

**DOMESTIC HOMICIDE REVIEW
OVERVIEW REPORT**

Redbridge Community Safety Partnership

ADULT AISHWARYA /2014

Independent Chair and Report Author:

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Report Completed:

September 2019

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1. INTRODUCTION

1.1 Preface

- 1.1.1 This domestic homicide review (DHR) examines the circumstances surrounding the death of Aishwarya in December 2014. Aishwarya was murdered by her partner, Sayeed, with whom she had been in a relationship with for approximately two years. At the time of her death, Aishwarya was known to a significant number of statutory and voluntary services in London in the boroughs of Redbridge, Waltham Forest, Tower Hamlets and Newham. Aishwarya had reported domestic abuse from Sayeed and a previous partner, Hamir, to police and other services, had received support from specialist domestic abuse services and was referred to Waltham Forest MARAC on one occasion. Aishwarya also had interactions with a number of substance abuse services, housing support services and health services, including a hospital trusts and her GP. Aishwarya's death occurred in the London borough of Redbridge.
- 1.1.2 As Independent Chair, I would like to express my and that of the review panel's deepest and heartfelt condolences to Aishwarya's family, especially her mother, for their loss. We cannot truly comprehend the pain and distress caused by her death. We have endeavoured to give Aishwarya a voice and capture the richest learning possible from the dreadful tragedy of her death. What has emanated from this review has been a deep reflection by all concerned on how we work with individuals with multiple vulnerabilities, including substance misuse, physical and mental health issues and domestic abuse.
- 1.1.3 The Panel would also like to thank frontline professionals from a range of organisations and agencies who have cooperated and assisted with the review as well as those staff who supported the review from an administrative perspective. As Chair, I would also like to formally record and thank the Review Panel for the patience, time, commitment and thoughtful consideration during this process, which was considerably long and complex due to the sheer number of organisations involved.
- 1.1.4 It should be noted that to maintain confidentiality pseudonyms have been used.

1.2 Details of the incident

- 1.2.1 At almost midnight in early December 2014 the London Ambulance Service (LAS) requested police assistance in dealing with a collapsed female at 9 Frank Slater House, Ilford. A transcript of the call depicts Sayeed in a highly agitated state, swearing and being abusive to the operator.
- 1.2.2 On arrival police observed LAS personnel tending to Aishwarya, who was lying on the floor, and saw Sayeed also on the floor screaming at Aishwarya to breathe. Police spoke to Sayeed who stated that Aishwarya and he were talking when she suddenly collapsed. Police reported that Sayeed's behaviour fluctuated between calm and aggressive which led to his arrest for obstructing police. Sayeed was subsequently released without charge on 03 December 2014.
- 1.2.3 Aishwarya was taken by the LAS to King George Hospital where her life was pronounced extinct at just after midnight, December 2014.
- 1.2.4 A routine postmortem was conducted between 04 December 2014 and 05 December 2014 at Queen's Hospital. The examination of Aishwarya's body with an ultra violet (UV) light source revealed bruising on her face and a split lip. The postmortem was stopped as it was believed Aishwarya's death was suspicious.
- 1.2.5 On 06 December 2014, a special postmortem was carried out at Queen's Hospital. Aishwarya's body had a considerable amount of bruising, and several rib fractures were noted. There were multiple injuries to her mesentery (a fold of tissue that attaches organs to the body wall) which resulted in blood loss into her abdomen. The cause of her death was described as shock and haemorrhage.
- 1.2.6 Following the result of a special postmortem on 06 December 2014, Sayeed was arrested and charged with Aishwarya's murder.

1.3 Timescales

- 1.3.1 This Domestic Homicide Review (DHR) was commissioned by Redbridge Community Safety Partnership in accordance with the Revised Statutory Guidance for the conduct of Domestic Homicide Reviews published by the Home Office in

March 2013. The Metropolitan Police notified Redbridge Community Safety Partnership on the 9 December 2014 that the case should be considered as a DHR. A scoping exercise took place in early 2015, and following feedback from partner agencies, the Redbridge Community Safety Partnership felt that the circumstances of the death warranted a Domestic Homicide Review to establish what lessons would be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims. The CSP notified the Home Office on 19th January 2015 and commissioned Meghan Field to chair this process in March 2015.

1.3.2 The purpose of this review is to:

- (a) Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- (b) 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.
- (c) Apply those lessons to service responses including changes to policies and procedures as appropriate.
- (d) Prevent domestic homicides and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

1.3.3 The review process does not take the place of the criminal or coroner's court nor does it take the form of any disciplinary process within any of the agencies involved.

1.3.4 The first Panel meeting was held on 01 April 2015. Subsequent meetings were held on 31 July 2015, 17 September 2015 and 30 October 2015. The draft report was reviewed at meetings on 21 April and 2 August 2016.

1.3.1 An overview of the DHR process was presented to the Redbridge Community Safety Partnership on 13 July 2016. The final report and executive summary were delayed as a result of the Independent Chair taking a sabbatical for personal reasons. There was a further delay due to the health of Aishwarya's mother who was very keen to input into the final report. They were submitted to the Home Office on 15 December 2018, with

the Home Office providing notification and approval for publication on the 13th April 2022.

- 1.3.2 Once published, the final report will be shared with the governance boards and committees of participating statutory and voluntary agencies across Redbridge, Newham and Waltham Forest. The action plan will be managed by the Redbridge VAWG Strategic Group.

1.4 Terms of Reference

- 1.4.1 In order to critically analyse the incident and the agencies' responses to the family, this review should specifically consider the following six points:

- a) Analyse the communication, procedures and discussions, which took place between agencies.
- b) Analyse the co-operation between different agencies involved with the victim, alleged perpetrator, and wider family.
- 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 training available to the agencies involved on domestic abuse issues.

- 1.4.2 The full terms of reference are included in Appendix 1.

- 1.4.3 The review looked at the involvement of statutory and voluntary agencies with Aishwarya and Sayeed during the period of 01 January 2010 and 03 December 2014. This time frame was agreed to be appropriate as in January 2010 there began to be disclosures of abuse to services.

- 1.4.4 Agencies were asked to summarise their involvement before 01 January 2010.

1.5 Parallel and related processes

- 1.5.1 **Inquest.** An inquest was opened and adjourned on 12 December 2014 at Walthamstow Coroner's Court. This matter was concluded upon Sayeed's conviction.

- 1.5.2 **Criminal prosecution.** Following the result of the post mortem, on 06 December 2014 Sayeed was arrested and charged with Aishwarya's murder. Sayeed's first appearance following charge was on 08 December 2014 at North East London Magistrates Court where he was remanded in custody. The next listed court date

was 10 December 2014 when Sayeed pleaded not guilty to the charge of murder. On 21 May 2015 at the Central Criminal Court, Sayeed pleaded guilty to the lesser charge of manslaughter. He was sentenced to seven years imprisonment.

1.5.3 There were no other parallel processes undertaken in relation to this review.

1.5.4 Panel membership

A full list of panel members is attached as appendix 2.

1.5.5 Independent chair

The independent Chair of the DHR is Meghan Field. Meghan has been working internationally to eliminate violence against women and girls for over 17 years. Meghan is a certified Independent Domestic Violence Advisor (IDVA) and managed a frontline service in West London before becoming the Domestic and Sexual Violence Services Coordinator for the Royal Borough of Kensington and Chelsea (RBKC). Meghan then worked for Standing Together Against Domestic Violence where she acted as the Housing Services Coordinator, co-chaired Domestic Violence Homicide Reviews and published Turning Points, which examines the impact of a coordinated community response on survivors of domestic abuse. During this time, Meghan co-founded the Domestic Abuse Housing Alliance (DAHA) with partners from Gentoo and Peabody and is currently a DAHA Associate.

1.5.6 Standing Together Against Domestic Violence (STADV) provided administration support for this DHR.

1.5.7 None of the IMRs report writers had any direct contact with the victim or perpetrator. All Panel members were similarly independent.

1.5.8 Methodology¹

1.5.9 This review is guided by:

- a) The processes outlined in the Home Office Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews

¹ This DHR began before the latest iteration of the Home Office Guidance and therefore does not include the changes introduced in the latest version.

- b) Learning from other Domestic Homicides Reviews and Serious Case Reviews of child death/vulnerability across the UK
- c) The cross-government definition of domestic abuse (April 2013).

1.5.10 The Home Office Statutory Guidance advises that where practically possible the Domestic Homicide Review should be completed within 6 months of the decision made to proceed with the Review. In this case, this has not been possible for several reasons relating to the fact that there was a large number organisations, some providing more than one service such as NELFT involved in the review. There were 30 services provided by 24 organisations involved. 19 submitted IMR's with a further 3 agencies providing chronologies for inclusion, and it has taken considerable time to collect and analyse the information provided. Further, it has taken considerably time for family members to be able to input into the review.

1.5.11 As per Home Office guidance, the approach adopted was to seek chronologies and Individual Management Reviews (IMRs) from all organisations and agencies that had contact with Aishwarya or Sayeed. It was also considered helpful to involve those agencies that could have had a bearing on the circumstances of this case, even if they had not been previously aware of the individuals involved such as representatives from the Local Clinical Commissioning Group. The Guidance and template was shared with the IMR's authors beforehand.

1.5.12 Chronologies and/or IMRs were provided by:

- a) Metropolitan Police Service
- b) Aanchal Women's Aid
- c) Action on Addiction
- d) Ashiana Network
- e) Barts Health NHS Trust
- f) Barking, Havering & Redbridge University Hospitals NHS Trust – Acute Hospital
- g) Equinox – Brook Drive
- h) Newham Action Against Domestic Violence

- i) North East London Foundation NHS Trust Services (incorporating Redbridge Drug & Alcohol Service, Redbridge Access and Assessment Team, Waltham Forest Community Drug and Alcohol Team, Waltham Forest Home Treatment Team, Waltham Forest Access and Assessment Team)
- j) London Borough of Redbridge Housing Service
- k) Single Homeless Project (Redbridge)
- l) Somewhere House
- m) Waltham Forest Turning Point
- n) Victim Support
- o) Western Counselling
- p) Cranstoun City Roads
- q) Westminster Drug Project
- r) National Probation Service
- s) London Borough of Waltham Forest Adult Social Care

1.5.13 Despite numerous attempts by the Chair and administration team to secure IMRs for this review, only chronologies were provided by the following organisations:

- a) Addison Road Medical Centre
- b) Aldersbrook Medical Centre
- c) Tower Hamlets Family and Children's Services

1.5.14 Despite numerous attempts by the Chair and administration team to secure IMRs for this review, neither chronologies nor IMRs were provided by the following organisations despite having had contact with Aishwarya:

- a) Ravenswood Road (Foundation 66/Phoenix Futures) – There have been numerous changeovers of provider for this service, and Aishwarya's record was not able to be located.
- b) Qalb Centre – Paper records were destroyed in a flood and there were no electronic records dating back to the time Aishwarya was a service user.

- 1.5.15 To note, the following organisations did not provide chronologies or IMRs as upon checking their records, they did not find evidence of interaction with Aishwarya or Sayeed:
- a) Haven Whitechapel – Thoroughly checked records but Aishwarya did not access service despite being referred
 - b) NHS England – Sayeed was not registered with a GP.
- 1.5.16 Once the IMRs had been provided, panel members were invited to review them all individually and debate the contents at subsequent panel meetings. This became an iterative process where further questions and issues were then explored. Scoping the significant number of agencies involved in this review was an ongoing process as individual agency IMRs would uncover other organisations who had been involved, which then needed to be followed up and brought into the review process and panel.
- 1.5.17 To note, the Review Panel found obtaining Sayeed’s confidential information, (including medical records) difficult. In fact, finding information about him as a person and his life has been difficult. He was not registered with a General Practitioner nor are there any medical records on all searched systems. The police and probation have some information which was released as part of the review.

1.6 Contact with family and friends

- 1.6.1 The chair was contacted soon after commencing the review by an advocate from Advocacy After Fatal Domestic Abuse (AAFDA), who supported Aishwarya’s mother. The advocate and the chair worked together to support Aishwarya’s mother to participate in the DHR process, and she was interviewed in November 2016. Aishwarya’s father declined to participate in the review. Aishwarya did not have any identified close friends that the chair was able to approach to be part of this review.
- 1.6.2 Aishwarya’s mother met with the Independent Chair to review and agree the draft report, the use of the name Aishwarya was her suggestion. She did request a meeting with the the review panel as she was unwell during the period of the review.
- 1.6.3 The chair attempted to interview Sayeed for this process, but he formally declined to be interviewed and refused to sign any consent forms to be contacted in future. This information was communicated via the authorities at HMP Wayland.

1.7 Equalities

- 1.7.1 The nine protected characteristics as defined by the Equality Act of 2010 have all been considered within this review. (They are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.)
- 1.7.2 The victim in this case was female, born in the United Kingdom and described herself as mixed Pakistani/Arabic heritage. Although not a practicing Muslim, Aishwarya was brought up in a Muslim household. Despite Aishwarya being a young British Asian Muslim, there is little reference to her ethnicity, culture or religion in case notes or other documents in her files, although she was, on at least one occasion, referred to a culturally specific service for additional support.
- 1.7.3 At SHP, Aishwarya had a total of seven workers during the time period covered by the report, two of whom were male. A female caseworker reported that at the point she took over Aishwarya's case her manager was cognisant of the fact that a female worker would be preferable and that manager also stated that they would, in general, attempt to ensure that a female client was supported by a female worker if information suggested that this would benefit the client. However, it is important to recognise that each of the SHP services that Aishwarya was linked in with were operating with between 1.5 and 2 workers apiece and limited staffing meant it would not always be possible to guarantee this. It isn't possible to speculate on whether the gender of Aishwarya's worker impacted upon the support she was offered or the way in which she engaged with the service. However, it should be noted that she disclosed the assault of 10th December 2012 only after her support was transferred to a female member of staff which.
- 1.7.4 The perpetrator is male and was born in the UK. Sayeed is of Bangladeshi heritage and this was not a relevant factor either to the circumstances of the homicide or to the way he was treated by any of the agencies with whom he had any contact.

1.8 Confidentiality and Dissemination

- 1.8.1 The findings of this Review are restricted to only participating officers/professionals, their line managers, and the family of the victim, until after the Review has been approved for publication by the Home Office Quality

Assurance Panel. As recommended within the “Multi Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews” to protect the identity of the deceased, and her family, pseudonyms have been used throughout this report. After this overview report has been through the Home Office quality assurance process, the report and attachments, excluding the chronologies, will be published in accordance with the Home Office Guidelines.

- 1.8.2 Each of the Panel members (as laid out in appendix 2), the IMR authors, the Chair and members of the Redbridge Community Safety Partnership have received copies of this report.

2. The Facts

2.1 Aishwarya’s death

Early December 2014 at just before midnight, police were called to Aishwarya’s address in Redbridge by the London Ambulance Service (LAS) who requested police assistance whilst dealing with a collapsed female, Aishwarya. On police arrival Sayeed was found crouched next to Aishwarya. She was taken by the LAS to King George Hospital (KGH) where her life was pronounced extinct just after midnight.

- 2.1.1 A Post Mortem was conducted on 04 December 2014. The results were inconclusive however, suspicious circumstances were noted. A Special Post Mortem (SPM) was conducted by a Home Office Pathologist on 06 December 2014 and cause of death was recorded as shock and haemorrhage.

- 2.1.2 On 06 December 2014 Sayeed was arrested on suspicion of the murder of Aishwarya and was interviewed. He denied involvement in the offence and was charged with her murder on 07/12/2014.

2.2 Sayeed’s sentencing

- 2.2.1 On 10 December 2014, Sayeed appeared before the Central Criminal Court, The Old Bailey, and pleaded not guilty to Aishwarya’s murder.
- 2.2.2 On 21 May 2015 at the Central Criminal Court, Sayeed pleaded guilty to the lesser charge of manslaughter. He was sentenced to seven years imprisonment.

2.3 The perpetrator

- 2.3.1 Sayeed was born in Leeds and PNC records show that he has 19 convictions from 32 offences. Intelligence research identified Sayeed's mother and reports indicate he has two sisters and one brother. No information is known regarding Sayeed's father.
- 2.3.2 Prior to his relationship with Aishwarya, police records indicate Sayeed was in a relationship with another (hereafter referred to as JB), although the length of the relationship is not recorded. There were two children borne of this relationship. There were 12 reported domestic incidents between 01 March 2001 and 16 March 2006. JB obtained a court injunction against Sayeed, which he is alleged to have breached on a number of occasions.
- 2.3.3 Police records show Sayeed was involved in four domestic incidents with family members in the period 01 March 2001 to 18 March 2007. In the last incident Sayeed was alleged to have assaulted his sister however she subsequently withdrew support for the prosecution.
- 2.3.4 In a statement provided in pursuance of a non-molestation order, Aishwarya stated that she met Sayeed in September 2013 and they became friends. Aishwarya stated that Sayeed saved her life when he called police to intervene when she was suffering an assault by her then-partner, Hamir.

2.4 Background information relating to Aishwarya

- 2.4.1 Prior to meeting Sayeed, Aishwarya had been in a relationship with Hamir for an unconfirmed period of time, possibly seven years. Hamir came to the attention of the police for offences against Aishwarya twice during 2012 which resulted in one simple caution for harassment and one charge for actual bodily harm (ABH), in that order. The charge for ABH resulted in a successful prosecution with a sentence of 18 months' imprisonment.
- 2.4.2 It was in the context of the risks to Aishwarya posed by the abusive behaviour of Hamir that Aishwarya became known to the Waltham Forest MARAC. Aishwarya's continued fear of Hamir, even whilst he was in prison, was documented by many agencies involved in this review.
- 2.4.3 The MPS were able to provide a significant amount of background information on Aishwarya's family, which was helpful in advance of the participation of Aishwarya's Mother in the DHR process. Aishwarya's parents were in an arranged

marriage and there was an issue around Aishwarya's birth as her father wanted a son. Aishwarya's parents' relationship ended and Aishwarya's father remarried and had another family. Aishwarya and her father had an estranged relationship, which caused Aishwarya a great deal of distress. She reported to services that this was one of the primary emotional reasons for her drinking.

2.5 Metropolitan Police Service

2.5.1 On 10 December 2012 Aishwarya was subjected to a violent assault by her then partner Hamir. He was arrested, charged and remanded in custody. Police completed a Domestic Abuse, Stalking and Harassment (DASH) risk assessment checklist and assessed the risk as medium. Installation of a panic alarm was arranged at Aishwarya's home address.

2.5.2 Police did not make a referral to MARAC at that time as a medium risk level did not attract a mandatory MARAC referral. The risk was felt by police to be managed as Hamir was remanded in custody.

2.5.3 Aishwarya subsequently disclosed details of this assault to a floating Support Worker for the Single Homeless Project (SHP). She stated she had suffered violence from Hamir for some time but had not previously reported it. The SHP worker completed a DASH risk assessment with Aishwarya which scored 15 "yes" responses. The SHP worker completed a "Referral and Risk Assessment Form Redbridge MARAC" on 27 February 2013.

2.5.4 The risk assessment and referral was completed on a Redbridge MARAC form but was appropriately sent directly to the Waltham Forest MARAC co-ordinator, not to Redbridge. Aishwarya's case was discussed at the Waltham Forest MARAC meeting following the referral on Tuesday 26 March 2013.

2.5.5 There is no indication of a delay from referral to discussion in the MARAC meeting. At the time of the referral there was no designated email inbox for the referrals. The referral was sent directly to the police MARAC co-ordinator and saved in a shared drive folder for MARAC documents.

2.5.6 The minutes of the meeting detail three actions:

Action1: Police: Officer in the Case (OIC) to contact victim to advise/support victim re housing / removal of suspect's belongings (sic).

Action 2: Probation: Probation to locate Suspect's whereabouts as not initially known to Probation.

- Action 3:** Report It: Contact victim and offer support / advice regarding a non-molestation order.
- 2.5.7 An update provided by the Independent Domestic Violence Advocate (IDVA) stated that the OIC had not yet contacted Aishwarya in relation to dealing with the perpetrator's belongings.
- 2.5.8 The minutes lacked detail and the final entry credited to IDVA was not dated. It was not clear if this meant that Aishwarya's case was discussed at the following MARAC meeting or if the update was shared with MARAC partners. There are no further notes concerning Aishwarya in the Waltham Forest MARAC records.
- 2.5.9 Between 2001 and 2007 Sayeed came to the attention of the Police on fifteen occasions for perpetrating domestic abuse towards his wife and his siblings.
- 2.5.10 Aishwarya and Sayeed came to the attention of Police as a couple on six occasions between May 2014 and December 2014. On two occasions police recorded evidence of criminal offences.
- 2.5.11 At 04:19 hours on 05 May 2013 Sayeed called police to report Aishwarya as missing. He stated that she had left home at around 03:00 hours to buy alcohol, and after an hour he reported her missing. Aishwarya returned home at 06:00 hours stating she had attempted to go to Addison Medical Practice as she wanted to have a burn on her arm re-dressed. This missing person report is the first to reference Sayeed as Aishwarya's boyfriend.
- 2.5.12 On 06 May 2013 at 15:22 hours police were called to Whipps Cross hospital by staff. Aishwarya reported to medical staff that she believed she had been raped during the period she was missing on 05 May 2013. She believed she had been in a car with a male she did not know but could not recall any other information. Sayeed stated that when Aishwarya had returned home she had bruising and her tracksuit bottoms and underwear were around her knees. Sayeed informed officers he had recently had to pull Aishwarya out of Hollow Ponds, Whipps Cross Road, as she had jumped into a lake in an attempt to drown herself. Sayeed admitted he also had a drink problem and told police he felt the problem was exacerbated by managing Aishwarya's drinking.
- 2.5.13 The Initial Investigating Officer (IIO) captured this information on an Adult Coming to Notice (ACN) PAC. The report was shared with London Borough of Waltham Forest (LBWF) Social Services. The PAC research identified Aishwarya's history

of mental health issues and domestic abuse incidents but did not identify Sayeed's history of domestic abuse with his previous partner.

- 2.5.14 When spoken to by police Aishwarya could not recall being raped but recalled being driven around and remembered feeling a "pounding sensation" around her groin. A Sexual Offences Investigation Team (SOIT) officer was assigned to Aishwarya. The SOIT officer highlighted that it was not possible to see Aishwarya within an hour of reporting the incident to police as she required urgent medical assistance.
- 2.5.15 Aishwarya stated that she was unable to think clearly about the incident as she had had an alcoholic drink. She stated she did not want to speak to an officer from Sapphire (Police specialist sex crimes unit). Aishwarya was visited again at home by the SOIT officer on 07 May 2013. She stated she could not remember anything. The report was closed as Aishwarya had no recollection of having been raped and the only reference to rape was made by Sayeed who did not witness the incident.
- 2.5.16 There is no reference that a forensic medical examination took place to obtain evidence to determine if Aishwarya was subjected to a sexual assault. No allegation of sexual assault was made when police attended to conduct a de-brief for the missing report on 05 May 2013. There were no issues raised regarding domestic abuse at this time.
- 2.5.17 On 10 July 2013 Aishwarya telephoned police to report that her boyfriend was taking her bag, phone and house keys. A disturbance was heard in the background. Police and LAS were deployed to Hollow Ponds, Whipps Cross Road, E10. Aishwarya was found in a distressed state and had been prevented by members of the public from jumping into the water. Witnesses stated prior to this Aishwarya had been with a male who had since walked away.
- 2.5.18 Aishwarya later stated that her boyfriend Sayeed had been rude to her and had called her names. Officers noted Aishwarya's mood was very emotional and erratic. Police calmed her and attempted to take her back home but when she discovered she had no keys to gain entry she became aggressive and attempted to run into the road endangering herself. Concerned for her mental well-being the officers detained Aishwarya under Section 136 of the Mental Health Act 1983 and she was conveyed to Goodmayes hospital.

- 2.5.19 Officers identified this as a domestic incident and completed a form 124D including the DASH risk assessment and assessed the risk as standard. This was reviewed and confirmed by the supervising officer and the Community Safety Unit (CSU) supervisor. The CRIS report does not detail the research carried out although the fact that Aishwarya was a previous victim of domestic abuse was noted. There is no comment regarding Sayeed's offending history and the impact this may have on the risk.
- 2.5.20 A letter was sent to Aishwarya providing her with contact details for CSU.
- 2.5.21 The Domestic Violence Standard Operating Procedure (SOP) in place at that time states: If not already undertaken by the IBO (Integrated Borough Operations) a check of databases (last 5 years) and cross-border, using the Integrated Information Platform (IIP) will be carried out and any previous history recorded on police information systems. The Initial Investigating Officer (IIO) initiated an adult safeguarding alert which was shared with Waltham Forest Adult Social Services with limited intelligence checks which did not highlight the history of domestic abuse for either party.
- 2.5.22 On 21 September 2013 Aishwarya contacted police to report that her boyfriend had hurt her emotionally. She refused to name him but stated he was still at her home address. Police attended and noted Aishwarya was drunk and argued with Sayeed because he had upset her mother a few days before. Sayeed was instructed to leave the address and observed to leave the area. Aishwarya was given advice regarding ceasing contact with him and applying for a civil injunction.
- 2.5.23 A form 124D including a DASH risk assessment was completed and Aishwarya answered "no" to all but one question. The risk was assessed as standard. An information pack including details for domestic abuse support services was sent to Aishwarya. There is a comment on the CRIS report that the incident and previous history did not meet the threshold for a MARAC referral at that time and the report was concluded with no further action.
- 2.5.24 On 29 September 2013 police received a report of a domestic incident at Aishwarya's address from a neighbour who heard her neighbours arguing. This call was closely followed by calls from Aishwarya and Sayeed. Aishwarya was extremely upset and stated she had been hit a number of times by Sayeed and had drink poured over her face. As she was in fear of her life, she stabbed Sayeed in the hand. She requested an ambulance to tend to his wound.

- 2.5.25 Sayeed informed police that Aishwarya stabbed him and then he made off from the scene. He subsequently called police again stating he still required an ambulance to attend. He returned to Aishwarya's address and police noted that he was very drunk and uncooperative. He made a further three calls to police requesting LAS assistance to treat his wound.
- 2.5.26 Aishwarya was arrested on suspicion of causing grievous bodily harm (GBH) and police attempted to complete a DASH risk assessment with Sayeed, but he did not engage and refused to provide a statement. Aishwarya was interviewed under caution and stated she was in the kitchen when Sayeed came in and started poking and grabbing her. She stated she had the knife in her hand when he grabbed her wrists and said the injury was caused accidentally. Sayeed later provided a statement to police stating that he believed the injury was caused accidentally.
- 2.5.27 As part of the secondary investigation, the IO detailed the domestic history between the couple, commented that Aishwarya was vulnerable and recommended a MARAC referral should be made. Aishwarya was released from custody with no further action to be taken. There is no record of a MARAC referral.
- 2.5.28 On 07 April 2014 police received a number of calls of a disturbance in the street at Hannibal Road, London E1. A request was also made for LAS to attend as a female was seen to be covered in blood. The female was identified as Aishwarya who stated her boyfriend, Sayeed, had beaten her up. She stated they were in the cinema when he struck her about the face and when she attempted to leave he followed her and continued the assault in the street. A member of the public who attempted to intervene was also assaulted by Sayeed. The witness did not wish to provide a statement.
- 2.5.29 Aishwarya told police she was not in a sexual relationship with Sayeed however he repeatedly referred to her as his girlfriend. Sayeed was arrested. The reporting officer completed a form 124D and DASH risk assessment but Aishwarya replied in the negative to all risk assessment questions. Research identified the history of domestic abuse in their relationship and the risk assessed as standard.
- 2.5.30 The IIO did not make reference to the fact that the previous incident identified Aishwarya as vulnerable. Although Aishwarya did not engage with the risk

assessment, the previous history should have escalated this risk to medium, however the risk was recorded as standard as Sayeed had been arrested, was charged with assault and possession of cannabis and held in custody to appear at court. The IO submitted an application to the court for a restraining order to be issued. However, no evidence was offered in relation to the assault and Sayeed was convicted for the drugs offence only.

2.5.31 The Crime Reporting Information System (CRIS) report details that Aishwarya was satisfied with the police response, had made contact with Victim Support and had attended the one stop shop. Aishwarya stated she was staying at an address not known to Sayeed and would not be resuming her relationship with him. The CRIS does not make reference to a review risk assessment, should Sayeed be released

2.5.32 In early December 2014 at just before midnight, police were called to 9, Frank Slater House by the London Ambulance Service (LAS) who requested police assistance whilst dealing with a collapsed female, Aishwarya. On police arrival Sayeed was found crouched next to Aishwarya. Aishwarya was taken by the LAS to King George Hospital (KGH) where her life was pronounced extinct in the just after midnight early December time.

2.6 Ashiana Network - Aishwarya

2.6.1 On 01 March 2013, Aishwarya was referred to Ashiana Network's counselling service by Waltham Forest Victim Support. The allocated counsellor attempted to contact Aishwarya over a period of three weeks, without success. The counsellor did not leave voicemail messages as this was deemed a potential risk.

2.6.2 On 26 March 2013, the counsellor made contact with Aishwarya and arranged a face-to-face clinical assessment on 04 April 2013. It was noted that it was safe to leave voicemail messages on Aishwarya's phone.

2.6.3 Aishwarya did not attend her appointment on 04 April 2013. During April 2013, two attempts were made to contact Aishwarya to reschedule the appointment, neither of which were successful. However, telephone contact was successfully made with Aishwarya on 07 May 2013. Aishwarya advised that she had changed her mind about counselling so did not wish to re-book the

assessment. Aishwarya was encouraged to keep Ashiana Network's contact details and make contact again if she did want counselling.

- 2.6.4 There are no clear records to indicate whether the referring agency (Victim Support) were informed of the case closure.

2.7 Aanchal Women's Aid (AWA) - Aishwarya

- 2.7.1 On 04 February 2014, AWA received a referral for Aishwarya from the Single Homeless Project. The referral requested AWA support Aishwarya with housing needs and with access to counselling. The referral shared with AWA information around Aishwarya's mental health needs and problematic alcohol and substance use.
- 2.7.2 On 06 February 2014, AWA made contact with Aishwarya and completed a DASH² risk assessment. During the assessment, information was gathered from Aishwarya in relation to the abuse she had experienced during her 7-year relationship with her previous partner, Hamir. Indicators of risk disclosed by Aishwarya included: fear, strangulation with a belt, beating, stalking, previous attempts to flee and being found, and the perpetrator's previous history of domestic abuse, including a period of imprisonment for related offences. Aishwarya's priority was her safety and this relied heavily on securing safe accommodation.
- 2.7.3 The risk assessment resulted in an overall score of 15³. This score met the London Borough of Newham's threshold for the intervention of a high-risk support service which, at the time, was being delivered by Newham Action Against Domestic Violence (NAADV). AWA contacted London refuges to seek safe accommodation for Aishwarya. However, no spaces were available.
- 2.7.4 AWA referred Aishwarya's case on to NAADV for support and advised the referring agency (SHP) of this action.
- 2.7.5 AWA did not complete any safety planning with Aishwarya and did not refer the case to MARAC⁴.

² Domestic Abuse, Stalking & Honour Based Violence.

³ DASH scores can range from 0 to 24. A score of 14 or more necessitates a referral to MARAC.

⁴ MARAC – Multi-Agency Risk Assessment Conference.

2.7.6 On 12 February 2014, Aishwarya called AWA to speak with the caseworker with whom she had completed the risk assessment. The caseworker was unavailable so Aishwarya's contact details were taken and she was advised that the caseworker would call her back. The caseworker made attempts to call Aishwarya back that day, without success. Messages left on Aishwarya's voicemail were not returned. AWA left a message with NAADV to ask them to follow-up Aishwarya's call and the referring agency (SHP) was updated.

2.8 Newham Action Against Domestic Violence (NAADV) - Aishwarya

2.8.1 On 11 February 2014, NAADV contacted AWA to obtain background information on Aishwarya's case. On that same day, NAADV telephoned Aishwarya and invited her to attend an 'Initial Appointment' the following day.

2.8.2 On 12 February 2014, Aishwarya attended an initial appointment with NAADV. NAADV conducted a further risk assessment with Aishwarya which resulted in a score of 10. This score did not place Aishwarya within the cohort of people eligible for allocation to a qualified Independent Domestic Violence Adviser⁵ as the criteria for such access is risk assessment score of 14 or above. The case was therefore allocated to a Case Worker (Student Social Worker) who, further to AWA, identified that Aishwarya's priority was to secure safe accommodation.

2.8.3 On 13 February 2014, the NAADV Case Worker telephoned Aishwarya to advise that a refuge space had not been found. The case worker cites two reasons for this: Aishwarya's complex mental health needs and location requirements (London). However, the Case Worker commits to continuing the search for refuge accommodation for Aishwarya.

2.8.4 On 18 February 2014, NAADV again notify Aishwarya that no suitable refuge space has become available. During this contact with Aishwarya, NAADV also arranged an appointment for her to see a solicitor on 25 February 2014 in order to discuss a non-molestation order.

2.8.5 On 26 February 2014, when NAADV telephoned Aishwarya to establish the outcome of the solicitor's appointment, Aishwarya advised that she had not been able to attend as she had been hospitalised. NAADV made two attempts

⁵ A qualified Independent Domestic Violence Adviser has completed an accredited training course developed and run by SafeLives (formerly CAADA).

to contact Aishwarya to facilitate the re-booking of the solicitor's appointment before successfully getting through to her on 12th March 2014. NAADV re-booked the solicitor's appointment for 18 March 2014.

2.8.6 On 18 March 2014, Aishwarya arrived at the scheduled solicitor's appointment but left before the meeting concluded when she received an 'emergency phone call'. NAADV rescheduled the appointment for 25 March 2014, which Aishwarya subsequently cancelled and then made a further appointment for her on 02 April 2014.

2.8.7 On 25 March 2014, NAADV took part in a multi-agency case review, led by the Single Homeless Project (SHP). The records from that meeting allocate the following action to NAADV:

'NAADV to support Aishwarya to get injunction x 2 against unwanted visitors at accommodation and abuser.'

2.8.8 Two days later, on 27 March 2014, NAADV contacted Aishwarya to inform her that her case was being closed. The closure notes on this day indicate that: the refuge search criteria were 'too narrow and unsuccessful' and that the SHP worker would support Aishwarya with her housing needs; Aishwarya's mental health needs were being met by Goodmayes; and advice was given to Aishwarya to attend the solicitor's appointment on 02 April 2014.

2.9 Barts Health NHS Trust - Aishwarya

2.9.1 During the period under review, Aishwarya had seven contacts with Barts Health NHS Trust. The first six of these were during the time that Aishwarya was in a relationship with Hamir. The seventh and final contact happened whilst Aishwarya was in a relationship with Sayeed.

2.9.2 On Aishwarya's first contact with the Trust on 04 April 2011, she described 'boxing' with Hamir. Aishwarya was offered help but 'did not respond' to the offer. She asked hospital staff to be present with her when she told Hamir that she wanted to be discharged home to her mother's address and not his. Staff supported Aishwarya to leave the hospital site safely. Aishwarya's doctor recorded that he was seriously concerned about Aishwarya being in an abusive relationship that was complicated by drug and alcohol use as she

'had poor recollection' and 'she may not be able to make decisions'. However, no safeguarding referral was made.

- 2.9.3 On 05 June 2011 Aishwarya attended the Royal London Hospital's Emergency Department asking for help with 'alcohol problems'. Aishwarya had bruises on both legs and reported that she had fallen, an explanation that was accepted by staff. During the admission (two days), Aishwarya complained of itching in her pubic region. On 07 June 2011, Aishwarya was discharged and signposted to both the Community Drug & Alcohol Team (CDAT) and the sexual health clinic at Ambrose King Centre.
- 2.9.4 On the same day (07 June 2011), Aishwarya attended the sexual health clinic. A sexual health screen and history was undertaken during which Aishwarya reported an attempted rape by a stranger. It was noted that Aishwarya was taking medications associated with alcohol dependence but alcohol intake was not assessed. An antibiotic, Metronidazole, was prescribed for Aishwarya. However, this antibiotic is contra-indicated with alcohol.
- 2.9.5 On 02 March 2012 Aishwarya was brought to Whipps Cross University Hospital's Emergency Department (ED) by ambulance, having difficulty breathing and reporting suicidal thoughts. Aishwarya had alcohol liaison and psychiatric review. Before being discharged that day, hospital staff made a new appointment for Aishwarya at Turning Point and gave her a leaflet about CDAT.
- 2.9.6 Aishwarya's fifth contact with Barts Health was the longest, lasting for ten days from 20 March 2012 until 02 April 2012. Aishwarya was admitted with abdominal pain and was diagnosed with acute pancreatitis associated with alcohol consumption. During the admission, it was noted on a body map that Aishwarya had bruises above both her knees. However, no comment is made about the possible cause.
- 2.9.7 Aishwarya's partner, Hamir, is recorded as being aggressive and threatening to staff on two occasions: On 29 March 2012 Hamir is aggressive to staff when he believes that staff are late in administering Aishwarya's medication; On 01 April 2012 Hamir threatens to stab a nurse when he believes the medication is late in being administered.

- 2.9.8 On 10 December 2012 Aishwarya is brought to the ED by ambulance and accompanied by Police following an assault perpetrated by Hamir. There is no record of any support given to her regarding domestic abuse.
- 2.9.9 On 05 May 2013, Aishwarya arrived by ambulance at Whipps Cross University Hospital's Emergency Department (ED), accompanied by Sayeed. Medical staff recorded that her symptoms (vomiting blood) are due to 'alcohol withdrawal drugs'.
- 2.9.10 The following day, in an interview with a nurse, Aishwarya disclosed that she had experienced abuse in her previous relationship and that the perpetrator was in prison. Aishwarya also disclosed that her 'new boyfriend' (Sayeed) had just been released from prison. On the same day, Sayeed tells hospital staff that Aishwarya is in severe pain following an incident in which she had got into a stranger's car where she thought she had been raped, although she could not remember what had happened. It is not clear whether the interview with Aishwarya was undertaken alone or in the presence of the perpetrator.
- 2.9.11 Hospital staff informed police of the incident, undertook a psychiatric assessment of Aishwarya, and raised a request for a social care assessment under the hospital discharge act⁶ and referred her to the Sexual Assault Referral Centre (SARC). A Section 5 Notification⁷ was not completed.
- 2.9.12 On 07 May 2013, hospital staff contacted the Community Drug and Alcohol Team (CDAT) and gave them Aishwarya's details. Aishwarya was then discharged home with plans in place for the SARC, which she did not attend, and psychiatric team to follow-up with her at home.

2.10 London Borough of Waltham Forest, Adult Social Services – Aishwarya

- 2.10.1 There was a single episode of activity by Waltham Forest Adult Social Services (Hospital Social Work Team) in relation to Aishwarya, triggered by her admission to Whipps Cross University Hospital on 06 May 2013.
- 2.10.2 At 8:50 a.m. on 07 May 2013, the Hospital Social Work Team received a Community Care (delayed discharges) Act 2003 Section 2 notification "Notice

⁶ <http://www.legislation.gov.uk/ukpga/2014/23/section/2/enacted>

⁷ A **Section 5 Notification** is **notification** by hospital ward staff that a patient who will require social care support services is medically ready for discharge from hospital.

of patient's likely need for community care services" from Aishwarya's hospital ward. The predicated discharge date was recorded as 08 May 2013. The referral was screened and allocated to a Social Worker who then made contact with the ward at 10:53 a.m. The Social Worker was advised that Aishwarya had left the hospital on the previous day, 06 May 2013.

- 2.10.3 The Social Worker went to the ward to make enquiries about Aishwarya and liaised with the ward Sister to gather information. Aishwarya's disclosure of rape, mental health diagnosis and substance misuse issues were shared. The Social Worker telephoned the mental health team and CDAT and was informed that Aishwarya was not known to mental health services and whilst she had had previous involvement with CDAT, her case was not currently active.
- 2.10.4 The Social Worker liaised with the Social Work Supervisor who closed Aishwarya's case with the Hospital Social Work Team. No contact was made with Aishwarya. The Social Worker raised a safeguarding alert with Waltham Forest's Adult Social Care Community Team. The liaison worker within the first contact call centre screened the alert and, in collaboration with the Social Work Screening Manager, decided that the Safeguarding should go to the Mental Health Team. On 08 May 2013, the information was sent to the Mental Health Team.
- 2.10.5 The Police Merlin report was received on 13 May 2013 and was forwarded to the Mental Health Team.

2.11 Barking, Havering & Redbridge University Hospitals NHS Trust, Acute Hospitals (BHRUT) - Aishwarya

- 2.11.1 During the period under review, there were 11 episodes of contact between Aishwarya and BHRUT. Four of these episodes occurred prior to Aishwarya's relationship with Sayeed commencing.
- 2.11.2 The first episode of contact during the period of Aishwarya's relationship with Sayeed was an admission to King George's Hospital Emergency Department on 04 June 2014, following which Aishwarya remained an in-patient until 20 June 2014. Aishwarya was treated for alcoholic hepatitis. During the admission, on 05 June 2014, Aishwarya disclosed domestic abuse with a partner to the A&E Drugs & Alcohol Liaison Worker. Aishwarya advised that

there was now an 'injunction' in place. No alerts were raised at the time by this worker, who was employed by the Redbridge Drug and Alcohol Service (RDAS) Aishwarya made two further disclosures of domestic abuse to two Gastro Specialist Registrars on 05 and 06 June 2014. Aishwarya advised that her excess alcohol intake was most recently 'fuelled by an abusive relationship/violent partner' and that the partner had gone to prison and there had been no contact since then.

- 2.11.3 There are no records of DASH risk assessment being carried out or specialist domestic abuse support services being offered to Aishwarya. Prior to discharge, the A&E Drugs & Alcohol Liaison Worker liaises with Aishwarya's Key Worker RDAS and there is an agreement that RDAS will refer Aishwarya to One North East⁸ for on-going support with alcohol use. On discharge, a routine follow-up appointment is made for Aishwarya with Gastro-Enterology and the discharge summary requests that Aishwarya's GP make a referral to Psychiatry as Aishwarya is on anti-psychotic medication but has no formal diagnosis.
- 2.11.4 There are no records to indicate that information regarding domestic abuse was shared with RDAS by the A&E worker or the GP.
- 2.11.5 On 25 June 2014 Aishwarya did not attend her Gastro-Enterology appointment. There are no records to indicate that attempts were made to establish the reason for Aishwarya not attending. Aishwarya attended her Hepatology appointment on 04 July 2014. Although a record of this appointment would be expected, there is no further information recorded.
- 2.11.6 On 12 August 2014 Aishwarya, accompanied by 'a friend' attended Queen's Hospital's Emergency Department. Aishwarya was admitted and treated for alcohol withdrawal and spontaneous bacterial peritonitis. A detox regime was initiated and referral to the Community Alcohol Liaison Team was made. Aishwarya remained an inpatient until 19 August 2014. There is no evidence that staff were aware of the information relating to domestic abuse that Aishwarya had disclosed in previous attendances or that there was any enquiry to follow-up on this information.
- 2.11.7 On 09 September 2014, Aishwarya attended her appointment with Hepatology. She was intoxicated and accompanied by 'her partner'.

⁸ 1ne.org.uk

Aishwarya was advised to abstain from alcohol as she was at risk of premature death. There is no evidence that staff were aware of the disclosure Aishwarya had made to BHRUT on 05 and 06 June 2014 where she identified domestic abuse as a trigger for excess alcohol intake. Equally, there is no evidence that enquiry was made around domestic abuse at this time.

- 2.11.8 On 29 September 2014 Aishwarya did not attend her second Gastro-Enterology appointment. Although further appointments were made, there are no records to indicate that attempts were made to establish the reason for Aishwarya not attending.
- 2.11.9 On 30 September 2014, referred by her GP, Aishwarya is admitted to King George's Hospital's Emergency Department following a seizure the previous evening. Aishwarya remained an in-patient until 21 November 2014.
- 2.11.10 Aishwarya presented unaccompanied and was 'alert, orientated, shaky, sweaty with per-orbital bruising'. Notes record 'according to Aishwarya she had hit the right side of her head during the seizure and sustained a facial injury'. The Emergency Medicine Clerking Proforma records 'bruise over right orbit, bruising to hands and shoulder'. Psycho-social stressors are recorded as 'two recent deaths in family, mother undergoing chemotherapy for breast cancer and dad having 5th heart bypass'.
- 2.11.11 On 01 October 2014 Aishwarya was transferred to Queen's Hospital for review by the Maxillofacial Team as a fracture to the right orbital floor was found on x-ray.
- 2.11.12 On assessment, Aishwarya made reference to a previous abusive relationship and advised that the perpetrator was in prison. Aishwarya also reported that she was attacked on the street two days previously but was 'adamant her injuries were not due to this and due to seizures'.
- 2.11.13 Following admission to the ward, on 19 October 2014 Aishwarya told staff that she had lost her credit card. Aishwarya's 'partner' was present at this time but was noted to leave as staff started to search for the credit card. There are no records to indicate the identity of Aishwarya's partner. However, the Panel believe this to be Sayeed.
- 2.11.14 On 20 October 2014 records indicate that the Doctor and Ward Sister discussed with Aishwarya a 'safeguarding concern' relating to her partner (Sayeed). Aishwarya told the staff that her partner 'had not abused her for

two years' and that she did not feel there was 'an issue' at that time. When Sayeed returned to the ward, he was noted as being 'very accusatory and aggressive, accusing other patients and the psychiatrist of stealing cigarettes and credit cards from Aishwarya'. Sayeed denied bringing drugs onto the ward and Aishwarya denied using drugs on the ward.

- 2.11.15 On 04 November 2014 Aishwarya's partner (Sayeed) was witnessed by ward staff and patients being verbally abusive towards her. Records indicate that 'this was explored with Aishwarya who denied feeling threatened by him and referred to the relationship as intense'. Aishwarya initially declined a Safeguarding Referral be made but, following discussion with the Doctor, she later agreed. The LBWF Safeguarding Referral records Aishwarya as saying she and her boyfriend 'have arguments but he is good to her and if they argue she deserves it.'
- 2.11.16 On 05 November 2014 Aishwarya's Key Worker from the Single Homeless Project (SHP) visited the ward and was concerned that the subject of Aishwarya's non-molestation order was visiting. Aishwarya advised that the person who visits, who was known as "Abu", was not the same person referred to in the order. Redbridge Police were contacted and visited the ward, advising hospital staff to restrict Aishwarya from leaving the ward but not to prohibit Sayeed attending the ward. Trust Security were advised of the Police proposal but provided an alternative approach: to ban Sayeed from the ward. Aishwarya was advised that Sayeed would not be allowed on the ward and that she would be accompanied by a member of staff if she left the ward.
- 2.11.17 On 19 November 2014 Aishwarya's case was reviewed by the Hospital Social Worker. It was decided that Aishwarya would be discharged to rehabilitation with social services input not required. It is unclear if this was intended to be for residential or community based rehabilitation as the practitioner who reviewed Aishwarya and made the entry in the healthcare records no longer works for the Trust and as decisions in relation to rehabilitation are made on an individual basis, the Trust was unable to confirm. On 21 November 2014 Aishwarya was discharged home. The discharge summary to the GP made reference to the Safeguarding Referral and contained details of the 'verbal aggression witnessed towards Aishwarya and the staff and referred to the restraining order (emphasis added) against two men in the community, one being [Sayeed]'

2.11.18 In Early December 2014 Aishwarya arrived at King George's Hospital's Emergency Department. The time of her death is recorded as to be around Midnight.

2.12 Equinox, Brook Drive - Aishwarya

2.12.1 Equinox Brook Drive provided no relevant case-related information to this review despite Aishwarya having spent time as an in-patient at the service.

2.13 North East London Foundation NHS Trust Services (NELFT) – Aishwarya

2.13.1 NELFT comprises five relevant services: Redbridge Drug & Alcohol Service (RDAS), Redbridge Access & Assessment Team (RAAT), Waltham Forest Community Drug & Alcohol Team (CDAT), Waltham Forest Home Treatment Team (WFHTT), and Waltham Forest Access & Assessment Team (WFAAT).⁹

2.13.2 Please note that Redbridge Drug and Alcohol Service are no longer under the service of NELFT as they were TUPE'd over to East London Foundation Trust on 01/05/15 and Waltham Forest Community Drug and Alcohol Team are no longer provided by NELFT as they were TUPE'd over to Lifeline on 31/07/15. The majority of staff employed by RDAS were TUPE'd over to the new

⁹ RDAS and CDAT are services that engage with people who are experiencing drug and alcohol misuse problems. The services offer a range of interventions: Advice and Information, Assessment, 1 to 1 key working and care planning, Psycho-social interventions Aftercare planning, Community care assessments for funding and referrals to residential rehabilitation, Onward referral and access to a range of complementary services, Support to family and carers, Group work, Substitute prescribing, GP shared care scheme, Liver function testing, Community detoxification, Relapse prevention prescribing. Home Treatment Teams are Multidisciplinary Teams and their remit is to provide a mental health crisis service for individuals with mental health difficulties in the community as an alternative to hospital admission. The Redbridge Access and Assessment Team and the Waltham Forest Access and Assessment Team are the central point of initial referral and access to secondary mental health services within the London Borough of Redbridge / Waltham Forest for people aged 18-65, who present with mental health needs. The team acts as a gateway providing initial screening and assessment of referrals that are potentially for secondary mental health services. After initial assessment, they will provide, short-term intervention as indicated, or signposting to other service and agencies as appropriate. The Redbridge and Waltham Forest Access and Assessment Teams work within the Recovery & Well-Being model and is multi-disciplinary team consisting of doctors, nurses, social workers, OT's psychologist and support recovery workers.

provider and are still employed within the Borough by the new treatment provider.

- 2.13.3 Aishwarya engaged intermittently with both Redbridge and Waltham Forest Drug & Alcohol services following a self-referral on 30 May 2008 up until 17 October 2014, depending on where she was living at the time.
- 2.13.4 Prior to commencing her relationship with Sayeed, Aishwarya had several contacts with NELFT services. Her partner during this time, Hamir, frequently attended appointments with Aishwarya but Aishwarya was most often seen alone. The only recorded exception to this was during attendance at an appointment on 14 April 2012. On this occasion Aishwarya was 'very intoxicated' so was seen with her partner.
- 2.13.5 On 25 May 2012, during a review at CDAT, Aishwarya disclosed that there was an 'altercation' between her partner (Hamir) and her mother two weeks ago. Aishwarya drank two glasses of wine following the altercation and described 'the wine as a way to deal with her altercation'.
- 2.13.6 On 06 March 2013, a request for written support to assist Aishwarya with housing is recorded. The entry from CDAT states 'Aishwarya was victim of domestic violence in December 2012 and needs to flee from her current property'.
- 2.13.7 On 13 May 2013 Aishwarya presented at Waltham Forest CDAT with 'a friend [...] who she agreed could be present throughout the assessment'. During the assessment Aishwarya disclosed that she had resumed drinking in December 2012 following a 'traumatic incident where she was tied up and tortured by her former partner'. Aishwarya also reported being sexually assaulted five days ago whilst intoxicated. An emergency admission to City Roads Unit for detoxification from alcohol and methadone was requested.
- 2.13.8 On 14 May 2013, a Safeguarding Alert is passed to WFAAT. It does not establish who it was sent from. An attempt is made to liaise with Police for information but there is no record of Police responding to the request.
- 2.13.9 On 20 May 2013 Waltham Forest CDAT received a letter from Aishwarya's GP. The letter details a previous 'severe assault by someone now in prison'. It does not detail the relationship of this perpetrator to Aishwarya. The letter also highlighted that Aishwarya 'refused to attend Whipps Cross Hospital for assessment as presented stating she felt unwell and she had a burnt her

lower abdomen and top of leg. Aishwarya did not meet criteria for mental health section'.

- 2.13.10 CDAT records were updated to reflect Aishwarya's admission to City Roads detox unit for detoxification between 24 May 2013 and 18 June 2013. On 24 May 2013 RAAT raise a Safeguarding Adults Alert and a strategy meeting was scheduled for 30 May 2013. It is noted that an 'immediate protection plan in place as Aishwarya already admitted to Hope House'. Aishwarya was transferred to Hope House from City Roads on 17 June 2013.
- 2.13.11 On 24 May 2013, there is a RIO entry relaying 'concerns shared by sexual health consultant on 20/05/2013).
- 2.13.12 On 30 May 2013, a Safeguarding Meeting takes place with Waltham Forest CDAT, Redbridge AAT and the Safeguarding Co-ordinator. The Police were invited but did not attend. Actions are agreed: to obtain supporting information from Police; for WF CDAT Key Worker to liaise with staff at Aishwarya's hostel accommodation 'to see if they are aware of abuse from partner'; to undertake a Capacity Assessment following completion of detoxification; and inform the Consultant Psychologist of the sexual assault allegation. The next meeting was to take place on 19 June 2013.
- 2.13.13 On 19 June 2013, a further Safeguarding Meeting takes place with Waltham Forest CDAT, Redbridge AAT and the Safeguarding Co-ordinator. The Police were invited but did not attend. Aishwarya was in rehabilitation at Hope House and was due to remain there for twelve weeks. The plan from the meeting is to 'email Police requesting information and advice, copy in Safeguarding borough lead as police invited to attend meeting but did not attend'. It is also noted that Hope House have requested a review of Aishwarya's medication.
- 2.13.14 On 01 July 2013 Aishwarya attended an appointment with Waltham Forest CDAT, accompanied by her 'boyfriend' (Sayeed). No further information is recorded.
- 2.13.15 On 08 July 2013, Aishwarya was discharged from Hope House after testing positive for benzodiazepines. Aishwarya attended an appointment with Waltham Forest CDAT the following day during which she discloses that 'her partner had supplied her with drink and she was drinking in an attempt to feel better as he is constantly making derogatory remarks about her – she reports that she is afraid to end the relationship'. The notes also record that

'[Aishwarya] abruptly stopped discussing her partner' but there is no record of any attempts to re-engage her in that discussion or complete a DASH risk assessment.

2.13.16 On 10 July 2013 Waltham Forest AAT and HHT carried out an assessment with Aishwarya in the 136 suite¹⁰ after she had been brought in to Whipps Cross University Hospital Emergency Department by Police following an attempt to 'jump into the lake'. Aishwarya disclosed that 'her partner' had become verbally abusive towards her, she had called Police who were told by 'her partner' that Aishwarya was schizophrenic and suicidal'. There is no further information available about this assessment interaction with Aishwarya.

2.13.17 On 12 July 2013, there is a record that a WF CDAT Doctor emailed the WF AAT with details of Aishwarya's 'boyfriend'. The Doctor had obtained the name and date of birth from Sayeed directly as he had attended Aishwarya's appointment with her. Aishwarya stated that she did not know Sayeed's date of birth or surname, but Sayeed gave them freely. There are no records to confirm whether Aishwarya was seen alone at any point during this interaction.

2.13.18 On 15 July 2013, Aishwarya attended an appointment with Waltham Forest CDAT. It is noted that she was 'in company of boyfriend'. No further information is available.

2.13.19 On 17 July 2013, there is a record from WF HTT. Aishwarya had disclosed that 'she gets panicky when she thinks of the man who assaulted her and the possibility that he may be out of prison. In the past, her panic would lead her to running in the street. He is apparently due to be released from prison in September and both Aishwarya and her boyfriend are anxious that he will return to Aishwarya's current address to find her. Aishwarya wishes to move to another address and has been encouraged to discuss this in her appointment with [her CDAT key worker] tomorrow.' There is no evidence of risk assessment or safety planning.

2.13.20 On the same day, Sayeed contacted WF CDAT. Sayeed was with Aishwarya in a local park. Records do not record the reason for this call. However,

¹⁰ The 136 Suite is the Suite at Goodmayes Hospital where the police will bring people who have been put on Section 136 of the Mental Health Act 1983 (from a public place to a place of safety)

WF CDAT spoke with Aishwarya 'about how she was feeling' and established that she wished to continue with detoxification. Aishwarya denied alcohol use. WF CDAT also speak with Sayeed who confirmed 'she had taken her medication and appeared a lot better'.

- 2.13.21 The following day on 18 July 2013, Aishwarya did not attend a scheduled appointment with WF CDAT. A phone call was made and records describe 'partner Sayeed was present'. The telephone conversation began by WF CDAT speaking with Sayeed who 'confirmed [Aishwarya] had drunk alcohol when he had left her alone the previous day. He said behaviour had become bizarre and he reported the need to keep her in the flat to prevent harm to herself and others'. WF CDAT then speak directly with Aishwarya 'who confirmed that she had 1 can of strong lager'. It is noted that the rest of the conversation with Aishwarya was 'rambled and incoherent'. Sayeed resumed discussion with WF CDAT and advised that he knew the HTT would be visiting and that he would contact emergency services should Aishwarya's behaviour remain concerning or dangerous. The HTT do not visit for a further three days, until 21 July 2013.
- 2.13.22 The following day, on 19 July 2013, Aishwarya attended an appointment with WF CDAT. Records note that Aishwarya was 'accompanied by Sayeed' and that she 'appeared anxious and intoxicated'. During the interaction, Aishwarya 'repeatedly made reference to recent involvement with the police and struggled to keep to one topic'. The outcome of that meeting was for Aishwarya to continue to engage with WF HTT and to attend a further appointment with WF CDAT.
- 2.13.23 WF HTT visited Aishwarya on 21 July 2013 and records note 'boyfriend Sayeed present'. No further information about that visit is available. A further visit is made by WF HTT on 24 July 2013. On approaching Aishwarya's residence, staff heard 'loud voices coming out of the flat'. When staff gained access, it was established that 'Aishwarya was in with the boyfriend arguing about a flooded floor'. There is no further information available about the visit.
- 2.13.24 However, the following day safeguarding concerns were discussed with the WF CDAT Safeguarding Coordinator and it was agreed that the Safeguarding Coordinator would 'liaise with Local Authority Safeguarding Adult team'. This liaison took the form of an email with the Borough Safeguarding Lead who advised 'that the protection plan should be revisited and risk assessment

updated. As service user engaging, monitoring was taking place. To continue to advise Aishwarya to contact the police if she felt unsafe.’ A Safeguarding Alert was not raised. There is no information to indicate that a protection plan was in place or that a DASH risk assessment had been completed. Furthermore, there is no information to indicate that either of these actions subsequently took place.

2.13.25 Aishwarya attended two appointments with WF CDAT on 02 and 20 August 2013. On both these occasions Aishwarya attended with Sayeed but was seen alone. During these sessions Aishwarya disclosed being fearful for her safety with the impending release of her ex-partner (Hamir) from prison. On both these occasions, the sole outcome was that Aishwarya was advised to seek support from Redbridge Housing Service. It is of note that on the latter occasion Sayeed ‘stated that he would ensure that [Aishwarya] was safe and he would be vigilant about opening her door.’

2.13.26 At an appointment with WF CDAT on 16 September 2013, Aishwarya again attends with Sayeed but is seen alone. At this stage, Aishwarya had moved to different accommodation following recognised concerns for her safety at the release of Hamir from prison. During this appointment, it is recorded that Aishwarya ‘fears that her current partner [Sayeed] although supportive can at times cause her stress which she states leads her to drink more’. There is no record of further enquiry as to the nature of Aishwarya’s fears, DASH risk assessment or offer of specialist domestic abuse support services.

2.13.27 On 30 September 2013, there is telephone liaison between a nurse based at Haringey Police custody suite and WF CDAT following Aishwarya being arrested. Information about Aishwarya’s mental health, alcohol dependence and medication is shared between the two agencies and WF CDAT are made aware that Sayeed has ‘stab wounds’ following the incident. It is noted that there is ‘no update as to whether Aishwarya was to be charged with any offence’. There are no records to indicate discussion to establish the possibility of violent resistance¹¹ or to establish primary aggressor/victim¹². There is an opportunity to follow up with Aishwarya at a planned appointment with WF CDAT the following day.

¹¹ <http://what-when-how.com/interpersonal-violence/violent-resistance/>

¹² https://www.mensadviceline.org.uk/data/files/toolkit_for_work_with_male_victims_of_dv_2nd_ed_3_identifying_respect.pdf

- 2.13.28 Aishwarya attended the planned appointment with WF CDAT on 01 October 2013. The outcome of this appointment was to make an application for detoxification and rehabilitation. There are no records to indicate enquiry regarding the previous day's incident. At an appointment on 09 October 2013 Aishwarya reports to WF CDAT that her relationship with Sayeed had ended. Aishwarya is focussed on her plans for detoxification. There is no information to indicate enquiry about Aishwarya's safety following the ending of her relationship with Sayeed.
- 2.13.29 Between 07 November 2013, when Aishwarya was accepted into detoxification at Equinox Brook Drive, and 05 July 2014, NELFT services have no direct contact with Aishwarya although records are updated as information from other agencies is shared with them. The information shared and recorded on 05 June 2014 is of note as it records that Aishwarya 'was in an abusive relationship with her boyfriend but currently she had an injunction out against him'.
- 2.13.30 On 04 August 2014 Aishwarya is referred to Redbridge AAT. Between this date and 23 September 2014, the AAT make 'multiple attempts' to book and rebook an initial appointment with Aishwarya as she does not attend. There is no information as to whether the reasons for her non-attendance were explored with her or whether she was asked directly about domestic abuse and this being a potential barrier to attendance.
- 2.13.31 On 29 September 2014 Aishwarya attended an assessment with WF CDAT. Whilst the Medical Assessment notes 'she is undergoing psychosocial stressors', these are not named. Although Aishwarya's records previously detail abuse in her relationships as a trigger for drinking, there are no records to indicate whether exploration of this as a current factor contributing to her drinking took place.
- 2.13.32 On 30 September 2014 Aishwarya attended an appointment with RDAS. The RDAS Key Worker asked the Doctor from WF CDAT to conduct a joint review with Aishwarya as she had a bruised right eye. Aishwarya denied that the bruise to her eye had been caused by being hit, describing the injury instead as a result of falling during an alcohol withdrawal fit the previous evening. Aishwarya was referred to A&E and attended immediately, where she was admitted.

2.13.33 Aishwarya is discharged from RDAS as she was being treated in hospital.

2.14 London Borough of Redbridge Housing Service (RHS) – Aishwarya

2.14.1 Prior to her relationship with Sayeed, Aishwarya was in contact with Redbridge Housing Service (RHS) between August 2009 and October 2011. In October 2009, RDAS provided a supporting letter to RHS which stated that Aishwarya ‘was at risk of self-harm when drunk and has a 34-year-old man who exploits her, and risk of involvement in sex trade.’ Aishwarya was referred to the Redbridge Foyer¹³ but was not eligible for accommodation there as her ‘support needs were too high’. Attempts were also made to place Aishwarya in an Asian Women’s Refuge. In May 2010, a homelessness assessment was completed and concluded that Aishwarya was not in priority need under homelessness legislation. Aishwarya asked for a review of this decision and this process was completed within two weeks. The original finding that Aishwarya was not in priority need was upheld.

2.14.2 In November 2011 Aishwarya contacted RHS again when she was undergoing a period in rehabilitation. RHS advised Aishwarya to approach them again on completion of rehabilitation. Aishwarya did so in February 2012, when a homelessness application was taken. RHS provided temporary accommodation to Aishwarya in Leyton, pending completion of the assessment.

2.14.3 In February 2013 SHP contacted RHS on behalf of Aishwarya and asked for alternative temporary accommodation to be provided as Aishwarya had been violently assaulted at the temporary accommodation in Leyton. At this point RHS was also notified by SHP that Aishwarya had a diagnosis of bi-polar. RHS had warned Aishwarya that it was likely that the only available accommodation would be B&B.

2.14.4 Whilst RHS were sourcing alternative temporary accommodation for Aishwarya, SHP made them aware that Aishwarya did not wish to be accommodated in B&B. However, RHS had been able to source self-contained accommodation in Islington so contacted Aishwarya to offer this to

¹³ <http://find.redbridge.gov.uk/kb5/redbridge/fsd/event.page?record=6UX1C032A6Q>

her. Aishwarya declined the offer and advised RHS that she needed to be accommodated in Redbridge so she would be near to her mother.

2.14.5 RHS identified that, under part VII of the Housing Act 1996 Aishwarya had 'refused a suitable offer of accommodation'. Under this law, RHS were aware of their right to bring the duty to house Aishwarya to an end. However, it did not do so 'in recognition of her health issues and complex circumstances'. RHS continued to provide the temporary accommodation to Aishwarya in Leyton.

2.14.6 In March 2013, 13 months after the initial approach, RHS accepted a homeless duty to Aishwarya. The Homelessness Code of Guidance recommends that decisions be made within 33 working days of an application. An application to place Aishwarya on the housing register was made and the assessment completed when the homeless duty was accepted. Aishwarya was awarded homeless preference and the original date of registration – April 2010 – was used for her waiting time.

2.14.7 Before Aishwarya was successful in bidding for permanent accommodation in September 2014, she moved four times over the course of four months: September 2013, October 2013, November 2013 and December 2013.

2.14.8 On 04 September 2013 Aishwarya approached RHS advising that her ex-partner was due for release in a week and presenting medical evidence that her mental health issues would make living in shared accommodation difficult for her. RHS liaised with the Police and confirmed the urgency to move Aishwarya. RHS acknowledged Aishwarya's need for self-contained accommodation but warned again of the likelihood that B&B accommodation would be offered to her in the first instance, explaining the complexities in accommodation supply. In spite of this, on 10 September 2013 RHS were able to offer Aishwarya a self-contained studio flat in Tottenham. Aishwarya accepted and moved in.

2.14.9 In October 2013, the provider of Aishwarya's accommodation in Tottenham was advised that Aishwarya had stabbed her partner at the address and been arrested. The accommodation provider contacted RHS and asked for Aishwarya to be moved from the accommodation. RHS made enquires and was told that Aishwarya denied stabbing her partner and had said that it was a self-inflicted wound. RHS records cannot confirm that they verified this with

the police. It would be normal practice to do so but, if it was done, it has not been recorded. That information was referred to the Housing Advice Centre Manager and the caseworker. The caseworker records speaking to SHP who she records gave the information about self-inflicted wounds. Despite the lack of police confirmation, it was agreed to move Aishwarya.

- 2.14.10 RHS decided to move Aishwarya to a hostel. Although this was shared accommodation, RHS believed that its location (in Redbridge) and the 24-hour staffing might provide a more supportive and safe environment for Aishwarya. The hostel manager had some concern about the risk to other residents should the perpetrator try to gain access to the hostel. Whilst this could be managed, there is neither a record of the name of the perpetrator nor a description of him.
- 2.14.11 In November 2013 RHS was advised that Aishwarya was entering rehabilitation so her accommodation was cancelled. It was open to RHS to close her homeless application which would have required Aishwarya to make a fresh one on completion of rehabilitation. However, her homelessness application was kept open in order to avoid the need to re-apply.
- 2.14.12 In December 2013 RHS was advised that Aishwarya had been asked to leave rehabilitation because drugs had been detected in her system. RHS provided Aishwarya with emergency B&B accommodation in Manor Park. In January 2014 Aishwarya requested a review of the suitability of the accommodation¹⁴. The review found the accommodation to be suitable. In March 2014, a further review was submitted on Aishwarya's behalf from the Qalb Centre stating her partner may move back to the area on release from prison and present a risk to her. It was not deemed necessary by RHS to conduct a review as one had been completed very recently, in January 2014.
- 2.14.13 There were several other contacts during 2014 about Aishwarya's physical health and her feeling isolated and unhappy at the Manor Park accommodation. Two contacts from SHP in August 2014 (01 and 29) reference Aishwarya being a victim of domestic abuse: On 01 August 2014 RHS is made aware that Aishwarya's 'ex-partner' is waiting for her outside the B&B accommodation despite a court order prohibiting this; On 29 August 2014 RHS receive a copy of the non-molestation order that Aishwarya has

¹⁴ A formal process which focuses on whether the accommodation meets a legal test in being suitable for the applicant's needs.

obtained. RHS advised SHP that 'there was insufficient compelling evidence of need for a further move' for Aishwarya.

2.14.14 On 07 September 2014 Aishwarya put in a successful bid on a permanent property: 9 Frank Slater House. She moved in 21 September 2014.

2.15 Single Homeless Project (SHP) - Aishwarya

2.15.1 Aishwarya had engaged with SHP, off and on, since 2009. On 13 January 2010, a risk assessment reveals that Aishwarya's partner is 'verbally abusive'. The partner's identity is not recorded but it is assumed that this is Hamir. A DASH risk assessment was not undertaken.

2.15.2 On 24 March 2010, a needs assessment reveals that Aishwarya's partner is 34 years old. Aishwarya is 21 years old at this time. There is no record of the partner's name and he is described as being 'verbally abusive and exploitative'. There are no records to indicate the nature of the exploitative behaviour and a DASH risk assessment was not undertaken. Actions arising from the assessment to address the abuse in the relationship were: to support Aishwarya to widen her support network, to monitor the relationship for signs of abuse, and to make a POVA¹⁵ referral if necessary.

2.15.3 On 07 December 2012, a multi-agency case review between Aishwarya, SHP and Turning Point took place. Notes show that during the course of that meeting, Hamir called Aishwarya asking:

'...what she was doing, who she was with and how long she would be. [Aishwarya] took photos of the work we were doing to prove what she was saying. Aishwarya does not seem scared of [Hamir] but it seems strange that she would take photos.'

2.15.4 The notes further describe Hamir as 'controlling'. The action from that meeting was for SHP to 'monitor relationship for signs of abuse'. A DASH risk assessment was not completed.

2.15.5 On 23 January 2013, Aishwarya spoke with SHP on the telephone and disclosed that she was 'seriously assaulted by her boyfriend' on 10 December 2012, Police had installed a panic button in her accommodation, and the perpetrator had been remanded in custody until 23 February 2013. Aishwarya

¹⁵ Protection of Vulnerable Adults

had been advised by Police to find alternative housing and she requested help from SHP to do this.

- 2.15.6 On 06 February 2013, the SHP support worker forwards a local incident report to their line manager and the line manager requests that the support worker raise a safeguarding alert. The support worker did not complete this action and the line manager did not follow up on the request.
- 2.15.7 On 11 February 2013, the SHP support worker refers Aishwarya to the Independent Domestic Violence Advisory (IDVA) service at Victim Support. Whilst the referral is acknowledged by Victim Support on 27 February 2013, there is no record of this referral in the chronology that has been submitted to this review by Victim Support.
- 2.15.8 On 27 February 2013, the SHP support worker referred Aishwarya's case to the Redbridge Multi Agency Risk Assessment Conference (MARAC). However, as Aishwarya was living in Waltham Forest at the time, SHP was advised that the case would need to be referred to the Waltham Forest MARAC.
- 2.15.9 On 28 February 2013, SHP liaised with the Victim Support IDVA and was advised that Victim Support was finding it difficult to make contact with Aishwarya. On 04 March 2013, SHP referred Aishwarya's case to Waltham Forest MARAC. SHP was not invited to attend the MARAC so did not attend. The MARAC meeting took place on 26 March 2013. The action plan from this meeting was not emailed to SHP until 25 April 2013.
- 2.15.10 Aishwarya describes two further incidents to her SHP support worker: on 23 April 2013 Aishwarya reports that she spilt hot water on her abdomen, causing burns; on 13 May 2013, Aishwarya reported that she had been attacked on 05 April 2013 in the street by an unknown male. Records do not indicate that any probing was undertaken in order to establish whether either of these incidents were linked with domestic abuse.
- 2.15.11 On 18 June 2013, during a multi-agency case review, Aishwarya reports that she has a new partner and that he is a positive influence on her. Records do not capture the identity of the partner but he is believed by the review to be Sayeed. There is no record that the new relationship was explored in any depth.

- 2.15.12 On 27 August 2013, Aishwarya contacts SHP and disclosed that she is scared about the release of her ex-partner from prison. The identity of the ex-partner is not clear but the review believes this to be Hamir. An appointment was made with Aishwarya for a re-assessment and she was advised to contact the Police. Aishwarya called SHP again on the same day to re-state her fears and cites a particular fear of being 'petrol-bombed'. SHP provided Aishwarya with a list of emergency contact numbers. A DASH risk assessment was not completed and Aishwarya did not move to alternative temporary accommodation until 10 September 2013.
- 2.15.13 On 02 October 2013, Aishwarya contacts SHP and advises that her ex-partner (Hamir) has tracked her down to her current property. There had been an incident the previous evening which had resulted in Aishwarya 'being accused of stabbing' Hamir. SHP liaised with the temporary accommodation team in Redbridge who expressed concern for Aishwarya's safety. A DASH risk assessment was not completed and Aishwarya remained at the accommodation for a further two nights before being moved into alternative temporary accommodation in Ilford, Essex on 04 October 2013.
- 2.15.14 On 08 January 2014, Aishwarya meets with her SHP support worker and reports a male, who she believes to be a cousin of her ex-partner, being verbally abusive towards her. The identity of the ex-partner is not recorded but the review believes this to be Hamir. Aishwarya also reports receiving abusive text messages. SHP contacted Police via email requesting advice on how to keep Aishwarya safe and whether there are any other agencies who should be informed of this disclosure. On 13 January 2014, the Police responded to SHP to confirm that Hamir had completed his sentence and advised that Aishwarya should report abuse by calling 101 or attending a local police station. A DASH risk assessment was not completed.
- 2.15.15 On 05 February 2014, SHP referred Aishwarya to Aanchal Women's Aid for domestic abuse support. The referral cites Hamir as the perpetrator. However, on 23 April 2014, SHP obtain a copy of the non-molestation order that Aishwarya has obtained. The order had been taken out against Sayeed.
- 2.15.16 On 24 July 2014, Aishwarya reported to SHP that her ex-partner is able to gain entry to her temporary accommodation as he has the door access code. SHP liaised with the temporary accommodation team and discussion occurred around Aishwarya reporting the perpetrator's behaviour to Police.

There are no records of any follow-up relating to this. A DASH risk assessment is not completed and Aishwarya does not move from the temporary accommodation until 21 September 2014.

- 2.15.17 On 20 October 2014, SHP received a call from a nurse at Queen's Hospital who advised that Aishwarya had a daily male visitor to the ward where she had been admitted since having a fit in September 2014.
- 2.15.18 On 05 November 2014, the SHP support worker visited Aishwarya at hospital and was informed by staff that patients had complained about the way in which the daily male visitor had spoken to Aishwarya.
- 2.15.19 The SHP support worker informed their line manager that hospital staff had raised a safeguarding alert. On 05 November 2014, SHP contacted the hospital staff to confirm that the perpetrator named on Aishwarya's non-molestation order was Sayeed.
- 2.15.20 On 20 November 2014, Aishwarya was discharged to her home address. SHP did not attend the discharge meeting. The allocated support worker was on leave and although Aishwarya's case was being covered by a colleague who had agreed to attend the discharge meeting, this did not happen. The cover worker attempted to contact Aishwarya on two occasions during the following week, both of which were unsuccessful.
- 2.15.21 Sayeed contacted the SHP support worker on 03 December 2014 to inform them of Aishwarya's death.

2.16 Somewhere House – Aishwarya

- 2.16.1 On 03 July 2011, Aishwarya attended a face-to-face Booking Assessment for rehabilitation at Somewhere House in Weston-Super-Mare. She was admitted to residential rehabilitation there on 26 August 2011. The assessment process had revealed Aishwarya was experiencing 'severe emotional abuse from partner (believed to be Hamir)' and 'police were not involved'.
- 2.16.2 There are no records to indicate a pro-active response to identify and address the potential risks to Aishwarya from her abusive partner. At her request to be closer to London, Aishwarya was discharged from Somewhere House on

11 November 2011 and transferred to Foundation 66's treatment facility in Walthamstow.

- 2.16.3 There are no records to indicate that information relating to domestic abuse was shared with Foundation 66 (now Ravenswood Road).

2.17 Turning Point, Waltham Forest - Aishwarya

- 2.17.1 Turning Point worked with Aishwarya over three different periods between 21 November 2011 and 16 October 2013.
- 2.17.2 Following a self-referral to the service, the first episode of contact with Aishwarya ran from 21 November 2011 until 15 March 2012 at which point Aishwarya's case was transferred to CDAT. Between 25 May 2012 and 24 January 2013 Aishwarya re-engaged with the service and regularly attended group work. On 26 November 2011 key working notes state that 'service user was having difficulty in her relationship'. We discussed potential skills she could use for coping in these situations. Aishwarya said that it's difficult because her self-confidence is low and it has to do with her mental health.' Although Aishwarya's partner is not named, during this period in time she was in a relationship with Hamir.
- 2.17.3 There is a further note from 07 December 2012 which states 'Aishwarya is going through a difficult time' but there are no details about what her concerns were. On 09 December 2012 Aishwarya's partner, who was not named, attended the service looking for her and requested that somebody contact him about her.
- 2.17.4 On 19 December 2012 Aishwarya contacted the service when her key worker was not available. Aishwarya advised that something had happened which involved the Police and that she had gone to hospital. Aishwarya did not wish to say what had happened. There is no record of any follow-up to this and Aishwarya was discharged on 24 January 2013 as alcohol free.
- 2.17.5 The third episode of contact with Aishwarya took place between 09 May 2013 and 16 October 2013, when she was in a relationship with Sayeed, following a self-referral. Over the course of five weeks Aishwarya did not attend any of the five alcohol group sessions that are available and also missed the

scheduled key work session during that period. There are two occasions on which Aishwarya attends Turning Point: 23 May 2013 and 09 July 2013.

- 2.17.6 In July 2013 Aishwarya re-engaged with CDAT and Turning Point formally transferred her case to them in October 2013.

2.18 Victim Support - Aishwarya

- 2.18.1 During the time period under scrutiny of this review, Aishwarya was referred to Victim Support in both Waltham Forest and Redbridge on three different occasions: 23 February 2012, 11 December 2012, and 03 May 2013. On each occasion, the Police were the referring agency.
- 2.18.2 The referral from Police to Victim Support on 23 February 2012 cited Aishwarya as a victim of harassment from her 'boyfriend'. The identity of the perpetrator is not recorded although he is believed to be Hamir. Victim Support attempted two telephone contacts with Aishwarya on 24 February 2012, both of which were unsuccessful. A successful telephone contact was made with Aishwarya on 27 February 2012, during which a DASH risk assessment was completed. Aishwarya scored 18 on the DASH, clearly indicating that she was at serious risk of further harm or homicide.
- 2.18.3 Cases scoring 14 or above should be referred to the Multi-Agency Risk Assessment Conference (MARAC). However, Aishwarya's case was not referred to MARAC.
- 2.18.4 Aishwarya's case was then re-allocated internally, to an Independent Domestic Violence Adviser (IDVA). The IDVA made two unsuccessful attempts to contact Aishwarya on 06 and 09 March 2012. Telephone contact with Aishwarya was made on 20 March 2012 but Aishwarya was unwell so an agreement was made that the IDVA would call back. A further contact was not attempted by the IDVA.
- 2.18.5 The second Police referral to Victim Support was made on 11 December 2012, following a serious assault on Aishwarya perpetrated by her 'boyfriend', Hamir. Victim Support recorded details from the Police referral as follows:

'[Hamir] gagged [Aishwarya], punched her in the face and head, kicked her in the lower back, tried to throttle her and urinated in a jug before pouring it on and in [Aishwarya's] mouth.'

(Combined Chronology: Item 152, Victim Support, 2012/12/11)

- 2.18.6 The first attempted contact with Aishwarya was made by a Victim Care Unit Officer two days later on 13 December 2012. It was unsuccessful so a further contact was attempted the following day on 14 December 2012. During this contact, a DASH risk assessment was completed and 19 indicators of risk are identified. This clearly identified Aishwarya as being at risk of serious further harm or homicide. A MARAC referral was not made and there are no records that show liaison with the referring agency (Police).
- 2.18.7 Aishwarya's case was re-allocated internally to an IDVA who made contact with Aishwarya on that same day. Aishwarya discloses that Hamir is being held on remand and is due to appear in Court on 18 December 2012. Hamir has already contacted Aishwarya from prison. There is no record of support being offered to Aishwarya around the criminal prosecution, including the option to request a Restraining Order. Aishwarya is given advice on civil orders and access to counselling. The IDVA did not refer Aishwarya's case to MARAC.
- 2.18.8 On 18 December 2012, the day that the perpetrator (MA) is due to appear in Court, the IDVA attempts telephone contact with Aishwarya which is unsuccessful. Contact is successfully established on 21 December 2012. Aishwarya advises that she has had no case update from Police. The IDVA gives Aishwarya the contact details for the Witness Care Unit and advises Aishwarya that she should call them for a case update. Aishwarya is also given the crime reference number and is advised to contact the Officer in Charge (OIC) of the case for an update.
- 2.18.9 On 13 February 2013, the IDVA receives email correspondence from Aishwarya's support worker from the Single Homeless Project (SHP) which advises that Aishwarya still needs IDVA support. It also notes that the SHP worker is going to refer Aishwarya's case to the MARAC.
- 2.18.10 Between 13 February 2013 and 03 May 2013, Victim Support attempt 11 telephone contacts with Aishwarya, 3 of which are successful: the outcome of the contact on 28 February 2013 is that Victim Support will refer Aishwarya to Ashiana for counselling; the outcome of the contact on 25 March 2013 is that Victim Support email the OIC to request support in removing the perpetrator's belongings from Aishwarya's accommodation; the outcome of the contact on

19 April 2013 is for Victim Support to contact the OIC to follow up the request for help made on 25 March 2013.

- 2.18.11 On 05 May 2013, the Police referred Aishwarya to Victim Support for a third time, on this occasion the referral followed a sexual assault. Details of the perpetrator are not known and it is not relayed by Police that Aishwarya's current partner (Sayeed) had reported the sexual assault when Aishwarya had not returned home as he had expected.
- 2.18.12 The first attempt made by a Victim Care Officer (VCO) to contact Aishwarya is on 08 May 2013. It is not successful. A further attempt is made the following day when Aishwarya requested that she be called back at another time to talk about the incident. The VCO refers Aishwarya's case to the local Victim Support team in Waltham Forest for them to make contact with Aishwarya.
- 2.18.13 Over the course of 15 and 16 May 2013, Victim Support made four attempts to contact Aishwarya by telephone, all of which were unsuccessful. No further action is undertaken by Victim Support in relation to this referral. The referring agency (Police) are not updated.
- 2.18.14 The fourth referral to Victim Support by Police takes place almost a year later on 09 April 2014. The referral follows a physical assault on Aishwarya perpetrated by Sayeed. Between 09 and 11 April 2014, Victim Support attempt four telephone contacts with Aishwarya, none of which are successful. On 11 April 2014, Victim Support closes the case and advises the referring agency (Police) via email.

2.19 Western Counselling - Aishwarya

- 2.19.1 Aishwarya was referred to Western Counselling for residential treatment by the Redbridge Drug & Alcohol Service (RDAS) on 10 January 2011. The Community Care Assessment (CCA) notes physical abuse from Aishwarya's step-mother. On 18 January 2011, Western Counselling conducted a telephone assessment with Aishwarya. During this assessment, Aishwarya described her relationship status as 'single'.
- 2.19.2 On 23 February 2011, Aishwarya arrives at Western Counselling with her mother and is admitted for treatment. On 07 March 2013, Aishwarya discloses that she is in a relationship with an 'older man'. Records indicate

that Aishwarya was 'reluctant to go into any detail'. Aishwarya was advised by staff to be 'boundaried with contact' with her partner and to 'limit contact to one telephone call weekly'.

- 2.19.3 On 14 March 2011, against the advice of staff and peers, Aishwarya discharged herself from treatment citing a desire to return to London. An appointment was made for Aishwarya to attend Redbridge Drug and Alcohol Service (RDAS) on 15 March 2011 and Aishwarya's mother collected her from the facility.

2.20 Westminster Drug Project (WDP) - Aishwarya

- 2.20.1 Aishwarya had one attendance at WDP on 02 December 2014, the day that she was killed. Aishwarya attended at 11:00 a.m. and advised that she wished to engage with WDP services and that she would like her case to be given priority, citing both mental and physical health needs. WDP advised that Aishwarya attend the drop-in later that day between 5:00 p.m. and 7:00 p.m. Aishwarya declined this option and requested a formal scheduled appointment instead.
- 2.20.2 Aishwarya's case was allocated to a Key Worker on that day who, the following day, scheduled an appointment for Aishwarya on 08 December 2014, before being alerted to Aishwarya's death on 04 December 2014.

2.21 Cranstoun City Roads - Aishwarya

- 2.21.1 Aishwarya was referred to Cranstoun's City Roads detoxification facility on 23 May 2013 by Waltham Forest Community Drug & Alcohol Team (CDAT). The CDAT risk assessment which accompanied Aishwarya's referral was 11 months out of date, having been completed on 15 March 2012. The risk assessment identifies Aishwarya 'as being at risk of abuse and bullying, physical harm from others in the hostels, self-neglect and sexual exploitation'. It also notes that Aishwarya has been the victim of two sexual assaults in the 'last few weeks'. The overall risk of harm to Aishwarya is characterised as 'high'.
- 2.21.2 Cranstoun undertook a telephone assessment with Aishwarya on 23 May 2013 in which Aishwarya reported a history of domestic abuse, citing a

'serious incident' earlier in the year, and advising that the perpetrator was subsequently in prison.

- 2.21.3 Aishwarya was admitted to City Roads for 'crisis¹⁶' detoxification on 24 May 2013. The risk assessment undertaken by City Roads during the joint clinical assessment on that day records 'no current trauma or threats to [Aishwarya's] life'.
- 2.21.4 On 25 May 2015, medical notes record Aishwarya talking about past abuse and her engagement with help from Victim Support.
- 2.21.5 On 03 June 2013, a computer note indicates that Aishwarya disclosed that 'she had been in touch with [...] her boyfriend, who was in her flat with other women drinking'. Records do not capture the identity of Aishwarya's boyfriend. It was believed that this 'did not constitute current threat and would not meet MARAC threshold'.
- 2.21.6 During the period of detoxification, Aishwarya attended a sexual health clinic on two occasions: 29/05/13 and 12/06/13.
- 2.21.7 On 11/06/13, Aishwarya reports feeling anxious about discharge plans.
- 2.21.8 On 18/06/13, Aishwarya successfully completed the 21-day programme at City Roads, reporting to staff that she had been very happy and felt safe there. She wrote to the team before she left, thanking them for their care and patience and affirming her desire to remain abstinent.
- 2.21.9 Aishwarya was discharged into the care of Hope House for rehabilitation.

2.22 Action on Addiction, Hope House - Aishwarya

- 2.22.1 Aishwarya was referred to Hope House by Waltham Forest County Council on 05 June 2013. It was intended that Aishwarya would complete a two-week programme of detoxification at Cranstoun's City Roads facility before being transferred to Hope House for rehabilitation.
- 2.22.2 The referral contained details of Aishwarya's history of domestic violence and sexual abuse. The risk to Aishwarya at the time was recorded as 'low' as the perpetrator (Hamir) was serving a prison sentence.

¹⁶ 'Crisis' detoxification allows for fast track admission and brief residential respite care (vs a planned detox procedure).

- 2.22.3 During the assessment on 13 June 2013, Aishwarya was open about the abuse she had experienced and advised that she was in a new relationship. Although details were not recorded, it is assumed that this new relationship was with Sayeed. Aishwarya was admitted to Hope House on 18 June 2013 following the successful completion of a two-week detoxification programme at City Roads.
- 2.22.4 On 05 July 2013, Aishwarya returned to Hope House after having dinner with her partner, believed to be Sayeed. Aishwarya was asked to give a breath test and this showed positive for alcohol. Records of subsequent discussion between staff and Aishwarya do not indicate any discussion around the potential role coercive control could have played in this relapse.
- 2.22.5 On 08 July 2013, Aishwarya was discharged from Hope House with a recommendation for first stage treatment¹⁷.
- 2.22.6 Aishwarya was referred to Hope House again on 20 November 2013 after she had approached her Care Manager asking to be reconsidered for treatment there. A telephone assessment took place on 22 November 2013 and Aishwarya was admitted on 27 November 2013. There are no records to indicate active enquiry of domestic abuse during Aishwarya's treatment. On 16 December 2013, Aishwarya was discharged from treatment as she 'continually' tested positive for benzodiazepines.

2.23 Qalb Centre

- 2.23.1 The Qalb Centre is based in Waltham Forest and provides holistic services include counselling, outreach and mental health day services.
- 2.23.2 A Senior Manager at The Qalb Centre informed the Chair that this organisation will not be able to submit an IMR or chronology. A search was completed of documents in the organisation's storage container on Monday 04 April 16 to see if Aishwarya's file was there; However, they were not able to locate the case file. The Centre explained that their premises sustained flood damage, and a number of damaged archived files were disposed of at that time. As Aishwarya's file was not in the storage container, the Qalb Centre is confident that Aishwarya's file was one that was disposed of. Therefore,

¹⁷ First stage residential treatment/placement.

they are unable to provide any relevant information about Aishwarya's case as part of this review.

2.24 Tower Hamlets Family and Children's Services (Sayeed)

- 2.24.1 The 9 March 2001 file notes that Police attended family home and Sayeed's wife (at the time, since divorced) left the home with her 3-month-old child following domestic violence from Sayeed. Police arrested Sayeed.
- 2.24.2 On 11 July 2002, the file notes that police were called to an argument that occurred when Sayeed turned up uninvited at family home and Sayeed had left by the time of police arrival.
- 2.24.3 On 11 January 2004, the file notes that Police were called when Sayeed's wife reported that Sayeed had visited in the early hours causing a disturbance. Sayeed's ex-wife reported that they were separated and the Police were alerted.
- 2.24.4 On 11 January 2004, the file notes that Police attended family home in response to call from Sayeed's ex-wife. She alleged her ex-husband Sayeed was harassing her and that an injunction was in place and Sayeed was arrested.
- 2.24.5 On 28 April 2006, the file notes that the Police were called to the family home following Sayeed's involvement in a drunken altercation with other males in Victoria Park. One of Sayeed's children was struck by a stranger and sustained reddening to the face. Police made a welfare visit and established child was okay. Sayeed confirmed he did not live at family home any longer.
- 2.24.6 On 9 February 2007, a request was received from Probation for information on Sayeed. The file notes that although Sayeed and his ex-wife are divorced, the probation service is concerned about Sayeed's violent past and potential risk in the future.
- 2.24.7 On 17 May 2007, Police were called following allegations of domestic disturbance. The file notes that the parents are separated but Sayeed turned up at the family home uninvited and proceeded to assault his ex-wife. He fled when she screamed and Sayeed was arrested.
- 2.24.8 On 5 November 2007, Sayeed's child (with his first wife) was alleged to have been shouted at in school by a teacher. This was investigated by school at the request of the child's mother.

2.25 National Probation Service (Sayeed)

- 2.25.1 On 08 September 2006, Sayeed had a court appearance for possession of cannabis at Ipswich Magistrates Court. On 03 October 2006, he was sentenced to a Community Order with 60 hours Unpaid Work. The pre-sentence report documents relationship issues but not stated at domestic abuse. Alcohol treatment was required and Sayeed cites that he drinks when his relationships break down.
- 2.25.2 On 06 February 2007, Sayeed appears at Thames Magistrates Court for offence of failing to provide specimen of breath. On 06 February 2007, Social Services and Community Safety Unit tracers were sent because of concerns around the way Sayeed spoke about his ex-wife in interview. An OASys risk assessment completed 08 February 2007 and notes physical violence in past relationship and child protection concerns leading to CSU and SS checks being requested. A PSR was provided to Court and the recommendation for 24-month community order with requirement of Probation Supervision and the Anger Management programme was imposed on 15 February 2007. PSR interview revealed arranged marriage pending, one ex-wife with 2 children and a very poor and concerning attitude to relationships with women in general. Sayeed was noted as aggressive and volatile in interview.
- 2.25.3 On 15 February 2007, following a poor attendance matter Sayeed returned to Court for breach on 19 February 2007. Judge allowed order to continue with punishment of 10 additional unpaid work hours.
- 2.25.4 Social Services response logged on 20 February 2007 stated that the last assessment involving Sayeed's child was in 2000. Between 2003-2006 the file notes police call outs for domestic incidents between Sayeed and ex-wife but states there is no ongoing Social Services contact.
- 2.25.5 On 21 February 2007, NPS calls the Social Services duty officer to request re-assessment of risk to child and mother given recent alcohol related offence, aggressive behaviour in interview and bitter comments about ex-wife being to blame for his recent convictions.
- 2.25.6 On 22 February 2007, NPS noted on its file that the Anger Management programme may no longer be suitable given recent intelligence around

domestic abuse. An OASys risk assessment was completed noting Social Services' response of 20 February 2007.

- 2.25.7 On 14 March 2007, Children's Social Care attempted to contact Sayeed's ex-wife to undertake further risk assessment but were unable to make contact. Probation was asked to try and secure contact details.
- 2.25.8 On 12 March 2007, it was noted that Sayeed was shouting and swearing at SPO on the phone on 15 March 2007. Sayeed says this was because he desperately needs help with anger management.
- 2.25.9 On 26 March 2007, a new address was given by Sayeed in Kent but no further details given and Officer seeing the case did not check re details for ex-wife as requested by Social Services.
- 2.25.10 On 28 March 2007, Social Services made contact and informed that Sayeed's ex-wife had made contact to confirm that she had no current contact with Sayeed and no intention of making contact given his past abuse. An appointment was made for 5 April 2007 for ex-wife to attend Children's Social Care to discuss the matter further.
- 2.25.11 On 29 March 2007, Sayeed provided secondary address. No Community Safety Unit (CSU) / Social Services (SS) checks were made at this point.
- 2.25.12 On 10 April 2007, Sayeed attended the office and presented as very aggressive and stated clearly that he sees his children on a weekly basis, that there has never been Social Services involvement with his family and that he has never domestically abused his ex-wife although he has restrained her in the past when she had been violent and suffering from post-natal depression. A call was placed back to Children's Social Care to relay information from Sayeed that he is seeing children weekly. The officer clearly states that either Sayeed is seeing children weekly or is fantasizing about it. It is also highlighted that he is drinking, partly homeless and volatile. The Duty Social Worker is noted as saying he would not be passing concerns on to the ex-wife and he felt she had made herself safe. The Duty Social Worker said no further assessment would be undertaken. The officer stated concerns around this decision and noted that a letter would be written to Social Services to ask for decision to be reviewed. There was no evidence of this being completed.
- 2.25.13 17 April 2007 records show further confirmation from Sayeed that he is in contact with his ex-wife and children.

- 2.25.14 On 19 June 2007, Sayeed was breached for non-compliance of an order made on 19 February 2007. As a result, Sayeed agreed to engage in Anger Reduction Therapy (ART). He gave a new address in Leyton and provided his ex-wife's mobile number. His sentence was deferred to 18 July 2007 for a progress review. No CSU/SS checks were undertaken. It was not noted why ART was considered suitable in relation to his history of domestic abuse. It is not noted that the provision of his ex-wife's mobile number is shared with Social Services
- 2.25.15 On 28 June 2007, an OASys review for transfer is completed noting request that case be allocated to a social worker has been denied. The risk to child is reduced from medium to low but no explanation given as to why.
- 2.25.16 On 24 July 2007, records show further confirmation from Sayeed that he is in contact with his ex-wife and children
- 2.25.17 On 11 September 2007, Sayeed's case is transferred within probation
- 2.25.18 On 18 September 2007, Sayeed's deferred sentence is bought back before the Court. The Judge allowed order to continue with punishment of 10 additional hours unpaid work.
- 2.25.19 08 October 2007 records show contact where Sayeed states he is missing his children as he is not able to see them at present but this is not explored further.
- 2.25.20 On 15 October 2007, unpaid work hours completed and order terminated.
- 2.25.21 On 24 October 2007, Sayeed states that he has contact again with ex-wife and children and the officer states in the records that there have been past domestic abuse issues but notes no current concerns.
- 2.25.22 On 15 January 2008, Sayeed was assessed as unsuitable for ART given domestic abuse issues and history.
- 2.25.23 19 February 2008 records indicate Sayeed confirmed that he has had a heart attack and will provide medical evidence.
- 2.25.24 On 18 March 2008, a note was provided from GP dated 02 February 2008 – 05 March 2008 relating to Sayeed's heart attack. Again, Sayeed confirms regular contact with ex-wife and children. No current evidence of alcohol misuse is noted. Absences during this period accepted on health grounds.

- 2.25.25 On 13 March 2008, NPS contact log states that due to officer sickness there are no recent appointments given to Sayeed. Sayeed is put onto reporting group due to staff sickness.
- 2.25.26 On 23 July 2008, Sayeed's case transferred within probation again.
- 2.25.27 On 04 August 2008, Sayeed is dropped from Tier 3 to Tier 2 as ART programme is no longer viable.
- 2.25.28 On 05 August 2008, Sayeed's case is transferred to the Walthamstow office.
- 2.25.29 On 11 August 2008, officers consider early revocation of Sayeed's order on health grounds.
- 2.25.30 On 14 February 2008, Sayeed was seen at Barking and Dagenham Magistrates Court for offences of assaulting a police officer, racially aggravated words and possession of cannabis. Reports noted mental health concerns but did not expand. Reports assessed Sayeed as medium risk of serious harm to public and high risk of re-offending and acknowledged that supervision was ineffective and that unpaid work was not suitable due to health. The court proposes a curfew, however no address check is undertaken with regards to CSU checks given previous DV. No OASys risk assessment is completed. The Court sentenced Sayeed to a Suspended sentence order for 18 months with a curfew. As appropriate there was no further Probation intervention in this event.

2.26 Addison Road Medical Centre (Waltham Forest)

- 2.26.1 Addison Road Medical Practice did not provide an IMR. The following is summarized from a lengthy chronology which details 53 pages of appointments or notations from other services between 2011-2013.
- 2.26.2 2011: Thirteen appointments or notations which indicate that Aishwarya had low mood, alcohol dependency and treatment, depression, anxiety, lower back pain, itchy skin and trouble sleeping. There are also notifications from hospital care in Aishwarya's records. These records do not contain specific references to domestic abuse or Aishwarya's relationships with others.
- 2.26.3 2012: Thirty-six appointments or notation which indicate that Aishwarya had drug and alcohol dependency, poor sleep, anxiety, asthma, blood in her stool, cough, flu, trouble sleeping and mental health concerns. These records do not contain specific references to domestic abuse or Aishwarya's

relationships with others. Some of the below references are left as quotes as often the clinician is quoting Aishwarya and therefore one can hear more directly her way of describing her situation.

- 2.26.4 On 02 October 2012, Aishwarya is noted to state that she wants to see her usual doctor. Aishwarya is noted to be shaking due to anxiety which she says comes more when “he does things” – like cooking, cleaning etc. Aishwarya states she burnt herself on face, cut herself on arms and legs and that her aunt has a similar illness. Aishwarya also complains of upper back pain and medications are discussed.
- 2.26.5 On 12 February 2012, Aishwarya attends due to an on-going cough. At the last appointment, she had been given an x-ray form but she states that her partner ripped this up in a domestic dispute. Her partner is noted as currently in jail. Aishwarya is described as very anxious about this: “feeling very shaky.” Aishwarya is advised regarding medication and it is noted that the mental health team will be informed. A letter is written to the mental health team on that date.
- 2.26.6 On 04 October 2012, Aishwarya states that she had completed treatment, was detoxified, but then started drinking again. She then developed withdrawal signs and was admitted to hospital, and was again detoxified. She described feeling shaky and anxious that she would develop similar withdrawal problems again.
- 2.26.7 2013: There are 40 appointments or notations in Aishwarya’s medical record which contain notification from hospital care, vomiting, infection, abdominal pain and cough. There are numerous consultations in relation to change or modification of prescriptions. These 40 appointment notes or notations do not contain specific references to domestic abuse or Aishwarya’s relationships with others. The following dates indicate more specific indications or disclosures of abuse and/or vulnerability factors. Some of the below references are left as quotes as often the clinician is quoting Aishwarya and therefore one can hear more directly her way of describing her situation.
- 2.26.8 On 31 January 2013, “She (Aishwarya) has nearly completed her alcohol rehabilitation programme, and due to be placed to a place of her own; happy about it, but worried about poor sleep and “hearing voices”. This has been gradually developed over the last few weeks and she thinks she needs to be

referred to a psychiatrist; this is also because her mother has Bipolar and her problems “started in the same way”; these voices she can hear mainly when she has gone to bed and is trying to sleep’ she has not slept for more than one week now, and has no day sleep as well.

- 2.26.9 On 10 April 2013, Aishwarya spoke of successfully completing residential alcohol treatment.
- 2.26.10 On 24 February 2013, Aishwarya attended related to having “pain in private area” and for two weeks.
- 2.26.11 On 09 March 2013, Aishwarya is described as having bipolar affective disorder and as having an abusive ex-boyfriend who is in prison for assaulting her. Notes describe that he is due to be released imminently and has threatened to hurt Aishwarya. Notes state that Aishwarya has reported this to police who are aware of situation and have advised her to move home. Aishwarya is noted to need a letter to support her move as she cannot live with others and needs to be in close proximity of a toilet due to anxiety symptoms and mental health issues. A letter of support is written for Aishwarya.
- 2.26.12 On 19 April 2013, Aishwarya attended with her current partner with severe low pelvic pain. After full examination and discussion of medication and gynecological consultation, Aishwarya described that she went to detox 4 years ago but due to the pain she spoke of drinking 14-15units day for pain relief. The GP asked for assistance as patient “unwilling to accept her advice.”
- 2.26.13 On 29 April 2013, Aishwarya attended due to pain after a burn.
- 2.26.14 On 02 May 2013, on a follow up visit, Aishwarya notes that she is healing well and her burn is less painful. However, notes indicate that she is very distressed. Aishwarya claims her partner is verbally and physically abusing her. She reports being afraid to report him to the police. Aishwarya is crying and upset. She is noted to shout at him on arrival to the surgery. Aishwarya is advised to seek help but notes do not specify what type of help or any specific advice given.
- 2.26.15 On 04 May 2013, Aishwarya is noted to have had a long consultation about her need for more analgesia/night sedation. Aishwarya cites that her partner is taking her medication and that he has no GP. Aishwarya reports that he is

still abusive. It is noted that Aishwarya “refuses to report him to the police”. The nurse notifies the GP of this consultation.

2.26.16 On 19 July 2013, Aishwarya is noted as “Behaving oddly and rather bizarre with a crusty staph looking lesions lower lip.”

2.26.17 On 24 November 2013, Aishwarya is noted as “still feeling shaky, has been moved to a new residence in Tottenham.” Aishwarya states that her mother is supporting her at the moment and she requests a referral back to mental health services to discuss medication. She is prescribed a small dosage and given advice regarding medication and the referral is made.

2.27 Aldersbrook Medical Centre (Newham)

2.27.1 An IMR was not supplied by Aldersbrook Medical Centre. They did supply a chronology of and reasons for appointments. Aishwarya attended the practice several times between December 2013 and December 2014.

2.28 Perpetrator’s GP

2.28.1 NHS England has confirmed that Sayeed was not registered with a GP anywhere in the UK.

2.29 Haven Whitechapel

2.29.1 Haven Whitechapel confirmed that Aishwarya never accessed this service.

2.30 Ravenswood Road/Foundation 66 (Phoenix Futures)

2.30.1 Ravenswood Road has closed and Foundation 66 has now merged with Phoenix Futures. Phoenix futures has not been able to locate the archived files and thus has not been able to provide any facts or information in relation to this DHR.

2.31 Summary of interview with Aishwarya’s mother (28 November 2016)

2.31.1 The chair attended the home of Aishwarya’s mother (Kareena) who had not yet had input into the Domestic Homicide Review (DHR). This was arranged via the assistance of Kareena’s AAFDA (Advocacy After Fatal Domestic Abuse) advocate. Kareena was now happy to meet and condolences were expressed. The report author expressed thanks for her cooperation and explained how important it is in the DHR for the victim to have a voice and

how family members are in a privileged position to provide insight into the victim's life, her personality and who she really was.

- 2.31.2 The chair explained the DHR process and that any information provided by Kareena can be integrated into the final report. Kareena mentioned that Aishwarya might have a friend the report author could talk to but did not have the contact details of this friend. Kareena mentioned that Aishwarya's father, Sanjay, would likely not want to talk to the chair about the DHR as he does not want to acknowledge Aishwarya at all, and hadn't done so for many years. This concurs with the information the chair received from the police regarding Sanjay's lack of participation in the criminal justice process and refusal to participate in the DHR.
- 2.31.3 Kareena described her relationship with Aishwarya's father as very difficult for most of Aishwarya's life. Kareena and Sanjay were involved in an arranged marriage in 1988 (so that Sanjay could obtain a passport), which was challenging from the beginning. Kareena and Sanjay lived with Sanjay's family after getting married and Sanjay's sister was verbally abusive to Kareena while they were living together. Sanjay was disappointed when Kareena gave birth to Aishwarya, a girl, as he wanted a son not a daughter. Kareena feels that this was something that Sanjay never got over and held against her and Aishwarya for all of Aishwarya's life, especially as Kareena couldn't have any more children. After Aishwarya's birth, Sanjay would come and go in terms of involvement in their family life and by 1999/2000 had left the family and remarried and went on to have 2 children. Aishwarya wanted more than anything to be in her father's life and would try to visit and spend time with his 'new family' but they were very negative to her and vacillated between 'using' Aishwarya (and Kareena) to help with babysitting to rejecting Aishwarya and being very mean and controlling with her, calling her a 'slut, alcoholic, a bad girl' and getting all of Sanjay's family to reject her as well. Sanjay's extended family also treated Aishwarya badly, and this rejection and verbal abuse adversely affected her immensely.
- 2.31.4 From 2006, accommodation became an issue for Aishwarya, according to Kareena. At this time, Aishwarya was living with her mother but the council said these living arrangements couldn't continue and Aishwarya began to be moved around. This continued for many years and by 2009/10 Aishwarya was depressed and was drinking heavily. Kareena thinks this was due to the

rejection by Sanjay, coupled with the vulnerable housing situation Aishwarya was in. Kareena traces the roots of Aishwarya's problems back to her relationship with her father, which caused the drinking, and then were exacerbated by the fact that Aishwarya didn't have stable and supportive housing, living with her mother. Kareena said that this lack of stability opened Aishwarya up to manipulation, especially when she began to become involved in intimate partner relationships.

2.31.5 Kareena stated she was aware of the abuse perpetrated by Sayeed against her daughter and that Sayeed would enable Aishwarya's drinking and would 'do bad stuff to her – physical, mental abuse' while she was under the influence of alcohol. Sayeed would ring Kareena and insult Aishwarya. Kareena mentioned that Sayeed had a problem with women generally and also had a history of being abusive with people in public as well. Aishwarya told her mother that Sayeed said that he didn't want Aishwarya to be with anyone else and that 'if you're not mine, you will die.' Kareena said that Sayeed would feed Aishwarya alcohol to keep her weak and dependent on him.

2.31.6 Aishwarya had one friend that she would drink with (friend mentioned above) and that it was through her that Aishwarya met her previous partner, Hamir, who is Bengali. Sayeed is also Bengali. Kareena mentioned that both Hamir and Sayeed looked to date Pakistani women and that they both were very much older than Aishwarya. She thought that perhaps Aishwarya dated older men as she was always looking for a father figure to love and accept her and that she would tolerate being treated badly because she longed for and hoped that they would show her love, which is ultimately all she wanted. Both Hamir and Sayeed were very controlling with Aishwarya and Aishwarya told her mother that she was frightened of both men. Sayeed was known for having a temper, and this frightened Kareena as well, especially after the relationship with Hamir ended after the horrific event in December 2012. It was Sayeed who intervened when Hamir attacked Aishwarya and Aishwarya looked at Sayeed as a hero for that. It wasn't long after that incident with Hamir that Aishwarya and Sayeed started their relationship.

2.31.7 Kareena said that Aishwarya's relationship with Hamir really messed with her and that he was a very bad person, who skewed her ideals of what a relationship should be like. Hamir would withhold Aishwarya's medication,

torture her, be horrible to Aishwarya and her mother. On at least one occasion, Hamir forced his way into Kareena's house and forcibly removed Aishwarya and took her away with him. After the December 2012 incident, Kareena said the police officer they were liaising with said that he would ensure that Aishwarya and Kareena could live together but this never happened, which Kareena feels is a missed opportunity to keep Aishwarya safe. The police knew that Aishwarya was afraid of both men in 2013. Hamir was a very controlling and dangerous person and even after getting out of prison would come to Kareena's house to look for Aishwarya and threaten her family.

- 2.31.8 Kareena stated that the fact that Aishwarya took out a non-molestation order (NMO) against Sayeed was a 'red warning' that wasn't taken seriously by professionals. She said it was a shame that this was never served on Sayeed and caused a lot of confusion when Aishwarya was in the hospital for the last time in October/November 2014. She thinks that Sayeed exploited this confusion and tried to 'brainwash' Aishwarya into not telling hospital professionals the truth about who the NMO was for. Sayeed bullied the hospital staff as well.
- 2.31.9 Kareena recalled an incident where Aishwarya called the police when she was living in the Tottenham Hill flat, when she wanted Sayeed to leave but he wouldn't. She said that Aishwarya was really scared of Sayeed at this time and called her mother to tell her this. After this, Sayeed went on the internet (Facebook) and posted things that he knew about Aishwarya's family, which upset Kareena's sister and the whole family. This made relations between Aishwarya and her family more difficult. There was another incident around this time that Kareena recalls when Sayeed destroyed Aishwarya's flat during an argument. She doesn't think this was reported to the police.
- 2.31.10 Sayeed knew about Aishwarya's history with her father and her unstable family situation – that she was estranged from her father and didn't have anyone else besides her mother to help look after her. Kareena said that Sayeed took advantage of this fact and perhaps even targeted her because of it; i.e. that he was able to do whatever he wanted to Aishwarya because she didn't have anyone, especially any male family members, to defend her or intervene on her behalf.
- 2.31.11 Kareena described Sayeed and Aishwarya's relationship as one where Aishwarya was Sayeed's 'meal ticket' – he often lived with her, and off of her,

including taking money, her benefits and her medication from her and using it himself. Kareena thinks Sayeed was financially abusive to Aishwarya and controlled her benefits and money when he could. A few months before Aishwarya's death, she and Kareena were planning a trip to Pakistan together and Sayeed took Aishwarya's passport because he didn't want her to go. We were only able to speak to Kareena once.

2.31.12 Kareena described Aishwarya as a kind, good, trusting person who was looking for love wherever she could find it. Aishwarya felt 'unwanted by her father and was looking for love and acceptance in her personal relationships to fill the space that that lack of love from her father left inside her.' She said that after getting out of hospital the last time, Aishwarya just wanted to get healthy, stay sober and live a proper life together with her mother. Aishwarya just 'wanted to be a proper girl, get married, have kids. She wanted her dad to acknowledge her and love her and not treat her as an outsider, but to include her in his family.' Aishwarya went to visit her father and his family a few weeks before her death and was rejected by him and his wife at this time as well, which really upset her.

2.31.13 Kareena stated that when Kareena herself was around and with Aishwarya, Sayeed would not come around or be in touch with Aishwarya as much. Sayeed knew that when Aishwarya was with her mother, she wasn't as vulnerable. On 24 November 2014, Kareena went to stay with Aishwarya for 2 days and Sayeed wasn't around in that time at all and there were no signs of him living in Aishwarya's new place. Aishwarya didn't tell Kareena that Sayeed was living with her when she got out of the hospital in November, but Kareena knew that Aishwarya was frightened of him. Before her death, Aishwarya told her mother that she didn't want to live like this anymore and that she wanted to get well. Kareena believes that Sayeed ruined this for Aishwarya and took away her chance to really recover and finally put the drinking behind her.

2.31.14 Kareena believes that had the local authority listened to her repeated requests to house her and Aishwarya together, Aishwarya may still be alive today. Kareena feels she could have rung the police if Sayeed had come around if she and Aishwarya were living together and Sayeed wouldn't have thought of Aishwarya as so vulnerable and isolated. Kareena feels she could have provided more support to Aishwarya and protected her from abuse.

- 2.31.15 Kareena stated that being moved around so much over the period of 4 years was incredibly challenging for Aishwarya and negatively affected her. Aishwarya was 'moved around like furniture' in the last few years of her life. She said that Aishwarya didn't have much stability in her life, including her housing, and that perhaps she would have been able to recover and stay sober and safe if she had more stable, appropriate and permanent housing with adequate support from her mother and specialist services. Kareena also said that Aishwarya's support services didn't communicate very much with her, which she felt wasn't right as she was Aishwarya's mother. She said that despite Aishwarya being over 18, she was still very much like a child in many ways (as she didn't get what she needed as a child, in terms of emotional support and love from her father) and that services could have communicated better with Kareena as she was Aishwarya's next of kin and her sole support.
- 2.31.16 Kareena wondered why the services that Aishwarya was engaging with didn't ask her more about who she trusted and who her supports were. Kareena feels that she as Aishwarya's next of kin she should have been more involved in her support plans and was surprised that they didn't contact her more. In Kareena's mind, Aishwarya was still very much a girl and needed her mother, especially with her additional vulnerabilities of substance misuse and mental health/depression.
- 2.31.17 Kareena said that there were so many people who Aishwarya worked with and that it would have been better for her to have had one lead professional to help her through everything over the years. It was confusing for Aishwarya to have to talk to so many different people to get the help she wanted and needed and Kareena feels like the systems and services let her daughter down. She also feels like they didn't treat her like a whole person; that services only saw her as a domestic abuse victim, or a substance user, or someone with depression. In Kareena's opinion, no one took ALL of Aishwarya into consideration and helped her with her needs all at once.
- 2.31.18 Kareena said that she still doesn't know what really happened the night of Aishwarya's death. She thinks that Aishwarya had enough of the abuse and that she wanted to get healthy and told Sayeed that she was ending it with him and that he needed to leave. Kareena thinks that might have triggered Sayeed's attack which ultimately killed Aishwarya. Kareena also thinks that Aishwarya may not have told her just how serious the abuse was as

Aishwarya never wanted her mother to worry about her. Aishwarya seemed to think that she could take care of the situation and handle getting out of her relationship on her own. Kareena is very confident that Aishwarya wanted to end her relationship and start again after getting out of hospital and standing up to Sayeed may have triggered him to hurt her badly enough to kill her.

2.31.19 Although Aishwarya was weakened by her illness (she had jaundice at the time of her death), this was not what killed her – it was Sayeed’s attack that caused Aishwarya’s death. Kareena still has questions about what caused the mesentery (separation of muscles and organs from interior wall) if not from Sayeed’s attack. This has never been explained to her by the police or CPS.

2.31.20 Aishwarya was determined to get sober at the time of her death, and Kareena thinks Sayeed was feeding her alcohol on the day of her murder to control her, especially if she said she was going to leave him. Kareena said that on the day of Aishwarya’s death, Sayeed took her phone and locked the door of the flat. He was the one who called the police/ambulance and he kept the key to the flat after Aishwarya was taken to the hospital. Kareena said that Sayeed also changed himself to be the next of kin on Aishwarya’s hospital forms, whereas previously she had been listed as such.

2.31.21 Kareena stated that Aishwarya was a good person, but very childlike in a lot of ways and vulnerable because of her health and when she was using substances. She said Sayeed was a predator and controlled Aishwarya and Kareena continues to be very angry and frustrated with the outcome of the court case and that Sayeed will only spend a few years in prison for taking her daughter’s life and for ruining hers.

3. Analysis

3.1 Domestic Abuse/Violence Definition

3.1.1 The government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; and emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

3.1.2 The disclosures made by Aishwarya to the many agencies she spoke to made it clear that she was a victim of domestic violence/abuse from Sayeed and from her previous partner Hamir. This was primarily verbal abuse and physical abuse, but also potential sexual violence and coercive control and exploitation.

Statutory Services

3.2 Metropolitan Police Service (MPS)

3.2.1 There are a number of service level and local issues identified as part of this review process.

3.2.2 Police records indicate that Aishwarya and Sayeed were in a relationship from May 2013 (although other agencies indicate January 2013) until the time of her death on 03/12/2014. Aishwarya and Sayeed came to the attention of police as a couple on six occasions during this time. On two occasions, police recorded evidence of criminal offences. Prior to her relationship with Sayeed, she was in a relationship with Hamir for approximately seven years. There were two reported domestic incidents between the couple. There were also two reported

domestic incidents between Aishwarya and her mother. In both cases the reports related to Aishwarya's mother seeking assistance to cope with Aishwarya's behaviour. Sayeed was married to JB and after their relationship ended, there were 12 reported domestic incidents between March 2001 and March 2006. Additionally, police records show Sayeed was involved in four domestic incidents with family members between March 2001 and March 2007.

- 3.2.3 Following the 19/03/2011 incident when Aishwarya's mother called the police to request assistance with Aishwarya after she discharged herself from a detox centre and was staying with her, the risk assessment recorded on CRIS was 'standard' despite no 124D form (which contains the DASH risk assessment checklist) having been completed. The risk grading was assigned by the initial investigating office without completing a DASH risk assessment or any reference to research on a history of domestic abuse. A supervisor subsequently directed completion of a risk assessment however there is no DASH risk assessment on the CRIS report. The report was closed by a different supervising officer.
- 3.2.4 Following the February 2012 arrest and caution of Aishwarya's ex-partner Hamir for harassment, an initial DASH risk assessment was completed but there is no evidence of this risk level being reassessed upon the conclusion of the case.
- 3.2.5 The completion of MERLIN reports is an essential part of the Domestic Abuse and Every Child Matters (ECM) agenda in order for the MPS to share child safeguarding information with their partner agencies. The Standard Operating Procedures, which were in place in 2012, state that 'All instances of a child or young person who comes to the attention of a police officer, or frontline police staff member, where it is believed there are concerns about the child's well-being or safety, MUST be recorded onto a MERLIN PAC'. Instances include:
- Domestic Violence Incidents where a child or children are present at the time whether in the same room or elsewhere in the house.
 - Domestic Violence Incidents where children are part of the family but not in the location at the time of the incident.
- 3.2.6 There is no record of the previous offending history for either party shown on the CRIS report. Hamir was known to police for a small number of non-crime

domestic incidents with his ex-wife but this was not identified. Research would have identified that Hamir had children with his ex-wife so a Merlin Pre-Assessment Check (PAC) should have been completed relating to his children and linked to this incident.

- 3.2.7 Since the date of this incident the Domestic Violence SOP (sic) has been replaced by the Domestic Abuse toolkit. The Domestic Abuse Q&A clarifies the situation in which a Merlin PAC report is required:

“When must I complete a Merlin PAC?”

Domestic abuse within the family is one of the most prevalent factors apparent in the review of child deaths where abuse or neglect is suspected. The impact of domestic abuse on children's well-being is documented in several bodies of research. Where children are present or known to be present in the household regardless of whether they saw the incident or not, this would include domestic abuse cases where children are asleep in adjoining rooms, or away from the location at the time of incident or if there are child contact issues and where the victim is pregnant, a MERLIN Pre-assessment checklist (PAC) **must** be completed by the reporting officer or other nominated officer. Where it is known that the victim and/or perpetrator has child/ren a MERLIN Pre-Assessment Checklist (PAC) **must** be completed, including when the child is physically away from the location at the time of incident. This includes the following scenarios:

- When the child is in another room at the location, even if asleep
- When the child is not present at the location at all
- Where there are child contact issues
- When the female is pregnant
- **Where the perpetrator has other children by other/ex partners**

The completion of a MERLIN is the responsibility of the attending officer or other nominated officer. The MERLIN entry **must** be cross-referenced with the Domestic Abuse CRIS report. This action is imperative to ensure that appropriate information is shared with Children’s Social Care. The MERLIN entry **must** provide sufficient information to inform an effective risk assessment and the need for subsequent investigation into possible offences against the children or consideration for safeguarding measures. The children will be visually checked and spoken to, to ensure their well-being. If it is not immediately obvious that there is a child or children present then Police Officers

must be proactive (i.e. ask questions, look for toys, clothing, etc.) to ascertain the existence of a child or children. In cases where there is a likelihood of significant risk of harm to children if they are left at the scene, officers **must** consider their powers under S46 Children's Act 1989 (Police protection) and take appropriate action to ensure the safety of any children (see Police Notice 20/07 item 2 Standard Operating Procedure (SOP) Section 46, Children's Act 1989 –police protection. In those cases where children are present at the incident, in the same or an adjoining room they will be shown as witnesses on the CRIS report. Where it is identified that a PAC has not been completed then the supervising officer will direct the reporting officer or other nominated officer to do so, on identifying the omission. Supervisors within CMUs or CSUs should not put away a domestic abuse CRIS report unless a MERLIN PAC has been completed and referenced on the report. Officers should be aware of legislation under the Adoption and Children's Act, 2002. This Act amends s.39 Children's Act 1989 to include "for example, impairment suffered from seeing or hearing ill-treatment of another" under 'significant harm' in cases of neglect. Consideration must be given to charging the domestic abuse perpetrator with an offence under s.1 Children Act 1989 of neglect or wilful exposure, where evidence exists."

- 3.2.8 Following the 10 December 2012 incident where Sayeed (Aishwarya's neighbour at the time), called police to report the incident against Aishwarya by Hamir, after which Hamir was arrested on suspicion of ABH, the DASH risk was completed and the case was assessed as at medium risk. Therefore, a MARAC referral was not made, not even on professional judgment despite the severity of the incident. There was no record of a MERLIN having been completed at this time, despite Aishwarya reporting to police that Aishwarya had received a call from Hamir's sister who facilitated a conversation with Aishwarya wherein Hamir attempted to get Aishwarya to withdraw her statement as he was concerned he would lose access to his children.
- 3.2.9 After the 05/05/2013 incident where Sayeed called police and reported Aishwarya missing after having to pull her out of Hollow Ponds, and subsequently Aishwarya reported that she had been sexually assaulted, the IIO captured this information on an adult coming to notice (ACN) PAC. The report was shared with LBWF Social Services; the PAC identified Aishwarya's history of mental health issues and domestic abuse incidents but did not identify Sayeed's history of domestic abuse with his previous partner. This constitutes

a missed opportunity to enquire into any additional risks for Aishwarya as a potentially vulnerable adult. There were no issues raised regarding domestic abuse against Aishwarya at this time.

- 3.2.10 Aishwarya was assigned a SOIT (Sexual Offences Investigation Team) officer and Aishwarya told the officer that she could not remember anything about the assault. The report was closed and there was no reference that a forensic medical examination took place to determine if Aishwarya was subject to a sexual assault. Haven Whitechapel confirmed this as they had no record of Aishwarya attending their service.
- 3.2.11 Following the incident on 10 July 2013, when Aishwarya was detained under Section 136 of the Mental Health Act and conveyed to Goodmayes Hospital, the police correctly identified this as a domestic incident and completed a 124D including the DASH RIC and assessed the risk as standard. The CRIS report does not detail the research carried out although the fact that Aishwarya was a previous victim of domestic abuse was noted. There is no comment on Sayeed's offending history and the impact this may have on the risk to Aishwarya. This incident constituted a repeat case within the 12-month window of Aishwarya's previous referral to a MARAC and should have triggered a re-referral by Waltham Forest Police to the MARAC. This constitutes a missed opportunity to highlight the increasing risk to Aishwarya, including Sayeed's previous history of DA.
- 3.2.12 The IIO in the July 2013 incident also created another ACN PAC, a copy of which was shared with LBWF Social Services with limited intelligence checks which did not highlight the history of domestic abuse for either party.
- 3.2.13 The domestic incident between Aishwarya and Sayeed on 21 September 2013 constituted another repeat case where the Waltham Forest Police failed to re-refer Aishwarya to the MARAC. A DASH RIC was completed and assessed as standard and there is a comment on CRIS that the incident does not meet the threshold for a MARAC referral at that time and the report was concluded with no further action. This is a failure to implement the national repeat criteria for re-referral to MARAC:

"SafeLives defines a case at MARAC as one between the same victim and perpetrator(s), where the victim has been identified as meeting the MARAC threshold for that area. A repeat MARAC case is one which has been

previously referred to a MARAC and at some point, in the 12 months from the date of the last referral a further incident is identified. Any agency may identify this further incident (regardless of whether it has been reported to the police).

A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:

- Violence or threats of violence to the victim (including threats against property); or,
- A pattern of stalking or harassment; or,
- Rape or sexual abuse.

Where a repeat victim is identified by any MARAC agency, that agency should refer the case to the MARAC, regardless of whether the behaviour experienced by the victim meets the local referral threshold of visible high risk, escalation or professional judgement. To identify repeat victims of domestic abuse regardless of to whom it is reported, all MARAC agencies should have the capacity to 'flag and tag' their files following the latest referral so that they are aware if a service user/client experiences a repeat incident.

Incidents that occur more than 12 months after the last MARAC referral do not constitute a repeat incident but instead would constitute a new referral to MARAC."¹⁸

3.2.14 There was no MARAC referral for either Aishwarya or Sayeed after the wounding incident on 29 September 2013, though in the CRIS notes it is listed as a recommendation by the IO due to Aishwarya's vulnerability. This is the third example of a missed opportunity to re-refer Aishwarya to MARAC in line with national best practice recommendations by SafeLives.

3.2.15 After the incident on 07 April 2014 when Sayeed was arrested for assault against Aishwarya in front of a member of the public who intervened, a DASH RIC was completed as Standard and research identified the history of DA; However, a referral was not made to MARAC on professional judgement. The IIO correctly identified the previous domestic abuse history between Aishwarya

¹⁸ <http://www.safelives.org.uk/definition-repeat-marac>

and Sayeed but did not make reference to the fact that the previous incident identified Aishwarya as vulnerable.

- 3.2.16 ¹⁹The CRIS report details that Aishwarya was satisfied with the police response, had made contact with Victim Support and attended the One Stop Shop. Aishwarya stated that she was staying at an address not known to Sayeed and would not be resuming her relationship with him. The CRIS does not make reference to a review risk assessment, should Sayeed be released. CRIS allows for updates to be added to a case post charge in the Court Supervision field, use of this field would serve as a reminder to the IO to keep risk management of the case under review.
- 3.2.17 Following the 07 April 2014 incident Aishwarya instructed solicitors to make an application for a non-molestation order. This was granted on 23 April 2014 and attempts were made to serve the order. The process server provided an affidavit of attempted service to the court on 27 August 2014 listing the unsuccessful enquiries made to serve the order on Sayeed. The affidavit stated that an address for Sayeed, the respondent, was provided by police on 08 May 2014 following a visit to Forest Gate police station in the London Borough of Newham. The process server attended X however the male resident stated he had no knowledge of the respondent. A check of police intelligence systems cannot find any information to link Sayeed or Aishwarya to the flat above. It is not known who provided this information to the process server. The firm Copper Stone Solicitors Limited declined to participate in this review.
- 3.2.18 Notes made by the instructed solicitor indicate that the intention was for the order to be served on Sayeed whilst he was in custody. Comment was also made that Sayeed was due in court on 07 May 2014 in relation to the charges for assault and drug possession following his arrest on 07 April 2014. There is no reference on the affidavit to any attempt to serve the order on Sayeed whilst in custody. There is no record of the non-molestation order on police databases as it does not appear that service was affected. Should a copy of a non-molestation order be received by police a CRIMINT is created and a copy of the order attached.
- 3.2.19 Aishwarya made efforts to protect herself by seeking a non-molestation order but this was never served on Sayeed. The process server completed a

statement on 27 August 2014 detailing the unsuccessful enquiries made to serve the order, including attending an address provided by Forest Gate police. An opportunity to serve the order was missed when Sayeed was arrested on 05 August 2014. There is no intelligence record detailing the information sharing which is in breach of the Code of Practice for the Management of Police Information.

- 3.2.20 Police intelligence records show that Sayeed was accepted onto the Green cohort of the Integrated Offender Management process on Tower Hamlets Borough Command Unit²⁰. There are no records on police databases regarding how Sayeed was managed under the IOM process.
- 3.2.21 Although not mentioned in the domestic abuse reports between Aishwarya and Sayeed, research also revealed that Sayeed also had two children from a previous relationship. No MERLIN PACs were created with respect to these children during the period of Aishwarya and Sayeed's relationship. The last reference connecting the children to Sayeed was a MERLIN report from 2006. As officers are required to complete five-year intelligence checks, the existence of the children would not have been identified in research completed in 2013 and 2014.
- 3.2.22 The most significant point to arise from the MPS Individual Management Review (IMR) is that there were repeated failings in the recognition of all the relevant factors which contribute to the risk assessment process in domestic abuse cases. In some interaction with Aishwarya, officers completed DASH risk assessments however when grading the risk, did not take into account Aishwarya's vulnerability as a result of her drug and alcohol misuse, nor did they consider Sayeed's history of violent offending. It is the view of the author and review panel that the risk level assessment was too low and this may have prevented Aishwarya being referred to appropriate support services.

3.3 London Borough of Redbridge Housing Service

²⁰ *Integrated Offender Management (IOM) is a nationally recognised approach endorsed by the National Offender Management Service (NOMS), and the Ministry of Justice (MOJ) as a key model to reducing crime and reoffending. IOM is a multi-agency partnership approach that brings together a number of stakeholders to supervise, manage and positively impact on the criminal activity of offenders within the community. Partners with specific areas of expertise work jointly to manage offenders recognised as requiring an IOM approach.*

- 3.3.1 Aishwarya originally approached the Housing Needs Service in August 2009 while she was living with her mother and drinking heavily. On initial contact, Aishwarya did not appear to have priority needs for accommodation under the relevant homeless legislation. For a single person to have priority need, they would need to be assessed as 'vulnerable'. Physical and mental health problems may be considered to confer priority but an assessment would need to be conducted; those with issues of alcohol or substance misuse are unlikely to be viewed as automatically in priority need. The Service considers those issues in conjunction with any secondary health issues in order to conclude an assessment. Redbridge also takes into account factors such as whether a period in rehab has been completed in order to support recovery for households who have undergone such programmes. At first interview, Aishwarya was provided with advice and referred to a supported housing scheme at Jason Lee House. There is no note of the outcome of that referral.
- 3.3.2 A fuller interview took place in October 2009, this time with a support worker from SHP, and Aishwarya brought supporting evidence from RDAS, which disclosed a risk of self-harm when drunk and that she was involved with an older man who exploited her. Aishwarya stated she was of no fixed abode at this point. The housing officer interviewing her advised she was unlikely to be in priority need. Aishwarya's case went to a panel discussion about priority need and this time her application was rejected because the Panel felt her needs were too high; efforts were made to place her into an Asian Women's refuge. It does not appear that any safeguarding referrals were triggered at this time, including about the potential exploitation.
- 3.3.3 In April 2010, a further full interview took place and a homeless application was triggered. The officer agreed as part of this process to make further enquiries. The law requires the Service to take a homeless application when it has reason to believe a household is eligible, homeless and in priority need. A homelessness assessment was completed in May 2010 and a written decision issued which concluded that Aishwarya was not in priority need under homelessness legislation. On the face of it this assessment was a reasonable decision to have reached based on the legal parameters. The law does not require the Council to offer temporary accommodation and social housing to everyone. The Council makes an assessment based on a 5-stage test:

- Is the person eligible (not subject to immigration controls which make them ineligible for housing)?
- Is the person homeless (homeless or threatened with it within 28 days, this is more than roofless and includes circumstances where someone has accommodation but it is not reasonable for them to continue to occupy)
- Is the person in priority need (this includes households with dependent children, pregnant women and a those who are “vulnerable” – this includes those who are vulnerable as a result of age, physical and mental health conditions and periods in institutions)
- Is the person intentionally homeless (did the person lose previous settled accommodation as a result of some action or inaction that led to their homelessness)?
- Does the person have a local connection with the area (based on periods of residence, work or close family ties)?

3.3.4 The assessment accepted that Aishwarya was eligible and homeless but found she had no priority need. This meant there was no duty to re-house and provide temporary accommodation. The law requires the Service to take a homeless application and provide emergency accommodation when it has ‘reason to believe’ a household is eligible, homeless and in priority need. Reason to believe is a relatively low threshold. Aishwarya was clearly eligible and as a minimum by the interview in October 2009 was also homeless (she was reporting she had no fixed above). There was also sufficient information to investigate on priority need and to reach this lower threshold. An application was not triggered by the service until April 2010 and accommodation was not provided throughout. This was arguably the wrong approach and an application ought to have been taken at the earlier point. The outcome, had an application been triggered earlier is unlikely to have been different in terms of the decision on priority need but the Service would and should have considered offering temporary accommodation at the earlier point in October. This may well have led to a speedy homelessness decision – either immediately at the point of taking the application in October (in which case no temporary accommodation would have been provided) or certainly within a short period or the application being taken. This appears to have arisen because officers have determined what the likely conclusion on the assessment was and focused on offering other types of assistance to find supported accommodation rather than focusing on

the legal tests. Whilst this appears to have been well intentioned – seeing that the outcome was not going to provide a housing solution for Aishwarya and so focusing on alternative solutions, it was a technically flawed approach.

- 3.3.5 In May 2010, a week after the homelessness decision, Aishwarya asked for a review of the homelessness decision. This is a statutory process where a homeless applicant can ask the authority to reconsider its decision. The process is carried out by an officer independent of and senior to the initial decision maker. A review was triggered and the Reviews Officer offered temporary accommodation pending his decision. It is a matter of discretion whether to provide temporary accommodation pending review and commonly it will not be provided, however in Aishwarya’s case the discretion was exercised.
- 3.3.6 Accommodation was provided in bed & breakfast. Whilst not ideal this is commonly the only accommodation available in which to accommodate households at an early stage. Many authorities experience difficulties sourcing sufficient levels of self-contained and local temporary accommodation and Redbridge is one of those. The authority has the second smallest social housing stock in London; waits in temporary accommodation before rehousing are extremely long because of the small amount of social housing supply; and there are over 2,000 households in temporary accommodation provided by Redbridge. Most of this accommodation has to be sourced from the private sector and is in B&B’s, nightly let properties and private sector leasing. Access to temporary accommodation was slightly less difficult in 2010 and has become an increasingly acute problem in the last 5 years.
- 3.3.7 The review decision was completed on the 7th June and upheld the finding that Aishwarya was not in priority need. The decision was made very quickly (2 weeks rather than the statutory 8 weeks) and the review officer agreed to extend the temporary accommodation and provide access to the bond scheme which was used to support households in finding accommodation in the private rented sector. Both extending the accommodation and access to the bond scheme were discretionary decisions, not offered to every applicant the Council does not have a duty to.
- 3.3.8 Assistance to find a bond property was offered and the accommodation continued to be provided until October 2010. This is a very long period – discretionary periods in temporary accommodation rarely last for more than 4

weeks. At the end of the period no private rented accommodation had been found but the B&B was cancelled. Given the discretionary nature of the accommodation offer this could not be provided indefinitely. There was no contact for more than a year with the Housing Needs Service after the B&B was cancelled.

- 3.3.9 Aishwarya contacted the Service again in November 2011 when she was undergoing a period in rehab. She was offered advice about the information that was needed and told to approach on completion of her rehab. She did so the following February (2012) and attended with a worker from SHP. A homeless application was immediately taken on this approach and temporary accommodation was provided in a self-contained nightly let property in Leyton.
- 3.3.10 In February 2013 SHP contacted the Service and asked for alternative temporary accommodation to be provided because of a violent assault that had taken place at the temporary accommodation. It was agreed that the Service would provide alternative temporary accommodation and would avoid placement in Waltham Forest in light of the incident having happened there. At this point the Service was also notified that Aishwarya had been diagnosed as bi-polar. An appointment was offered to provide alternative accommodation that week. SHP then contacted to say that despite the risk Aishwarya had decided not to come in for alternative temporary accommodation because she did not want B&B. The procurement team had actually managed to source a self-contained accommodation in Islington which she would have been offered. The officer contacted and offered the accommodation to Aishwarya but she stated she would only accept accommodation in Redbridge near her mother's home. Whilst a household's preferences are considered, in the face of difficulties in sourcing adequate supply, it is only factors which are essential that are given predominance in the accommodation that is offered. No evidence was presented to suggest that the offer in Islington was unsafe or otherwise unsuitable.
- 3.3.11 At this point it was open to the Housing Service to bring the housing duty to an end because Aishwarya had refused a suitable offer of accommodation. It did not do so in recognition of her health issues and complex circumstances and agreed to continue to provide the accommodation in Leyton. Housing services should have asked more challenging questions of the other agencies working with Aishwarya about whether accommodating her near her mother was a safe

decision in light of the risk of violence rather than being guided by Aishwarya's desire to live there in light of the support her mother was offering. This may have concluded that a placement in Ilford was safe but Housing should have formally confirmed the areas where accommodation could be offered that the other appropriate professionals considered to be safe and using that to determine the locations of any placements.

- 3.3.12 Housing Options staff also regularly complete SafeLives risk assessments and make referrals to the MARAC. However, there is no note on Housing's systems which states that a DASH RIC was completed in February 2013 or that a MARAC referral was made. It is unclear if this was a failure of record keeping or a missed opportunity to refer to the MARAC. The Housing Service is core member and attends the Redbridge MARAC regularly. The file shows no notes of discussions about this case at the Waltham Forest MARAC.
- 3.3.13 In March 2013, a homeless duty was accepted. There was considerable delay in concluding this assessment. The Homelessness Code of Guidance recommends that decisions should be made within 33 working days of an application. Whilst there was clearly some complexity in this decision the records do not suggest it should have taken this long and there is no reasonable explanation for the lengthy period. Whilst it had no tangible impact in some respects, because temporary accommodation was provided throughout and the decision would not have changed the accommodation that was provided, it may have caused uncertainty for Aishwarya, especially in light of the earlier negative decision.
- 3.3.14 An application to place her on the housing register was made and the assessment completed when the homeless duty was accepted. It was awarded homeless preference and the original date of registration – April 2010 - was used for her waiting time. This was the correct approach in line with the Council's Housing Allocations Scheme, which is the statutory required policy document which states the Council's priorities for allocating social homes which become available and the process for doing that. The policy contains priorities that are determined by central government (called reasonable preference categories) and priorities which are determined locally. Homeless households have reasonable preference. The award of an effective date of April 2010 means Aishwarya was not disadvantaged in terms of waiting time on the housing register by the delay in making the homelessness decision.

- 3.3.15 On 4th September 2013 Aishwarya approached the Service advising her ex-partner was due for release in a week and presenting medical evidence that her mental health issues would make living in shared accommodation difficult for her. Liaison with the police took place and the urgency to move Aishwarya was confirmed. The Service agreed to offer alternative accommodation and warned that B&B may be all the Service could offer at first but was aware that Aishwarya wanted self-contained. Whilst this situation was difficult the Service was presenting an honest picture of the real difficulties it would have providing accommodation that fully met both Aishwarya's needs and preferences because of the problems sourcing decent temporary supply. Aishwarya was offered and accepted a self-contained studio flat in Tottenham on 10th September 2013.
- 3.3.16 In October 2013, the Service were advised by the accommodation provider that they had been informed Aishwarya had stabbed her partner at the address and been arrested. They asked for her to be moved and did not want her to return to the address. The officer made enquiries and was told that Aishwarya denied stabbing him and said it was a self-inflicted wound. A decision was made to provide alternative hostel accommodation. Although this was shared accommodation it was local and managed by Redbridge staff 24 hours. Access to the hostel was managed and monitored and it was felt this might provide a more supportive, safe environment for Aishwarya.
- 3.3.17 There was no risk assessment completed after this incident by Housing Services. Had an initial risk assessment been completed in February 2013, and a MARAC referral been completed, this would have constituted a repeat incident and should have triggered a re-referral to the MARAC. Neither action was completed at that time.
- 3.3.18 The hostel manager had some concern about risk to other residents should Sayeed try to get into the hostel to Aishwarya. Whilst this could be managed there does seem to be a relevant point that throughout the records kept on Aishwarya's case there is a failure to record the name and description of the perpetrator. Certainly, at this point this could have affected the Hostel Manager's ability to manage risk though the hostel security provision and on-site hostel support staff.
- 3.3.19 In November 2013, the Service were advised that Aishwarya was going into rehab. Her accommodation was cancelled but her homeless application was

not closed. It was open to the service to do this but a pragmatic decision appears to have been taken that Aishwarya would in a number of months require further assistance and if the case was closed a fresh homeless application would have to be taken and assessed. In the circumstances, this appears to be a helpful and supportive approach.

3.3.20 In December 2013, the Service were advised that Aishwarya had been asked to leave the rehab because drugs had been detected in her system. Emergency B&B accommodation in Manor Park was provided. In January, she requested a review of the suitability of the accommodation. This is a formal process carried out in the same way as the earlier review of her priority need decision. It focuses on whether the accommodation meets a legal test in terms of being suitable for the applicant's needs. The review was completed in February and appears to have been rigorous and in line with the correct process and following the right legal tests. The Reviews Officer issued a minded to decision and gave extra time to Aishwarya/SHP to submit representations – both of which are best practice in terms of approach. The review found the accommodation to be suitable. In March 2014, a further review was submitted on Aishwarya's behalf from the Qalb Centre stating her partner may move back to the area on release from prison and present a risk. A risk assessment could have been completed at this time. Given the recently concluded review, a further review was not conducted. The legal right to a review of suitability is ongoing but needs to be triggered by a significant issue that has changed or needs to be looked at afresh and it was felt, not unreasonably given the low level of new information in the letter, that the information this request did not establish that. There were several other contacts during 2014 about Aishwarya feeling isolated and unhappy at the accommodation, her physical health and about issues with her ex-partner. Further consideration was given to moving Aishwarya several times but it was not considered to be necessary based on the information presented. No domestic abuse risk assessments were carried out throughout this time.

3.3.21 Homelessness decision making – despite an initial decision being made that Aishwarya was not in priority need, which changed later on, the decisions made during the housing casework were sound and consistent with the legal tests. There were some flaws in practice – a homeless application should have been taken earlier in 2009/10, however as stated in the analysis, it is unlikely this would have led to a different decision. It appears to have been done in order

to actually assist Aishwarya with a housing option rather than to focus on making a homeless decision – which would have been (and later was) that she had no priority need and was not entitled to housing assistance as a result. Once there was clearer information about Aishwarya's rehab and secondary health issues she was accommodated and a housing duty ultimately accepted. There was also delay in reaching the second homeless decision, which has been acknowledged may have caused anxiety but does not appear to have impacted on what happened in this case.

- 3.3.22 Identity of the perpetrator and record keeping – Housing should have asked more questions regarding Aishwarya's partners; this information would have enabled the Service to make choices about the accommodation offered which more clearly distinguished issues of risk from issues of support needs or preferences. There is a consistent flaw in the record keeping relating to perpetrators. Repeatedly where incidents are recorded its states ex-partner but does not record the individuals name or description. It is unclear from the records if this is because the officer asked for this information but did not write it down or if she did not ask for the information. In some ways this, like the issues about suitability, highlight a desire to support Aishwarya but may not have been sufficiently challenging in terms of management of the risk.
- 3.3.23 Multi-agency working – There is clear and regular contact noted, with SHP in particular, across the records. Other contacts, with the police for example, are also recorded. However, it does not appear that Housing Services ever completed a DASH RIC or made a MARAC referral for Aishwarya. Housing could have completed a MARAC referral/CAADA particularly as a result of the incident in February 2013 at her temporary accommodation. It appears that Housing decision making would also have benefitted from a robust multi-agency discussion about the best approach to providing temporary accommodation and it is unclear why this didn't happen.

Good Practice:

- 3.3.24 Accommodation – Once accommodation was provided as a result of the second homeless application it was provided throughout, apart from the periods when Aishwarya was absent because she was attending rehab.
- 3.3.25 There were challenges in providing accommodation which met Aishwarya's needs and also her desire to live close to her mother for support. The service

was responsive and tried to source self-contained accommodation in a safe location. Where shared accommodation was provided this was influenced by a difficult market for housing supply. The information presented to the service does not indicate that any of the accommodation offered was unsuitable, even if at times Aishwarya was clearly unhappy with it because of its location or latterly that she was placed in B&B. Legal processes were used to assess and review the suitability of the accommodation she was provided with in line with good practice. Given the number of requests for moves and issues arising at the accommodation the Service appears to have been understanding and responsive.

- 3.3.26 On a more general note there are a number of points during the Housing Services dealings with Aishwarya where discretion was exercised which display a positive approach and represent good practice – to accommodate her for a number of months despite finding her not in priority need; providing access to the bond scheme despite the negative decision; not to discharge the housing duty when she refused a suitable offer; not to close her homeless application when she left temporary accommodation to go to rehab all being examples of this. There was sensitivity to the complex issues facing Aishwarya and attempts to provide an empathetic and supportive response despite accommodation supply constraints.

3.4 London Borough of Waltham Forest, Adult Social Services

- 3.4.1 LBWF Adult Social Services' contact with Aishwarya lasted from 06 May 2013 through 10 July 2013.
- 3.4.2 The hospital social work team work within Whipps Cross Hospital obtain their referrals from the individual hospital wards through a Notification called a Community Care (delayed discharges) Act 2003 Section 2 notification "Notice of patient's likely need for community care services" This alerts the Social work department that they need to assess a patient who is in the hospital who may be vulnerable for a variety of reasons. According to the same law the ward should issue a Section 5 Notification which gives the social work team 24 Hours before discharge to provide services post discharge. The duty of this team is to assess the care needs of a client that may need services to support a safe discharge, attend to any safeguarding issues and formulate any protection plan as a result. This is normally undertaken with the patient whilst they are in

hospital with any services required being arranged prior to discharge. When the patient is discharged they become the responsibility of the Community Social Work team to review the services provided. The Hospital team deal normally with issues around mobility, disability, care and welfare needs they do not deal with issues pertaining to mental health needs which are provided through NELFT. Furthermore, where drug and alcohol issues appear to be an area of concern, a referral will be made by the ward staff to local D&A services, although can also be completed by Social worker, however this seems to have already been done, in that it was established that she was already known to these services. There are no recordings of who made this referral but it seems when WFD called CDAT they stated that they were the second person enquiring about their involvement.

- 3.4.3 The first recording made by the hospital social work team was on 07 May 2013 at 8.50 when a Section 2 Notification was received from the hospital. Unfortunately, only the date of receipt and not the time has been recorded. Without the actual hard copy which has been archived (which displays the time received by fax) the IMR author surmised that, as all section 2 Notifications are recorded as soon as received, that this was sent in the evening after Aishwarya had been discharged. The reason stated on Section 2 was "Alleged incident of rape in the community by patient on ward." The predicted discharge date was recorded as the 08 May 2013. This would have triggered a Safeguarding alert to be raised.
- 3.4.4 The normal procedure when a patient is identified as a potential safeguarding issue is that the patient is not discharged until social service can ascertain the viability of discharge and the patient's safety. There is no evidence of the circumstances around the discharge; However, the hospital had contacted the police and Psychiatric Liaison who had both been to see Aishwarya on the ward. The IMR author concluded that the referral to Social services may have been an afterthought as Aishwarya had already been discharged. As the issue was of a rape allegation and she was with a seemingly supportive boyfriend they may have felt there was no apparent risk in allowing Aishwarya to return home. The Police had not passed on the details in the ACN PAC that Sayeed had a history of domestic abuse against his ex-wife, so Social Services had no way of knowing that he posed any potential risk to Aishwarya.

- 3.4.5 It is interesting to read from a second Safeguarding alert raised by Mental health on 20 May 2013 that:
- “Concerns by sexual health consultant were raised about her on the 20th of May, she was more unkempt than usual, smelt of alcohol (which is normal for her), saying that her 36-yr. old partner, who has been in Pentonville Prison in the past, has hit her on the head, calling her names and most worryingly she said he was taking her psychiatric medication from her”.
- 3.4.6 If hospital social workers had been able to speak with Aishwarya on the ward before her discharge, they may have been able to get this information earlier. As soon as the referral was received the case was allocated to a social worker who made her enquiries at 10.53 to find Aishwarya had already been discharged. The social worker attended the ward to get more information and to ascertain the risk with another social work colleague. The social worker and her colleague spoke with a Sister on EMC ward at Whipps Cross hospital and were informed of the rape allegation and Aishwarya’s mental health diagnosis and substance misuse issues. The social worker was informed that the police had been called and visited, consulted with the discharge doctor, performed checks and confirmed referral pathways into community services for Aishwarya. The social worker discussed the case with her line manager, who closed the case to the hospital social work team to be referred to the Adult Social care team in the community to follow up the Safeguarding Adults procedure. However, at this stage no contact was made to the client and best practice would be a telephone call to the client to see if there were any urgent issues they could assist with.
- 3.4.7 The social worker raised a Safeguarding adults alert for the rape allegation and the lead agency would be the police for this matter. The information was sent to the mental health team 08 May 2013 at 11.45. The police Merlin report was received 13 May 2013 and was forwarded to Mental Health team. The whole Safeguarding adult’s involvement within adult social care was for 27 hours before being passed to the Mental Health team.
- 3.4.8 The rape allegation was raised on the 05 May, which was a Sunday; although social services would not be open on a Sunday, if this was sent on this day, the social work team would have received it first thing Monday on the 06 May. As Aishwarya was still on the ward up until late afternoon on 06 May, the social worker would have been able to speak with Aishwarya whilst she was on the

ward and the information the Sexual Health Nurse picked up 2 weeks later 20 May 2013 may have been provided earlier by Aishwarya. However, Monday 06 May 2013 was a bank holiday – hence adult social care not picking up the referral until first thing on 07 May – by which time she had been discharged.

- 3.4.9 The hospital started a procedure by issuing a section 2, however did not follow the procedure through by issuing a section 5. The notification seemed to have been dealt with first thing 07 May by the social work team but by that time Aishwarya had already left the hospital leaving the team to retrospectively get information about this client. A Safeguarding adult’s protection plan could not be formulated to ensure safety as she was no longer present within the hospital. The hospital social work team rightly identified, by information provided, that she had been seen by the Police and the Psychiatric Liaison team whilst on the ward. The presenting social care issues that she would require post discharge would be her mental health and alcohol issues which could be met by ensuring that the appropriate referrals were made and this was done in a timely and prompt manner.
- 3.4.10 LBWF in their brief interaction with Aishwarya could have recognised her as an ‘Adult at Risk’ and a subsequent need for both a protection plan and a linked mental capacity assessment or at the very least contacted Aishwarya to record of her perception of the risks and her views as to how to mitigate against these prior to her discharge into the community.

3.5 Tower Hamlets Family and Children’s Services

- 3.5.1 All FHS contact with or regarding Sayeed took place in 2001-2007, prior to the time period included in the terms of reference for this review. However, their records indicate five incidents of domestic abuse with Sayeed’s ex-wife between 2001-2004 and provide a historical context for Sayeed’s pattern of abuse and demonstrates his repeat perpetration of domestic abuse.
- 3.5.2 Sayeed’s ex-wife called the Police for each incident and on three occasions Sayeed was arrested for offences related to domestic abuse. The earliest recorded incident occurred in 2001 when Sayeed’s ex-wife was in the process of leaving him and he assaulted her in front of their three-month-old child. Over the next three years, there were four more incidents where Sayeed attended his ex-wife’s home and she had to call the police to remove him. She obtained an injunction during this period against Sayeed as well.

- 3.5.3 In February 2007, FCS received a request from Probation for information on Sayeed as they are concerned about Sayeed's violent past and potential risk in the future. It is unclear from the documentation provided by FCS for this review what information was provided to Probation if any. NPS indicates that they passed on information to FCS that Sayeed continued to pose a risk to his ex-wife and children, but FCS did not re-open the case or carry out any further investigation.

3.6 London National Probation Service (NPS) (formerly London Probation Trust)

- 3.6.1 Currently the NPS is responsible for the management of Offenders posing a high risk of serious harm and those Offenders who fall under the remit of MAPPA. At the time of involvement with Sayeed the agency was London Probation Trust who were responsible for undertaking pre-sentence assessments as directed by the court and for managing all statutorily eligible offenders.
- 3.6.2 London NPS had interactions with Sayeed between September 2006 and February 2013.
- 3.6.3 In 2006, Sayeed was convicted of offences of Common Assault (non-domestic) and Failing to provide a specimen of breath committed on 26 December 2005. Thames Magistrates Court ordered a pre-sentence report. A report was prepared by Probation with a proposal to sentence Sayeed to a 24 months Community Order with requirements of Supervision and the Anger Replacement Training Programme. At the time, based on the available information and in light of the details of the index offence, this proposal would have been appropriate. A Community Order with the requirements proposed above was imposed on 15 February 2007.
- 3.6.4 During the pre-sentence report interview process, the interviewing officer noted a general poor attitude towards women in relationships including Sayeed apportioning blame to his ex-wife for his recent convictions and speaking about her in very bitter terms, and talking about 'picking' a new wife from Bangladesh which gave the impression that the prospective wife would have little say in the matter. The report writer therefore adopted very **good practice** and took an investigative approach and requested information from the police community safety unit and social services as to whether there were any domestic abuse or child protection concerns in relation to the ex-wife and children. Upon receiving

a positive response from Social Services, regarding previous domestic violence records and previous involvement with Sayeed's child linked to domestic violence, the Offender Manager updated Social Services as to concerns around Sayeed's alcohol misuse, continuing aggressive behaviour, part homelessness and renewed bitter attitude towards his ex-wife. Social Services contacted the ex-wife who indicated that she had no contact with Sayeed. Sayeed continued to insist, however, he was seeing his ex-wife and children on a weekly basis, which the Offender Manager again raised with Social Services as a further concern. Social Services made the decision that the case did not need to be re-opened and did not allocate the case.

- 3.6.5 It is concerning that at this stage, the Offender Manager stated they would write a letter to Social Services contesting this decision and asking for a review, however there is no evidence that this letter was sent and essentially the matter was dropped. NPS noted in their IMR that this was during a time when the agency had low confidence in challenging decisions made by Children's Social Care, and that since this time NPS has undertaken significant work to improve staff confidence in this area. On a positive note, the NPS file shows consideration that the Anger Management programme may no longer be suitable given recent intelligence around domestic abuse, which is in line with national good practice.
- 3.6.6 In September 2007, the case was transferred to a new Offender Manager (reason unknown) and from this point on there is no focus on the issues of domestic violence or child protection. Sayeed was assessed as unsuitable for the Aggression Replacement Treatment programme due to 'past DV' issues and shortly after in February 2008 suffered a heart attack for which he provided medical evidence. From this point until the end of the order Sayeed's contact was more limited and due to staff shortages, he was placed on a monthly reporting scheme. 'Reporting schemes' were used and sanctioned during this period. They are now classified as historical practice and are no longer used by the National Probation Service.
- 3.6.7 During the course of this Order, Sayeed moved home on several occasions, however there was no record of asking Sayeed who he was residing with and no further CSU checks were requested on the new addresses. Opportunities were missed to safeguard the ex-wife and children or any new partners he may have had temporary residence with during this period of supervision; As such

practice in this area was not at an agency standard. However, at this stage there is no link with regards to Aishwarya as they had not yet met before the order expired on 14 February 2009.

- 3.6.8 Sayeed was convicted of offences of Assaulting a Police Officer, Racially Aggravated Threatening Words and Behaviour and Possession of Cannabis committed on 1 February 2011. Barking Magistrates Court ordered a pre-sentence report which was completed by Probation. The report noted that the previous Community Order with Supervision had been ineffectual, that unpaid work was not suitable due to recent health concerns and accepted the Courts view that the offence crossed the custody threshold. The report author proposed that the custody element be suspended as well as the imposition of a Curfew. There is no indication that any address checks were undertaken with the Community Safety Unit or Children's Social Care in order to assess the suitability of the curfew requirement, which should be standard in all cases where domestic abuse is known to be a concern since confining a domestically abusive offender to an address with a partner can greatly increase the risk of abuse being perpetrated against that partner. Again, this is a learning point as there is no evidence from the CPS papers that Sayeed was residing with Aishwarya but there was no follow up regarding contact with Sayeed's ex-wife nor regarding the potential arranged marriage. The court imposed a Suspended Sentence Order with a requirement of Curfew on 10 June 2011. As is practice with orders where there is a single curfew requirement this was managed by an electronic monitoring company.
- 3.6.9 Subsequently Sayeed was convicted of further offences of Racially Aggravated Harassment Alarm and Distress and Possession of Cannabis committed on 24 June 2012. Snaresbrook Crown Court requested a pre-sentence report which Probation prepared and which sought an adjournment for an alcohol treatment requirement assessment report. The Court however sentenced Sayeed to 4 months custody on 04 June 2013, but which time Sayeed and Aishwarya had been in a relationship for approximately six months.
- 3.6.10 The OASys assessment (which determines the likelihood of someone reoffending in years 1-2 after offence) completed for this report makes several key points. The assessment states that Sayeed admits previous domestic abuse against his ex-wife. The assessment notes that Sayeed claims to have re-married and stated that after 6 months his wife returned to Bangladesh due

to her Visa expiring. This is the only place where this information is noted. The assessment notes that Sayeed is in a relationship (with Aishwarya though she is not named) but not living with his partner and that his new partner is 'out of control' and that she was recently so intoxicated that he had to carry her home. Despite the risk of harm assessment citing risk to partners, the level of risk is placed at low. Given admission of previous domestic abuse with his ex-wife, and the clear vulnerabilities of the new partner, the report writer should have placed the risk to partners at the medium level and taken details of the new partner and made checks with the Community Safety Unit as to whether there was any ongoing domestic abuse. At this stage had a referral been made to MARAC the new partner could have been provided with safety planning advice and support.

- 3.6.11 It is difficult to assign this task since the report writer was preparing reports for matters not related to domestic abuse, and the sentence imposed did not attract a licence period following release and as such following sentence Probation had no further contact with Sayeed. However, a referral to MARAC could reasonably have been undertaken by the report writer as a final task before closing the case. This may have been more likely if at any point the Domestic Violence and Child Concern flags in NPS's database had been raised.
- 3.6.12 NPS staff have received training and knowledge to undertake MARAC referrals where Domestic Abuse concerns are present. The agency now also has MARAC SPOC's (single points of contact) in each local office who drive knowledge, skills and practice in this area.
- 3.6.13 While NPS had no details for Sayeed's current partner it is likely given the description of her behaviours and the timing of the report that this was Aishwarya. Currently, following the implementation of the Offender Rehabilitation Act, all custodial sentences imposed for offences committed on or after 01 February 2015 are now subject to a minimum 12-month period of Supervision following release, and as such had the Offence been committed under the new legislation Probation would have had additional opportunities to intervene in this matter. During the course of the previous orders, Sayeed displayed behaviours towards both Offender Manager's and Senior Probation Officers that might have promoted a personality disorder (PD) screening and associated assessment, however this was not identified, which is reasonable given the limited Agency knowledge surrounding PD at that time. Such a

screening and any associated assessments may have aided the report writer in considering other suitable rehabilitative sanctions. There has been significant work undertaken by the Agency to improve knowledge and skills surrounding PD.

- 3.6.14 A positive indication for Personality Disorder and any associated assessments may have led to a proposal for a lengthy rehabilitative sanction. However, at this stage there is no indication as to whether the screening would have been positive. In addition, the fact that the Court imposed custody may actually have provided Aishwarya with respite and space from the offender during which time she could have sought aid.
- 3.6.15 There has been a significant amount of work over the past three years to train staff to undertake PD Screening, including the provision of a Psychologist, PD Officer and Senior Probation Officer who hold regular case discussions and drive practice in this area. Every case current to the agency is now PD screened and this process is monitored and recorded.

Health

3.7 Barts Health NHS Trust

- 3.7.1 The first record of Barts Health contact with Aishwarya was recorded on 03 April 2011 when she attended the emergency department (ED) at the Royal London Hospital complaining of depression and a loss of appetite. She was accompanied by her then boyfriend Hamir. Barts Health made inquiries and found out that Aishwarya was known to RDAS, where she had a key worker Mel, who was informed of Aishwarya's admission to hospital.
- 3.7.2 Aishwarya disclosed to her social worker that she and Hamir had been 'boxing' each other, describing him as her boyfriend who was 38 years old, married with children who live nearby. Aishwarya did not respond when asked if she wanted help but did say she wanted to return home to live with her mother and asked for staff to be present when she told Hamir. Hamir visited Aishwarya in hospital and told staff that Aishwarya would be returning to live with him. Hospital staff contacted Aishwarya's mother and she expressed concern that Hamir was controlling Aishwarya. Aishwarya's doctor reported serious concerns that Aishwarya was in an abusive relationship complicated by her drug and alcohol use. He wrote that Aishwarya had poor recollection and that he was concerned

she may not be able to make decisions. Aishwarya was assessed as not having an acute psychiatric illness and was discharged to her mother's home without her boyfriend being informed as she requested. RDAS were alerted to her discharge.

- 3.7.3 During this first contact, domestic violence was recognised and attempts to assist Aishwarya to separate from Hamir were made. Aishwarya was given information about where to seek help about abuse. However, although there was a concern raised that she was a vulnerable adult because of her drug and alcohol use, no safeguarding referral was made. Additionally, it does not appear that a DASH RIC was completed and/or a referral to MARAC considered at this time.
- 3.7.4 During Aishwarya's second contact with the ED department at the Royal London Hospital (RLH) on 05 June 2011, she had bruises on both legs and reported that she had fallen. Aishwarya was admitted to hospital and reviewed by both the alcohol and psychiatric liaison services. She was discharged two days later and asked to present at the CDAT in Ilford. During the admission, she complained of itching and was signposted to the sexual health clinic in Ambrose King Centre (AKC) at Royal London Hospital. Aishwarya was seen and examined at the AKC the day she was discharged from hospital. She gave a history of depression and anxiety and she also reported an attempted rape by a stranger. It is noted that she was taking medications associated with alcohol dependence but alcohol intake was not assessed. The bruising was accepted to be a consequence of falling while intoxicated. Sexual health services are walk in services. People are not required to give their addresses and can remain anonymous if they wish, tracked by a number which is allocated to them. Aishwarya did not want to give her address, she was given Metronidazole, an antibiotic in common use for a range of infections, however this antibiotic is contra-indicated with alcohol and it is unlikely that she would have taken a full course of this if she were drinking alcohol. There is no record of an assessment for domestic abuse during these contacts.
- 3.7.5 Aishwarya presented on four more occasions to the ED of RLH and Whipps Cross on 02 March 2012, 20 March 2012, 10 December 2012 and 05 May 2013. Despite having domestic abuse recorded in her medical records, domestic abuse was not explored with her, risk assessments were not completed, nor specialist services offered to Aishwarya on any of these

occasions. On 20 March 2012, she presented with bruises, Hamir was aggressive to staff and police were called; Aishwarya stated to staff she was afraid to leave but this was not explored with her. In December 2012, she presented specifically for treatment after Hamir's assault but there is no record of support given to her regarding domestic abuse. In May 2013, Aishwarya presented with Sayeed regarding the alleged sexual assault. Aishwarya was referred to the Haven and a safeguarding referral was made (albeit after she was discharged from hospital) along with a Section 2, but not a Section 5 referral to Social Services. However, despite her history there was no risk assessment recorded about possible domestic abuse with her new partner.

- 3.7.6 There are consistent records of reviews undertaken by both the alcohol liaison and the psychiatric liaison services during contact between health services and Aishwarya. There are also several examples documented where staff acted to help her maintain access to on-going help and support in the community. The abusive nature of her relationships was recognised only on her first presentation to Barts Health RLH; subsequently there were six missed opportunities to assess the on-going risk of domestic abuse.
- 3.7.7 As part of the IMR process, Barts Health has reported that there have been a number of developments to improve staff's ability to respond effectively to domestic abuse since this time. These are outlined below:
- (a) A domestic abuse training strategy has been developed at Barts, in line with the NICE guidance. It includes an implementation plan which is in the early stages of progression. The strategy will include 3 levels of training to meet the training needs of staff in different roles.
 - (b) An IDVA (independent domestic violence adviser) funded through Waltham Forest community safety team is now based at Whipps Cross Hospital. The IDVA will accept direct referrals to support people experiencing domestic abuse.
 - (c) Barts Health has approved a domestic abuse policy and procedural guidelines which include best practice flowcharts for staff responding to concerns about domestic abuse. There are sections on possible signs of abuse and what action to take including details of local support service, responsibilities in relation to risk assessment and information sharing.

- (d) Pages dedicated to domestic abuse are accessible on the Trust intranet. Staff have access a range of information about national and local support services, risk assessment, referral processes and forms and relevant local and national documents. There is a quick means of accessing this via the home page as well as links on the safeguarding children and the safeguarding adults' pages.
- (e) The members of the safeguarding team attend the daily safety huddles on site and ask directly about known or potential domestic abuse cases and remind staff of their responsibilities.
- (f) An external review of safeguarding practice throughout the Trust was undertaken throughout August 2015. The recommendations from the review were used to inform a multiagency summit to develop a Trust wide strategy for safeguarding adults which will include an enhanced training plan and strengthened leadership, governance and assurance frameworks.
- (g) The model in place to support good safeguarding practice is to be reviewed in line with the new leadership operational model which will include a safeguarding lead for each hospital site and greater clarity of roles and responsibilities for all grades of staff

3.8 Barking, Havering & Redbridge University Hospitals NHS Trust Acute Hospital (BHRUT)

- 3.8.1 Aishwarya presented at the ED of King George's Hospital (KGH) four times between 20 December 2010 and 18 May 2011 for depression, suicidal ideation, alcohol dependence and various medical complications. This mirrored the same period she was presenting at Whipps Cross and Royal London Hospitals' EDs as well. Domestic abuse was identified in March 2011 at RLH but this information appears not to have been available to the other hospitals Aishwarya attended. During these presentations, domestic abuse does not appear to have been addressed or enquired about by staff at KGH.
- 3.8.2 In March 2011 when Aishwarya self-discharged there is no evidence that discharge information was completed. There was a reliance on Aishwarya's mother to contact the key worker the following day. During Aishwarya's admission in May 2011 Aishwarya's mother raised concerns about her daughter's verbal abuse and her inability to cope with her at home. A referral to Social Services was made and a review undertaken by the Hospital Social

Worker team who liaised with RDAS. The support was focused towards Aishwarya so could further consideration have been given to supporting Aishwarya's mother in the community.

- 3.8.3 From 04 June 2014 through 19 November 2014, Aishwarya had a number of presentations and admissions at KGH. On 4 June 2014 Aishwarya attended the ED of KGH and was admitted and treated for alcoholic hepatitis. During this admission Aishwarya disclosed domestic violence by Sayeed. During a review by the A&E Liaison Worker, Drugs & Alcohol on 5 June 2014, Aishwarya disclosed an abusive relationship with her partner and that an injunction was now in place. Aishwarya also disclosed on two separate occasions, 5 and 6 June 2014, to two Gastro Specialist Registrars, that her excess alcohol intake was most recently fuelled by an abusive relationship/violent partner. Aishwarya remained an in-patient until 20 June 2014 and there does not appear to have been any safety planning around domestic abuse done as part of her discharge plan, nor a risk assessment or referral to a specialist service for support.
- 3.8.4 From 25 June through 19 June 2014, Aishwarya attended outpatient appointments and was admitted for detox. It does not appear that there was any further enquiry around domestic abuse during this period.
- 3.8.5 On 09 September 2014, Aishwarya was intoxicated when she attended an outpatient appointment accompanied by her partner; Aishwarya was advised to abstain from alcohol as she was at risk of premature death. There was no enquiry about domestic abuse at this time, nor information recorded about her partner.
- 3.8.6 On 30 September 2014, Aishwarya attended the ED at KGH with a facial injury, stating that she had a seizure and had fallen. Domestic abuse was not queried. Aishwarya was transferred to Queen's Hospital on 01 October 2014, where on assessment, Aishwarya referenced a previous abusive relationship and a partner who was now in prison. Perpetrator details were not recorded by hospital staff. Aishwarya also reported that she was attacked on the street two days previously but was adamant that her injuries were not due to this but to seizures. While admitted to the ward, Sayeed visited Aishwarya and there were issues of his aggression to staff and other patients. On 20 October 2014, the doctor and ward sister discussed this as a safeguarding concern with Aishwarya regarding her boyfriend. Aishwarya stated he had not abused her for two years and that there was not an issue at present. No risk assessment

was completed for domestic abuse at this time, nor were inquiries made to the other services Aishwarya had been engaged with about her experience of domestic abuse.

- 3.8.7 On 04 November 2014, a safeguarding referral was raised by the ward doctor as Aishwarya's partner (Sayeed) was witnessed by ward staff being verbally abusive to her. This was explored with Aishwarya who denied feeling threatened by him and referred to the relationship as intense. The Safeguarding Referral records Aishwarya as saying her and her boyfriend "have arguments but he is good to her and if they argue she deserves it". Aishwarya initially declined a Safeguarding Referral being made. On further discussion with the doctor, Aishwarya agreed a Safeguarding Referral was the right action to take and consented to the referral being made.

Good Practice

- 3.8.8 Aishwarya's Support Worker from SHP visited the ward on the 05 November 2014 and was concerned that the subject of the non-molestation order was visiting. Aishwarya denied that the person who visits was the person referred to in the non-molestation order. The Police were contacted on the advice of Aishwarya's Support Worker who was unable to disclose the details of the order. The Police visited the ward, Aishwarya again denied that Sayeed was the same person referred to in the order. The Police advised to restrict Aishwarya from leaving the ward but not to prohibit alleged perpetrator from visiting. Trust Security were informed and provided a different approach suggesting banning Sayeed. Aishwarya was advised due to Sayeed's behaviour and potential listing on non-molestation order that he would not be allowed on the ward and she would be accompanied by a staff member if leaving the ward.
- 3.8.9 BHRUT staff recognised Aishwarya as an Adult at Risk, associating her vulnerability to alcohol misuse and previous domestic violence. Despite Aishwarya minimising the level of domestic violence from her partner, staff acted appropriately raising a safeguarding referral after witnessing verbal abuse from her "partner" in the ward area. Precautions were taken to protect her whilst on the ward. This is in line with the Trust's Protecting Adults at Risk - Safeguarding Adults Policy.

3.8.10 Aishwarya was discharged on 21 November 2014 and the discharge summary to the GP made reference to the safeguarding referral. It shared with the GP the verbal aggression witnessed towards Aishwarya and the staff and referred to the restraining order against two men in the community, one being Sayeed. Although the information is still not completely accurate, it is positive that the discharge summary references Aishwarya's experience of DA.

3.8.11 To support the Domestic Violence agenda BHRUT has a number of processes in place to enable and support staff to recognise and appropriately respond to disclosures of domestic violence. The safeguards are as follows:

- Screening of vulnerability in the Emergency Department at Triage including external agency involvement
- Domestic Abuse Pathway and Processes updated and re-circulated in 2014
- Named Midwife for Safeguarding is the Trust's Domestic Violence Champion
- Guidelines for the Management of Domestic Violence – Maternity focus
- E-learning Domestic Violence package – completed by all staff on induction to the Trust
- Weekly Psycho-social meetings with agency representative where domestic abuse cases will be considered
- Domestic Violence training was delivered directly to groups of Emergency Department doctors in 2014
- Monthly Maternity Partnership meetings where cases of domestic abuse will be considered and plans implemented
- Trust's Protecting Adults at Risk – Safeguarding Adults Policy includes a Domestic Violence section

3.8.12 The Trust is currently working alongside Victim Support, who have been successful in obtaining the PAN London contract, to provide 1 WTE (whole time equivalent) Domestic Violence Advocate (IDVA) to be based in the Trust. The role involves liaison with hospital staff and directly supporting victims of domestic abuse and has been in place since September 2015.

3.8.13 A Domestic Violence Policy for Trustwide staff was approached at the Safeguarding Children's Operational Group on 25 April.

3.9 Addison Road Medical Centre

- 3.9.1 Aishwarya was registered with Addison Road Medical Centre as her GP practice from August 2011 through November 2013. During this period, Aishwarya visited the practice on a regular basis for a variety of needs, including mental health, substance misuse and physical health issues.
- 3.9.2 By 31 January 2012, during which time Aishwarya was in a relationship with Hamir, her mental health issues appeared to become more acute causing the GP to make a referral to a psychiatrist as Aishwarya was hearing voices and reported a history of depression and previous suicidal ideation.
- 3.9.3 On 05 April 2012, the GP practice recorded that she attended with a male partner but his name does not appear to have been recorded.
- 3.9.4 There is no record of the assault in December 2012 by Hamir on Aishwarya and prior to February 2013, when Aishwarya disclosed to her GP that her partner (Hamir) was in jail for an assault against her and had previously torn up her form to obtain an x-ray, there is no mention of domestic abuse in Aishwarya's file. Aishwarya stated that she was very anxious about this and was prescribed diazepam. This highlights that there is not a policy of routine enquiry for domestic abuse in this surgery. Additionally, Aishwarya was also presenting with pelvic pain over many months, and although a number of tests and examinations were carried out, there was no enquiry about sexual abuse or exploitation by the medical centre. Nor was there a risk assessment for domestic abuse performed, a consideration for referral to MARAC made, nor a referral to a specialist domestic abuse service offered.
- 3.9.5 On 19 April 2013, the medical centre recorded that Aishwarya attended with her 'male partner' (again, name not recorded) of three months (Sayeed). She presented looking for diazepam, which was refused. Aishwarya later stated (on 04 May 2013) that her partner (Sayeed) was taking her medication from her as he was not registered with a GP. At this time, it does not appear that Aishwarya was seen alone or questioned about domestic abuse, despite the disclosure in the previous months regarding Hamir.
- 3.9.6 On 26 April 2013, Aishwarya presented with Sayeed again due to 'accidental' burns on her abdominal wall. The GP 'advised her partner to redress her burns if wet.' During the consultation Aishwarya was intoxicated. Again, despite her vulnerability, Aishwarya was not questioned about abuse nor was this followed up.

- 3.9.7 A week later, on 02 May 2013, Aishwarya presented again at the medical centre and disclosed both verbal and physical abuse from her current partner. In fact, Aishwarya arrived at the medical centre shouting at Sayeed. She stated she was afraid to report him to the police and was very upset during the consultation. The medical centre did not ring the police, did not risk assess or consider a referral to MARAC (despite history of abuse from previous partner) and 'advised [Aishwarya] to seek help'. It is not recorded what this means nor who Aishwarya should seek help from.
- 3.9.8 Two days later, on 04 May 2013, Aishwarya presented at the medical centre stating that her partner was taking her medication as he was not registered with a GP and that he was continuing to be abusive. The GP practice noted she came on her own. This was a missed opportunity to risk assess Aishwarya and refer her to specialist services.
- 3.9.9 From May through September 2013, Aishwarya was seen a number of times at the medical centre but was not asked about domestic abuse despite previous disclosures. This is poor practice.
- 3.9.10 In September 2013, Aishwarya presented asking for a letter of support for housing as she was trying to move due to the imminent release of her ex-partner Hamir from prison. The letter of support was written, but again, no referrals to specialist services were made, nor risk assessment completed or MARAC referral considered. Aishwarya presented a number of times during this month with increasing anxiety and although she was referred to a psychiatrist to discuss medication, she was not questioned or supported regarding her experience of domestic abuse with her current or previous partners.

3.10 Aldersbrook Medical Centre

- 3.10.1 As Aishwarya was moved in October 2013 and then went into residential detox, she became a patient of the Aldersbrook Medical Practice on 20 December 2013, where she was registered until the time of her death.
- 3.10.2 Despite history in medical notes of domestic abuse, Aishwarya was not asked about this in her health check and assessment as a new patient, nor was she risk assessed against her current situation. Aishwarya disclosed harassment from ex-partner on 07 January 2014 as this was causing her problems at the B&B where she was staying. No information was recorded about her 'ex-

partner' at this time, nor was a risk assessment completed, a MARAC referral considered, or a referral to specialist domestic abuse services made.

- 3.10.3 On 29 January 2014, Aishwarya presented with a number of concerns, including an 'accidental' fall, which was not queried by the practice in relation to domestic abuse.
- 3.10.4 Throughout February 2014, Aishwarya presented with increasing anxiety and drinking up to 2 litres of vodka per day. Although she was referred to A&E, her experience of domestic abuse was not questioned.
- 3.10.5 From May through June 2014, Aishwarya was seen at least 4 times by the practice and was not asked about domestic abuse. In July 2014, it is noted that Aishwarya attended with her 'carer' though no information was recorded about who this was. From June through 03 September 2014 (Aishwarya's last visit to her GP), Aishwarya's alcohol misuse appeared to be increasing considerably, alongside a deterioration of her physical health, including chronic liver disease. Medical records show a number of inpatient and residential detox admissions during this time. No links to domestic abuse and a potential escalation of risk and vulnerability was recorded by the practice despite having regular contact with Aishwarya.

3.11 Perpetrator's GP

- 3.11.1 It is concerning that there is no record of Sayeed registering with a GP. This highlights that he was an individual who did not have much interaction with statutory services, with the exception of the police.

Support Services

3.12 Single Homeless Project (SHP) – Waltham Forest, Redbridge and Newham

- 3.12.1 Aishwarya was engaged with SHP services from 2009, until her death in December 2014, working with teams in Redbridge, Waltham Forest and Newham. SHP was one of the few consistent services in Aishwarya's life in the years leading up to her death. SHP is contracted to provide a range of accommodation-based and floating support services to homeless and vulnerably housed individuals across London. Aishwarya was, at various times from 2009 until 2014, a client of three of those services.

- 3.12.2 Aishwarya was repeatedly transferred between three SHP services: Redbridge; Waltham Forest; and Newham, and on each occasion her support worker was changed. This was ostensibly because she was repeatedly moved out of borough, and each service is funded only to work with individuals in the borough in which it is commissioned to operate. However, Aishwarya retained her local connection to LB Redbridge, who accepted their duty to house her and who were responsible for the accommodation in which she was placed. As a Redbridge client, Aishwarya should have continued to be supported by the Redbridge Stepdown team, regardless of address. Continuity of care could be considered to be a critical factor in providing effective support to an individual who is as vulnerable as Aishwarya, particularly given the volume of other agencies involved. It is also worth questioning whether the East London teams were the correct services to be supporting an individual as vulnerable as Aishwarya, as they are primarily commissioned to work with individuals successfully exiting treatment, and as such have limited staff resources.
- 3.12.3 Although there were short periods throughout the duration of the support where workers found it difficult to make contact with her, and although Aishwarya did miss appointments, the evidence suggests that she wanted and engaged with the support offered to her to the best of her ability, frequently contacting SHP to request help (particularly in relation to housing) when things weren't going well. It should be noted that a proportion of SHP's contact with Aishwarya was telephone-based, with incidents frequently reported after they had occurred, and it is therefore difficult to gain an entirely accurate picture of events from casework recording alone. It is clear that conversations have not been recorded verbatim, and it is likely that a great deal of work, including liaison with partner agencies, took place that is not recorded on SHP's systems. For example, one worker has indicated that some of her contact with partner agencies in relation to this case was undertaken on days where she was co-located in NPS offices in order to make use of a secure email server.
- 3.12.4 In the early months of 2010 Aishwarya was reported to be living between her mother's address and her partner's address. Her partner was recorded as being a 34-year old man who was verbally abusive and exploitative towards her. The name of the partner and the nature of the exploitation are not recorded in the casework form from which this information is taken, and transfer of information between electronic recording systems has led to difficulties in accessing case notes during this period (see Methodology). Actions at this point

included supporting Aishwarya to widen her support network, and monitoring her relationship for signs of abuse, with a view to making a 'POVA' referral if necessary. The extent to which the nature of the abuse was discussed with Aishwarya is not clear.

- 3.12.5 Over the next twelve months, Aishwarya was supported by a male worker in the Redbridge team. Notes from a multi-agency case review attended by Aishwarya, the male worker and a representative from Turning Point on 7th December 2012 state that Aishwarya's partner appears to be 'controlling'.
- 3.12.6 Actions resulting from this meeting included the male caseworker monitoring the relationship for signs of abuse. It is impossible to determine whether the caseworker's concerns were discussed with Aishwarya, or what level of input she had into the resulting action plan, but this interaction appears to have represented a missed opportunity to explore Aishwarya's feelings about the relationship, raise her awareness of the risks and begin to explore her understanding of what a healthy relationship might consist of. It is worth noting, however, that in December 2012 the cross-government definition of domestic violence did not include reference to controlling and coercive behaviour²¹, and it may not be reasonable to assume that the caseworker should have had a full understanding of the risks inherent in the partner's behaviour. Again, no information was recorded about her partner in her case files.
- 3.12.7 From 2009-2014, SHP did not provide centrally administered training on domestic violence, nor was there a specific organisational policy, procedure or guidance to support effective working with victims or perpetrators. It may be reasonable to assume that the caseworker had no particular knowledge or experience of best practice in working with victims of domestic violence. However, it would be reasonable to expect that in such circumstances a worker would share their concerns with their line manager. There is no record of the caseworker having done so.
- 3.12.8 SHP's Client Risk Assessment and Management Policy and Procedure make explicit the expectation that client risk assessments will be updated at least quarterly and every time there is a change in the risk profile. Aishwarya's caseworker updated Aishwarya's risk assessment and submitted it for approval on 10 December 2012. It contains no assessment of the risk posed to

²¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/157800/domestic-violence-definition.pdf

Aishwarya by her partner. The printed copy in Aishwarya's hard-copy file doesn't contain her signature and it therefore isn't possible to ascertain whether she had any input into the document. There is a signed copy of a preceding risk assessment, which suggests that Aishwarya was involved to some extent in assessment and management of risk, but this does not discuss risk posed by her partner (focusing instead on risk to safety when out alone late at night).

3.12.9 SHP's Safeguarding Adults policy and procedure is reviewed annually in accordance with recognised good practice and is informed by London multi-agency policy and procedures.²² In 2012, the SHP procedure contained no explicit reference to domestic violence and its link to adult safeguarding (although this was made explicit within the 2011 London procedures²³), but did clearly outline the steps that a staff member must take if they believe a client to be at risk of harm from abuse or neglect. This included immediately discussing any concerns with a manager before recording those concerns on the organisation's Safeguarding Alert form. This would then be forwarded to the manager who would alert and liaise with statutory services. The procedures were incorporated into the organisation's Safeguarding Adults training course, which was attended by Aishwarya's caseworker on 2nd October 2012. While the training did not make explicit the link between domestic violence and adult safeguarding, there was discussion of the factors that might prevent an adult at risk from recognising, acting on or reporting abuse, including a distorted model or expectation of relationships.

3.12.10 In late January 2013, Aishwarya's case was transferred to a new female worker in the Redbridge team. On 23 January 2013, Aishwarya disclosed to her new caseworker that she had been subjected to a particularly unpleasant and very serious assault by her partner (Hamir), that this had been reported to the police and that the perpetrator had been arrested and remanded in custody until 23 February 2013. Aishwarya's caseworker later learned that the assault had taken place on 10 December 2012, 3 days after the case review meeting. After this, Aishwarya's caseworker completed an 'East London and MAPPA Team Incident Report' and forwarded it to her line manager. The manager responded on 31 January and asked the caseworker to complete a Safeguarding Alert on Informationrm, SHP's web-based recording and data monitoring system. The

²² Social Care Institute for Excellence (2011) *Protecting Adults at Risk: London Multi-Agency Policy and Procedures for safeguarding Adults from Abuse*, London: SCIE

²³ Ibid, pp14-18

caseworker did not complete this action and her manager did not follow up on the request.

- 3.12.11 The manager reports that the East London and MAPPA Incident Report forms were introduced at the service in order to reduce paperwork. This local procedure required a staff member to record a brief description of the event they were reporting and submit the form to their line manager. If the manager did not consider the event to meet SHP's definition of an 'Incident' the form would remain on the client's file. Where the event was considered by the manager to constitute an 'Incident', the staff member would be asked to transfer the information to a more detailed organisational Accident and Incident Report Form (which was designed to encourage analysis of the event and aid local and organisational learning). In accordance with SHP's Incident Procedure, this record would then have been forwarded to a member of the senior management team, prompting an investigation. On this occasion, the manager did not ask Aishwarya's caseworker to complete the organisation's Accident and Incident Report Form and the assault was therefore not recorded centrally, nor were any members of the senior management team made aware of it. The team's non-compliance with organisational procedure and Aishwarya's caseworker's failure to complete a safeguarding alert as instructed (alongside the manager's failure to follow up on the task) constitute two missed opportunities to share information pertaining to abuse of an adult at risk with the relevant audience. It should be recognised that the Service Manager of the East London teams did not have authority to deviate from the organisation's Incident Procedure.
- 3.12.12 In 2013, the East London floating support teams were operating a local procedure that led to an incident not being reported in accordance with organisational procedure. Had the procedure been followed, an investigation would have been undertaken that may have led to identification of good practice, and the incident would have been reported to a senior member of staff. The organisation undertook an audit in 2016 of local procedures and guidance documents with the express purpose of withdrawing those that do not comply with organisational procedure.
- 3.12.13 In February 2013, Aishwarya's caseworker had ongoing concerns with regards to Aishwarya's safety, which led her to make a referral to Redbridge MARAC and Waltham Forest MARAC. Aishwarya was not in agreement with the

decision to refer but the caseworker had grown increasingly concerned about Aishwarya's safety. Aishwarya's case was discussed at the Waltham Forest MARAC on 26 March and the resulting action plan was forwarded to the caseworker almost a month later on 25 April. There is no indication within the case files that the caseworker had any further contact with Waltham Forest MARAC, and the caseworker has no memory of any further involvement from the MARAC with regards to Aishwarya's case, stating that she would have attended the meeting had she been invited.

- 3.12.14 The caseworker continued to work with Aishwarya until she entered residential rehabilitation (Hope House) in June 2013. During this period, she liaised with Victim Support, Metropolitan Police, Mental Health Services, Redbridge Housing and Substance Use services (Turning Point and WF CDAT). During a multi-agency case review (involving Aishwarya, the caseworker, WF CDAT and the Metropolitan Police) held in the rehab facility prior to case closure (June 2013), Aishwarya disclosed that she had a new partner and that he was a positive influence on her. There is no indication that the new relationship was explored in any depth with Aishwarya and the identity of the man is not recorded. This is believed to be Sayeed.
- 3.12.15 This caseworker worked with Aishwarya for six months, and her memories of the case are not detailed. However, she does recall being concerned about the lack of communication between the various professionals involved in Aishwarya's case, feeling that she "was really under-supported" and had "slipped under the net". This was compounded by Aishwarya's fear and therefore avoidance of fully engaging with support around the violence in her life. The caseworker was not aware of the involvement of more than one perpetrator (and was liaising with police regarding perpetrator Hamir).
- 3.12.16 SHP re-opened Aishwarya's case after she self-referred back into the service in August 2013 and her support was picked up by a male worker. Over the next few months Aishwarya moved three times, spending some time in a women's refuge and in temporary accommodation, but repeatedly reported being harassed by her ex-partner (Hamir) and his family. In addition to requesting advice from the DC previously involved in Aishwarya's case, the caseworker referred her to Aanchal, (with Hamir named as perpetrator) who then took the decision to refer her on to Newham Action Against Domestic Violence (NAADV) because they considered her to be high risk. Multi-agency case review records

later suggest that NAADV were then instrumental in supporting Aishwarya to obtain a non-molestation order against Sayeed (previously not mentioned in case records), though this is not corroborated by NAADV's records.

- 3.12.17 This caseworker did not correspond in writing with NAADV and did not record the content of any conversations he had with the service, other than the action plan resulting from the aforementioned case review (SHP, NAADV, CDAT and Aishwarya in attendance).
- 3.12.18 SHP's records suggest that Aishwarya transferred from the Waltham Forest to the Newham team in July 2014, at which point her support moved to a female member of staff. On 24 July 2014 Aishwarya met with this caseworker and informed her that her ex-partner (again not named) was able to gain entry to her accommodation because he knew the access code for the door. The caseworker supported Aishwarya to be moved into non-shared accommodation in Ilford through liaison with Redbridge Temporary Accommodation team, advising Aishwarya that she should call the police if she sees the ex-partner, and on 5th September discussed and set an objective for Aishwarya to attend East Ham walk-in domestic violence service. No domestic abuse risk assessment was completed, the abuse was not explored further, nor was she referred to a specialist agency straightaway. Also, the caseworker did not explore who the perpetrator was, nor the risks Aishwarya believed he posed to her.
- 3.12.19 In September 2014 was admitted to hospital, where she stayed until December 2014. Her SHP caseworker does not appear to have visited Aishwarya in the hospital until 5th November, despite having been informed by a nurse on the ward during a telephone conversation on 20th October that Aishwarya had a frequent male visitor. The caseworker then met with medical staff on the 5th, was told the male visitor's name, and later confirmed with them by email that the male was Sayeed and that Aishwarya had a non-molestation order against him.
- 3.12.20 The caseworker was in the process of handing Aishwarya's case over to the Redbridge team when she went on leave on 20 November 2014. Her cases were picked up by a colleague for the duration of her annual leave and she emailed a brief handover regarding Aishwarya on the 18th November. Additionally, the caseworker discussed details of Aishwarya's case with the cover worker during peer supervision (an additional layer of support available

within the team) on the 4th November, outlining concerns relating to a man visiting her in the hospital. However, at this stage the man's identity was described as 'unknown' and it is not clear if the cover worker was updated on his identity following Aishwarya's caseworker discussion with the hospital on the 5th November. The cover worker called the ward on 19th November and spoke to the allocated social worker (who is not named) who told him that he would call him the following day with an update on the ward's discharge plans, which was completed. However, it doesn't appear that the cover worker attended the discharge, despite Aishwarya's caseworker's email to the hospital indicating that he would. This represents a missed opportunity to have addressed all of Aishwarya's support needs, including the risk of domestic abuse, in a multi-agency setting. Again, no risk assessment was completed, nor a referral to the MARAC.

- 3.12.21 **Adult Safeguarding:** Opportunities to engage with Aishwarya with regards to the abuse and violence she was experiencing, or to link her in with agencies that would provide her with a coordinated response, were missed. Aishwarya's experience of abuse was known to SHP (and a number of other agencies) throughout the duration of her support, although the exact nature and extent remained unclear due to a failure on the part of multiple organisations to explore this with her in detail in line with good practice. Despite their knowledge of Aishwarya's multiple vulnerabilities, including domestic abuse, no safeguarding alert was raised by anyone at SHP
- 3.12.22 A referral was made to Waltham Forest MARAC in 2013 and the resulting action plan communicated to Aishwarya's support worker at that time, but there is an absence of sustained recording of ongoing contact with professionals or agencies involved in the MARAC and it is therefore difficult to judge the full extent of the support being offered. However, guidance from the Local Government Association recommends that agencies making referrals to MARAC should always raise parallel safeguarding alerts (and vice-versa where the adult is considered to be at serious risk of harm), as this may represent the quickest and most personalised form of response.²⁴
- 3.12.23 SHP's adult safeguarding procedures throughout the period in question provide clear guidance with regards to recognising and responding to abuse and

²⁴ Local Government Association (2015) *Adult Safeguarding and Domestic Abuse, 2nd edition*, London: LGA p42

neglect, and face-to-face training was available and accessed by all but one of Aishwarya's support workers. The link between domestic violence and safeguarding adults processes appears not to have been made.

3.12.24 **Practice:** Organisational procedures, developed in order to encourage best practice, were not complied with on a number of occasions during the timeframe of the report. For example, Aishwarya's needs assessments, risk assessment and management plans, and support plans do not indicate that she had a great deal of involvement in formulating her support, although this is an organisational requirement. Formulating risk management plans in conjunction with Aishwarya may not only have led workers to a fuller understanding of the abuse she was experiencing, and how it was affecting her, but may have also helped her to focus on the extent of the risk that the perpetrators posed, and ways in which she could increase her personal safety. Additionally, Aishwarya's risk assessments were not, as a matter of course, updated following events, changes in circumstance or environment, or receipt of information that indicated heightened risk. Again, the process of assessing the level of risk and devising risk management strategies may have led to improved practices with regards to her case and, in particular, an increased focus on safety planning, which was rarely a feature of the support offered to her. Additionally, risk assessment processes failed to include specialist domestic abuse risk assessments and did not address risk posed by domestic abuse in the generic assessments.

3.12.25 **Resources and Policy:** SHP had no dedicated operational policy function until 2013, and organisational policy and procedure prior to this date was not fully comprehensive, although core policies and procedures relevant to this case (Client Risk Assessment and Management; Client Contact and Recording (replaced by Case Management Recording May 2013); Safeguarding Adults at Risk; Incident Procedure) were present and training courses informed by these policies (alongside extensive developmental training opportunities) were available to all staff members. In 2013, two members of staff developed and delivered dedicated VAWG training sessions and these were available to all staff. This has led to the development of a VAWG staff forum, but at present there is no organisational oversight of the group. Safeguarding Adults Policy and Procedure were reviewed in late 2014 in light of changes brought about by the Care Act, and contain explicit reference to domestic violence, outlining how to respond to and report domestic violence. SHP's Domestic Violence and

Abuse Policy and Procedure was developed in 2014 and has been published after incorporation of recommendations contained in this report, alongside safety planning guidance. Additionally, external training has been delivered on how to use the risk assessment tool and complete safeguarding alerts in relation to domestic abuse.

- 3.12.26 **Perpetrators:** Throughout her support at SHP, staff either made assumptions about which perpetrator Aishwarya was referring to (assumed Hamir not Sayeed) or did not record accurate data about the perpetrator(s) altogether.
- 3.12.27 SHP has undertaken a significant amount of work to improve their practice around domestic abuse and their service offer in general. For example, weekly reflective practice sessions are held and the numbers of safeguarding referrals in relation to domestic abuse doubled in 2016. Additionally, internal monitoring systems have changed to record if a case has domestic abuse as a factor, if a DASH Risk Assessment has been completed and if a MARAC referral has been made.
- 3.12.28 It should be noted that much of the information included in this report about SHP is taken directly from the IMR, which was incredibly detailed and offered a reflective and thoughtful analysis of the organisation's practice and involvement with Aishwarya.

3.13 Aanchal Women's Aid – Newham

- 3.13.1 Aanchal Women's Aid provide support to low-medium risk cases of domestic abuse in the boroughs of Redbridge and Newham. They perform regular risk assessments using the DASH RIC and a referral pathway is in place to refer high risk service users from Newham to NAADV. Aishwarya was referred to Aanchal in February 2014 by SHP to assist with finding her an appropriate refuge space due to ongoing concerns about her safety posed by her previous partner Hamir. In line with policy, an Aanchal caseworker completed a risk assessment with Aishwarya and as she scored 15, she was referred to NAADV for IDVA support with her case. The caseworker also completed a refuge search, but there were no available spaces. The caseworker communicated the outcome to the referring agency, SHP.
- 3.13.2 Although Aanchal followed the referral protocol that was in place with NAADV, they did not make a direct referral to the MARAC, despite holding information

that Aishwarya was a high-risk victim of domestic abuse. The DHR panel believes this was a missed opportunity to ensure that Aishwarya's case was heard by the Newham MARAC as NAADV was not able to make contact with Aishwarya. In this case, it was in the best interests of Aishwarya to have made the referral; not to have waited or assumed that NAADV would make the referral as the high-risk service. Indeed, this referral never was completed by NAADV.

- 3.13.3 The two-tiered system of caseload divided between the specialist services in Newham had an impact on Aishwarya's continuity of support, as she demonstrated positive engagement with Aanchal but then did not engage fully with the new service when her case was transferred. Additionally, a feedback loop between NAADV and Aanchal to share information about cases of non-engagement was not in place.

3.14 Newham Action Against Domestic Violence (NAADV) - Newham

- 3.14.1 As stated above, Aishwarya was referred to NAADV in February 2014 by Aanchal Women's Aid due to domestic abuse from her previous partner Hamir. NAADV was the high risk IDVA service in Newham in 2014; they also provided support to low and medium risk cases, which were allocated to case workers. Aishwarya was risk assessed when referred to NAADV using the DV2 Risk Assessment and was allocated to a case worker and not an IDVA, despite a recognition of her 'complex mental health needs', the risk assessment from Aanchal Women's Aid and the fact that Aanchal had referred her to NAADV precisely for IDVA support; otherwise Aanchal could have continued to support Aishwarya in accordance to the referral pathway in place. A MARAC referral was not made by NAADV.
- 3.14.2 Aishwarya was supported by NAADV to seek legal advice and a non-molestation order against Hamir; however, Aishwarya did not attend the 4 appointments NAADV arranged with a solicitor. NAADV also continued to look for refuge space, but no appropriate provision was available.
- 3.14.3 NAADV closed Aishwarya's case in March 2014 as she was not engaging with their service, nor with legal support, but was engaged with other services such as SHP and mental health services at Goodmayes. NAADV did not confer with other agencies when closing her case, to ensure a joined-up approach to support Aishwarya was in place, including for her experience of domestic abuse; although they did let SHP know she was no longer engaged when SHP proactively contacted NAADV.

3.15 Ashiana Network - Waltham Forest

- 3.15.1 In March 2013, Aishwarya was referred to Ashiana Network, a specialist domestic abuse charity working with BME women and girls as she was living in Waltham Forest. Aishwarya was referred by Waltham Forest Victim Support for counselling services. The referral did not include any information on Aishwarya's substance misuse (it was noted as NONE on the referral form contrary to Aishwarya's history and presentation). Aishwarya was successfully contacted after numerous attempts over one month after referral and offered counselling. Aishwarya did not attend her appointment for clinical assessment and follow up contacts with Aishwarya were made in April and May 2013, when Aishwarya declined counselling; her case was closed by Ashiana at this time. Ashiana could have gone back to the referring agency for more information about Aishwarya to inform their assessment, engagement strategies and prioritisation of Aishwarya's case. Had Aishwarya attended the clinical assessment, Ashiana would have assessed her regarding risk and support needs, including substance misuse; however, Aishwarya did not attend and Ashiana did not have the additional information from Victim Support about her additional needs.
- 3.15.2 When completing the IMR for this DHR, Ashiana discovered that email correspondence in this case was not printed and out on hard copy as evidence of any actions. The counsellor left the organisation in October 2014, and her email account was no longer available to check if the counsellor had made contact with Victim Support. Additionally, there wasn't a clear record of any contact, whether by email or telephone, with the referring organisation (Victim Support) of the outcome of their referral. Clinical notes were made on Ashiana's internal database and not on hard copy file. Logging of calls was also not accurately recorded.
- 3.15.3 As indicated in their IMR and to the DHR panel, the above issues have been addressed as part of a review of the counselling service, which now includes checklists for opening and closing cases/files. Feedback on client non-engagement is now routinely fed back to referring agencies. Forms have been created to log any external/internal calls with agencies as well as forms to log any actions or calls with the client. The hard copy files are reviewed by the Counselling Services Manager. Staff have been trained and must always email the referring agencies with the outcome to their referrals to maintain

communication and best practice. This will then be printed for hard copy case files as well as put on the database.

3.16 Victim Support - Waltham Forest

- 3.16.1 Aishwarya was referred to Victim Support by the police in February 2012 following a reported incident with Aishwarya's former partner Hamir. Victim Support contacted Aishwarya and completed a risk assessment with Aishwarya scoring 18. No referral was made to the MARAC. Furthermore, the IDVA service did not follow up contact with Aishwarya. This represents the first missed opportunity to intervene early and support Aishwarya in a multi-agency framework. It is unclear from Victim Support's records why this course of action was taken and the worker has left the organisation, so was unable to be interviewed in the IMR process.
- 3.16.2 Aishwarya was re-referred to Victim Support in December 2012, following a further reported incident with Hamir. A risk assessment was carried out and again Aishwarya was high risk, scoring 19, and was referred to an IDVA within Victim Support, who contacted Aishwarya. For the second time, Aishwarya was not referred to the MARAC despite the known risks to Aishwarya. Victim Support's IMR indicates that this was due to a capacity issue; at the time, there were only 2 IDVAs, now there are 6. This represents the second missed opportunity to intervene and support Aishwarya in a multi-agency framework.
- 3.16.3 Despite 10+ attempts and 6 successful contacts with Aishwarya, she was not referred to the Waltham Forest MARAC until March 2013. The time taken to refer Aishwarya to MARAC is unacceptable.
- 3.16.4 It is also unclear from Victim Support's IMR what support was actually offered to Aishwarya between February 2012 and March 2013 as it was not recorded on the case notes. In March 2013, Victim Support's referred Aishwarya to Ashiana for counselling but the referral did not contain information regarding Aishwarya's substance misuse and other additional needs. This impacted on Ashiana's ability to assess and prioritise Aishwarya's case.
- 3.16.5 Aishwarya was referred to Victim Support again in May 2013 and April 2014, with little success in contacting or engaging Aishwarya. In line with Victim Support process at the time, the workers followed contact methodology for all

cases flagged as DV; a minimum of 3 phone attempts were completed prior to closing the cases for Aishwarya.

3.16.6 Since 2013, Victim Support has reviewed their processes with input from CAADA (now Safe Lives). They have introduced the following:

- Perpetrator Screening Tool
- 4 weekly case reviews for all domestic abuse Caseworkers (and IDVAs) – Meeting Safe Lives standards
- DV training for staff and volunteers is now accredited by Safe Lives
- London Training team are Safe Lives accredited trainers
- Implemented domestic abuse Service Operating Instructions which is under regular review
- Over 11 senior staff have completed the Safe Lives domestic abuse Service Manager training
- Specialist domestic abuse team in the Victim Care Unit conducting risk assessments – Referral to IDVA/MARAC within 24 hours

3.16.7 Victim Support in London is in the process of Safe Lives ‘Leading Lights’ accreditation and has already vastly improved their standards in line with Safe Lives requirements. All staff and volunteers are clear on the processes which are closely monitored by line-managers during case reviews. The DHR Panel was assured that procedural oversight that occurred in 2012-2013 in Waltham Forest would not be replicated in 2016. Referral forms into other services will be standardised accordingly to Safelives referral form templates. IDVAs are now sent regularly to MARAC training days held by MARAC coordinators in all boroughs.

3.17 Qalb Centre

3.17.1 As this organisation lost Aishwarya’s file due to flood damage, they were unable to send any documentation for this review. The organisation does not appear to have electronic back up files for current or archived cases. This is not in line with good practice of record keeping.

3.18 Haven Whitechapel

3.18.1 Aishwarya did not attend the Haven for any follow up treatment and examinations for the potential sexual assault. There are no records and no

interactions with this service and Haven practice was in line with professional standards in participating in this review.

Substance Misuse Services

3.19 Action on Addiction, Hope House

3.19.1 On admission to Hope House, Aishwarya informed the staff about the abuse she had experienced. The team believed the risk to be low as Aishwarya told staff that the perpetrator at that time was in prison. Aishwarya stated that she had a new boyfriend who was supportive. Hope House stated they work with what the client tells them about their experience. Aishwarya's care manager had sent in-depth reports ahead of admission and Hope House were aware of her mental health and physical health on admission. Aishwarya did not stay long enough for the team to address some of her deeper issues, or establish the possibility that she may still be in contact with her perpetrator, and therefore still at risk. However, no risk assessment or in depth questioning of her experience of domestic abuse was undertaken by HH staff upon admission or discharge. Nor did HH staff show an understanding that domestic abuse risk does not always reduce completely if the perpetrator is in custody, nor did they explore the links between substance misuse, mental health and domestic abuse in the short time that Aishwarya was resident there.

3.19.2 The work that clients undertake at Hope House is highly dependent on their readiness to work on themselves, learn about their defences, and take responsibility for maintaining abstinence. Through the assessment process HH is clear that they require the client to remain abstinent throughout their treatment. It is possible that Aishwarya was not ready to undergo this type of treatment and would have had a better chance if she had gone to first stage treatment, and then on to Hope House. It is possible that she may have had a better chance at maintaining abstinence, and long-term recovery; this would have supported more awareness, around abusive relationships, due to building more self-worth.

3.20 Equinox Brook Drive

3.20.1 The IMR provided by Equinox Brook Drive contained limited information. While at Brook Drive both in February 2011 and November 2013, Aishwarya was supplied with a medically led detox and psychosocial intervention within a short

period of time. Brook Drive supported Aishwarya to move on to her next treatment centre, a women's only rehab facility (Hope House).

- 3.20.2 Brook Drive have an organisational domestic abuse policy, but not one specifically for staff. On intake, they generally will receive a significant amount of information on their residents, but do not risk assess regularly on intake or discharge for DA. Brook Drive has significant safety measures in place to do with the detoxification process and will monitor residents for relationship abuse and substance misuse while they are in detox. Staff are experienced in identifying signs of abuse as the cohort of individuals who are resident there tend to have multiple vulnerabilities. Staff are instructed to balance emotional and clinical needs of their residents.
- 3.20.3 DA was not explored in Aishwarya's case while she was at Brook Drive; however, Hamir was prohibited from entering the house due to the risk he posed. Staff did not risk assess Aishwarya for domestic abuse nor was it evident from the IMR that domestic abuse was included in the handover to Hope House.

3.21 NELFT

- 3.21.1 Safeguarding issues: Aishwarya would give logical explanations of the bruising, and stating that she had falls when intoxicated or from sudden withdrawal from alcohol when she would have fits. Fits and falling were also evidenced following admissions to either hospital or residential detoxification programme. It was difficult for professionals to decipher if bruising was indeed from fits and falling or from domestic violence.
- 3.21.2 However, due to Aishwarya stating that there was domestic violence on occasions a safeguarding alert was raised on 14/05/2013, meetings were held on 24/05/2013 and 30/05/2013 however it was concluded on 26/07/2013 that no further action was needed. Safeguarding processes within NELFT are compliant with government legislation and multidisciplinary meetings are held to ensure all appropriate professionals provide guidance and have input to the process.
- 3.21.3 A full risk assessment was undertaken in regard to Aishwarya's falling in line with Care Programme Approach (CPA), this risk assessment is compliant to NELFT guidance and would have been shared with Aishwarya.

- 3.21.4 An opportunity was missed here; further discussions with Aishwarya may have given her the confidence to discuss the domestic violence she was experiencing. Education for staff in regard to what questions to ask and how to ask difficult questions are now included in Domestic Violence training. Target audiences need to be identified and attendance to domestic abuse training encouraged.
- 3.21.5 Sayeed as perpetrator: During July 2013 when Aishwarya was under the WFHTT there were two occasions where staff raised concerns about an infected lip but there was no documentation as to what happened to her in the first instance or if staff had taken steps to enquire about it. Speaking to staff that made contact with Aishwarya during the period under review, there is a consensus that the partner, Sayeed came across as caring and protective of Aishwarya. This perhaps could constitute a misunderstanding of coercive control by the staff members regarding Sayeed's behaviour. Especially as staff had also documented concerns about verbal abuse from Sayeed prior to WFHTT involvement.
- 3.21.6 There was an entry that implied that the team had concerns about possible abuse by Sayeed. On a home visit on 24 July 2013, staff had heard shouting coming from the flat. Aishwarya had appeared scared during the visit and was said to have used gestures to staff. The staff who visited Aishwarya on that occasion requested for Aishwarya to be seen on her own but Sayeed declined that. Staff member was a support worker. The issue was raised with Aishwarya's primary team-CDAT. However, when CDAT raised it as safeguarding they were advised there was an existing safeguarding in place and was therefore not pursued as new allegation.
- 3.21.7 Risk Assessment: It has been identified that the opportunity to undertake a DASH risk assessment which informs a referral to MARAC was not undertaken during the care of Aishwarya. There were potential opportunities when a DASH RIC could have been completed. However, it was reported that there has been a significant change in practice within NELFT and NELFT now make referrals to MARACs.
- 3.21.8 A fully functioning Safeguarding Team is available; this includes a duty desk for practitioners/clinicians to contact for advice. Increase in queries to the duty desk is evidence that the availability of a safeguarding team has had a positive impact on practice.

- 3.21.9 NELFT now has a Domestic Violence (DV) and Harmful practice lead who delivers specialist training. NELFT also has a domestic abuse policy in place.
- 3.21.10 Residential detoxification: Residential detoxification was applied for by NELFT drug and alcohol services and funding agreed on 8 different occasions during her period of engagement. Each residential detoxification was successful with Aishwarya remaining abstinent, albeit only for a period of time. Missed opportunity: Aishwarya was asking for a residential detoxification rather than a community detoxification, this could have been an indication that she needed to be away from home, the question why could have given an indication that it was due to Domestic Violence. In addition, the question why she returned to using alcohol and/or drugs could have been explored as she was able to stay abstinent for periods, this could have indicated that there were triggers to her drinking and/or taking drugs.
- 3.21.11 Aishwarya's move from Waltham Forest to Redbridge: This was due to her ex-partner Hamir (not Sayeed) being released from prison and Aishwarya was wishing to sever the relationship. A full handover was undertaken between the Waltham Forest and Redbridge services on 03 May 2014. There was a possible missed opportunity to explore why Aishwarya felt she needed to move areas due to her ex-partner being released from prison, as this indicates that she was in fear from him.
- 3.21.12 Mental health: Aishwarya's mental health was assessed and monitored by NELFT, this included input from the Home Treatment Team at times of relapse. During periods when Aishwarya was discharged from Drug and Alcohol Services due to abstinence from alcohol and/or drugs the care for her mental health problems were handed back to her GP. This highlights a missed opportunity to explore the multiple vulnerabilities across a range of agencies. Mental Health, domestic abuse and alcohol/drug use were all evident but not treated holistically by professionals within NELFT services.
- 3.21.13 Physical Health: As identified in the chronology, Aishwarya experienced many physical health problems. NELFT attempts to address mental and physical health issues together to ensure a holistic approach to health care, this is not evident in this case.
- 3.21.14 Incident with partner 30 September 2013: This incident resulted in Aishwarya being arrested but not charged and her partner receiving 'stab wounds'.

Aishwarya reported to her keyworker that the relationship with her partner Sayeed was over. From that date until her discharge from WF CDAT in May 2014, Aishwarya attended sessions alone and there is no further reference to Sayeed in the report from the CDAT worker. This could have been an ideal opportunity for professionals to investigate the allegations of domestic violence further.

- 3.21.15 Identification and recording of information about perpetrators: It is evident throughout some of Aishwarya's electronic notes (RiO) that she is accompanied by male individuals though it was not established who these individuals are. Staff should have an understanding of individuals involved in service users lives, who significant others are, and their involvement in the service user's care. This should have been recorded clearly on the progress notes especially given Aishwarya's history of abusive relationships.
- 3.21.16 Relationship with partner: The nature of Aishwarya's relationship with Sayeed was never entirely clear and there seems to have been no concerted effort to clarify this by NELFT Services. At times, he is referred to as a friend and at other times as a partner. Aishwarya mentioned an altercation, apparently between Sayeed and her mother, during a session early in her first period of treatment but this was not further explored. When Aishwarya presented at CDAT for what became the first contact of her second period of treatment, she disclosed that she had been the victim of domestic violence for a long time, even though she had previously been reluctant to contact the police. She had attended with Sayeed and he was present throughout the session at her request. It is unclear whether there were any attempts to facilitate her talking in confidence on this occasion.
- 3.21.17 When Aishwarya was seen at CDAT on 09 July 2013, she arrived with Sayeed but on this occasion, was seen alone. She disclosed that Sayeed was constantly making derogatory remarks about her and that she was afraid to end the relationship, however she abruptly stopped any discussion about her partner when prompted. Although the keyworker did discuss with the client in general terms how she might keep herself safe and away from dangerous situations, the issue of domestic violence and how/whether she could be assisted in leaving the relationship was not pursued. Following this meeting, Aishwarya failed some appointments and it was Sayeed who called to say she was unwell and unable to attend. Also, that she had resumed drinking. It may

only be with the benefit of hindsight that this sequence of events looks suspicious.

3.21.18 RAAT staff were not aware of Aishwarya's partner Sayeed nor did they have any contact with Sayeed during the period Aishwarya was open to the team. Had there been some mention of risks to Aishwarya from Sayeed and safeguarding issues, discussion between RDAS and RAAT and the input from the service could have been different. RAAT's senior social worker is also the Redbridge MARAC lead and Aishwarya's case could have been logged for discussion at Redbridge MARAC meetings and a management plan put in place.

3.21.19 Service Provision: NELFT was an organisation that Aishwarya was engaging with at the time of her death. RDAS was provided by North East London Foundation (NHS) Trust (NELFT), in early 2014. Public Health put the service out to tender, NELFT were not invited to tender following the Pre-Qualifying Questionnaire process. Some members of the team decided to either retire or leave the team at this time, as staff left the team NELFT made the decision not to recruit to the vacancies as there was uncertainty of who would be successful in securing the tender and what this would mean for the team in regard to positions that would be kept in their existing roles and / or numbers who would remain in their present role.

3.21.20 During this time, there were regular agency members of staff employed, however, none of these agency members of staff were involved in the care or service provided to Aishwarya. The same can be said for CDAT. Supervision is provided to all members of staff, permanent and agency on a monthly basis, in addition to this the staff of RDAS were accessing an external facilitator who was working with the team as a whole in regard to the transition it was undertaking. This was provided by NELFT. Aishwarya experienced mental health issues, drug and alcohol misuse problems and abusive relationships (multiple vulnerabilities). NELFT Teams should have made attempts to see Aishwarya on her own to enable her to gain confidence with services and possibly disclose the domestic violence she was experiencing.

3.22 Somewhere House

- 3.22.1 In August 2011, the assessment process for admission to this rehabilitation facility revealed Aishwarya was experiencing 'severe emotional abuse from partner (believed to be Hamir)' and 'police were not involved'. There are no records to indicate a pro-active response to identify and address the potential risks to Aishwarya from her abusive partner. There are no records to indicate that information relating to domestic abuse was shared with Foundation 66 (now Ravenswood Road)

3.23 Waltham Forest Turning Point

- 3.23.1 On 26 November 2011 key working notes state that 'service user was having difficulty in her relationship. We discussed potential skills she could use for coping in these situations. Aishwarya said that it's difficult because her self-confidence is low and it has to do with her mental health.' Although Aishwarya's partner is not named, during this period in time she was in a relationship with Hamir. No direct enquiry was made regarding domestic abuse at this time, nor was any risk assessment in relation to domestic abuse completed.
- 3.23.2 There is a further note from 7 December 2012 which notes 'Aishwarya is going through a difficult time' but there are no details about what her concerns were. On 09 December 2012 Aishwarya's partner, who was not named, attended the service looking for her and requested that somebody contact him about her. There are no records to indicate the possibility of this being stalking or harassment of Aishwarya. Furthermore, no direct enquiry was made regarding domestic abuse at this time, nor was any risk assessment in relation to domestic abuse completed.
- 3.23.3 On 19 December 2012 Aishwarya contacted the service when her key worker was not available. Aishwarya advised that something had happened which involved the Police and that she had gone to hospital. Aishwarya did not wish to say what had happened. There is no record of any follow-up to this and Aishwarya was discharged on 24 January 2013 as alcohol free. Again, no direct enquiry was made regarding domestic abuse at this time, nor was any risk assessment in relation to domestic abuse completed.
- 3.23.4 The third episode of contact with Aishwarya took place between 9 May 2013 and 16 October 2012, when she was in a relationship with Sayeed, following a self-referral. Over the course of five weeks Aishwarya did not attend any of the

five alcohol group sessions that are available and also missed the scheduled key work session during that period. There are no records on either occasion to indicate any discussion to identify factors preventing Aishwarya from attending, including domestic abuse.

3.24 Western Counselling

- 3.24.1 The IMR from Western Counselling contained limited information about their interaction with Aishwarya, who spent three weeks from 23 February 2011 until 14 March 2011 at the services for residential rehab. Aishwarya disclosed in a counselling session with that she had an older boyfriend, which was queried but no assessment or enquiry completed on induction or during assessments regarding domestic abuse. Information was received prior to Aishwarya's admission that stated she was a victim of domestic abuse perpetrated by her step mother. No further information was provided regarding the support that Aishwarya may have received regarding this information; however, Aishwarya did not complete the recommended 12-24 rehabilitation, so there may not have been much opportunity to explore this with her. Aishwarya was unable to undertake any therapeutic work of value due to the short duration of her residency.
- 3.24.2 Since Aishwarya's admission the service has commenced a formal Induction period that all new clients attend. This initiative has increased retention and engagement in the therapeutic process. Additional elements to the programme include increased single gender work and a new initiative working with Gemini/Chapter One to support victims of domestic abuse.

3.25 Westminster Drugs Project (WDP)²⁵ – Redbridge

- 3.25.1 WDP Redbridge has been commissioned by the London Borough of Redbridge to provide the following services, activities and interventions:
Gateway alcohol assessment, referral and signposting in borough,
Counselling provision, Alcohol Brief Intervention work, Structured Psychosocial Interventions (SPI), Drop-in sessions 5 days a week including 1

evening a week, Group programmes, A range of clinics and satellite provision across the Borough. The service has 1 Practitioner, 3 Practitioner/Counsellors and a Service Manager.

3.25.2 WDP's contact with Aishwarya was limited to the short period of time just before her death when she attended their drop-in service. In line with procedure, as there were no available appointments or practitioners to honour Aishwarya's request at that time, Aishwarya was asked to return later in the day to allow a comprehensive assessment of her needs to be carried out by a qualified practitioner. Aishwarya declined this and stated that she could not return without a definitive appointment. A further appointment for the 8 Dec 2014 was offered to Aishwarya at this point on an appointment card, which she accepted. This appointment was followed up in writing the next day (3 Dec 2014).

3.25.3 Based on Aishwarya's case, lessons were identified through WDP's internal Serious Untoward Incidents (SUI) review process, which concluded that in future the service would see cases for assessment, where possible on an ad-hoc basis outside of the drop-in times.

3.25.4 **Good practice** was acknowledged around:

- Offering an assessment on the same day
- Providing Aishwarya with a further appointment in writing on the day that she attended as opposed to in writing after she had attended/requested an appointment.
- And finally, despite not getting through to Aishwarya, by following up the appointment offer with a telephone call to introduce allocated assessor

3.25.5 However, this was a missed opportunity (and the final professional opportunity) to engage with Aishwarya about a variety of issues, including her physical health, substance misuse, domestic abuse and mental health.

3.26 Cranstoun City Roads

3.26.1 Cranstoun City Roads provides residential detoxification to clients living in the London Boroughs that contract them and can also provide the same provision for clients living outside of London, whose local authority has agreed admission.

- 3.26.2 Aishwarya was admitted to City Roads for detoxification on 24 May 2013. The risk assessment provided by the referring agency, Waltham Forest CDAT, though a year out of date, identified Aishwarya as being at risk of abuse and bullying, physical harm from others in the hostels, self-neglect and sexual exploitation. Aishwarya reported sex working to fund alcohol and drug use and aggressive behaviour towards her mother, frequent falls and injuries when intoxicated and being cautioned for carrying an offensive weapon. Waltham Forest CDAT risk rated Aishwarya as being a high risk of harm. There is no record of a more up to date risk assessment having been supplied or asked for. It would be best practice to have an up to date risk assessment from the referring agency.
- 3.26.3 However, the risk assessment undertaken over the phone by City Roads during the joint clinical assessment before admission records 'no current trauma or threats to [Aishwarya's] life'. The history of abuse provided by both CDAT and Aishwarya herself appears not to have been incorporated into this assessment. No specific risk assessment for domestic abuse appears to have been completed. In the risk assessment, there is no information on past trauma. There would appear to have been a missed opportunity to reflect on information given by Waltham Forest CDAT and Aishwarya self-report during the telephone referral. The risk assessment at City Roads did not flag the potential risk to Aishwarya in her current relationship based on past experience and would have benefited from an up to date Risk assessment being sought.
- 3.26.4 On 25 May 2013, medical notes record Aishwarya talking about past abuse and her engagement with help from Victim Support. The notes cite that Aishwarya will need further support but records do not contain detail around what form this support should take or whether this was followed up.
- 3.26.5 On 3 June 2013, a computer note indicates that Aishwarya disclosed that 'she had been in touch with [...] her boyfriend, who was in her flat with other women drinking'. Records do not capture the identity of Aishwarya's boyfriend. This was a missed opportunity to explore Aishwarya's relationship with her boyfriend whilst at City Roads. It was believed that this 'did not constitute current threat and would not meet MARAC threshold'. A DASH risk assessment was not completed and no referral to specialist domestic abuse support was offered. Links were not made with Victim Support, who were known to have recently

been supporting Aishwarya, and this detail was not included in Aishwarya's discharge report to Waltham Forest CDAT.

- 3.26.6 During the period of detoxification, Aishwarya attended a sexual health clinic on two occasions: 29 May 2013 and 12 June 2013. The reason for these visits are not recorded and it is not known whether any enquiry around domestic abuse took place. Aishwarya is seen by the on-site GP at City Roads on at least 4 occasions and there is no evidence that any enquiry around domestic abuse took place.
- 3.26.7 On 11 June 2013, Aishwarya reports feeling anxious about discharge plans. Risk Assessment and discharge plans would be anticipated to hand over the client's history, wishes and goals. This does not appear to have happened. There are no records to indicate whether enquiry around domestic abuse took place at this time.
- 3.26.8 The referral did not state a discharge plan as is normal practice. As Aishwarya was admitted very quickly in crisis, and the referrers may not have had time pre-admission to organise a robust plan. Rehab was arranged during admission. There was a planned transfer to Hope House arranged. There is no evidence in the discharge summary that Hope House had been made aware of any history of domestic violence by City Roads.
- 3.26.9 A discharge summary was sent to Waltham Forest care team that summarised her care and clinical intervention. An assumption was made that there were no new risks identified in relation to domestic abuse during her stay and Hope House would have all historical information.
- 3.26.10 Cranstoun had a Domestic Violence policy at the time. The current policy was reviewed by the organisation's domestic abuse lead and the revised policy was ratified in December 2015 by the Senior Management Team and published accordingly.
- 3.26.11 The adopted local approach to managing domestic abuse within the service was not followed in terms of translating the information given at referral into a robust care plan, influencing intervention and not included in the discharge processes. There was no written local procedure, but this has since been made available to City Roads staff.
- 3.26.12 Staff at City Roads have not had domestic abuse training recently in the last three years and this will be incorporated into CDP and staff training plans.

3.26.13 As a result of this DHR, Cranstoun is reviewing the provision of all domestic abuse training provision across the organisation to ensure that training is delivered and staff competencies maintained. A training needs analysis around safeguarding and domestic abuse is currently under way and new training plans will be delivered in the new year 2016.

4. Conclusions and Recommendations

4.1 Issues Raised by the Review

4.1.1 The sheer amount of services that had contact with Aishwarya in the years leading up to her death: This review had 27 IMRs and over 30 agencies had contact with Aishwarya. Aishwarya sought help frequently from a number of different organisations, but her support and care was not co-ordinated or held by one practitioner or organisation. There was a distinct absence of multi-agency interventions and meetings, including those led by Adult Social Services, which led to a lack of information sharing and diminished understanding of the risk that Sayeed posed to Aishwarya at the point of her death.

4.1.2 Invisibility of the perpetrator: Sayeed is not named in Aishwarya's notes when she was seen by various organisations with him present. His identity was not queried, he was seen and recorded as being controlling but this was interpreted as him being protective, and his interaction and accounts to services were believed over Aishwarya.

(a) Aishwarya disclosed domestic abuse to SHP on a number of occasions, but they did not record information about the perpetrator(s), which led to confusion when Aishwarya was in hospital in 2014, and also potentially dangerous practice of speaking with her partner directly, or seeing them together. Additionally, abusive behaviour was not questioned, recorded or risk assessed, leading to a lack of understanding of the risk posed by Hamir and Sayeed and no safety planning for Aishwarya.

(b) When ACN PAC was raised by police with LBWF Social Service after incident in May 2013, Sayeed's history of domestic abuse against his previous partner was not identified.

(c) Police intelligence records show that Sayeed was accepted onto the Green cohort of the Integrated Offender Management process on Tower Hamlets Borough Command Unit ²⁶. There are no records on police databases regarding how Sayeed was managed under the IOM process.

²⁶ *Integrated Offender Management (IOM) is a nationally recognised approach endorsed by the National Offender Management Service (NOMS), and the Ministry of Justice (MOJ) as a key model to reducing crime and reoffending. IOM is a multi-agency partnership approach that brings together a number of stakeholders to*

- (d) Police charged Sayeed with one count of assault against Aishwarya on 07 April 2014, however this matter did not proceed to trial. This outcome is not recorded on CRIS and there is no record of any discussions regarding her ongoing personal safety. This would be recorded on the Police National Computer (PNC) system. PNC history is examined whenever a subject is arrested so this would come to notice during any subsequent arrests.
- (e) Throughout the records kept on Aishwarya's case with Redbridge Housing, there is a failure to record the name and description of the perpetrator.
- (f) Throughout the records kept on Aishwarya's case with BHRUT, there is a failure to accurately record the name and description of the perpetrator.
- (g) Western counselling did not record any information about Aishwarya's boyfriend (Hamir), who was only described as significantly older than her.
- (h) Cranstoun City Roads also did not record specific information about Aishwarya's boyfriend.
- (i) NELFT services also failed to record any detailed information about the perpetrators.
- (j) Addison Road Medical Centre did not record any details of either Aishwarya's partners despite them attending numerous appointments with her.
- (k) Aldersbrook Medical Practice also did not record any details of Sayeed and may even have referred to him as her 'carer'.

4.1.3 Agencies failing to hold the perpetrator to account

- (a) The 4 April 2014 incident where Sayeed was arrested for assaulting three people who declined to provide statements or support a prosecution was one of a number of examples where Sayeed was not held accountable via the criminal justice system for his alleged actions due to witness/victims not providing a statement.
- (b) After Sayeed's 07 April 2014 assault on Aishwarya, which occurred in front of a member of the public, the only evidence to be offered was for drug possession; this is one of many examples of the criminal justice system

failing to take forward the domestic abuse cases against Sayeed as no evidence was offered in relation to the assault.

- (c) The police and Aishwarya's solicitor did not work together to have the NMO served on Sayeed, despite him being in custody and having dates to appear in court. It does not appear that the police ever received a copy from the solicitor of the NMO to include on CRIMINT. Therefore, the order was never served on Sayeed.

4.1.4 Diversity Issues

- (a) At SHP Aishwarya worked with two male workers and this has been identified as a potential barrier to her disclosing the severity of the abuse she was experiencing by Hamir.
- (b) Cranstoun City Roads identified a lack of gender specific groups offered as part of their therapeutic service while Aishwarya was resident there.
- (c) BME women can be more isolated when moved. This was not acknowledged by many of the services and Aishwarya was moved on multiple occasions.
- (d) This was a gendered crime knowing what we know about Sayeed now regarding his historic domestic abuse and attitude to women.
- (e) Aishwarya's mental health needs, especially in parallel with her substance misuse, was not understood or fully acknowledged, and there was a lack of coordination between services in relation to her holistic needs. Most agencies supported Aishwarya for one of her needs, but did not approach her care from the understanding of complex needs and multiple vulnerabilities.

4.1.5 Specialist services tiered system did not work to support Aishwarya in timely way

- (a) For example, in Newham, the specialist domestic abuse service system did not work to 'catch' Aishwarya; in fact, although she was risk assessed multiple times, she was not referred to the MARAC in a timely way, and thus fell through the system that referred her from one agency to another, without delivering the interventions she needed.

4.1.6 Domestic Abuse risk assessments were not routinely completed or redone at regular intervals; There was a lack of consistent discourse around what constitutes vulnerability and risk; MARAC referrals were not completed and

when Aishwarya was referred, there were no real outcomes (3 missed opportunities) which impacted on Aishwarya's engagement.

- (a) SHP did not complete domestic abuse specific risk assessments when working with Aishwarya, nor did they include domestic abuse in their generic risk assessments, or re-risk assess for domestic abuse at regular intervals.
- (b) Following the March 2011 incident reported by Aishwarya's mother, no DASH RIC or research into history of domestic abuse was completed by the initial investigating officer, nor after the supervising officer requested a RIC be completed. The case was closed by another supervising officer without a risk assessment ever having been completed.
- (c) Following the February 2012 arrest and caution of Aishwarya's ex-partner Hamir for harassment, an initial DASH risk assessment was completed but there is no evidence of this risk level being reassessed upon the conclusion of the case.
- (d) In February 2012, Waltham Forest police referral Aishwarya to Victim Support for IDVA support. Victim Support completed a risk assessment at this time, with Aishwarya scoring 18 and deemed to be high risk, yet no referral was made to the Waltham Forest MARAC. Aishwarya was re-referred in December 2012 and was again assessed as high risk but for a second time no referral was made to the MARAC. Victim Support stated that this was due to capacity issues within Victim Support at the time. This constitutes two opportunities to intervene early and support Aishwarya in a multi-agency framework.
- (e) When Victim Support referred Aishwarya to Ashiana for counselling, they did not include information about Aishwarya's history, including substance misuse, which impacted the way Ashiana engaged with Aishwarya. Victim Support worker should have followed this up with Ashiana and engaged in a joint work to provide holistic support to the victim.
- (f) In February 2014, SHP referred Aishwarya to Aanchal Women's Aid, who risk assessed Aishwarya as high risk and referred her to NAADV for IDVA support, as this was the IDVA service commissioned to support high risk victims. Aanchal did not make a direct referral to the Newham MARAC, despite having information of Aishwarya being at high risk.

- (g) Aishwarya was re-risk assessed by NAADV and did not meet the high-risk threshold and therefore was not referred to MARAC and did not receive IDVA support, which was counter to the reasons for the Aanchal's referral to NAADV. Aanchal reported to be under significant pressure from commissioners to move cases on to the IDVA service and in this case, that referral to NAADV seems to have impacted the service Aishwarya received and led to a missed opportunity to refer to MARAC. Aanchal could have provided Aishwarya with a similar service to NAADV, without having had to refer her to yet another organisation. When Aishwarya did not engage with NAADV, this information was not fed back to Aanchal.
- (h) Following the December 2012 incident of ABH against Aishwarya by Hamir, the DASH risk was completed and the case was assessed as at medium risk. Because of this, a MARAC referral was not made, not even on professional judgment despite the severity of the incident. As indicated above, the case was not referred to MARAC until February 2013.
- (i) The July and both the September 2013 incidents constitute repeat cases within the 12-month window of Aishwarya's previous referral to a MARAC and should have triggered a re-referral by Waltham Forest Police to the MARAC. This constitutes a missed opportunity to highlight the increasing risk to Aishwarya, including Sayeed's previous history of DA, and demonstrates a lack of understanding by Waltham Forest police of the repeat referral criteria for MARACs.
- (j) Despite having completed a DASH RIC after the 07 April 2014 incident, Aishwarya was assessed as standard, but the IO did not take into consideration that the previous incident has identified Aishwarya as vulnerable; a new MARAC referral could have been made using professional judgement. Additionally, a review risk assessment was not made by the IO when Sayeed was released.
- (k) Whilst all domestic abuse incidents reported to police were investigated and prosecutions commenced, it would appear that the previous history of domestic abuse for both parties did not form part of the wider risk assessment and ongoing risk management process. Sayeed's history of violent offending against others was not referenced and should have influenced the risk assessment. As a result, whilst involved with Sayeed,

Aishwarya's case was not discussed at MARAC nor was she referred to an IDVA.

- (l) When Aishwarya presented at Redbridge Housing in February 2013, following the incident with Hamir, they did not complete a risk assessment or make a MARAC referral, despite retaining duty over her case, and acting as core members of the Redbridge MARAC. They also did not complete a risk assessment after the incident in October 2013, which could have triggered a repeat referral to MARAC.
- (m) When Aishwarya first presented at Barts Health Royal London Hospital in April 2011, domestic violence was recognised and attempts to assist Aishwarya to separate from Hamir were made. Aishwarya was given information about where to seek help about abuse. However, it does not appear that a DASH RIC was completed and/or a referral to MARAC considered at this time, nor at the subsequent visits in June 2011, March 2012, December 2012 or May 2013 (despite Hamir – the same perpetrator as the initial visit – being violent to staff in March 2012 and visiting specifically for treatment following a domestic abuse assault by the same perpetrator in December 2012).
- (n) Despite having disclosed domestic abuse a number of times in June 2014 to staff throughout King George's Hospital, Aishwarya was not risk assessed or signposted to support services. Aishwarya presented a number of times at KGH after this until November 2014 and she was not risk assessed or even asked about domestic abuse.
- (o) Western Counselling did not complete any risk assessments with Aishwarya regarding her experience of domestic abuse from her step-mother, as indicated in her referral documentation.
- (p) Somewhere House did not complete any risk assessments with Aishwarya despite the assessment process for admission revealing that Aishwarya was experiencing 'severe emotional abuse from partner (believed to be Hamir)'. There are no records to indicate a pro-active response to identify and address the potential risks to Aishwarya from her abusive partner.
- (q) As above, Turning Point Waltham Forest failed to complete any risk assessments or signposting for Aishwarya around her experience of domestic abuse.

- (r) Neither Cranstoun City Roads, nor Hope House completed any risk assessments with Aishwarya despite her disclosure of abuse. There are no records to indicate a pro-active response to identify and address the potential risks to Aishwarya from her abusive partner, nor any attempt to link in with domestic abuse support agencies or ask Aishwarya if she was previously supported in this capacity.
- (s) NELFT also failed to complete any risk assessments and therefore did not make any referrals to MARAC. They also failed to identify, routinely enquire and follow up with Aishwarya about domestic abuse on multiple occasions.
- (t) NPS did not make a referral to MARAC in June 2013 nor did they complete a risk assessment despite knowing Sayeed's history of abuse and given his description of Aishwarya during his pre-sentencing report interview. This was a missed opportunity for help and support to be provided to Aishwarya.
- (u) Addison Road Medical Centre did not routinely enquire about domestic abuse nor did they follow up at subsequent appointments after Aishwarya disclosed abuse first from Hamir, then later from Sayeed. They missed multiple opportunities to risk assess Aishwarya, consider a MARAC referral, and/or refer her to specialist domestic abuse services.
- (v) Aldersbrook Medical Practice did not routinely enquire about domestic abuse nor did they follow up at subsequent appointments after Aishwarya disclosed abuse. They missed multiple opportunities to risk assess Aishwarya, consider a MARAC referral, and/or refer her to specialist domestic abuse services, including at initial assessment stages when Aishwarya's records which including information about domestic abuse was transferred to their practice.

4.1.7 Safeguarding alerts/Merlins were not completed for children of Hamir and Sayeed; Adult safeguarding alerts were not completed for Aishwarya.

- (a) **Adult Safeguarding:** Opportunities to engage with Aishwarya with regards to the abuse and violence she was experiencing, or to link her in with agencies that would provide her with a coordinated response, were missed. Aishwarya's experience of abuse was known to SHP (and a number of other agencies) throughout the duration of her support, although the exact nature and extent remained unclear due to a failure on the part of multiple organisations to explore this with her in detail in line with good practice.

Despite their knowledge of Aishwarya's multiple vulnerabilities, including domestic abuse, no safeguarding alert was raised by anyone at SHP. In January 2013, the SHP team's non-compliance with organisational procedure and Aishwarya's caseworker's failure to complete a safeguarding alert as instructed (alongside the manager's failure to follow up on the task) constitute two missed opportunities to share information pertaining to abuse of an adult at risk with the relevant audience.

- (b) LBWF in their brief interaction with Aishwarya could have recognised her as an 'Adult at Risk' and a subsequent need for both a protection plan and a linked mental capacity assessment or at the very least contacted Aishwarya to record of her perception of the risks and her views as to how to mitigate against these prior to her discharge into the community.
- (c) Following both the February and December 2012 incidents against Aishwarya with Hamir as the perpetrator, the police did not complete research into Hamir's reported history of abuse against his wife with whom it was recorded that he had two children. Under the then Police domestic abuse SOP, now the domestic abuse toolkit, the police officers in the case should recognised the responsibility to have generated a Merlin report as the perpetrator (Hamir) had children by another/ex-partner.
- (d) When the case was eventually presented at the Waltham Forest MARAC (chaired and coordinated by the police), neither the MARAC referral (by SHP) nor the minutes of the meeting reflect the fact that Hamir was known to police for domestic issues in his previous relationship. It does not appear that any action was raised in relation to safeguarding the children from Hamir's previous relationship.
- (e) Following the July 2013 incident, the IIO in the created another ACN PAC, a copy of which was shared with LBHF Social Services with limited intelligence checks which did not highlight the history of domestic abuse for either party.
- (f) On 05 May 2013, Royal London Hospital started safeguarding procedures by issuing a section 2 however did not follow the procedure through by issuing a section 5. The notification seemed to have been issued first thing 7th May, but by that time Aishwarya had already left the hospital leaving the Social Work team to retrospectively get information about this client. A

Safeguarding adult's protection plan could not be formulated to ensure safety as she was no longer present within the hospital.

(g) After Aishwarya's first contact with Barts Health in April 2011 at the Royal London Hospital During, domestic violence was recognised and attempts to assist Aishwarya to separate from Hamir were made. Aishwarya was given information about where to seek help about abuse. However, although there was a concern raised that she was a vulnerable adult because of her drug and alcohol use, no safeguarding referral was made.

(h) In 2007, NPS challenged TH FCS regarding the ongoing risk Sayeed posed to his ex-wife and children, yet despite ongoing concerns, FCS did not re-open the case. NPS recorded they were going to challenge this decision, but this does not appear to have occurred.

4.1.8 DA/Safeguarding issues not included in handover notes/referrals; Information was missing in discharge notes and there was a lack of continuity in Aishwarya's care plans.

(a) This occurred in each handover/discharge when Aishwarya left residential detoxification.

(b) This also occurred between NELFT services and other services they referred and signposted Aishwarya to.

(c) When Sayeed changed offender management officers in 2007, there was a lack of follow up around domestic abuse.

4.1.9 Agencies didn't refer to specialist services (or if they did, it was not recorded).

(a) There are a number of domestic incidents between both Hamir and Sayeed and Aishwarya where the offer/an actual referral to specialist services for Aishwarya is either not made and/or not recorded by the Police.

(b) Addison Road Medical Centre did not appear to ever refer Aishwarya to specialist services, despite numerous disclosures of domestic abuse.

4.1.10 Aishwarya's Non-Molestation Order against Sayeed was never served, which led to confusion and delays.

(a) It is unclear how much interaction and information-sharing occurred between police, process server and solicitor as this was not recorded properly on the police CRIS system and the solicitor declined to participate in this review.

4.1.11 There was a distinct lack of domestic abuse awareness in many agencies alongside a lack of domestic abuse training (if at all and not separate from safeguarding); Domestic abuse /Violence Against Women and Girls policies were not in place and/or not enforced.

(a) Before 2014, SHP workers were not required to go on domestic abuse training and the organisation did not have a specific domestic abuse policy; this was reflected in the lack of domestic abuse awareness that some of Aishwarya's caseworkers demonstrated via case notes and failure to identify, record and respond to Aishwarya's experience of domestic abuse.

(b) Staff at Whipps Cross and Royal London Hospital did not engage in routine enquiry or risk assessment during the time that Aishwarya was presenting at those hospitals.

(c) The majority of substance misuse services who supported Aishwarya did not have an active domestic abuse policy in place, did not provide regular training for their staff and did not perform routine enquiry or risk assessments at time of induction/assessment, throughout engagement or upon discharge and/or referral to another service. Cranstoun City Roads also failed to understand and support Aishwarya with other VAWG issues such as her experience of sexual violence and sexual exploitation.

(d) NELFT staff failed to show an understanding of the dynamics of domestic abuse on multiple occasions.

(e) Addison Road staff failed to show an understanding of the dynamics of domestic abuse on multiple occasions.

4.1.12 There was a lack of joined up working/Multi-agency response, coupled with a lack of inter-agency communication; There was a pattern of multi-agency reviews then serious incident a few days later; Sometimes 3-4 agencies were working with Aishwarya concurrently, yet few multi-agency conferences were held; There was a lack of a lead professional to coordinate support for Aishwarya.

(a) SHP transferred Aishwarya within three different teams across their organisation, despite Aishwarya retaining a local connection to Redbridge. This led to her having 7 caseworkers in 5 years.

- (b) Aishwarya was a vulnerable young woman with a multiplicity of needs and as such was involved with a high volume of agencies but found it difficult to maintain stable accommodation or consistent levels of engagement. SHP experience shows that individuals with complex needs often find it difficult to engage with traditional models of support and that there is much scope for the development of more integrated systems that can better coordinate their efforts to provide a flexible and personalised service to women leading chaotic or unsettled lives and experiencing violence in their personal relationships.
- (c) When Victim Support referred Aishwarya to Ashiana for counselling, they did not include information about Aishwarya's history, including substance misuse, which impacted the way Ashiana engaged with Aishwarya.
- (d) NAADV closed Aishwarya's case based on her non-engagement with their service but with some knowledge of her engagement with other support services such as Goodmayes and SHP. The decision to close was made without identifying a lead professional to continue to support Aishwarya nor by consulting with the other agencies to ensure a joined-up package of support was in place, including to address her experience of domestic abuse.
- (e) Aishwarya was involved with Redbridge Housing, SHP and the police around December 2012 through March 2013 but no multi agency meeting was convened, with the exception of the Waltham Forest MARAC, which did not have all relevant parties attending and did not produce a robust response for Aishwarya.
- (f) Despite presenting at least three different EDs between September 2010 and May 2011, information on Aishwarya's experience of domestic abuse from Hamir was not shared between the Trusts and no multi-agency case conference was called during this time.
- (g) There are no records to indicate that information relating to domestic abuse was shared by Somewhere House with Foundation 66 when Aishwarya was transferred between the two facilities.
- (h) This is also evident in the lack of handover information between NELFT services.

4.1.13 Aishwarya's multiple vulnerabilities were not addressed holistically, but were supported separately and often domestic abuse was left out of her assessment of need.

(a) SHP did not use specific domestic abuse risk assessments nor did they include domestic abuse in their generic risk assessments for Aishwarya.

(b) Both Hospital Trusts did not address the links between Aishwarya's substance misuse, physical health issues, mental health issues and domestic abuse effectively.

(c) NEFLT also did not address Aishwarya's multiple vulnerabilities; staff did not seem to grasp how to support Aishwarya holistically.

(d) Addison Road Medical Centre also did not address Aishwarya's multiple vulnerabilities; staff did not seem to grasp how to support Aishwarya holistically.

4.1.14 Aishwarya's seeking help repeatedly for substance misuse and domestic abuse;

(a) Although there were short periods throughout the duration of the support where workers found it difficult to make contact with her, and although Aishwarya did frequently miss appointments, SHP evidence suggests that she wanted and engaged with the support offered to her to the best of her ability, frequently contacting SHP to request help (particularly in relation to housing) when things weren't going well.

(b) Throughout 2013 and 2014 Aishwarya made regular bids for social housing on the Choice Homes scheme. In September 2014, she was successful with a bid for a flat and her tenancy commenced on 22nd September 2014, at which point she left the B&B. Once she moved into the council accommodation only 2 contacts with the Housing Management Service are recorded. One on the 18th November from SHP advising Aishwarya was in hospital and would clear the rent arrears that had accrued since the letting began and a further contact from SHP the next day confirming housing benefit was now in payment.

(c) Aishwarya made regular disclosure to her GPs at Addison Road Medical Centre between February and September 2013, whilst she also presented with medical needs and substance misuse and mental health issues. There

is no record of any interventions by the medical centre that attempted to address any of these issues holistically.

4.1.15 Aishwarya often self-referred to services. She was help seeking yet not involved in co-development of safety planning, risk assessment, and care plans (and was seen with the perpetrator on multiple occasions; There was an absence of proactive questioning about domestic abuse and/or routine enquiry; Aishwarya disclosed domestic abuse yet organisations reacted inadequately or failed to respond entirely.

(a) Aishwarya's needs assessments, risk assessment and management plans, and support plans at SHP do not indicate that she had a great deal of involvement in formulating her support, although this is an organisational requirement. Formulating risk management plans in conjunction with Aishwarya may not only have led workers to a fuller understanding of the abuse she was experiencing, and how it was affecting her, but may have also helped her to focus on the extent of the risk that the perpetrators posed, and ways in which she could increase her personal safety. Additionally, Aishwarya's risk assessments were not, as a matter of course, updated following events, changes in circumstance or environment, or receipt of information that indicated heightened risk. Again, the process of assessing the level of risk and devising risk management strategies may have led to improved practices with regards to her case and, in particular, an increased focus on safety planning, which was rarely a feature of the support offered to her. Additionally, risk assessment processes failed to include specialist domestic abuse risk assessments and did not address risk posed by domestic abuse in the generic assessments.

(b) Aishwarya continuously proactively sought help and support until the day before she died. She self-presented at WDP and was not able to be assessed at the time she sought support. She was sent away with a recommendation to come back later in the day or at a specified time 6 days later. This was a missed opportunity to engage with her about a variety of issues, including her physical health, substance misuse, domestic abuse and mental health.

4.1.16 Exploitation risk from Hamir was identified but not addressed.

- (a) Potential exploitation from Hamir was identified by Aishwarya's SHP worker, but not fully explored with her.
- (b) The risk of exploitation was also flagged to Redbridge Housing, but this did not trigger any further exploration or safeguarding referrals.
- (c) Addison Road Medical Centre did not probe sexual violence in relation to pelvic pain that Aishwarya presented with for a number of months during the period she was in a relationship with Hamir.

4.1.17 There was a lack of appropriate housing, including refuge, for Aishwarya.

- (a) Both Aanchal Women's Aid and NAADV attempted to find a refuge place for Aishwarya in London that could appropriately meet her needs. Both search processes were unsuccessful due to a shortage of appropriate emergency housing for women with multiple vulnerabilities, who are fleeing domestic abuse. This is a recognised issue in London, as only a few local authorities directly fund such specialist refuge services; Therefore, the number of spaces available is limited, as is the longer-term specialist support needed to address the needs of women with multiple vulnerabilities.

4.2 Recommendations

- 4.2.1 Recommendation 1 – MPS Borough Level (Waltham Forest) It is recommended that Waltham Forest Borough Operational Command Unit (BOCU) Senior Leadership Team (SLT) debrief officers involved to disseminate the lessons learnt regarding the completion of MERLIN reports in relation to domestic abuse incidents.
- 4.2.2 Recommendation 2 - MPS Borough Level (Waltham Forest) It is recommended that SLT conduct a dip sample of recent Domestic Abuse CRIS reports to ensure that MERLIN PACS have been created when dealing with any Domestic Abuse incident where there are children within the household or family of those concerned, including children from previous or other relationships.
- 4.2.3 Recommendation 3 – MPS Borough level (Waltham Forest) It is recommended that SLT offer a briefing to CSU staff regarding MARAC guidelines including referral processes, repeat victimisation criteria and recording of cases that have been to MARAC in order to 'flag' repeat cases in 12 months consecutive to initial referral.

- 4.2.4 Recommendation 4 – MPS Borough level (Waltham Forest) It is recommended that SLT review risk assessment procedures in domestic abuse cases, especially for cases of repeat victimisation and especially in cases of complex needs and increased vulnerability (for example due to substance misuse and/or mental health issues).
- 4.2.5 Recommendation 5 – MPS Service Level: HQ Performance and Assurance – Information Assurance Unit (IAU) It is recommended that the “Information Management in the MPS” policy drawn up in February 2015 is publicised on the intranet in order to draw attention to the importance of accurate record keeping relating to information shared outside the MPS (including in relation to safeguarding reporting, sharing information on previous call-outs and historic domestic abuse).
- 4.2.6 Recommendation 6 – MPS Service Level: Territorial Policing Capability and Support (TP C&S) It is recommended that the Domestic Abuse toolkit be updated to instruct that the Court Supervision field in CRIS is mandatory in cases awaiting trial.
- 4.2.7 Recommendation 7 – Redbridge Housing: It is recommended that the response to domestic abuse be included in the peer review of the service, which is due to be conducted with two other London boroughs to highlight any concerns and reveal best practice examples.
- 4.2.8 Recommendation 8 – Redbridge Housing: It is recommended that the Housing Advice Service conducts an audit of cases to ensure that:
- (a) officers complete the DV1 in 100% of cases when dealing with any allegation of domestic violence and review the process for MARAC referral to ensure that no opportunities for MARAC referral are missed.
 - (b) the Housing Advice Manager reviews all domestic violence allegations monthly as part of monitoring completion of the DV1 and in order to provide feedback to the Violence Against Women and Girls Steering Group which the Head of Housing Needs attends.
 - (c) the Advice Manager reviews to ensure that there are no circumstances in which cases that should have a DV1 and referral completed are missed.
- 4.2.9 Recommendation 9 – Redbridge Housing: It is recommended that training on and a review of the information collected about perpetrators during casework

take place within the Housing Advice teams to ensure that this information is clearly recorded.

- 4.2.10 Recommendation 10 – Redbridge Housing: It is recommended that when procedures are reviewed on allocating temporary accommodation and a new policy is developed in light of recent case law, the Homeless Reviews Manager ensures these give consideration to domestic violence and officers will be given refresher training about ensuring there is a clear focus on risk when making decisions on these cases.
- 4.3.11 Recommendation 11a and b - National Probation Services: For Probation and Adults and Children’s Social Care to have a more integrated approach to risk management, to avoid perceived ‘agency expertise’ negating another agency’s risk concerns. For probation staff to be sufficiently confident to liaise with both Adult and Children’s Social Care and to challenge Children’s Social Care where risk assessment and risk management plans are in conflict. For Officers to understand the link between domestic abuse and child protection and as such understand the importance of undertaking home circumstances checks with both Community Safety Units and Children’s Social Care when an Offender moves to a new residence, or when the Court are considering imposing a home detention curfew. A recent example of this is the roll out of the new agency mandatory 2 day Safeguarding Children and Domestic Abuse Training which re-enforces the importance of this.
- 4.3.12 Recommendation 12 – Barts Health NHS Trust: It is recommended that the Trust conducts a review in 2017/18 regarding the adoption and effectiveness of the 2-year implementation of the training strategy put into place in May 2015/16 to improve the Trust’s response to domestic abuse, include routine enquiry, risk assessment, MARAC referrals, signposting to specialist services and responses to patients with complex needs.
- 4.2.13 Recommendation 13 – Barts Health NHS Trust: It is recommended that as part of the next safeguarding review conducted by the hospital, timescales for safeguarding referrals are reviewed to ensure that they are consistently made prior to patient discharge, giving hospital social workers adequate time to meet with patients and design safeguarding plans with them.
- 4.2.14 Recommendation 14: Commissioners within the local authority in Newham work with currently contracted specialist domestic abuse providers to review

the referral pathways between specialist services to 1) ensure that any service who holds information on high risk domestic abuse makes a direct referral to MARAC and 2) agree a protocol for services to feedback to one another especially in cases of non-engagement.

- 4.2.15 Recommendation 15 – BHRUT NHS Trust and Barts Health NHS Trust: It is recommended that these two Trusts review their information sharing processes regarding domestic abuse and safeguarding issues, especially in regard to patients attending multiple EDs concurrently.
- 4.2.16 Recommendation 16 – BHRUT NHS Trust: It is recommended that the Trust implement a Trust-side domestic abuse policy, which includes risk assessment, referral to specialist services and training on domestic abuse, including regarding patients with complex needs (links between domestic abuse, substance misuse and mental health needs) and record keeping regarding perpetrators, alongside an annual review of domestic abuse procedures and interventions implemented since 2014.
- 4.2.17 Recommendation 17 - Commissioners of accommodation based provision in Redbridge and Waltham Forest to review the housing and support needs of women with multiple vulnerabilities (mental health, substance misuse, domestic abuse) living in their boroughs, alongside commitments made in the Home Office VAWG Strategy²⁷ and research completed by Agenda²⁸, Against Violence and Abuse (AVA)²⁹ and Safer London Foundation. This review should factor into future commissioning recommendations for specialist provision of refuge services and holistic provision locally and across London to ‘ensure that no woman is turned away from the support she needs’ (Home Office VAWG Strategy 2016-2020, p11). It should take into consideration the possibility or providing respite placement, short-term placement and pre-refuge placement.
- 4.2.18 Recommendation 18- Action on Addiction Hope House: It is recommended that Hope House provide domestic abuse training for all staff and that induction of new residents includes a question about domestic abuse in order to inform

²⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505961/VAWG_Strategy_2016-2020.pdf

²⁸ <http://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-executive-summary.pdf>

²⁹ <http://www.avaproject.org.uk/our-projects/stella-project/stella-project-resources.aspx>

residential treatment; Discharge planning should also include safety planning and signposting around domestic abuse.

- 4.2.19 Recommendation 19- The Westminster Drugs Project: It is recommended that WDP should offer ad-hoc appointments for assessment where possible so to ensure that a service is responsive to service user need at the point they appear ready to engage in services.
- 4.2.20 Recommendation 20- Western Counselling: It is recommended that Western Counselling provide domestic abuse training for all staff and that induction of new residents includes a question about domestic abuse in order to inform residential treatment; Discharge planning should also include safety planning and signposting around domestic abuse.
- 4.2.21 Recommendation 21 - Somewhere House: It is recommended that Somewhere House provide domestic abuse training for all staff and that induction of new residents includes a question about domestic abuse in order to inform residential treatment; discharge and transfer plans should also include information about domestic abuse, including safety planning and signposting around domestic abuse.
- 4.2.22 Recommendation 22 - Turning Point Waltham Forest: It is recommended that a training/refresher regarding writing case notes is provided so that quality of information recorded can be improved.
- 4.2.23 Recommendation 23 - Turning Point Waltham Forest: It is recommended that the procedure for following up non-attendance is reviewed to ensure those who regularly do not attend are contacted within 24hrs.
- 4.2.24 Recommendation 24 - Turning Point Waltham Forest: It is recommended that MARAC, domestic abuse awareness and risk assessment training is provided for all current members of staff and upon induction for any new staff members.
- 4.2.25 Recommendation 25- Equinox Brook Drive: It is recommended that Brook Drive provide domestic abuse training for all staff and that induction of new residents includes a question about domestic abuse in order to inform residential treatment; discharge and transfer plans should also include information about domestic abuse, including safety planning and signposting around domestic abuse.

- 4.2.26 Recommendation 26 - Cranstoun City Roads: It is recommended that City Roads complete a review in January 2017 of the implementation of their organisational response to Violence Against Women and Girls (VAWG - not just domestic abuse and to include sexual violence and exploitation) including compliance with VAWG policy, training for staff, case audits, risk assessment, routine enquiry upon admission, information sharing, discharge planning and recording of information, including about perpetrators.
- 4.2.27 Recommendation 27 - Cranstoun City Roads: It is recommended that City Roads improves the level of detail and information at referral and admission for all residents, along with transfer of information at discharge.
- 4.2.28 Recommendation 28 - Cranstoun City Roads: It is recommended that City Roads' improvement plans support robust and holistic Care and Recovery planning including wider issues such as domestic abuse within the context of service delivery.
- 4.2.29 Recommendation 29 - Cranstoun City Roads: It is recommended that City Roads improve the provision of psycho-social interventions and provide Gender specific groups.
- 4.2.30 Recommendation 30– NELFT: It is recommended that NELFT teams develop improved communication and referral pathways to improve service delivery for clients who move between services.
- 4.2.31 Recommendation 31 – NELFT: It is recommended that NELFT update their electronic data monitoring system RiO to be able to flag and record domestic abuse alongside MARAC referrals and outcomes/interventions in cases where domestic abuse is identified.
- 4.2.32 Recommendation 32 – NELFT: It is recommended that NELFT develop clear referral pathways and working protocols with specialist domestic abuse agencies in their area.
- 4.2.33 Recommendation 33 – NELFT: It is recommended that NELFT teams are trained in the use of the DASH RIC.
- 4.2.34 Recommendation 34 – NELFT: It is recommended that NELFT teams undertake a programme of domestic abuse training.

- 4.2.35 Recommendation 35 – NELFT: It is recommended that NELFT regularly review the impact of the above changes and that domestic abuse is a regular item of SMT meetings.

Appendix 1: Domestic Homicide Review Terms of Reference for Aishwarya

This Domestic Homicide Review is being completed to consider agency involvement with **Aishwarya** and **Sayed** following her death on 03/12/2014. The Domestic Homicide Review is being conducted in accordance with Section 9(3) of the Domestic Violence Crime and Victims Act 2004.

Purpose

1. Domestic Homicide Reviews (DHR) place a statutory responsibility on organisations to share information. Information shared for the purpose of the DHR will remain confidential to the panel, until the panel agree what information should be shared in the final report when published.
2. To review the involvement of each individual agency, statutory and non-statutory, with **Aishwarya** and **Sayed** during the relevant period of time: 01/01/2010 – 03/12/2014.
3. To summarise agency involvement prior to 01/01/2010.
4. To establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to identify and respond to disclosures of domestic abuse.
5. To identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result and as a consequence.
6. To improve inter-agency working and better safeguard adults experiencing domestic abuse and not to seek to apportion blame to individuals or agencies.
7. To commission a suitably experienced and independent person to:
 - a) chair the Domestic Homicide Review Panel;
 - b) co-ordinate the review process;
 - c) quality assure the approach and challenge agencies where necessary; and

- d) produce the Overview Report and Executive Summary by critically analysing each agency involvement in the context of the established terms of reference.
- 8. To conduct the process as swiftly as possible, to comply with any disclosure requirements, panel deadlines and timely responses to queries.
- 9. On completion present the full report to the Redbridge Community Safety Partnership.

Membership

- 10. It is critical to the effectiveness of the meeting and the DHR that the correct management representatives attend the panel meetings. Your agency representative must have knowledge of the matter, the influence to obtain material efficiently and can comment on the analysis of evidence and recommendations that emerge.
- 11. The following agencies are to be involved:
 - a) Clinical Commissioning Groups (formerly known as Primary Care Trusts)
 - b) General Practitioner for the victim and perpetrator
 - c) Local domestic violence specialist service provider e.g. IDVA
 - d) Adult services
 - e) Health Authorities
 - f) Substance misuse services
 - g) Housing services
 - h) Local Authority
 - i) Local Mental Health Trust
 - j) Police (Borough Commander or representative, Critical Incident Advisory Team officer, Family Liaison Officer and the Senior Investigating Officer)
 - k) Prison Service
 - l) Probation Service
 - m) Victim Support (including Homicide case worker)
- 12. Where the need for an independent expert arises, for example, a representative from a specialist BME women's organisation, the chair will liaise with and if appropriate ask the organisation to join the panel.

13. If there are other investigations or inquests into the death, the panel will agree to either:
- a) run the review in parallel to the other investigations, or
 - b) conduct a coordinated or jointly commissioned review - where a separate investigation will result in duplication of activities.

Collating evidence

The following PURPLE agencies were asked to provide information:

14. Each agency to search all their records outside the identified time periods to ensure no relevant information was omitted, and secure all relevant records.
15. Each agency must provide a chronology of their involvement with **Aishwarya** and **Sayed** during the relevant time period.
16. Each agency is to prepare an Individual Management Review (IMR), which:
- a) sets out the facts of their involvement with **Aishwarya** and/or **Sayed**;
 - b) critically analyses the service they provided in line with the specific terms of reference;
 - c) identifies any recommendations for practice or policy in relation to their agency, and
 - d) considers issues of agency activity in other boroughs and reviews the impact in this specific case.
17. Agencies that have had no contact should attempt to develop an understanding of why this is the case and how procedures could be changed within the partnership which could have brought **Aishwarya** or **Sayed** in contact with their agency.

Analysis of findings

18. In order to critically analyse the incident and the agencies' responses to the family, this review should specifically consider the following six points:
- g) Analyse the communication, procedures and discussions, which took place between agencies.
 - h) Analyse the co-operation between different agencies involved with the victim, alleged perpetrator, and wider family.

- i) Analyse the opportunity for agencies to identify and assess domestic abuse risk.
- j) Analyse agency responses to any identification of domestic abuse issues.
- k) Analyse organisations access to specialist domestic abuse agencies.
- l) Analyse the training available to the agencies involved on domestic abuse issues.

Liaison with the victim's and alleged perpetrator's family

- 19. Sensitively involve the family of **Aishwarya** in the review, if it is appropriate to do so in the context of on-going criminal proceedings. Also, to explore the possibility of contact with any of the alleged perpetrator's family who may be able to add value to this process. The chair will engage with the family of the victim with the support of the senior investigating officer and the family liaison officer.
- 20. Co-ordinate family liaison to reduce the emotional hurt caused to the family by being contacted by a number of agencies and having to repeat information.
- 21. Coordinate with any other review process concerned with the child/ren of the victim and/or alleged perpetrator.

Development of an action plan

- 22. Establish a clear action plan for individual agency implementation as a consequence of any recommendations.
- 23. Establish a multi-agency action plan as a consequence of any issues arising out of the Overview Report.

Media handling

- 24. Any enquiries from the media and family should be forwarded to the chair who will liaise with the CSP. Panel members are asked not to comment if requested. The chair will make no comment apart from stating that a review is underway and will report in due course.

25. The CSP is responsible for the final publication of the report and for all feedback to staff, family members and the media.

Confidentiality

26. All information discussed is strictly confidential and must not be disclosed to third parties without the agreement of the responsible agency's representative. That is, no material that states or discusses activity relating to specific agencies can be disclosed without the prior consent of those agencies.
27. All agency representatives are personally responsible for the safe keeping of all documentation that they possess in relation to this DHR and for the secure retention and disposal of that information in a confidential manner.
28. It is recommended that all members of the Review Panel set up a secure email system, e.g. registering for criminal justice secure mail, nhs.net, gsi.gov.uk, pnn or GCSX. Confidential information must not be sent through any other email system. Documents can be password protected.

Disclosure

29. Disclosure of facts or sensitive information may be a concern for some agencies. Information is managed safely and appropriately so that problems do not arise and by not delaying the review process we achieve outcomes in a timely fashion, which can help to safeguard others.

Appendix 1

Domestic Abuse and multiple disadvantage

One of the main features of the review is how professionals and agencies understand domestic abuse and how this may emerge and in what form, and especially how domestic abuse may interact with experiences such as mental ill health and substance misuse.

- (a) Domestic abuse can take many forms:

- (b) Psychological
- (c) Physical
- (d) Sexual
- (e) Financial
- (f) Emotional

The term multiple disadvantage refers to those people who face multiple and intersecting inequalities including gender based violence and abuse, substance use, mental ill health, homelessness, being involved in the criminal justice system and the removal of children.

As our national understanding of domestic abuse has grown a feature of controlling behaviours has emerged which we now term nationally as “coercive control”. This can include a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of means needed for independence resistance and escape and regulating their everyday behaviour.

The core elements of ‘power and coercive control’ have long been recognised by those working in the domestic abuse field. However, it is only in more recent years that coercive control has taken prominence in the law. This feature of coercive control is considered to be so serious that this is now an offence in its own right. The law was enacted to make this a criminal offence in January 2016. This is under the Serious Crime Act 2015. Controlling or Coercive Behaviour in an Intimate or Familial Relationships. Behavioural techniques of abuse considered to be components of coercive control include:

- (g) Unpredictable mood swings- switching from charm to rage
- (h) Excessive jealousy and possessiveness
- (i) Isolation-preventing partner from seeing family or friends
- (j) Constant criticism including putting the partner down in public
- (k) Control of the partner’s money
- (l) Control over what the partner wears, who they see, where they go, what they think
- (m) Exerting pressure on the partner to have sex against their will
- (n) Random and unexpected use of violence to frighten and subdue partner.

Appendix 2: Members of the Panel

Name	Agency
Meghan Field	Independent Chair
Jessica Donnellan	Shadow Chair, Standing Together Against Domestic Violence
Alice Rowe	Standing Together Against Domestic Violence
Alex Welsh	Westminster Drugs Project
Andrew Taylor	Waltham Forest Public Health
Andrew Hardwick	Redbridge Public Health Substance Misuse Team
Mark Gilby-Cross	Barking & Dagenham, Havering and Redbridge CCGs
Andrea Crisp	Barking, Havering & Redbridge University Hospitals NHS Trust
Sue Elliott	BHR CCGs
Maxine Hylton	BHR CCHs
Karen Shaw	Redbridge Local Authority Head of Housing Needs
Maria Thorn	Redbridge Drug and Alcohol Service / North East London NHS Foundation Trust, Mental Health, Learning Disabilities, Drug and Alcohol Services
Nicola Proud	London Borough of Tower Hamlets MARAC Coordinator
Samira Natafqi-Roberts	Redbridge Local Authority-Head of Adult Safeguarding
Sudarshan Bhuhi	Aanchal Women's Aid
Valerie Scanlan	Redbridge Community Safety Partnership
Michael Corbishley	Single Homeless Project
Daniel Page	Turning Point
Jane Callaghan	Bart's Health Trust (Whipps Cross Hospital)
Philippa Uren	Bart's Health Trust (Whipps Cross Hospital)
Carol Kennedy	Western Counselling
Angie Clarke	Somewhere House
Susanne Hakimi	Action on Addiction (Hope House)
Michael Twamley	Equinox Brook Drive
Sarah Kurylowicz	London Borough of Waltham Forest VAWG Coordinator
John Binding	Safeguarding Adult Lead London borough of Waltham Forest

Karen Gibson	Cranstoun City Roads
Sharminder Ubhi	Ashiana
Sharon Moore	North East London Foundation Trust
Paul McGee	Tower Hamlets-Children's Services
Kenny Gibson	NHS England
Ian Lott	Metropolitan Police Service, Homicide & Serious Crime Command
Janice Cawley	Metropolitan Police Service, Critical Incident Team
Julie Rowling	Metropolitan Police Service, Homicide & Serious Crime Command
Mark Collins	Metropolitan Police Service
Mason Mills	Metropolitan Police Service, Redbridge Community Safety Unit
Andrew Blight	National Probation Trust
Ayse Hassan	Victim Support
James Conway	Metropolitan Police Service (Waltham Forest Community Safety Unit)
Gladys Xavier	Redbridge Deputy Director Public Health

Appendix 3: Summary of Acronyms	
MARAC	Multi Agency Riak Assessment Conference
LAS	London Ambulance Service
DHR	Domestic Homicide Review
CSP	Community Safety Partnership
MPS	Metropolitan Police Service
NAADV	Newham Action Against Domestic Violence
NHS	National Health Service
NELFT	North East London Foundation NHS Trust
NPS	National Probation Service
IDVA	Independent Domestic Violence Advisor
STADV	Standing Together Against Domestic Violence
IMR	Individual Management Review
GP	General Practitioner
AAFDA	Advocacy After Fatal Domestic Abuse
SPM	Special Post Mortem
DASH	Domestic Abuse, Stalking and Honour Based abuse
BOCU	Borough Operational Command Unit
OIC	Officer in the case
SHP	Single Homeless Project
IIO	Initial Investigating Officer
SOIT	Sexual Offences Investigation Team
CAN	Adult Coming to Notice
LBWF	London Borough of Waltham Forest
CSU	Community Safety Unit
SOP	Standard Operating Procedure
IBO	Integrated Borough Operations
CRIS	Crime Report Information System
GBH	Grievous Bodily Harm
KGH	King Georges Hospital
AWA	Aanchal Women's Aid
CDAT	Community Drug and Alcohol Team

ED	Emergency Department
SARC	Sexual Assault Referral Centre
BHRUT	Barking, Havering & Redbridge University Hospital Trust
RDAS	Redbridge Drug and Alcohol Service
RAAT	Redbridge Access & Assessment Team
WFHTT	Waltham Forest Home Treatment Team
WFAAT	Waltham Forest Access & Assessment Team
TUPE	Transfer of Undertakings Protection of Employment
RHS	London Borough of Redbridge Housing Services
POVA	Protection of Vulnerable Adults
VCO	Victim Care Officer
WDP	Westminster Drug Project
PAC	Pre-Assessment Checklist
DA/DV	Domestic abuse/Domestic violence
ECM	Every Child Matters
PD	Personality disorder
AKC	Ambrose King Centre
MAPPA	Multi-agency Public Protection Arrangements
SUI	Serious Untoward Incident
NMO	Non-Molestation order
PNC	Police National Computer
IOM	Integrated Offender Management
FCS	Family and Children Services
VAWG	Violence Against Women and Girls
IAU	Information Assurance Unit

Action Plan

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>Recommendation 1</p> <p>Waltham Forest Borough Senior Leadership Team debrief officers involved to disseminate the lessons learnt regarding the completion of MERLIN reports in relation to domestic abuse incidents.</p>	LOCAL	Deliver training to officers	Waltham Forest MPS	Identifying appropriate officers Develop training sessions	March 2017	June 2017 Increased awareness of the importance of completing MERLINS for domestic abuse incidents
<p>Recommendation 2</p> <p>Ensure that MERLIN PACS have been created for Domestic</p>	LOCAL	Dip sample recent Domestic	Waltham Forest MPS	Identification of domestic incidents where	March 2017	March 2017 Regular monitoring of merlins

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
Abuse incidents including children present and from previous or other relationships.		Abuse CRIS reports		children where present.		
<p>Recommendation 3</p> <p>Brief CSU staff regarding MARAC referral processes, repeat victimisation criteria and recording of cases that have been to MARAC in order to 'flag' repeat cases in 12 months consecutive to initial referral.</p>	LOCAL	Flag cases as repeats in 12-month period	MPS Borough level (Waltham Forest)	Regular reports run on cris to identify repeat incidents and refer to MARAC	March 2017	<p>March 2017</p> <p>Increased understanding of Referral processes and ongoing flagging of repeat cases-3 in 12 months leads to automatic MARAC referral</p>

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
Recommendation 4 Review risk assessment procedures in domestic abuse cases, especially for cases of repeat victimisation and especially in cases of complex needs and increased vulnerability (for example due to substance misuse and/or mental health issues).	LOCAL	Review risk assessment processes	MPS Borough level (Waltham Forest)	Quality assure risk assessments following initial review	December 2016	December 2016 Procedures in place
Recommendation 5			MPS Service Level: HQ			Recommendation fed into central MPS

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
The "Information Management in the MPS" policy drawn up in February 2015 is publicised on the intranet in order to draw attention to the importance of accurate record keeping relating to information shared outside the MPS (including in relation to safeguarding reporting, sharing information on previous call-outs and historic domestic	REGIONAL		Performance and Assurance – Information Assurance Unit (IAU)			review Team

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
abuse).						
<p>Recommendation 6</p> <p>The Domestic Abuse toolkit be updated to instruct that the Court Supervision field in CRIS is mandatory in cases awaiting trial.</p>	REGIONAL		MPS Service Level: Territorial Policing Capability and Support (TP C&S)			Recommendation fed into central MPS review team
<p>Recommendation 7</p> <p>The response to domestic abuse be included in the peer review of the Housing service, which is due to be conducted with two</p>	LOCAL		Redbridge Housing			<p>Incomplete-peer review postponed due to changes to housing legislation.</p> <p>Full service review and restructure completed</p>

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
other London boroughs to will highlight any concerns and reveal best practice examples.						<p>end of financial year 2017/18.</p> <p>Housing sewrvic working towards DAHA Accreditation.</p>
<p>Recommendation 8</p> <p>RedbridgeHousing Advice Service conducts an audit of cases to ensure that:</p> <p>(o) Officers complete the DV1 in 100% of cases when dealing with</p>	LOCAL	<p>Ensure RIC's are completed and referred to MARAC.</p> <p>New data system in development to include domestic abuse flag</p>	Redbridge Housing	<p>Regular monitoring of MARAC Referrals sources from all housing teams</p> <p>Implement new system case</p>	<p>April 2017</p> <p>April 2018</p>	<p>On-going</p> <p>Regular review and Quality assurance of domestic abuse case and consistant referrals to MARAC</p>

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>any allegation of domestic abuse</p> <p>(p) The Housing Advice Manager reviews all domestic violence allegations monthly as part of monitoring completion of the DV1 and in order to provide feedback to the Violence Against Women</p>				<p>management system</p> <p>Regular progress checks/dip samples to monitor compliance</p> <p>Housing Act requires each person has personal housing plan.</p> <p>Development of bespoke plan for those approaching</p>		<p>July 2018</p> <p>July 2018</p>

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>and Girls Steering Group which the Head of Housing Needs attends.</p> <p>(q) The Advice Manager reviews to ensure that there are no circumstances in which cases that should have a DV1 and referral completed are missed.</p>				<p>housing as a result of domestic abuse</p>		

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>Recommendation 9</p> <p>Training on and a review of the information collected about perpetrators during casework take place within the Housing Advice teams to ensure that this information is clearly recorded.</p>	LOCAL	Deliver Briefings to staff	Redbridge Housing/Community Safety	Develop training pack	April 2017	Ongoing-no completion date as part of staff training programme. Housing working towards DAHA accreditation
<p>Recommendation 10</p> <p>It is recommended that when procedures are reviewed on allocating temporary accommodation and</p>	LOCAL	Develop new Housing Policy	Redbridge Housing			Policy review undertaken as part of systemic service review has now been superseded by housing legislation introduced in April 2018 –prompt to record perpetrator

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>a new policy is developed in light of recent case law, the Homeless Reviews Manager ensures these give consideration to domestic violence and officers will be given refresher training about ensuring there is a clear focus on risk when making decisions on these cases.</p>						<p>information part of new data system</p>
<p>Recommendation 11</p>			<p>National Probation</p>		<p>December</p>	<p>Recommendation fed into regional NPS</p>

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
For Probation and Children's Social Care to have a more integrated approach to risk management, to avoid perceived 'agency expertise' negating another agency's risk concerns. For probation staff to be sufficiently confident to liaise with Children's Social Care and to challenge Children's Social Care where risk assessment and	Local	Agree referral protocol	Services		2016	Local Outcome-regular attendance at MARAC and increased referrals from Probation and established process with NPS/CRC and MASH

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>risk management plans are in conflict. The roll out of mandatory Safeguarding Children Training and the introduction of the Multi-agency safeguarding hubs (MASH) seeks to resolve such issues, but must be monitored. Officers should still be aware of the appropriate escalation route for continuing concerns. This assurance forms</p>						

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
part of the evidence required as part of every Borough's Section 11 return to the Safeguarding Children Board.						
<p>Recommendation 11(b)</p> <p>For the agency to assure itself that Officers understand the link between domestic abuse and child protection and as such understand the importance of undertaking home circumstances</p>	LOCAL	Training for Officers	National Probation Service			<p>Recommendation accepted by NPS Representative</p> <p>Locally regular MARAC referrals from Probation and established process with NPS/CRC and MASH</p>

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>checks with both Community Safety Units and Children's Social Care when an Offender moves to a new residence, or when the Court are considering imposing a home detention curfew. A recent example of this is the roll out of the new agency mandatory 2 day Safeguarding Children and Domestic Abuse Training which re-enforces the</p>						

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
importance of this. Attendance on this training must be monitored and recorded.						
<p>Recommendation 12</p> <p>It is recommended that the Trust conducts a review in 2017/18 regarding the adoption and effectiveness of the 2-year implementation of the training strategy put into place in May 2015/16 to improve</p>	LOCAL	Review effectiveness of ongoing training programme.	Barts Health NHS Trust		2017/18 for conducting review	Review Complete

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
the Trust's response to domestic abuse, include routine enquiry, risk assessment, MARAC referrals, signposting to specialist services and responses to patients with complex needs.						
<p>Recommendation 13</p> <p>It is recommended that as part of the next safeguarding review conducted by the hospital, timescales for</p>			Barts Health NHS Trust		2017/18 for conducting review	Review Complete

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
safeguarding referrals are reviewed to ensure that they are consistently made prior to patient discharge, giving hospital social workers adequate time to meet with patients and design safeguarding plans with them.						
Recommendation 14 Commissioners within the local	LOCAL	a) Review Referral Pathways b) Agree	CST Newham	Referral pathways amended clients are referred to MARAC and	December 2016	September 2016

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>authority in Newham work with currently contracted specialist providers to review the referral pathways between specialist services to 1) ensure that any service who holds information on high risk domestic abuse makes a direct referral to MARAC and 2) agree a protocol for services to feedback to one another especially in cases of non-engagement.</p>		<p>feedback protocol</p>		<p>IDVA provision simultaneously.</p> <p>When a high-risk victim does not engage this is brought back to the MARAC as an AOB item for discussion at the MARAC.</p>		

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>Recommendation 15</p> <p>It is recommended that these two Trusts review their information sharing processes regarding domestic abuse and safeguarding issues, especially in regard to patients attending multiple EDs concurrently.</p>	LOCAL		BHRUT NHS Trust and Barts Health NHS Trust			Recommendation accepted and but health trust work on separate systems which do not 'talk to each other'
<p>Recommendation 16</p> <p>It is recommended</p>	LOCAL	Development of Trust wide policy,	BHRUT NHS Trust		December 2016	Specialist Safeguarding Leads identified within Hospital liaising with hospital based IDVA

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
that the Trust implement a Trust-wide domestic abuse policy, which includes risk assessment, referral to specialist services and training on DA, including regarding patients with complex needs (links between DA, substance misuse and mental health needs) and record keeping regarding perpetrators, alongside an annual review of domestic		implimentatio n of safeguarding help line				Provision

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
abuse procedures and interventions implemented since 2014.						
Recommendation 17 Commissioners of accommodation based provision in Redbridge and Waltham Forest to review the housing and support needs of women with multiple vulnerabilities (mental health, substance misuse, domestic	LOCAL	Develop framework for audit.	Redbridge and Waltham Forest CSPs	Development of East London Housing Partnership	December 2016	November 2016

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>abuse) living in their boroughs, alongside commitments made in the Home Office VAWG Strategy³⁰ and research completed by Agenda³¹, Against Violence and Abuse (AVA)³² and Safer London Foundation. This review should factor into future commissioning recommendations for specialist provision of</p>						

³⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505961/VAWG_Strategy_2016-2020.pdf

³¹ <http://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-executive-summary.pdf>

³² <http://www.avaproject.org.uk/our-projects/stella-project/stella-project-resources.aspx>

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>refuge services and holistic provision locally and across London to 'ensure that no woman is turned away from the support she needs' (Home Office VAWG Strategy 2016-2020, p11). It should take into consideration the possibility of providing respite placement, short-term placement and pre-refuge placement.</p>						
Please note:						

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>Recommendations 18-29 are all in relation to the various drug treatment services accessed by Aishwarya All treatment organisations involved in the review accepted and agreed the recommendations as part of the panel meetings. As these services are delivered across London and are not specific to Redbridge, it was decided that to</p>						

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>ensure they are complied with when services were retendered by Redbridge Public Health, the following recommendations were into their service specifications and contracts. Where applicable these are monitored in line with the Redbridge contract monitoring framework.</p>						
<p>Recommendation 18</p>			<p>Action on Addiction Hope</p>			

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>It is recommended that drug treatment services involved in this review provide domestic abuse training for all staff and that induction of new residents includes a question about domestic abuse in order to inform residential treatment; Discharge planning should also include safety planning and signposting around domestic abuse.</p>			House			

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>Recommendation 19</p> <p>It is recommended that WDP should offer ad-hoc appointments for assessment where possible so to ensure that a service is responsive to service user need at the point they appear ready to engage in services.</p>			The Westminster Drugs Project			
<p>Recommendation 20</p> <p>It is recommended that Western</p>			Western Counselling			

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
Counselling provide domestic abuse training for all staff and that induction of new residents includes a question about domestic abuse in order to inform residential treatment; Discharge planning should also include safety planning and signposting around domestic abuse.						
Recommendation 21			Somewhere House			

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>It is recommended that Somewhere House provide domestic abuse training for all staff and that induction of new residents includes a question about domestic abuse in order to inform residential treatment; discharge and transfer plans should also include information about domestic abuse, including safety planning and</p>						

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
signposting around domestic abuse.						
<p>Recommendation 22</p> <p>It is recommended that a training/refresher regarding writing case notes is provided so that quality of information recorded can be improved.</p>			Turning Point Waltham Forest/ Lifeline			
<p>Recommendation 23</p> <p>It is recommended</p>			Turning Point Waltham Forest/ Lifeline			

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
that the procedure for following up non-attendance is reviewed to ensure those who regularly do not attend are contacted within 24hrs.						
<p>Recommendation 24</p> <p>It is recommended that MARAC, domestic abuse awareness and risk assessment training is provided for all current members of staff and upon</p>			Turning Point Waltham Forest/ Lifeline			

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
induction for any new staff members.						
<p>Recommendation 25</p> <p>It is recommended that Brook Drive provide domestic abuse training for all staff and that induction of new residents includes a question about domestic abuse in order to inform residential treatment; discharge and transfer plans should also include</p>			Equinox Brook Drive			

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
information about domestic abuse, including safety planning and signposting around domestic abuse.						
<p>Recommendation 26</p> <p>It is recommended that City Roads complete a review in January 2017 of the implementation of their organisational response to Violence Against Women and Girls (VAWG - not just domestic abuse</p>			Cranstoun City Roads		Review: January 2017	April 2017

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
and to include sexual violence and exploitation) including compliance with VAWG policy, training for staff, case audits, risk assessment, routine enquiry upon admission, information sharing, discharge planning and recording of information, including about perpetrators.						
<p>Recommendation 27</p> <p>It is recommended</p>			Cranstoun City Roads			

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
that City Roads improves the level of detail and information at referral and admission for all residents, along with transfer of information at discharge.						
<p>Recommendation 28</p> <p>It is recommended that City Roads' improvement plans support robust and holistic Care and Recovery planning including wider</p>			Cranstoun City Roads			

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
issues such as domestic abuse within the context of service delivery.						
<p>Recommendation 29</p> <p>It is recommended that City Roads improve the provision of psycho-social interventions and provide Gender specific groups.</p>			Cranstoun City Roads			
<p>Recommendation 30</p>	Local	Improve process for	NELFT	Develop improved system		April 2018 Complete – Introduction of

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
It is recommended that NELFT teams develop improved communication and referral pathways to improve service delivery for clients who move between services.		clients moving between or using multiple services		for communication of client notes		'open rio', all services have access to case notes across the trust
Recommendation 31 It is recommended that NELFT update their electronic data monitoring system	Local	Develop flagging system	NELFT		September 2017	Complete, Implementation of safeguarding flags, automatic tabs . Tab pointing to DASH ric and referral process

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>RiO to be able to flag and record domestic abuse alongside MARAC referrals and outcomes/interventions in cases where domestic abuse is identified.</p>						
<p>Recommendation 32</p> <p>It is recommended that NELFT develop clear referral pathways and working protocols with specialist</p>	Local	Develop referral pathways	NELFT	Regular attendance at NELFT team meetings to introduce local provider and referral pathways	Ongoing	Regular meetings across the trust for MARAC rep meetings. Trust wide referral process introduced. Reps meet with local support services.

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
domestic abuse agencies in their area.						
<p>Recommendation 33</p> <p>It is recommended that NELFT teams are trained in the use of the DASH RIC.</p>	Local	Offer training for staff	NELFT	Identify external provider initially Long term plan to Include in safeguarding training	Ongoing	Complete- initially provided externally. Now part of ongoing safeguarding training.
<p>Recommendation 34</p> <p>It is recommended that NELFT teams undertake a programme of domestic abuse training.</p>	Local	Offer training for staff	NELFT	Identify external provider initially Long term plan to Include in safeguarding training	Ongoing	Complete- initially provided externally. Now part of ongoing safeguarding training.

Recommendation	Scope i.e. local or regional	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>Recommendation 35</p> <p>It is recommended that NELFT regularly review the impact of the above changes and that domestic abuse is a regular item of SMT meetings.</p>	Local	SMT Review impact of changes	NELFT	Regular item on SMT meeting agenda		Ongoing-Increased Domestic abuse awareness, and referrals to MARAC