DOMESTIC HOMICIDE REVIEW

Cambridge Community Safety Partnership

Report into the death of Yasmina November 2016

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Glossary

CSP: Community Safety Partnership
CUH: Cambridge University Hospitals NHS Foundation Trust
EPR: Electronic Patient Record
DHR: Domestic Homicide Review
IMR: Individual Management Review
NICE: National Institute for Health & Social Care Excellence

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Preface

The Independent Chair and the DHR Panel members offer their deepest sympathy to all who have been affected by the death of Yasmina[1], and thank them, together with the others who have contributed to the deliberations of the Review, for their participation, generosity of spirit and patience.

The Review Chair thanks the Panel for the professional manner in which they have conducted the Review and the Individual Management Review authors for their thoroughness, honesty and transparency in reviewing the conduct of their individual agencies. She is joined by the Panel in extending specific thanks to Tom Kingsley for his efficient administration of the Review.

Thanks are also due to the local Muslim women's group for contributing to the report through completing a questionnaire at their monthly meeting. The Panel were interested in seeking their views as Muslim women but want to make it absolutely clear that domestic abuse occurs in all communities and in all religions.

1. Introduction

1.1 Domestic Homicide Reviews (DHRs) came into force on the 13th April 2011. They were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). The Act states that a DHR should be a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

(a) a person to whom she was related or with whom she was or had been in an intimate personal relationship; or

(b) a member of the same household as herself;

with a view to identifying the lessons to be learnt from the death.

Throughout the report the term 'domestic abuse' is used interchangeably with 'domestic violence', and the report uses the cross-Government definition as issued in March 2013. This can be found in full at Appendix B.

1.2 The purpose of a DHR is to:

- 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.

- 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.

- Apply these lessons to service responses including changes to policies and procedures as appropriate; and identify what needs to change in order to reduce the risk of such tragedies happening in the future to prevent domestic homicide and improve service responses for all

[1] Not her real name

domestic violence victims and their children through improved intra- and inter-agency working.

1.3. This Domestic Homicide Review (DHR) examines the circumstances leading up to the death of Yasmina who was killed in November 2016 by her husband, Ismail.

1.4 Cambridge City Community Safety Partnership was duly informed, and they met, along with other partners including local specialists, on 19th December 2016 to discuss the matter. It was agreed that the circumstances should be subject to a Domestic Homicide Review. The Home Office was notified the same day. At that time, Ismail, Yasmina's husband, had been charged with murder and remanded into custody, with a trial expected in May 2017. It was agreed that the victim's family would be told of the intention to hold the Review and this was carried out by the Family Liaison Officer (FLO).

1.5. The Chair of the CSP was also the Head of Public Protection for Cambridgeshire Police. She had not identified any conflict of interest and considered herself to be sufficiently independent of line management responsibilities to be involved in commissioning and setting the terms of reference for the DHR. It was later realised that this was insufficient to meet the independence requirements and that an external person would need to be appointed.

1.6. Finance was insufficient in the CSP funds to meet the likely cost. Other statutory partners were approached but this was not successful although the City Council did contribute administrative support.

A successful bid was made to the Police and Crime Commissioner in April 2017 to provide funding for the review. This issue has been escalated to the County Wide Community Safety Partnership Board to attempt to develop a consistent approach to commissioning DHRs across the six local councils going forward. This includes both funding and commissioning processes.

1.7 The Panel were initially unclear as to which commissioning process had to be adhered to, but it was eventually agreed that the City Council process would be followed. The City Council could not advertise for a Chair / report author before the money was secured and the commissioning process confirmed. Draft terms of reference were produced in January 2017 and further discussed by members at a meeting on 10/02/17.

1.8 The criminal trial concluded in May 2017. Sentencing was delayed but it was felt that the DHR could go ahead without impacting upon other proceedings. In June the procurement process was put in place and a Chair and report author appointed at the end of September 2017.

1.9 The Panel met with the new Chair for the first time in October 2017 where IMRs were commissioned and agencies advised to implement any early learning without delay. Three further meetings of the Panel were subsequently held in January, March and May. The final meeting took place only two days after sentencing which was considerably delayed due to the judge requesting reports.

1.10. Domestic violence is one of three key priorities for Cambridge Community Safety Partnership and is included in the Strategic Plan with the aim of supporting the county-wide strategy specifically by:

- delivering support to young people at a preventative level and in line with the findings of the most recent strategic assessment;
- working to identify any gaps in the provision of support;
- working with commissioners in relevant agencies to influence future decision making in this area.

It is anticipated that this report will contribute to these processes.

1.11. Domestic violence is also a priority for the City Council, and they commission a number of specialist domestic abuse services. This includes grant funding for homelessness related services in 2018-19 to Cambridge Women's Aid as a contribution towards the cost of an outreach service offering advice, practical and emotional support through an out of hours on call service 24hours a day, 365 days a year.

2. Overview

Persons involved in this DHR

Name	Gender	Age at the time of the incident	Relationship with victim	Nationality
Yasmina	F	32	Victim	Pakistani
Ismail[2]	M	36	Perpetrator	British Pakistani

Yasmina had two children. Ismail had three children; two with Yasmina (Azaan, 26 months, and Zainab, 3 weeks) and one with his first wife (Dylan, 9 years old).

This report also includes examination of incidents which occurred when Ismail was married to his first wife (Holly).

2.1. Summary of the case

2.1.2. Yasmina and Ismail married in Pakistan in 2012 but Yasmina did not arrive in the UK until late 2013. Their first child was born the following year and their second towards the end of 2016. During their marriage, there was no contact with any agency except health and most of these related to Yasmina's pregnancies or the children. With very few exceptions, Yasmina was always accompanied to appointments with either her husband, her sister-in-law or her mother-in-law acting as her interpreter. There is conflicting evidence about Yasmina's English language abilities.

2.1.3. Three weeks after the birth of her second child, Yasmina was suffocated by her husband Ismail who alleged that she had been abusing their two year old. Paramedics were able to initially revive her but she died the following day. Subsequent investigations found there was no evidence to support the allegations of child abuse.

2.1.4. Ismail was due to stand trial in May 2017. He was originally charged with murder but entered a plea of guilty to manslaughter on the grounds of diminished responsibility which was accepted. Sentencing was delayed for some considerable time due to the judge's request for psychiatric reports but in May 2018, Ismail was detained indefinitely under the Mental Health Act.

3. Parallel reviews

3.1. There was a criminal trial in May 2017 where initially Ismail repeatedly refused to enter a plea. He later admitted the lesser charge of manslaughter on the grounds of diminished responsibility.

3.2. The Coroner opened an inquest into the death of Yasmina which was suspended pending the outcome of the criminal trial. Subsequent to the trial the Coroner has decided not to re-open the inquest.

[2] Not his real name

3.3. At the time of her death, Yasmina had given birth only three weeks previously. This triggered a Serious Incident Investigation (SII) into the use of routine antenatal questioning to assess pregnant women for exposure to domestic violence within the maternity service. To avoid unnecessary duplication, the SII report was accepted in lieu of an Individual Management Review (IMR) although additional questions were put to the Panel Member to ensure all the required information was gathered.

3.4. The death was also reported to the national confidential enquiry for maternal deaths (MBRRACE) which will conduct an anonymised case review to identify any aspects of suboptimal care and learning to be taken forward nationally, which will be incorporated within their next report. MBRRACE is an acronym for 'Mothers and Babies: Reducing Risk via Audit and Confidential Enquiries' and is the collaboration appointed by the Healthcare Quality Improvement Partnership (HQIP) to carry out a national programme of work investigating maternal deaths, stillbirths and infant deaths.

3.5. In recognition of the trial and this DHR, the CCG placed the Trust's serious incident investigation "on hold" pending the outcome of these processes. However, it was agreed with the CCG that the Trust would continue with a review of the care of the mother to ensure that any immediate learning would be identified and taken forward.

4. Domestic Homicide Review Panel

The DHR Panel was comprised of the following agencies and people:

Name	Job Title	Agency
Davina James-Hanman	Independent Chair and Report Author	
Andrew Dann	Chief Immigration Officer East of England Immigration Compliance and Enforcement Team	Home Office
Andy Jarvis	Service Manager	Local Safeguarding Adult Board
Angie Stewart	Chief Executive Officer	Cambridge Women's Aid
David York	Review Officer	Investigative Review Team Major Crime Unit Crime Operations - Joint Protective Services for Bedfordshire Police, Cambridgeshire and Hertfordshire Constabularies
Iain Moor	T/ Detective Inspector	Domestic Abuse Investigation and Safeguarding Unit
Jim Bambridge	Review Officer (SIO)	Investigation Review Team BCHMCU
Julia Cullum	Manager	Cambridgeshire & Peterborough Domestic Abuse and Sexual Violence Partnership
Catherine Mitchell	Director of Community Services and Integration	Cambridgeshire and Peterborough Clinical Commissioning Group
Dr Liz Robin	Director of Public Health	Cambridgeshire County Council and Peterborough City Council
Laura Koscikiewicz	DCI	Cambridgeshire Police
Lorraine Parker		Independent (former Det. Supt. and

Name	Job Title	Agency
		CSP Chair)
Lucy Thomson	T/Detective Inspector.	Major Crime Unit (Northern Team) Crime Operations - Joint Protective Services for Bedfordshire Police, Cambridgeshire and Hertfordshire Constabularies
Lynda Kilkelly	Safer Communities Manager	Cambridge City Council
Mark Greenhalgh	Detective Inspector	Cambridgeshire Police
Sarah Hamilton	Designated Nurse Safeguarding Children	Cambridgeshire and Peterborough Clinical Commissioning Group
Sarah Robinson	Patient Experience & Quality Manager	Nursing Directorate NHS England Midlands & East (East) – involved with commissioning primary care at time of incident
Simon Kerss	Lecturer in Criminology Anglia Ruskin University	Independent (formerly Cambridgeshire County Council)
Tom Kingsley	Safer Communities Project Officer (Admin Support)	Cambridge City Council
Vickie Crompton	Manager	Cambridgeshire & Peterborough Domestic Abuse and Sexual Violence Partnership

4.1. Two of the above people were in agency representative roles at the start of the process but one subsequently retired whilst the other changed jobs. They indicated an interest in completing the DHR process and this was agreed as their respective in-depth knowledge and experience was considered to be a valuable addition to the deliberations of the Panel.

4.2. There are no local specialist BME women's services but insights from local consultations with Muslim women and from national research formed part of the panel's deliberations.

5. Independence

5.1. The Chair and author of this report, Davina James-Hanman, is independent of all agencies involved and had no prior contact with any family members. Davina James-Hanman is an experienced DHR Chair and is also nationally recognised as an expert in domestic violence having been active in this area of work for over three decades. Further details are provided in Appendix C.

5.2. All Panel members and IMR authors were independent of any direct contact with the subjects of this DHR and nor were they the immediate line managers of anyone who had had direct contact.

6. Terms of Reference and Scope

6.1. The full terms of reference can be found at Appendix A. Initial scoping exercises had revealed an exceptionally limited number of agency contacts, none of which – even with the benefit of hindsight – related to domestic abuse. As such, the Panel decided to utilise the DHR process to identify any gaps in local services to meet the needs of women with similar circumstances to Yasmina. In summary, the key lines of enquiry therefore were as follows:

1. Each agency's involvement with the following family members between 2007 until the death of Yasmina:
   (a) Yasmina
   (b) Ismail
   (c) Azaan
   (d) Zainab
   (e) Dylan
2. What provision does your agency / service make for women whose first language is not English? Please provide as much detail as available, e.g. accessibility and availability of interpreters, whether appointment letters are sent in client / patient's first language, whether you have a specifically allocated budget line for translation / interpreters, if domestic abuse training is made available to interpreters, if interpreters are required to sign a confidentiality agreement etc. If you have any policies or protocols relating to this area of work, please provide a copy and it would also be useful to know the extent to which this provision is actually used rather than just being available.
3. The evidence across agencies on Yasmina's fluency in English is contradictory. Can all agencies therefore pay especial attention to including whatever records they have on this issue?
4. Was there any contact with your agency that provided an opportunity to Yasmina to seek help? How do you ensure that victims accompanied by their abusers are provided with an opportunity to speak to a professional alone and in private? When, and in what way, are client / patient wishes and feelings ascertained and considered?
5. Do you have a domestic abuse policy? When was it last reviewed? How are staff made aware of this policy? Are there any professional standards in your agency? How are these monitored?
6. What domestic abuse training is provided to your staff? (please provide information about whether this is mandatory, aimed at front line staff only or includes managers, length of training course and how many staff (as a percentage) have received it and what the time gap is before refresher training is required). To what extent is coercive control included within this training? Are immigration issues / no recourse to public funds included?
7. How are people made aware that your agency is one that deals with the issue of domestic violence? What evaluations / assessment have been made of this? Does any of your publicity include images of Asian women? Is any of it translated into other languages? (if yes, which?)
8. How accessible are your services for victims and perpetrators? What evidence do you have to support this?
9. Are there any issues relating to organisational change that are impacting on your ability to provide domestic abuse services / responses / work in partnership with other agencies?

6.2. Agencies were asked to search their records from 2007 when Ismail's first child (Dylan) was born and to provide any summary information for records appearing before that date.

7. Confidentiality and dissemination

7.1. The findings of this Overview Report are restricted. Information is available only to participating officers/professionals and their line managers, until after the Review has been approved for publication by the Home Office Quality Assurance Panel.

7.2 As recommended within the 'Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews' to protect the identities of those involved, pseudonyms have been used and precise dates obscured. In the case of Holly and Dylan, these names were chosen; the rest were selected by the Panel.

7.3 The Executive Summary of this report has also been anonymised.

7.4 This has not prevented agencies taking action on the findings of this Review in advance of publication.

7.5 Subsequent to permission being granted by the Home Office to publish, this report will be widely disseminated including, but not limited to: Cambridge City Community Safety Partnership; Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Delivery Group; and Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Operations Group.

7.6 A number of learning events have been planned to ensure that the lessons are disseminated as widely as possible; the first of these will be a confidential briefing to key local partners which will share critical learning from this DHR. Once permission is granted by the Home Office to publish, this report will be more widely disseminated to the local professional network including all those above, as well as members of the Local Safeguarding Children's Board and the Local Safeguarding Adults Board. Learning will be included within the monthly newsletter and included as an item at the local Domestic Abuse Champion Network meetings. Learning from this DHR and others will also be included in all multi agency domestic abuse training.

8. Methodology

8.1. Only Cambridgeshire Police were asked to complete an IMR and this was only because of their contact with Ismail and his first wife.

As mentioned above, a Serious Incident Investigation report into maternity services was accepted in lieu of an IMR.

Information reports relating specifically to the subjects of this review were submitted by:

- Cambridge University Hospitals NHS Foundation Trust (CUH);
- The Primary School attended by Dylan;
- Immigration and Border Control;
- NHS England (GP for Yasmina);
- Cambridgeshire Community Services NHS Trust.

Other agencies advised they had not had any contact with either Yasmina or Ismail.

8.2. Agencies completing reports were asked to provide chronological accounts of their contact with Yasmina and / or Ismail prior to the homicide. Where there was no involvement or insignificant involvement, agencies advised accordingly. The recommendations to address lessons learnt are listed in section 14 of this report and action plans to implement those recommendations are included in Appendix E.

Each report and the IMR was scrutinised by the Panel and in some instances the report was redrafted to take account of questions raised.

The Panel and the Individual Management Review (IMR) Author have been committed, within the spirit of the Equalities Act 2010, to an ethos of fairness, equality, openness, and transparency, and have ensured that the Review has been conducted in line with the terms of reference.

8.3. This report is an anthology of information and facts gathered from:

- The Individual Management Review (IMRs) and short reports;
- The Police Senior Investigating Officer;
- The criminal trial and associated press articles;
- DHR Panel discussions;

- Information from participating agencies about specific aspects of their service (see terms of reference). In the case of Cambridge City Council this also includes information from the housing department as a potentially key contact point.

Cambridge Community Safety Partnership is responsible for monitoring the implementation of the action plan (Appendix E).

8.4. In preparation for the criminal trial, Cambridgeshire police took a number of statements from witnesses. Each witness was contacted by Police to ask for their participation including permission to utilise their statements in the writing of this report. The family of the perpetrator declined on both counts. Ismail's first wife allowed her statement to be used but declined to participate any further although later helpfully confirmed some dates. Yasmina's brother allowed his statement to be used.

8.4.1. During their investigation, the police found no evidence that the case may have been related to 'honour' based violence and nor did the DHR Panel receive any information that may have indicated that this was an issue.
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8.5. Involvement of family and friends

8.5.1. The family of both the victim and perpetrator were informed about the commencement of the DHR and invited to participate.

8.5.2. The family of the perpetrator declined to participate.

8.5.3. The Chair contacted the brother of the victim who was Yasmina's only relative resident in the UK albeit in a distant city. He had previously asked the police to minimise the involvement of his elderly and unwell parents and the Panel agreed to respect this.

8.5.4. Yasmina's brother agreed that his statement to the police could be used but he did not have much more to add. He did initially agree to provide contact details for his sister in Pakistan to whom Yasmina was very close but despite re-contacting him several times, these were not forthcoming.

8.5.5. Contact was established with Ismail's first wife and mother of Ismail's oldest child. She agreed that her statement could be used and initially did not want any further involvement with the DHR. Subsequently however, she engaged in a series of emails with the Chair and provided some additional details for the chronology.

8.5.6. As far as the Panel were able to establish, Yasmina never left the house unaccompanied and did not have any friends in the UK. She did however attend a mosque led by the perpetrator's family and it was thought that she may have struck up a friendship with an older woman there. Despite efforts, the Panel were unable to identify this person. However, as this seemed to have been potentially one of the few opportunities Yasmina may have had to seek help, contact was established with a Muslim Women's Group from the mosque who meet on a monthly basis and their views sought regarding further efforts that might be made to enhance this as a help-seeking route. Further details can be found in Appendix D.

8.5.7. Post-conviction, the Chair contacted the perpetrator's Doctor with a view to inviting his participation. His Doctor stated that Ismail was in a state of mental ill-health and for the foreseeable future, his participation would not be advisable.

9. Key events

9.1. Ismail was born in Chesham and was 36 years old at the time of the incident. He lived with his wife, the victim, in a property owned by his father, who lived next door with his wife, Ismail's mother.

Ismail's father is a local businessman and a respected member of the local Pakistani community and has links to a religious school that he founded. Ismail is one of five siblings.

9.2. Yasmina was born in Pakistan and was 32 years old at the time of her death. She was one of six siblings of whom one – an older brother - resides in the UK. The family home is in Lahore. Yasmina's brother described her as a very timid individual who lived her life for her children. Contact with his sister occurred on a fortnightly basis, via the internet (WhatsApp and Skype). All communication he had with his sister led him to believe that she was happy in her marriage, despite her discovering her husband had been previously married and had a son from this marriage who would be staying with them on alternate weekends. It would appear that Yasmina's family knew of this previous marriage, but Yasmina was only made aware of it after she arrived in the UK by which time, she had been married for 18 months.

9.3. She is reported (unconfirmed) as having two Masters degrees gained in Pakistan, one of which was in Religious Studies. It is common in Pakistani Universities for post Graduate degrees to be taught in English although the Review has been unable to confirm this was the case for Yasmina's degrees.

9.4. In 2006, Ismail married Holly, a Chinese Catholic who later converted to Islam. Two years later, Ismail changed his name and was described by his family as 'losing his faith'.

9.5. In March 2007, Holly gave birth to Dylan and from this point on, their relationship began to deteriorate. In August 2008, they separated.

9.6. In September 2008, Ismail reported Holly to the police for alleged abuse to Dylan as he had a bump on his head and a swollen lip. Ismail told officers that the bump had come from his child falling from the sofa and the facial injury had been caused by a gate closing on his child. In a statement provided by Holly, she stated that Ismail had brought home some sofa cushions, which they had put on the floor in the living room. Dylan slipped off the cushions knocking his head on the floor resulting in a bump to his head. Both Ismail and Holly were present when the incident occurred, but Ismail called the police alleging that Holly was a bad mother. He claimed the child had 'numerous injuries' and was 'listless'. Dylan was seen by officers and appeared in good health. Words of advice were given to both parents and the matter closed although, in line with policy, a referral was made to Children's Social Care.

9.7. In fact, Children's Social Care was already aware as Holly had contacted them herself on the advice of her health visitor. Holly was given contact details for Women's Aid and in the summer of 2009, Holly attended the Freedom Programme, a 12-week course for victims of domestic abuse. She is still in touch with them for support.

9.8. In 2009, Ismail and Holly divorced, and he reverted to Islam.

9.9. In March 2010, police received a report of a verbal dispute between Holly and Ismail. The argument was about Ismail's access to Dylan, the involvement of the Child Support Agency and Ismail's arrears. Ismail used expressions such as 'Don't fuck with me' in front of Dylan which upset Holly. After Ismail left, Holly reported the incident to the police on the advice of her solicitor although she only wanted the incident logged and did not want officers to speak to Ismail. When Holly spoke to the police, she was nervous about officers attending due to friends of Ismail living nearby who might tell him police officers had been seen at her house. As a consequence, a plain police vehicle attended. Holly also stated that she believed Ismail may have put something on her computer to monitor her on-line activities.

9.10. Following Yasmina's death, Holly described Ismail as being controlling and verbally abusive to her but not physically violent. Staff at Dylan's school also recall Ismail as being aggressive and as a 'formidable character'. They reported feeling slightly wary of him.

9.11. In April 2012, Ismail and Yasmina were married in Pakistan. Family members described this not as an arranged marriage but as an 'introduced marriage'. Despite extensive checks, the Panel have been unable to establish what the distinction is between the two.

9.12. Shortly after the marriage, Ismail returned to the UK.

9.13. In August 2013, Yasmina made an application for a visa to join Ismail in the UK. This was granted and she arrived in early December.

9.14. The following February, Yasmina was confirmed as pregnant and booked in for maternity care. Her handheld record stated that Urdu was her first language, but that an interpreter was not required. However, other records from that time state '*new to the UK so low in confidence with language and culture'*. Routine antenatal appointments followed. Yasmina missed two of these but rearranged them. On each occasion there is no record of her being screened for domestic abuse as required by Trust policy. If the required screening for domestic abuse cannot take place because it cannot be done safely, staff are required to note this in the records but this was only completed once at 34 weeks gestation where it was noted it had not been possible to ask the question safely. The paperwork does not require information to be recorded about whether the patient was accompanied but some records do include this information. It has not been possible to determine if Yasmina was accompanied at every appointment, but she certainly was for some of them. On the one occasion when it was recorded that the question could not be asked safely, there is no record of Yasmina being accompanied at that appointment. There are no records of using or even consideration of using a professional interpreter. Trust guidance does not support the use of relatives as interpreters, an interpreter should have been offered at least once.

9.15. The following September, Azaan was born at 36 weeks gestation. Yasmina's patient records note that her mother-in-law was present and acting as an interpreter. Yasmina was discharged three days later. Records made over the three days state twice that communication was impeded by a 'language barrier' but this is not repeated in the discharge documentation. Again, there is nothing to indicate that a professional interpreter was considered.

9.16. Subsequent health visitor records state that the father worked from home and that there was good family support as the paternal grandparents lived next door. Although the baby had been unwell and jaundiced, he was now improving, and no ongoing concerns were noted. Both Ismail and Yasmina were present during this and the next routine visit. At this second visit, Yasmina reported abdominal pain although possible causes of this were not recorded.

9.17. Ismail engaged with the Health Visitor in a discussion about coping with a new baby during which he reported that his parents were 'supporting them well'. Yasmina was asked about her well-being and stated that she was not low in mood. At the next visit (six week developmental review) both parents were again present. The Health Visitor noted in her records that she had thus been unable to ask any questions about domestic abuse.

9.18. Over the next year, routine medical appointments are noted with no concerns about mother or child being noted. There are no records of communication difficulties.

9.19. In December 2015, Yasmina was referred to CUH with a suspected upper respiratory tract infection.

9.20. The records note that it was a difficult consultation as Ismail declared at the start that his wife preferred to see a female doctor. Ismail was acting as Yasmina's interpreter because, he told them, she had limited English. She was diagnosed as having post viral thyroiditis.

9.21. In March 2016, Azaan was taken to A&E with an arm injury after falling from his parents' bed and banging it on his cot. It was identified as a soft tissue injury and a soft cast was applied to

immobilise the arm and give Azaan chance to heal. Nevertheless, there were three more visits to the hospital about this injury over the following week; two at A&E and one at the Orthopaedics clinic. In total, Azaan had six face to face contacts with Health practitioners. Both parents were present for five of these and on the sixth, Yasmina was accompanied by her sister-in-law.

9.22. In March 2016, Yasmina became pregnant again and booked in for antenatal care the following month. She was accompanied to this appointment by Ismail, so the Midwife correctly recorded that it had not been possible to ask the domestic abuse screen question. When interviewed for the DHR, the Midwife recalled that Yasmina appeared to have a good understanding of spoken English.

9.23. In June, Yasmina was admitted to hospital with a history of vaginal bleeding. This was identified as occurring after intercourse and Yasmina was discharged the same day. This is not wholly uncommon in pregnancy. Nevertheless, Yasmina was not screened for domestic abuse.

9.24. In July, Yasmina attended another antenatal appointment and on this occasion was definitely unaccompanied. An interpreter was not required as Yasmina seemed to understand and be able to communicate in English. It is not recorded that the domestic abuse screening question was asked although in interview later, the Midwife stated that she had asked and Yasmina had answered no.

9.25. At the next two antenatal appointments, Ismail accompanied Yasmina which is probably why she was not asked the screening question although this is not reflected in the records.

9.26. In early October, Yasmina's visa was extended, giving her leave to remain in the UK.

9.27. At the end of October, Zainab was born at 35 weeks gestation. Ismail was present at the delivery. Yasmina and Zainab were transferred to the postnatal ward where Yasmina remained for the next six days although Zainab was subsequently transferred to the neonatal ward due to jaundice and a low blood glucose level. There are no concerns documented by the postnatal ward midwives in relation to communication or the interaction between the patient and her husband. Staff recall that Yasmina appeared to have good English skills.

9.28. Yasmina was discharged home although Zainab remained for a further eleven days. For the final five days, Yasmina stayed at the hospital as a 'lodger' (i.e. she was not an in-patient) to establish breastfeeding. Postnatal appointments which fell during this period were thus undertaken at the hospital rather than in the community. No concerns were recorded.

9.29. In mid-November, a midwife visited Yasmina at home. It was explained that this was a final visit after which Yasmina and Zainab would be discharged from further community midwifery care. The midwife spent at least an hour at the home and did not feel there were any communication problems, although she did have the impression that Yasmina's comprehension was greater than her spoken English. Ismail was present during the visit.

9.30. The records relating to this visit have not been located and are assumed to have been lost.

9.31. Two days later, a senior neonatal nurse visited Zainab at home with her parents and recorded her findings on the electronic patient record. The visit included examination and weighing of Zainab along with a discussion about feeding. No risk factors suggestive of domestic violence were identified during the visit and indeed factors suggestive of a happy and harmonious relationship were noted. Both parents spoke to her and each other in English throughout the visit.

9.32. Five days later, very early, Cambridgeshire police control room received a 999 call from Ismail who told the police operator he had smothered his wife because she had been abusing their son. Officers and an ambulance were dispatched to the address whilst the police operator called Ismail back. During this second call, Ismail confirmed that Paramedics had just arrived, he provided the

call handler with Yasmina's full name and age, stated that he intended to send his children next door to his parents' home and reiterated that he believed his wife had been sexually abusing their two year old son '*when changing the nappies'*. He also said that Yasmina '*didn't want to stay in the UK'* and he was '*protecting the child the only way'* he could.

9.33. The paramedics determined that Yasmina had no pulse and commenced CPR, eventually getting a cardiac output. She was immediately transferred to hospital, losing her pulse several times on the way and receiving CPR throughout the journey. Back at the property, Ismail repeated his allegations saying '*she's been sexually abusing my two year old. She's been physically abusing and neglecting him by putting stuff in his food so he wouldn't eat it*'. He then added '*she's here on a spouse* visa' and stated that Yasmina had *'basically made it clear to everyone that she never wanted to stay with me'*. Ismail was then arrested on suspicion of attempted murder.

9.34. Information from members of Ismail's family revealed that Ismail's mood had started to change over the past year, becoming noticeably worse in the two to three weeks before the killing. Ismail was described as seeming lost, withdrawn and depressed. About four days before the incident, Ismail began making allegations about Yasmina abusing Azaan. He claimed that Yasmina was putting things in Azaan's food so that he would not eat it and he also thought she was sexually abusing him. Ismail admitted that he had not actually seen anything take place, but he was sufficiently concerned to want to get Yasmina away from Azaan. On one occasion he tried to convince a family member that Azaan had injuries consistent with abuse, but these injuries were not visible to anyone else. Ismail was encouraged to report his concerns to the authorities but there is no evidence to suggest that he did so.

9.35. The following day, Yasmina died and Ismail was charged with murder. In April 2017 he offered a plea of guilty to manslaughter on the grounds of diminished responsibility which was accepted. The sentencing was delayed for some time due to the judge requesting expert reports but in May 2018 Ismail was detained indefinitely under sections 37 and 41 of the Mental Health Act.

10. Analysis

10.0.1. The Individual Management Review and associated reports have been carefully considered through the viewpoint of Yasmina, to ascertain if each of the agencies' contacts was appropriate and whether they acted in accordance with their set procedures and guidelines. Where they have not done so, the Panel has deliberated if all of the lessons have been identified and are being properly addressed.

10.0.2. The Review Panel is satisfied that all agencies have engaged fully and openly with the Review and that lessons learned and recommendations to address them are appropriate.

10.0.3. The authors of the IMRs and Reports have followed the Review's Terms of Reference carefully and addressed the points within it that were relevant to their organisations. They have each been honest, thorough and transparent in completing their reviews and reports.

10.0.4. Excepting sections 10.3 and 10.4. due to the paucity of agency contacts by the subjects of this Review, much of the information below constitutes a 'health check' of current service provision as it relates to the issues raised by this case rather than specific responses to the subjects of this Review.

10.1. Each agency's involvement with Yasmina, Ismail and their children.

This is detailed in the chronology above.

10.2 What provision does your agency / service make for women whose first language is not English? Please provide as much detail as available, e.g. accessibility and availability of

interpreters, whether appointment letters are sent in patient's first language, whether you have a specifically allocated budget line for translation / interpreters, if domestic abuse training is made available to interpreters, if interpreters are required to sign a confidentiality agreement etc. If you have any policies or protocols relating to this area of work, please provide a copy and it would also be useful to know the extent to which this provision is actually used rather than just being available.

10.2.1. The City Council's Corporate Strategy Service manages a corporate interpretation / translation contract for all council services to use. This provides access to a number of companies who can provide interpreting and translation services. The council has a dedicated budget for interpretation and translation services. At the time of the events, the LGSS (Local Government Shared Services) framework was used but this ended in January 2018 and now an ESPO (Eastern Shires Purchasing Organisation) framework is used. British Sign Language (BSL) interpreters are procured locally (separate from the ESPO framework). Monthly usage varies from around 3 to 14 instances.

10.2.2. The following applies:

- Customers can request that letters be sent in their first language.
- It is more common for services to use their judgement as to whether a customer needs an interpreter but there are some instances where the customer requests this.
- It is the responsibility of each service to ensure that all interpreters / translators have signed a confidentiality agreement providing a commitment to confidentiality to the Customer and to provide copies of all confidentiality agreements where requested by the Customer.
- Interpreters are not currently required to attend domestic abuse training.
- All interpreters are checked through the Disclosure and Barring Scheme and adhere to strict confidentiality.

10.2.3. In addition, the Safer Communities Team has two dedicated support workers, working with Syrian refugees resettling in Cambridge, who speak and write Arabic.

10.2.4. CUH use Language Line, a telephone based service accessible 24 hrs a day seven days a week. It is not policy to use family members or friends, although the patient's choice is always taken into account. There is a policy and procedure document ('Interpreting and Translating Services 2015') for patients who are unable to speak English. If face to face interpretation is required, CINTRA is used. Interpreting services are funded from the central hospital budget. It is not known if interpreters are given training on domestic abuse. Interpreting Services would be required to maintain patient confidentiality. Midwives are required to use interpreting services for all women who do not speak or understand English, unless this is declined by the women.

10.2.5. Cambridgeshire Police previously employed an interpreter services manager who selected from an approved list of providers who had been appropriately vetted. This arrangement ended earlier in 2017 and Cambridgeshire Police entered into a collaborative agreement with Bedfordshire Police and Hertfordshire Constabulary to employ The Big Word as language services provider. The contract provides 24/7 access to interpreters both over the telephone and in person. The provision is used multiple times daily. Any confidentiality agreements would be the responsibility of The Big Word.

10.2.6. Within Primary Care, the general approach is that it is the responsibility of the patient to ask for an interpreter when they book their appointment. The receptionist is then able to arrange an interpreter either face to face or on the phone. A recommendation has been made to seek further detail on how far the Royal College of GPs guidance on using interpreters[3] has been embedded within local surgeries.

[3] NHS England: Principles for High Quality Interpreting and Translation Services

10.3 The evidence across agencies on Yasmina's fluency in English is contradictory. Can all agencies therefore pay especial attention to including whatever records they have on this issue?

10.3.1. This has been detailed through the narrative chronology above and is further discussed in paragraph 13.1 below.

10.3.2. In essence it appears that when Yasmina was accompanied to appointments by Ismail or another family member, the fact that they were acting as an interpreter appears to have been taken at face value, even in those agencies where the use of family members as interpreters is discouraged. Although records are inconsistent, on balance it would seem that Yasmina's grasp of English was sufficiently advanced for an interpreter not to be needed many of the times when Ismail or another family member was acting in that role.

10.3.3. The Panel also noted that if using an interpreter, the conversation should be directed towards the client / patient rather than the interpreter and this can often be revealing with respect to the actual level of understanding.

10.4 Was there any contact with your agency that provided an opportunity to Yasmina to seek help? How do you ensure that victims accompanied by their abusers are provided with an opportunity to speak to a professional alone and in private? When, and in what way, are client / patient wishes and feelings ascertained and considered?

10.4.1. Yasmina's only opportunities to seek help appear to have been on some appointments at CUH relating to her pregnancies where she attended alone. As is documented in the narrative chronology above, opportunities to encourage disclosure were not consistently provided. If a woman is often accompanied for appointments, midwives should try to create an opportunity to speak to the woman alone. This can be achieved by asking a relative or friend to wait in the waiting area for the first part of the appointment.

10.4.2. If a woman declined a friend or relative waiting in a waiting area the wish would be respected, some clients refuse interpreting services and insist that their partner interprets for them, although this is discouraged, because they may not understand the medical terms and may be abusers. A woman's wishes and feelings are ascertained at the first appointment and throughout pregnancy and the intrapartum and postnatal period.

10.4.3. Cambridge City Council Housing services will always see an applicant alone unless the partner is also on the application. This practice is consistent with all applicants; non applicants are not permitted in the interview room unless they are acting as advocates for the applicant and with their consent.

10.4.4. Cambridgeshire Police ensures that victims and perpetrators of domestic abuse are spoken to separately to ensure there is no control or coercion in the responses that are provided. Cambridgeshire Police policy is to take positive action at all reports of domestic abuse.

10.5 Do you have a domestic abuse policy? When was it last reviewed? How are staff made aware of this policy? Are there any professional standards in your agency? How are these monitored?

10.5.1. Cambridge City Council has a Domestic Abuse Policy for staff (last updated in February 2017) and a Safeguarding Children & Adults at Risk Policy (last updated in June 2016). These are available on the staff intranet. In February 2015, Cambridge City Council was been awarded **'**White Ribbon Status'[4] and was re-accredited in 2017 following submissions of detailed applications. The Council has appointed 7 White Ribbon Ambassadors and a range of activities have been carried out

[4] White Ribbon website

to date, including launching a community forum, holding talks for professionals, hosting a coercive control conference (June 2017), and public awareness raising activities – such as a community big lunch (June 2017) and a stall outside the Guildhall on Saturday 25 November for White Ribbon Day and UN Day for the Elimination of Violence Against Women.

10.5.2. The City Council's homelessness strategy has an objective to achieve a framework of standards for housing providers. The Council is now in the process of implementing the Domestic Abuse Housing Alliance (DAHA) in Cambridgeshire. The DAHA invites housing providers to achieve a formal accreditation in addressing domestic abuse and supporting victims. The Council is working towards achieving this accreditation and will encourage others to do the same. The Council's Letting Policy also makes provisions for victims of domestic abuse.

10.5.3. Cambridgeshire Constabulary has had a definitive domestic violence policy in operation for a considerable number of years that is continually reviewed and re-visited based on legislative and procedural changes as well as best practice. It is actively publicised and disseminated to all staff, both operational and non-operational alongside other safeguarding priorities; this includes lessons learned from previous Serious Case Reviews and DHRs. The current domestic abuse policy is in the process of being reviewed again and the new version is awaiting sign off by senior management. The policy is available to all staff through the force intranet.

10.5.4. Police officers and staff are subject to the Discipline (Misconduct) Regulations and Code of Ethics governing the principles and standards of professional behaviour; professional standards and compliance with the Code of Ethics within Cambridgeshire Police is monitored by the Bedfordshire, Cambridgeshire and Hertfordshire Professional Standards Department (PSD).

10.5.5. CUH have a domestic abuse policy which was reviewed and updated in 2017 once the necessary adaptations were made to enable the recording of domestic abuse on the electronic patient record in a way that would be easily accessible and visible to all staff. Staff are made aware of where the policy can be found at their annual safeguarding training. All hospital guidelines and policies are found on the hospital intranet site in "Merlin".

10.5.6. Primary Care does not have separate policies regarding domestic violence; rather it is incorporated in their safeguarding policies. Practices set their own policies, however there is substantial guidance given to practices around the content of their policies which includes domestic violence. There is also substantial guidance available to Primary Care to which the CCG Safeguarding Children Resource Pack signposts GPs.

10.6 What domestic abuse training is provided to your staff? (please provide information about whether this is mandatory, aimed at front line staff only or includes managers, length of training course and how many staff (as a percentage) have received it and what the time gap is before refresher training is required). To what extent is coercive control included within this training? Are immigration issues / no recourse to public funds included?

10.6.1. Level one training (basic awareness) is available for Cambridge City Council employees via free e-learning modules on:

1. Domestic Abuse Basic Awareness (including coercive control)
2. Sexual Violence Awareness

They take 30 minutes each and have a downloadable certificate - Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership website. Data is collected on the number of staff attending this training.

10.6.2. For level two training, face to face courses such as a one and a half day 'Introduction to Domestic Abuse' are provided by Cambridgeshire County Council Workforce Development Team.

There is regular Domestic Abuse and Sexual Violence Training being planned for Cambridge City Council colleagues once the new County structure settles. Previously shorter sessions and more advanced one–two day courses have been available. Unfortunately, the recording of total numbers of staff who have had the training is incomplete and work is currently underway to develop a better system to record the numbers. Nevertheless, each individual member of staff will have recorded the training for performance review purposes.

10.6.3. Training is currently not mandatory within housing although Housing Advisors will generally receive domestic violence training when they are new in post. The timing of this training tends to rely on availability of external courses and there is not a systematic approach to refresher training. Although coercive control is covered in the training available from the City Council, it is not known if this is covered in any external training that staff may access. Additionally, it is not unusual for staff to enter the service having acquired domestic abuse training through previous employment which may have occurred prior to coercive control being routinely included within domestic abuse training. All Housing Advisors receive fairly regular training on immigration issues and recourse to public funds in the context of rights of social housing. This also applies to the Assessment and Support Officers.

Cambridge City Council is currently reviewing all training in relation to safeguarding which will include training on domestic abuse.

10.6.4. Within Cambridgeshire police, domestic abuse training is given to all new police recruits in a four hour input during their initial training course. In 2017 Safe Lives delivered domestic abuse training to 383 frontline officers and staff. This included response officers, investigators, call handlers and control room operators. The training covered police attendance at domestic abuse incidents and the new controlling and coercive legislation. Enhanced domestic abuse training was also delivered by Safe Lives to 81 officers and staff who were identified as Domestic Abuse Champions. There was also training delivered to 47 supervisors and domestic abuse was included with on a number of other events throughout the year. Domestic abuse training is refreshed to front line officers during regular training sessions throughout the calendar. All of the training includes coercive control and attendance at training is recorded on the officer's personal training records which are subject to audit.

10.6.5. Within CUH, domestic abuse training is delivered as part of level three safeguarding training, which is mandatory and held annually for all staff in Maternity services, including managers. This has a compliance rate of around 92%. All types of domestic abuse are included in the safeguarding training. Asylum seekers and patients who have overstayed with no recourse to public funds are included in this training, as well as other vulnerable groups. The Trust is currently assessing the training need for domestic abuse as a stand-alone session.

10.6.6. The Local Safeguarding Children Board also offers domestic violence training and coercive control is addressed within this.

10.6.7. Primary Care has a clear standard operating procedure setting out the expected level of training each health care professional needs to achieve according to their role in line with NICE recommendations. Whilst these address coercive control, issues relating to immigration are currently absent. The training of primary care is at the discretion of the practice itself; they are free to access any domestic violence training offered by other agencies or voluntary organisations. The topic is discussed as part of safeguarding children training for GPs which is mandated on a 3 yearly basis for all staff.

10.7. How are people made aware that your agency is one that deals with the issue of domestic violence? What evaluations / assessment have been made of this? Does any of your publicity include images of Asian women? Is any of it translated into other languages? (if yes, which?)

10.7.1. Cambridge City Council has an overarching equality strategy for the council. The local authority funds domestic abuse outreach services and Cambridge Women's Aid (who provides this service) are aware of the Council's homelessness and housing advice outreach services and form part of the Council's Homelessness Strategy Implementation Partnership (HSIP). Advice for victims is also provided via the council website. Cambridge City Council's Annual Statement outlines the vision, under seven themes. One of these themes is Making Cambridge Safer and More Inclusive, prioritising the prevention of domestic abuse.

10.7.2. Domestic abuse awareness raising content is also part of the Taxi Driver Safeguarding Training, which started being rolled out to taxi driver licence holders in January 2017.

10.7.3. Cambridgeshire Police regularly publicise material relating to domestic abuse both on their website and through social media. Cambridgeshire Police has a press strategy relating to domestic abuse and sexual violence and material is published by both police and partner agencies. Evaluations and assessments of this are made by Her Majesty's Inspectorate of Constabulary (the HMIC); Cambridgeshire was last inspected us in 2017 with a 'Good' assessment in safeguarding/protecting the vulnerable.

10.7.4. During Panel discussions, issues relating to previous domestic abuse campaigns were raised that were not directly related to this DHR. Nevertheless, Cambridgeshire police took this feedback on board and steps have been taken to improve future campaigns which includes more consultation with stakeholders in advance of publication.

10.7.5. CUH display posters in women's toilets in clinical areas with information on who to contact for help. The current posters do not display any images of women and are written in English. The postnatal notes that women take home are currently being updated and local helpline numbers and websites for domestic abuse will be included. Women are made aware that CUH are an agency that deals with domestic abuse, because they are asked on three occasions in pregnancy about domestic abuse and offered a referral to the IDVA service if abuse is disclosed.

10.7.6. GP's (and local pharmacists) also have posters available for display from the Cambridgeshire & Peterborough Domestic Abuse and Sexual Violence Partnership. These are for display in waiting areas and other acceptable areas. A 'professionals' leaflet on domestic abuse which has all the local numbers as well as tips on identifying and asking about domestic abuse has also been sent to all GP surgeries in Cambridge and Peterborough.

10.7.8. It was notable that of the seven local Muslim women consulted as part of this Review, only one had seen any local publicity for services. Since Yasmina's death, the Cambridge and Peterborough Domestic Abuse and Sexual Violence Partnership have created two short films explaining how to contact specialist outreach support and how the Independent Domestic Advisory Service works. The films are available on YouTube in English, Urdu, Punjabi, Russian, Lithuanian, Polish, and in British Sign Language. These are currently being actively promoted within the relevant communities.

10.8 How accessible are your services for victims and perpetrators? What evidence do you have to support this?

10.8.1. Cambridge City Council provides information about its services to the public on its website which includes details about access online, by telephone, email or in person with the relevant contact details and opening times. In April 2016, a webpage was set up for signposting customers '[Advice for people affected by domestic abuse]', which itself links to the County's '[Domestic Violence Directory]'. This webpage was developed following consultation with the Cambridge Women's Aid, Countywide DASV Partnership and legal advice.

10.8.2. In addition, the housing service provides a drop-in service offering free, confidential advice and assistance with a range of housing issues. The offices are accessible for customers to visit to speak to their Housing Officer in private interview rooms.

10.8.3. To further encourage people to access services, Cambridge Community Forum on Domestic and Sexual Violence / Abuse was launched in February 2015 recognising the role that the community can play in helping to eradicate domestic and sexual violence / abuse in Cambridge. Forum members are leading figures from the City's institutions, large employers, relevant community organisations and community safety services / agencies.

10.8.4. Cambridgeshire Police responds to all reports of domestic abuse. Support is available through the 999 and 101 telephone reporting systems as well as online and confidential reporting opportunities. This includes reporting by victims and also opportunities for friends / neighbours / colleagues and third party referrals through partner agencies. There is a robust policy and procedure of positive action in place for dealing with perpetrators and Cambridgeshire Police are actively engaged in a multi-agency approach to all affected by domestic abuse.

10.8.5. CUH maternity services and A&E refer to the local IDVA service if domestic abuse is disclosed. Routine questions in pregnancy about domestic abuse are audited as well as all referrals that are offered or made.

10.8.6. Primary Care is a universal service accessible to all patients whether they are victims or perpetrators. It is also one of the least stigmatised public services.

10.8.7. It should also be noted that considerable work has taken place within Cambridge to ensure that children and young people receive information about healthy relationships at school. This is being embedded within both primary and secondary schools and included the school attended by Dylan.

10.9 Are there any issues relating to organisational change that are impacting on your ability to provide domestic abuse services / responses / work in partnership with other agencies?

10.9.1. Cambridge City Council reported no organisational change issues.

10.9.2. Cambridgeshire Police is currently undergoing a full Local Policing Review (LPR) but report that this is not currently impacting on their ability to response to incidents of domestic abuse. However, at the time period covered by this Review, Cambridgeshire Police had a specialist domestic abuse investigation team which has since been disbanded. The Panel were keen to ensure that the impact of this be monitored and any necessary action taken to mitigate any risks but were reassured to learn that the following is in place:

- The Domestic Abuse Scrutiny Group has been formed to monitor domestic abuse incidents from the initial call through to the court process and includes scrutiny of decisions to 'no further action' cases. Partner organisations are invited to this meeting.
- The Domestic Abuse Domestic Abuse Delivery Group has been formed to be the governance mechanism for all domestic abuse matters and the driving force for the domestic abuse strategy and local implementation.
- The Domestic Abuse and Sexual Violence Strategic Board has a standing agenda item to specifically monitor domestic abuse performance post LPR and is formed of police and partner organisations including domestic abuse charities.
- HMIC regularly inspects the force on how it deals with Safeguarding, Vulnerability and Domestic Abuse. A scheduled inspection takes place later in 2018.

10.9.3. CUH reported no organisational change issues at the time of the incident.

10.9.4. The Panel also discussed what other provisions might need to be in place to assist someone in Yasmina's circumstances. Community awareness programmes and a drop-in system of some sort where appropriate support is available with the right language skills and an understanding of the cultural sensitivities by the person offering the service were both proposed as potential developments. This was supported by the local women's group at the mosque who also suggested more work might be done to raise awareness of men through the mosque.

11. Equality and Diversity issues

11.1. All nine protected characteristics in the 2010 Equality Act were considered by the DHR Panel. Several protected characteristics were found to have potential relevance to this DHR although the paucity of confirmed information means it is difficult to be sure. These were:

Age: Yasmina was 29 when she married which is generally late for Pakistani women. She may have delayed marriage until completing her studies; she was reported as having two Masters degrees. There may have been any number of other reasons about which the Panel can only speculate. What we do know is that Yasmina was not told the whole truth about whom she was marrying and his previous relationship history. It is certainly possible that this information was viewed as potentially deterring Yasmina from accepting the offer of marriage and thus deliberately concealed from her.

Disability: Ismail has a delusional disorder which was first diagnosed whilst he was on remand. As detailed in the chronology above, this was not the first time he had accused a mother of his child of behaving abusively towards the child, so it is possible that he had this disorder for many years[5]. There is no evidence that Ismail sought help or was even aware that he was experiencing delusions. Family members to whom he spoke about his fears that Yasmina was abusing his son encouraged him to report this to the authorities but there is no evidence that Ismail did so. Equally, there do not appear to be any missed opportunities for professionals to have potentially identified his condition at an earlier stage.

Marriage: Yasmina and Ismail's marriage was 'introduced' by their families. Although it appears that Yasmina's family were aware of Ismail's marital history, this was not shared with Yasmina who only discovered the existence of a previous wife and a son after her arrival in the UK. Statements from Ismail would suggest that Yasmina was not happy in their marriage and that separation had been raised between them. The Panel do not know how serious their problems were and whether Yasmina may have been planning to leave but if this was being considered, it raised the risk for her considerably.

Pregnancy and maternity: Pregnancy is a well-known time for domestic abuse to begin or increase in severity. Yasmina entered the UK in December; by February she was already pregnant.

Ethnicity: Yasmina was a Pakistani national when she married Ismail. We do not know when she arrived in the UK how familiar she was with laws to protect her and services to provide help, but it is likely that her knowledge of either was not extensive. Despite considerable effort, the Panel were unable to establish the extent of Yasmina's ability in speaking and understanding English (see paragraph 10.3 above).

Religion: We know that both Ismail and Yasmina were practising Muslims. We do not know the extent to which this may have meant that Yasmina felt unable to challenge the somewhat fraudulent conditions under which she married Ismail or potentially made her feel trapped within the marriage and unable to seek help, but both are certainly possible.

[5] Under the Equality Act 2010, if a mental health issue endures for more than 12 months, it is counted as a disability.

Sex: There is extensive research to support that in the context of domestic violence, women are at a greater risk of being victimised, injured or killed[6]. Latest published figures show that just over half of female victims of homicide in the UK aged 16 or over had been killed by their partner, ex-partner or lover (54%). In contrast, only 5% of male victims aged 16 or over were killed by their partner, ex-partner or lover.

12. Good practice

12.1. The Panel noted the impacts of austerity, yet many frontline workers continue to do a good job and should be praised for doing so. In particular, Yasmina was seen for more than the normal 10 days post-delivery and the basic midwifery care that Yasmina received was of a good standard.

13. Key findings and lessons learned

It remains unclear if there was any domestic abuse prior to the fatal incident. Certainly, it seems that Ismail thought Yasmina was unhappy in their marriage and his repeated allegations of child abuse are suggestive of a potentially deliberate pattern of behavior linked to domestic abuse. However, it is equally possible that this was simply a consequence of his mental ill-health.

13.1 Language

As can be seen from the narrative chronology above, Yasmina's command of English was inconsistently recorded by professionals. Of course, her language ability may have improved over time and her brother said that he thought she studied English both before arriving in the UK and also in Cambridge but did not know where. Even this, however, this does not explain all of the inconsistencies. What is notable is that for much of the time that Yasmina was outside of her home, she was accompanied by her husband or a member of his family, ostensibly to act as her interpreter. On the few occasions she was unaccompanied, questions about her comprehension of English were raised only once. Yasmina's opportunities to seek help had she wished to do so were thus exceptionally limited. Although all professionals involved in this DHR had access to interpreting services, these were never accessed. As well as the obvious potential dangers in using a family member as an interpreter, in instances of domestic or sexual violence, there is the potential for alterations to be made due to embarrassment or shame, or simply because there are no comparable words or phrases in their own language.

13.2 Insecure immigration status / unfamiliarity with the UK

Yasmina entered the UK on a spousal visa which was extended shortly before she died. It cannot be known to what extent her dependence on Ismail was a factor in their relationship, if indeed it was a factor at all. However, various statements from Ismail indicate that he believed Yasmina was not happy in their marriage. If this is correct, then from Yasmina's perspective her options must have seemed exceptionally limited. As a Pakistani national who had only been in the UK for four years, her knowledge of UK law and public services is unlikely to have been extensive, further exacerbating her likely sense of her options being few in number. Additionally, Yasmina's house was owned by her in-laws and she did not work, which may have further added to diminishing her options. It remains unclear if Yasmina was aware of her immigration status in the UK; she did not have indefinite leave to remain but could have applied for it even if she had separated from her

[6] Smith, K. et al. (2011) Homicides, Firearm Offences and Intimate Violence 2009/10. Home Office Statistical Bulletin 01/11. London: Home Office

husband. It is still possible, however, that she was not aware of this and that it may have acted as a further barrier to her leaving.

13.3 Immigration processes

Yasmina did not know until after her arrival in the UK that Ismail had been married before and that he had a child with whom he had regular contact. At the current time, this information is not shared with visa applicants and, indeed, even criminal record checks are only made on the visa applicant and not the sponsor. This places women entering the UK on a spousal visa in a potentially very vulnerable position.

13.4 Routine screening

Routine screening for domestic abuse first began to be recommended for maternity services in the late 1990's, was endorsed by the Department of Health in 2003 and further recommended by NICE in 2014. It is recognised that policy, protocol, training and monitoring has been established but there is still work to be done to develop an organisational culture of enquiry and in supporting staff to practice in a manner that affords patients the opportunity to seek help when asked.

13.5 Commissioning contracts

In the course of gathering information for this DHR, it became clear that the outsourcing of public service functions is complex and difficult to influence. This was particularly true in relation to interpreting services where obtaining information about the training interpreters had received and steps that were taken to manage the risks that might be involved in using an interpreter known to the client / patient was very difficult to obtain. Making recommendations to address gaps was equally fraught as opportunities to alter the contract terms tend to have to wait until the commissioning cycle begins again. Nevertheless, a recommendation has been made to address this.

13.6 Governance and quality assurance

Related to the previous paragraph are issues of governance and quality assurance. It is all very well to have excellent policies and procedures but if these are not followed by front line staff then they are not worth the paper on which they are written. Greater attention needs to be paid to implementation and quality assurance to ensure that services are being delivered as intended.

14. Recommendations

Single local agency recommendations:

- **Children's Social Care**

  Attach a full and un-redacted copy of this Overview Report to the social care records of Azaan and Zainab so that it is available to them should they seek it in the future.

- **Cambridge University Hospitals NHS Foundation Trust**

1. All midwives and doctors involved in care of women and their babies should receive training in how to view and record DV questioning in the Electronic Patient Record (EPR) record.

2. The importance of DV questioning and appropriate use of professional interpreters should be recognised throughout the maternity service, and measures should be taken to increase awareness amongst all clinical staff by a consistent and sustained programme of actions.

3. The guideline on routine questioning on domestic violence should be reviewed and updated to include the procedure for recording questioning and responses in Electronic Patient Record and the roles and responsibilities of all clinical staff. There should also be clarification of the required standard as there is a discrepancy in the current guideline between the audit standards and the minimum standard set out within the body of the document.

4. There should be a repeat baseline audit of compliance with guidance on routine questioning on domestic violence, with the results disseminated throughout the maternity service.

5. A repeating audit cycle should be implemented to ensure satisfactory compliance has been consistently demonstrated at a frequency to be determined by the named midwife for safeguarding. The audits and the resultant action plans will be monitored by the Patient Experience and Quality Midwife and will be reported to the Joint Safeguarding Committee.

6. Recording in the EPR of domestic violence questioning undertaken and the response received should be made easy to view for the clinical team providing care during pregnancy, labour and the postnatal period. An agreed method should be established within maternity services and changes made to EPR as required.

- **Cambridge City Council**

Include a session on '*Life in the UK, Your Rights'* into their existing programme of work with asylum seekers and refugees who fall outside the Home Office resettlement initiatives.

- **Cambridgeshire and Peterborough Clinical Commissioning Group**

Undertake an audit of GPs to establish the extent to which they have implemented the training and policy guidance on domestic abuse recommended by NICE in 2014 taking remedial action if necessary.

- **Safeguarding Adults Board**

Undertake work with the county wide Muslim Women's Group to raise awareness of domestic abuse and help available. This to include support for partners from abroad.

Multi-agency recommendations

- **Cambridge CSP**

1. To receive six monthly updates on the progress of implementing this action plan until such time as it is complete.

2. To produce and implement a single countywide commissioning and administrative agreement to ensure statutory requirements are complied with in respect of commissioning Domestic Homicide Reviews. This will also help to ensure the learning from these reviews is embedded, in a systematic and auditable fashion. This is also a recommendation from another DHR in Cambridgeshire and as such could be a collaborative piece of work.

- **Domestic Abuse and Sexual Violence Delivery Board**

1. Whilst recognising that commissioning cycles will vary, all agencies involved in this Review are to ensure the inclusion of the following in their contracts with interpreting services:

Confidentiality; impartiality; DBS checks, training in domestic abuse awareness training and an agreed form of wording for the term 'domestic abuse' in provided languages[7].

2. The above recommendation to be communicated to the Local Medical Committee for dissemination to GPs and for inclusion within their own guidance on accessing and using interpreters.

3. Staff to be reminded of the importance of accessing professional interpreters and the preference not to 'make do' with family members. This reminder should also include best practice guidance for working with interpreters[8]

4. Given the large numbers of overseas students attending both Cambridge Universities, it is recommended that both integrate domestic abuse into their policies. Subject to resources, this should then be expanded to other educational institutions within the Cambridge area.

5. Undertake a consultation exercise with local survivors to determine:
   - the extent to which publicity is reaching its intended audiences
   - if their experience of services matches local policies and procedures.

National recommendations

- **Immigration and Border Control**

1. Spousal visa applicants to be given access to their sponsors criminal record and previous marital history in advance of the visa being granted

2. Persons entering the UK on a spousal visa to be provided with information about their legal rights in relation to marriage and relationship breakdown, including information about agencies that can help such as Women's Aid.

- **Health Education England**

Health Education England Practitioners to consider reviewing their curriculum content regarding postgraduate training and mandating domestic violence training for all GPs.

[7] Domestic abuse is not a term which exists in all languages. As such, interpreters should be made aware of alternative forma of wording.
[8] A good example of this can be found here: Glasgow Violence Against Women Partnership: Good practice guidance on Interpreting for women who have experience gender based violence

Appendix A: Terms of Reference

DOMESTIC HOMICIDE REVIEW (DHR)
Yasmina

TERMS OF REFERENCE

Overarching aim

The over-arching intention of this review is to learn lessons from the homicide in order to change future practice that leads to increased safety for potential and actual victims. It will be conducted in an open and consultative fashion bearing in mind the need to retain confidentiality and not to apportion blame. Agencies will seek to discover what they could do differently in the future and how they can work more effectively with other partners.

Principles of the Review

1. Objective, independent & evidence-based.
2. Guided by humanity, compassion and empathy with the victim's voice at the heart of the process.
3. Asking questions, to prevent future harm, learn lessons and not blame individuals or organisations.
4. Respecting equality and diversity.
5. Openness and transparency whilst safeguarding confidential information where possible.

Specific areas of enquiry

The Review Panel will consider the following questions / issues:

1. Each agency's involvement with the following family members between 2013 (for Yasmina and the children, 2007) and the death of Yasmina
(a) Yasmina
(b) Ismail
(c) Azaan
(d) Zainab
And
(e) Dylan

10. What provision does your agency / service make for women whose first language is not English? Please provide as much detail as available, e.g. accessibility and availability of interpreters, whether appointment letters are sent in patient's first language, whether you have a specifically allocated budget line for translation/interpreters, if domestic abuse training is made available to interpreters, if interpreters are required to sign a confidentiality agreement etc. If you have any policies or protocols relating to this area of work, please provide a copy and it would also be useful to know the extent to which this provision is actually used rather than just being available.
11. The evidence across agencies on Asia's fluency in English is contradictory. Can all agencies therefore pay especial attention to including whatever records they have on this issue?
12. Was there any contact with your agency that provided an opportunity to Asia to seek help? How do you ensure that victims accompanied by their abusers are provided with an opportunity to speak to a professional alone and in private? When, and in what way, are client / patient wishes and feelings ascertained and considered?

13. Do you have a domestic abuse policy? When was it last reviewed? How are staff made aware of this policy? Are there any professional standards in your agency? How are these monitored?
14. What domestic abuse training is provided to your staff? (please provide information about whether this is mandatory, aimed at front line staff only or includes managers, length of training course and how many staff (as a percentage) have received it and what the time gap is before refresher training is required). To what extent is coercive control included within this training? Are immigration issues / no recourse to public funds included?
15. How are people made aware that your agency is one that deals with the issue of domestic violence? What evaluations / assessment have been made of this? Does any of your publicity include images of Asian women? Is any of it translated into other languages? (if yes, which?)
16. How accessible are your services for victims and perpetrators? What evidence do you have to support this?
17. Are there any issues relating to organisational change that are impacting on your ability to provide domestic abuse services / responses / work in partnership with other agencies?

Panel Membership

The Panel will consist of the following agencies:

- Cambridge Women's Aid
- Cambridgeshire Police
- DA & Sexual Violence Lead, Cambridgeshire County Council
- Home Office (East of England ICET)
- Muslim Chaplain, Cambs & P'borough NHS Foundation Trust[9]
- NHS Cambs & P'borough CCG
- NHS England Midland & East GPs
- Public Health, Cambridgeshire County Council
- Safer Communities Unit, City Council

Family involvement and Confidentiality

The review will seek to involve the family of both the victim and the perpetrator in the review process, taking account of who the family wish to have involved as lead members and to identify other people they think relevant to the review process.

We will seek to agree a communication strategy that keeps the families informed, if they so wish, throughout the process. We will be sensitive to their wishes, their need for support and any existing arrangements that are in place to do this.

We will identify the timescale and process and ensure that the family are able to respond to this review endeavouring to avoid duplication of effort and without undue pressure.

Contact with the family and other members of their social networks will be led by the Chair.

Disclosure & Confidentiality

- Confidentiality should be maintained by organisations whilst undertaking their IMR. However, the achievement of confidentiality and transparency must be balanced against the legal requirements surrounding disclosure.
- The independent chair, on receipt of an IMR, may wish to review an organisation's case records and internal reports personally, or meet with review participants.

[9] Subsequently unavailable when the Panel reconvened.

- A criminal investigation is running in parallel to this DHR, therefore all material received by the Panel must be disclosed to the SIO and the police disclosure officer.
- The criminal investigation is likely to result in a court hearing. Home Office guidance instructs the Overview Report will be held until the conclusion of this case. Records will continue to be reviewed and any lessons learned will be taken forward immediately.
- Individuals will be granted anonymity within the Overview Report and Executive Summary and will be referred to by pseudonyms.
- Where consent to share information is not forthcoming, agencies should consider whether the information can be disclosed in the public interest.

Timescales

The Panel will endeavour to conclude its work in a timely manner with the intention of concluding by the end of January 2018. This is subject to family requests for more time and the conclusion of the criminal case.

All agencies are asked to adhere to agreed deadlines and to provide early notification to the Chair should this not prove possible.

Media strategy

The Review is confidential until permission is given by the Home Office to publish. As such, all media enquiries should be directed to the Chair in the first instance.

Appendix B: Cross-Government definition of domestic violence

The cross-government definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour

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

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.

Appendix C: Further information about the chair and report author

Davina James-Hanman is an independent Violence Against Women Consultant. She was formerly the Director of AVA (Against Violence & Abuse) for 17 years (1997-20014), which she took up following five years at L.B. Islington as the first local authority Domestic Violence Co-ordinator in the UK (1992-97). From 2000-08, she had responsibility for developing and implementing the first London Domestic Violence Strategy for the Mayor of London. A key outcome of this was a reduction in domestic violence homicides of 57%.

She has worked in the field of violence against women for over three decades in a variety of capacities including advocate, campaigner, conference organiser, crisis counsellor, policy officer, project manager, refuge worker, researcher, trainer and writer. She has published innumerable articles and three book chapters and formerly acted as the Department of Health policy lead on domestic violence (2002-03). She was also a Lay Inspector for HM Crown Prosecution Service Inspectorate (2005-10). Davina has authored a wide variety of original resources for survivors and is particularly known for pioneering work on the intersections of domestic violence and alcohol/drugs, domestic violence and mental health, child to parent violence, developing the response from faith communities and primary prevention work.

She acted as the Specialist Adviser to the Home Affairs Select Committee Inquiry into domestic violence, forced marriage and 'honour' based violence (2007-08) and Chairs the Accreditation Panel for Respect, the national body for domestic violence perpetrator programmes. From 2008-09 she was seconded to the Home Office to assist with the development of the first national Violence Against Women and Girls Strategy. Davina was also a member of the National Institute of Health & Care Excellence group which developed the domestic violence recommendations and subsequent Quality Standards. She remains an Expert Adviser to NICE.

Davina is a Special Adviser to Women in Prison and a Trustee of the Centre for Women's Justice.

Appendix D: Summary of questions and responses from Muslim Women's Group

Questions:

1. Have you seen any local publicity about where to go for help if you – or someone you know – were experiencing domestic abuse? Where did you see it?
2. If you were experiencing domestic abuse, what services would you go to? Are there any you would not go to?
3. If there was a good service that met the needs of Muslim women – what would it look like? What kind of support would it offer and how / when?
4. Does your mosque ever address the issue of domestic abuse? If yes, what does it do? Is there more that you think could be done by the mosque?
5. Is there anything else you would like the Domestic Homicide Review Panel to consider with respect to improving local services for Muslim women?

Responses

Woman 1:

1. No.
2. I would go to the police. I do not know about any other service.
3. Qualified individuals who would be able to help and guide people in need. Preferably a Muslim person due to the understanding of the religion and barriers someone may face.
4. No it does not.
5. To understand that different cultures and different religions have different needs and barriers. To look into mothers with young children and see best way of how they can approach and meet them in the most effective way.

Woman 2:

1. At work.
2. Talk to family, would be very careful sharing with local friends or community members as I would concern for rumours and gossip. I would rather prefer to share with someone I can trust.
3. Helping building up confidence so that they can stand for them and protect themselves. More ladies gathering involving share information, activities, inclusion etc.
4. Not applicable as haven't experienced or heard.
5. People values and respect our religion and don't make fun of any our activities (hijab etc). More local events and encourage women to be involved in social activities.

Woman 3:

1. No.
2. Police.
3. In conjunction with local mosque or local community centre. Someone knowledgeable to approach and get correct guidance from Islamically and legal rights and options in this country.
4. Not that I'm aware. Advertising that there is a Muslim representative who can provide above mentioned information if need be confidentially.
5. Supporting the Muslim community so that suitably qualified people are in the position to provide the correct advice if needed. To educate the community of women's rights, that Islam gives women rights and not to mix culture with religion. Once education is there then women can reach the correct services.

Woman 4:

1. No, never.

2. Police, as that's all I'm aware of. I wouldn't have any problems contacting any other services if I was made aware of them.
3. Call centre, for help/advice while being able to preserve anonymity if needed. (Should be 24 hr service). Also, some sort of shelter that would take in emergency cases where the woman/girl could go to if there was no other safe place.
4. Not necessarily abuse itself but does address the need to treat women especially spouse with kindness and love. mosque is too public of a platform for local women of the community. Less chance of a woman wanting to speak openly about domestic abuse to people of her local community than to an outsider who will definitely be able to keep confidentiality as a priority and not leave the woman feeling judged.
5. Awareness needs to be made more prominent within the Muslim community through leaflets, seminars etc.

Woman 5:

1. No, I haven't seen any.
2. I will call 999.
3. To support the Muslim Women need to make an organization. Need to develop awareness. In the mosque we need to have trained group of women which can help them. Need to support the women tell them their rights. This can help to make them confident whenever any Muslim family come they have to register in the mosque and need to meet the women supporting team. They can them the help line numbers as well for the future.
4. I didn't hear anything from the mosque.
5. Educate them. Development of the Muslim council members to help Muslims.

Woman 6:

1. No, haven't seen any.
2. Police.
3. Special assigned force. Easy access. Number specifically assigned for this.
4. Not sure as haven't been to the mosque

Woman 7:

1. No because I'm not looking out for such information.
2. I would google to see what help was out there.
3. Would a service be needed just for Muslim women? Wouldn't they feel singled out?
4. I don't go to the mosque, but I think the mosque could possible do more hold talks for men to give them information that it's not ok to abuse or hit your wife, gf, mother or sister and that it's a criminal offence.
5. Unsure what the panel does so cannot comment. More of a Pakistani issue not Muslim.

Appendix E: Recommendations and Action Plan

No	Recommendation and scope	Action	Key milestones	Target Date	Lead	Progress	Revised Target date	Status (RAG) Rating
	What is the over-arching recommendation? *Should this recommendation be enacted at a local, regional level or national level*	*How is the relevant agency going to make this recommendation happen?*	*What are the key milestones to complete the action?*	*When should this happen?*	*Who is responsible for monitoring progress and ensuring delivery?*	*What has been achieved?* *What was the outcome? (If a revised targeted date is required, provided an explanation)*	*If required - what is the revised target date*	*Is the action on complete or due to be complete by the target date (green), in progress (amber) or outstanding (red)*
#1	Attach a full and un-redacted copy of this Overview Report to the social care records of Azaan and Zainab so that it is available to them should they seek it in the future.			On publication	Julie Boot, Children's Social Care	Will attach full and un-redacted Overview Report once advised of approval for publication by Home Office.		GREEN
#2	All midwives and doctors involved in care of women and their babies should receive training in how to view and record DV questioning in the EPR record.	Embed this training into DA element of mandatory safeguarding children training Level 3 (face to face); Compliance recording using CUH system CHEQS	In-service training facilitators trained to demonstrate electronic DV documentation during sessions. Monitoring of CHEQS	March 18	Toni van Voorst, Cambridge University Hospitals NHS Foundation Trust	Training compliance with Level 3 safeguarding children training is 91.6% for May 2018	Achieved in full	GREEN Compliance exceeds 90% target
#3	The importance of	Add to list of DA	Policy is	Sept 18	Toni van	Maternity		GREEN

	DV questioning and appropriate use of professional interpreters should be recognised throughout the maternity service, and measures should be taken to increase awareness amongst all clinical staff by a consistent and sustained programme of actions	Risk Factors in CUH DA policy: '*Women where English is not a first language, or there are communication difficulties'*. Embed link to Interpreting and Translating Services Policy, v5;Dec 2017 into DA Policy	updated and available for staff reference on hospital intranet, 'Merlin'. DA Audit of staff demonstrates awareness of updated policy	Target date now November 2018	Voorst, Cambridge University Hospitals NHS Foundation Trust	guidance for identifying DV by use of sensitive routine enquiry already has this embedded in the text; Needs to be added to CUH DA Policy. Will be achieved by November 2018		Partly achieved
#4	The guideline on routine questioning on domestic violence should be reviewed and updated to include the procedure for recording questioning and responses in EPR record and the roles and responsibilities of all clinical staff. There should also be clarification of the required standard as there is a discrepancy in the current guideline between the audit	Review and update guideline to include the procedure for recording questioning and responses in EPIC record and the roles and responsibilities of all clinical staff. Eliminate the discrepancy in the current guideline between the audit standards and the minimum standard	Policy is updated; Audit and minimum standards correlate	Sept 18	Toni van Voorst, Cambridge University Hospitals NHS Foundation Trust	Guidance is updated and now offers staff full details on recording DA screening, and staff actions and responsibilities Clarifying the discrepancy between the audit standards and the minimum standards cited is an outstanding action to		GREEN Achieved in full

	standards and the minimum standard set out within the body of the document.					complete		
#5	There should be a repeat baseline audit of compliance with guidance on routine questioning on domestic violence, with the results disseminated throughout the maternity service.	Baseline audit standards and questionnaire compiled Audit undertaken in conjunction with Audit department; evidence to inform Report and recommendations, leading to action plan for maternity department. Inform Divisional Board and maternity staff of outcome	Baseline audit is completed, and Report written and submitted to Divisional Board and maternity staff; Named Midwife using data as basis for agreed Action Plan and repeat audits	March 18	Toni van Voorst, Cambridge University Hospitals NHS Foundation Trust	Audit standards and questionnaire have been developed. Cycle one, two and three completed.	Rolling programme of re-audit. Evidence of disseminated results and actions. Oct 18	GREEN Achieved
#6	A repeating audit cycle should be implemented to ensure satisfactory compliance has been consistently demonstrated at a frequency to be determined by the named midwife for	Using baseline audit, audit standards to be reviewed to ensure relevant comparative data can be elicited going forward. Agree Audit interval with	Audit interval agreed	March 18	Toni van Voorst, Cambridge University Hospitals NHS Foundation Trust	Audit standards and questionnaire have been developed. Cycle one completed.	Rolling programme of re-audit. Evidence of disseminated results and actions. Oct 18	GREEN Achieved

	safeguarding. The audits and the resultant action plans will be monitored by the Patient Experience and Quality Midwife.	audit department and responsible Named Midwife for Safeguarding. Clear trail of progress via serial Reports and Action plans, monitored by the Patient Experience and Quality Midwife and reported to the Joint Safeguarding Committee.						
#7	Recording in EPIC of domestic violence questioning undertaken and the response received should be made easy to view for the clinical team providing care during pregnancy, labour and the postnatal period. An agreed method should be established within maternity services and changes made to EPIC as required.	Effect necessary alteration to EPIC DA screening process in pregnancy; ensure this is simple and readily accessible to staff view	All women have a full safeguarding assessment at booking appointment, including DA screening. EPIC process altered. EPIC record displays evidence of serial screening in pregnancy. Appropriate safeguarding flag(s) applied	March 18	Toni van Voorst, Cambridge University Hospitals NHS Foundation Trust	All Midwifery staff expected to undertake a full safeguarding assessment at booking appointment, including DA screening. Recording of screening and number of times asked is readily evident on opening this electronic page. Where there has been		GREEN Achieved in full

			to EPR for guide clinical staff, e.g. DA alert flag is available from a 'pick list' of 'risks' and can be applied to any patient record			a positive screening result: DA alert flag is available from a 'pick list' of 'risks' and can be applied to any patient record, as can other safeguarding risks		
#8	Include a session on 'Life in the UK, Your Rights' into their existing programme of work with refugees and asylum seekers.	This is already included in the induction programme for resettled refugees. We will look at including it into the requirements on the Asylum Seekers and Refugee contract with CECF when it is next reviewed	On review of CEDF Asylum Seekers and Refugee service contract	Mid 2019	Lynda Kilkelly, Cambridge City Council			AMBER

#9	Undertake an audit of GPs to establish the extent to which they have implemented the training and policy guidance on domestic abuse recommended by NICE in 2014 taking remedial action if necessary.	1) Review NICE guidance and its implications on primary care 2) Design audit for use within clinical GP practices 3) Write report on findings.	See left	December 2019	Kate Calvert, Cambridgeshire & Peterborough CCG			
#10	Undertake work with the county wide Muslim Women's Group to raise awareness of domestic abuse and help available. This to include support for partners from abroad.	• Undertake needs assessment with the County-wide Muslim Women's Group to ascertain best ways to raise awareness of domestic abuse • Develop community champions from within and outside the Muslim community • Develop awareness-	• Establish focus groups • Identify and train community champions • Develop materials and identify methods to raise awareness	July 2019	Julia Cullum, Cambridgeshire & Peterborough Domestic Abuse & Sexual Violence Partnership			GREEN

		raising campaign						
#11	To receive six monthly updates on the progress of implementing this action plan until such time as it is complete.	The progress of the action plan will be a twice yearly agenda item for the CSP Board meeting until it is completed	Reports to CSP Board and monitoring over the next year	First report October 2018	Lynda Kilkelly, Cambridge CSP			AMBER
#12	To produce and implement a single countywide commissioning and administrative agreement to ensure statutory requirements are complied with in respect of commissioning Domestic Homicide Reviews.	Multi-agency Task Group to develop a template for the procedure.	Draft the procedure ready for consultation. Final procedure agreed and adopted across CSPs	Draft June 2019	Julia Cullum / Vickie Crompton, Cambridgeshire & Peterborough Domestic Abuse & Sexual Violence Partnership	Task Group set up and inaugural meeting took place.	December 2019	AMBER
#13	Whilst recognising that commissioning cycles will vary, all agencies involved in this Review are to ensure the inclusion of the following in their contracts with interpreting services: Confidentiality; impartiality; DBS checks, training in	Brief CSP on need for reviews in relation to interpreting services	CSP agencies briefed in mid-2019	CSP meeting dates	Lynda Kilkelly, Cambridge CSP		On Forward Plan of Cambridge CSP	AMBER

	domestic abuse awareness training and an agreed form of wording for the term 'domestic abuse' in provided languages[10].							
#14	The above recommendation to be communicated to the Local Medical Committee for dissemination to GPs and for inclusion within their own guidance on accessing and using interpreters.	Inform Local Medical Committee		June 2019	Sarah Hamilton, Cambridgeshire & Peterborough CCG			AMBER
#15	Staff to be reminded of the importance of accessing professional interpreters and the preference not to 'make do' with family members. This reminder should also include best practice guidance for working with interpreters[11]	Incorporate into County-wide training		Ongoing	Julia Cullum / Vickie Crompton, Cambridgeshire & Peterborough Domestic Abuse & Sexual Violence Partnership			RED

[10] Domestic abuse is not a term which exists in all languages. As such, interpreters should be made aware of alternative forma of wording.
[11] A good example of this can be found here: Glasgow Violence Against Women Partnership: Good practice guidance on Interpreting for women who have experienced gender based violence

#16	Spousal visa applicants to be given access to their sponsors criminal record and previous marital history in advance of the visa being granted	The Chair of Cambridge CSP to write to the Home Secretary regarding these recommendations and enclosing a copy of this DHR report	Letter to be sent when the Home Office has given permission to publish and circulate the report	TBC	Debbie Kaye, Cambridge CSP			RED
#17	Persons entering the UK on a spousal visa to be provided with information about their legal rights in relation to marriage and relationship breakdown, including information about agencies that can help such as Women's Aid.	The Chair of Cambridge CSP to write to the Home Secretary regarding these recommendations and enclosing a copy of this DHR report	Letter to be sent when the Home Office has given permission to publish and circulate the report	TBC	Debbie Kaye, Cambridge CSP			RED
#18	Health Education England to consider reviewing their curriculum content regarding postgraduate training and mandating domestic violence training for all GPs.	The Chair of Cambridge CSP to write to Health Education England regarding this recommendation and enclosing a copy of this DHR report	Letter to be sent when the Home Office has given permission to publish and circulate the report	TBC	Debbie Kaye, Cambridge CSP			RED

Recommendations that are outside the scope of the Cambridge CSP and the DASV Delivery Board will be communicated to the relevant agencies.