurology outpatient appointments referred her to the GP for tests and to the KCH neurology consultant. The neurologist captured information about her physical limitations, its impact on her work, and that she had two young children. The neurologist also noted that there was a family history of MND.

1.7.2 *Kings College Hospital NHS Foundation Trust* saw Andrea three times between June and December 2015. She attended the first consultant neurologist appointment with her sister and, after that, alone. The first appointment led to IVIG treatments that would have alleviated her symptoms if she had another condition rather than MND. The second appointment assessed that her condition had not improved with the IVIG treatments. At the third appointment, Andrea was given her MND diagnosis and she was distressed and said she was depressed. She was referred to the Motor Nerve Clinic.

1.7.3 *Greenwich Steiner School* had Jordan as a pupil from January to December 2012. The school was not told why Andrea had withdrawn though they thought there might have been problems paying the fees and they thought that Dean did not like Jordan attending. Andrea wanted the children to attend the school together and they were offered a place from Easter 2016.

1.8 Conclusions

1.8.1 Dean appears to have been exercising oppressive control over Andrea. There were a number of possible routes to identifying this and offering appropriate support to Andrea:

(a) By healthcare professionals showing professional curiosity about how she was managing to cope with her children and her own care needs as her health and strength reduced dramatically. Exploring Andrea's care needs would have identified Dean as Andrea's carer and might have helped professionals have a better understanding of what was happening in their household. Dean's ability and willingness to provide Andrea's care could have been discussed and the impact on him of caring for her. This might also have led to an assessment of the appropriateness and impact of Jordan providing care for his mother.

(b) By healthcare professionals identifying that Andrea was an "adult at risk" as a result of her diminishing health. Again, this would have led to assessments of her needs, Dean's ability and willingness to provide Andrea's care, the impact on him of caring for her, and the role and appropriateness of Jordan's role in her care.

(c) By professionals and family identifying Dean's behaviours as domestic abuse. Though coercive and controlling behaviour was only recognised as a crime in December 2015, these behaviours have been recognised as risk factors in domestic abuse for several decades. But these were, and are, less well-known to the general population and to professionals than physical abuse.

1.8.2 There were many missed opportunities to talk to Andrea about how she was coping at home, and about her challenges in caring for the children with her increasing weakness.

1.8.3 Dean managed to stay out of the record altogether, apart from his cannabis conviction, which is unusual.

1.8.4 There was a surprising lack of professional curiosity about Andrea's care and the care of her children, given her declining health. Asking questions may not have led to disclosures of her needs, or of the controlling relationship she appeared to have been subjected to by Dean. But if she had talked about her care needs, and if she and Dean had accepted support, it may be that this would have reduced the anxiety and stress on the whole family.

1.8.5 In this case, Andrea's ill-health was an opening for conversations she may have been willing to have and that may have created a sense of trust with professionals so that she could talk to them about her relationship with Dean.

1.8.6 It may be that if the opportunities had been taken, if professionals had asked how Andrea was coping with her physical limitations and her childcare responsibilities, that interventions may have been put in place. It also may be that these offers of help would have been declined by Andrea as her family's and friends' offers had been declined.

1.8.7 The police concluded that Dean killed Andrea and their children because she was leaving him. If through the discussions of her care needs, Dean's control became known then there would have been opportunities to intervene to keep her safe.

1.8.8 Andrea's family say that she would not have described herself as a victim of domestic abuse because Dean did not hit her. Neither Andrea nor her family knew that the control he exercised was abusive behaviour. The criminal offence of coercive behaviour became law later in the month that Andrea and the children were killed.

1.8.9 Family and friends describe Andrea as a confident professional woman who, when the relationship with Dean started, was someone well accustomed to having and exercising control over her life. As happens in coercive and controlling relationships, Andrea's agency was diminished by Dean and that loss was accelerated by her deteriorating health.

1.9 Lessons to be learnt

1.9.1 Those suffering in coercive and controlling relationships, particularly where they have not been physically abused, may not think they are suffering domestic abuse. As a result, they may not access help that is identified as being for victims of domestic abuse. The same is true for family and friends. When raising awareness with the public about domestic abuse, it is important to identify controlling behaviours as criminal.

1.9.2 All services need to create the opportunity for victims to disclose any abuse they may be suffering at home.

1.9.3 For families who use services less often, the importance of taking those rare opportunities to ask about patients' situation is critical.

1.9.4 Illness and disability increase the vulnerability and risk for victims of domestic abuse, but also create more opportunity for professionals to have contact and build trust with victims. Victims are more likely to talk about the abuse with people they trust. These opportunities need to be identified and grasped.

1.10 Recommendations from the review

1.11 National Recommendations

1.11.1 **Recommendation 1**: Home Office to launch a campaign to help the public understand coercive control and to direct them to local sources of support. Campaign to target cultural and social norms that support, accept or disguise coercive control, particularly acknowledging the issues of shame and so-called honour-based violence.

1.11.2 **Recommendation 2:** NHS England to ensure that health professionals giving a terminal diagnosis organise for immediate support to be available to patients to discuss the impact of their illness and the prognosis on their life, and the support likely to be needed and available.

1.11.3 **Recommendation 3:** The Department of Education require parents who are home-educating to register this with their local authority's Education Services. That the Department of Education provide guidance on when and with whom local authority Education Services can share this information with other agencies.

1.12 Overview Report Recommendations:

1.12.1 The recommendations below should be acted on through the development of an action plan, with progress reported on to the Bexley Community Safety Partnership within six months of the review being approved by the partnership.

1.12.2 **Recommendation 1**

After the pandemic has subsided, the **agencies represented on this DHR Panel** review their safeguarding provision to ensure that they have the capacity to meet the needs of statutory review processes such as domestic homicide reviews.

1.12.3 **Recommendation 2**

Bexley Community Safety Partnership to launch a campaign help the public understand coercive control and to direct them to local sources of support. Campaign to target cultural and social norms that support, accept or disguise coercive control, particularly acknowledging the issues of shame and so-called honour-based violence.

1.12.4 **Recommendation 3**

Bexley Community Safety Partnership to ensure that all safeguarding adult and child training use this case to make several points:

(a) Everyone has a role to play in stopping domestic abuse

(b) It is critical that opportunities to enquire and support patients/clients are not missed.

(c) If in doubt, staff should discuss domestic abuse concerns with their Safeguarding Lead and then, if appropriate, refer the case to someone more specialised.

(d) How a Think Family approach might have opened a number of routes to safety for this family.

(e) Include information about local voluntary agencies that might provide additional support to patients.

1.12.5 **Recommendation 4**

Dartford and Gravesham NHS Trust and King's College Hospital NHS Foundation Trust, Oxleas NHS Foundation Trust, Bexley GPs, and community care services: Review policies regarding care of patients with disabling conditions to ensure that conversations about support and care needs are introduced when the symptoms impact daily living.

1.12.6 **Recommendation 5**

That the Domestic Abuse Health Subgroup works to ensure the following**:**

(a) That health referrals to domestic abuse services are monitored as part of the evaluation of health professionals' training on domestic abuse.

(b) That a consistent and coordinated plan is developed for routine enquiry in health services based on best practice

(c) That health training on domestic abuse includes the cultural barriers that might stop ethnic minority victims reporting and that might affect health professionals' responses to ethnic minority victims.

1.12.7 **Recommendation 6**

Local health services (GP surgeries, Oxleas, KCH and DVH) to use this case in training to

(a) Identify the need to think about wider safeguarding issues when working with patients, including considerations of Andrea as an adult at risk, and the children being at risk of neglect

(b) Promote the understanding of coercive control, what it might look like in situations where the victim has a progressive illness

(c) Develop professional curiosity about the impact of patient's symptoms on their daily lives and how they manage their lives, relationships and children, and how to ask patients about their lives

(d) Identify what further support might be necessary to keep patients and their children safe and healthy and ensure the patient is connected to that support

(e) Consider how to improve the gathering of information about clients and sharing that information with other health agencies.

1.12.8 **Recommendation 7**

1.12.9 **That Bexley CSP** ask local statutory and voluntary agencies to include in their borough-wide policy and practice, that when professionals learn that a client or patient is home-educating and gain consent of the parents, that the fact of their home-educating is shared with Bexley's Education Services.

1.12.10 **Recommendation 8**

1.12.11 That the **Bexley Education Services** determine and communicate the mechanism for agencies to inform them of families who are home-educating and have consented to the sharing of this information.

1.12.12 **Recommendation 9**

That the **Bexley Community Safety Partnership and the South East Clinical Commissioning Group** work together to see that secondary and primary care health

professionals in Bexley are provided with information about the variety of local support organisations in Bexley and how to refer clients to them. That LBB ensures that health professionals are supplied with information to share with patients about the help that is available through these organisations.

1.12.13 **Recommendation 10**

That **adult and child safeguarding training in Bexley** include training on unconscious bias and systemic discrimination, including cultural attitudes that discourage people from seeking help from agencies, and professionals' understanding of cultural attitudes. Staff to be alerted to information and resources available locally to understand and address these concerns.

1.12.14 **Recommendation 11**

Bexley Community Safety Partnership provide regular updates to Andrea's family on the completion of this review's action plan.

1.13 IMR Single Agency Recommendations

1.13.1 **Dartford and Gravesham NHS Trust:**

1.13.2 **Recommendation 1**

1.13.3 When a physical health condition is identified as having an impact on activities of daily living, a referral to occupational therapy would be recommended to assess for appropriate support for patient to manage their daily activities.

1.13.4 **Recommendation 2**

1.13.5 Records of consultations and appointments to include the identify and relationship of the person attending with the patient.

1.13.6 **King's College Hospital NHS Trust:**

1.13.7 **Recommendation 1**

1.13.8 King's College Hospital outpatient departments to make routine enquiries about domestic abuse for all patients accessing the service. This will include episodes of care involving IVIG/Clinical research. This aligns with KCH Safeguarding Adults Service on going work to raise awareness around domestic abuse.

1.13.9 **Recommendation 2**

1.13.10 King's College Hospital to ensure that episodes of care involving IVIG/Clinical research are recorded and accessible to other professionals.

1.13.11 **Oxleas NHS Foundation Trust:**

1.13.12 **Recommendation 1**

1.13.13 Domestic abuse to be included in all safeguarding adults and safeguarding children face-to-face training offered to trust staff.

1.13.14 **Recommendation 2**

1.13.15 The safeguarding team to promote the domestic abuse e-learning to all adult facing staff.

1.13.16 **Bexley Clinical Commissioning Group:**

1.13.17 CCG to advise that GP palliative care meetings should be extended to consider anyone with a new diagnosis of a life-limiting condition in order to review their situations and ensure that appropriate support is offered to those:

(a) with caring responsibilities for a child or vulnerable adult

(b) who may have no support themselves

(c) who may rely on young members of their households as carers.