Executive Summary

Domestic Homicide Review

Name: Julie

Died: November 2018

Author: Mark Wilkie
Date: June 2020

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1 The Review Process

1.1 This summary outlines the process undertaken by the Warrington Community Safety Partnership domestic homicide review panel in reviewing the homicide of Julie, who was a resident in their area.

1.2 The following pseudonyms have been in used in this review for the victim and perpetrator to protect their identities and those of their family members:

Name	Who	Age	Ethnicity
Julie	Victim	49	White British
Brian	Perpetrator	50	White British
Lauren	Daughter of Julie and Brian	17	White British

1.3 Julie was killed in November 2018 and Brian was arrested for her murder, however he was released on bail. At this point it was not certain that this was a domestic crime however, Cheshire Police made Warrington Community Safety Partnership aware of the situation. In April 2019 Brian was charged with Julie's murder and Warrington CSP were informed. This now fitted the criteria for a DHR to be commenced. Warrington Borough Council appointed Ged McManus as the independent chair in July 2019. Thereafter a DHR panel was assembled from agencies judged to have had an involvement with the family or contribution to make to the review. Care was taken to ensure people with additional independence and domestic abuse expertise were invited to be panel members. The actual process did not start until the conclusion of Brian's trial in October 2019 as members of the family were witnesses at the trial.

2 Contributors to the review

CONTRIBUTORS TO THE REVIEW / AGENCIES SUBMITTING INDEPENDENT MANAGEMENT REVIEWS (IMRs)

Agency	Contribution
Cheshire Constabulary	IMR
North West Ambulance Service (NWAS)	IMR
Bridgewater Community Healthcare NHS Foundation Trust	IMR
Warrington Clinical Commissioning Group	IMR
Warrington Borough Council Education	IMR
St Helens CCG	IMR
Clatterbridge Cancer Centre NHS Foundation Trust (CCC)	IMR
North West Boroughs Healthcare NHS Foundation Trust	IMR
Warrington Borough Adult Social Care	IMR
Warrington and Halton Teaching Hospitals NHS Foundation Trust	IMR
Cheshire Fire Service	IMR
Children's Social Care Warrington Borough Council	Short Report

3 The review Panel Members

Ged McManus	Independent Chair
Mark Wilkie	Support to chair and author
Sue Wallace	Detective Constable Cheshire Constabulary
Margaret Macklin	Head of Adult Safeguarding and Quality Assurance Warrington Borough Council
Theresa Whitfield	Head of Service, Community Safety & Resilience Warrington Borough Council
Julie Ryder	Designated Nurse Safeguarding Adults Warrington Clinical Commissioning Group (CCG)
Andy Jones	Service Manager Children's Social Care Warrington Borough Council
Ellen Parry	Assistant Head of Service Warrington Borough Council Education
Wendy Teague Administrator	Warrington Borough Council
Jacqueline Hodgkinson	Adult Safeguarding Lead North West Boroughs Healthcare NHS Foundation Trust
Jackie Rooney	Head of Safeguarding Clatterbridge Cancer Centre NHS Foundation Trust (CCC)
Deborah De Jong	Clinical Specialist for Additional Needs Clatterbridge Cancer Care Centre NHS

	Foundation Trust
Louise Pendleton	Specialist Nurse Safeguarding Adults Bridgewater Community Healthcare NHS Foundation Trust
Wendy Turner	Lead Named Nurse Warrington and Halton Teaching Hospitals NHS Foundation Trust
Dr Lisa Lang	Named Safeguarding Adults Consultant Warrington and Halton Teaching Hospitals NHS Foundation Trust
Sally Starkey	Chief Officer Warrington's Women's aid
Steve Cullen	Chief Officer Warrington District Citizens Advice

3.1 The Panel met on four occasions prior to its work being interrupted by restrictions in place as a result of the corona virus. Work then continued by telephone conferencing and exchanges of documents. The DHR was concluded on 5 June 2020, following consultation with Lauren. The review chair was satisfied that the members were independent and did not have any operational or management involvement with the events under scrutiny.

4 Chair and Author of the overview report

Ged McManus was chosen as the DHR Independent Chair. He is an independent practitioner who has chaired and written previous DHRs and Safeguarding Adult Reviews. He is currently Independent Chair of a Safeguarding Adult Board in the north of England (not Cheshire) and was judged to have the skills and experience for the role. Mark Wilkie supported the independent chair and wrote the report. He has written previous DHRs. Both practitioners served for over thirty years in different police services in England. Neither of them has previously worked for any agency involved in this review. Ged McManus and Mark Wilkie have contributed to a previous DHR in Warrington.

5 Terms of Reference

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 inform national and local policies and procedures as appropriate;

Prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity;

Contribute to a better understanding of the nature of domestic violence and abuse; and

Highlight good practice.

[Multi-Agency Statutory guidance for the conduct of Domestic Homicide Reviews 2016 section 2 paragraph 7]

Timeframe under Review

The DHR covers the period 1 November 2014 to the homicide in November 2018.

Case Specific Terms

Subjects of the DHR

Victim: Julie 49 years

Perpetrator: Brian 50 years

Daughter of Julie and Brian: Lauren 17 years

Specific Terms

1. What indicators of domestic abuse did your agency have that could have identified Julie as a victim of domestic abuse by Brian and what was the response?

2. What knowledge did your agency have that indicated Brian might be a perpetrator of domestic abuse against Julie and what was the response?

3. What knowledge did your agency have that indicated Brian might be a victim of domestic abuse by Julie and what was the response?

4. What thought was given by your agency as to whether Brian or Julie was the primary perpetrator?

5. What services or signposting [including substance misuse services] did your agency provide for, or offer to, Julie or Brian, and were they accessible, appropriate and sympathetic to their needs and were there any barriers in your agency that might have stopped Julie or Brian from seeking help for the domestic abuse?

6. Within the services that you provided to Julie and Brian what consideration did you give to Lauren's needs and did you consider or make any referrals to other services for Lauren?

7. Did professionals recognise the potential psychological impact on Lauren through the effect of Julie's health issues or the possibility of her witnessing domestic abuse?

8. What services did your service provide to Lauren?

9. What knowledge or concerns did Julie and Brian's families, friends or employers have about their domestic abuse and did they know what to do with it?

10. How did your agency take account of any racial, cultural, linguistic, faith or other diversity issues, when completing assessments and providing services to Julie and/or Brian?

11. Were there issues in relation to capacity or resources in your agency that affected its ability to provide services to Julie and/or Brian, or on your agency's ability to work effectively with other agencies?

12. What learning has emerged for your agency?

13. Are there any examples of outstanding or innovative practice arising from this case?

14. Does the learning in this review appear in other domestic homicide reviews commissioned by Warrington Community Safety Partnership?

6 Summary chronology

6.1 Julie

6.1.1 The majority of the information about Julie was supplied by Brian. Some of this information is corroborated from other sources including, IMRs, Court reporting and Lauren.

6.1.2 Not much is known about Julie's younger years however, it is known that in her late teens and early twenties that she lived in the Atherton area of Greater Manchester and worked for an insurance company in Manchester.

6.1.3 Julie had her own house in this area which she had bought with a previous boyfriend. When this relationship ended she kept the house.

6.1.4 Julie met Brian on her 21st birthday and they started a relationship. She sold her house soon after and they moved in together in rented accommodation.

6.1.5 Julie was described as very quiet and wasn't keen on large gatherings or noisy situations. She did however like horses and regularly rode including in competitions. She bought her own horse which was stabled nearby.

6.1.6 Throughout all Julie's adult life, she suffered from mental health problems. These included: Anxiety, Depression, self-harm, Autism Spectrum Disorder (ASD) with associated Anxiety and Agoraphobic symptoms. Her illnesses made social interaction difficult and stressful. She was treated by her local Mental Health Service providers over a period of years.

6.1.7 Julie worked for the Department of Work and Pensions (DWP). She was primarily based in a department that was administrative where she used her skill with statistics. Unfortunately, she was moved to a public facing department which just did not work out because of her underlying mental health issues. Julie found the noisy environment and uncertainty of the daily

routine too difficult to cope with. The consequence of this change of role resulted in her being off sick for long periods of time, culminating in her being dismissed in 2011. In 2015 she went to a Tribunal to appeal the dismissal. She was awarded a sum of money. This dismissal and process appears to have precipitated a worsening of her mental health.

6.1.8 Julie had difficulty communicating with others at work and in other social settings*. Autism.org.uk states.*

'In particular, understanding and relating to other people, and taking part in everyday family, school, work and social life, can be harder. Other people appear to know, intuitively, how to communicate and interact with each other, yet can also struggle to build rapport with people with ASD. People with ASD may wonder why they are 'different' and feel their social differences mean people don't understand them.

Autistic people, often do not 'look' disabled. Some parents of autistic children say that other people simply think their child is naughty, while adults find that they are misunderstood.'

6.1.9 In December 2016 Julie was diagnosed with ASD

6.1.10 Julie's passion was to spend a lot of her time when she was well at her stables riding horses as she found other social interactions very difficult and challenging.

6.1.11 In 2017, Julie was diagnosed with bladder cancer and she was undergoing treatment for the condition when she was killed.

6.2 Brian

6.2.1 Brian was born in Salford and studied computing at Technical College between 1985-87.

6.2.2 He had a career which used his IT skills including a period of time at the DWP. His last job was as a Solution Architect for Barclays Bank in the position of an Associate Vice President.

6.2.3 It appears that Brian had been a stabilizing factor in the family when Julie was struggling with her mental health. He was regularly called by Lauren's schools or health professionals that needed help with Julie. Their Daughter Lauren described him as, "The rock and would try and fix things".

6.2.4 Brian supported Julie and Lauren financially throughout and especially in the years when Julie was not working. They had their own house, vehicles and horses.

6.3 Julie and Brian

6.3.1 Julie met Brian on her 21st birthday. Initially they lived in rented accommodation and then bought a house which took some time to renovate. They married in 1997 and Julie went to work for the DWP. Brian joined the DWP around the same time. In 2001 they had their only child together, Lauren.

6.3.2 Julie found living on an estate where there were children playing on the street near her house difficult to cope with and this caused a lot of unrest with the neighbours. As hard as she tried she could not cope so they decided to move to a new house to help Julie.

6.3.3 The family moved to a house near Warrington and also bought land with stables on it where they kept their 4 horses. Julie and Lauren rode their horses which were kept at their stables with Lauren competing in dressage competitions.

6.3.4 The family never went on holiday but they would all attend dressage competitions where they would be involved in the judging or Lauren would be competing.

6.3.5 Lauren reported that her relationship with her mum was a strained one with Julie always being very critical about her and her actions and also changing from lovely to nasty at the flick of a switch

6.3.6 Lauren was described by her Secondary school as being an excellent pupil who achieved a set of high grades in her GCSEs. However, they also mentioned that in interactions with the school Brian was always the more reasonable, calmer parent when dealing with Lauren's issues in school. Julie was often volatile, with an aggressive tone and the instigator of causes of conflict. Lauren was a model student and her behaviour did not cause need for parental meetings. All interactions / conflict with school was instigated by Julie, usually unhappy at Lauren's perceived lack of excelling. For example, after collecting a number of awards at celebration evening, Julie chose to challenge Lauren and staff for the one award she did not receive.

6.3.7 Throughout their married life Julie suffered with both her mental and physical health. Because of her mental health issues practitioners found that dealing with her physical health could be problematic. During most of these interactions Brian or Julie's mother would attend appointments with her and generally act in what was perceived as a supportive manner. The panel did not think that it was necessary to include all the details about Julie's physical conditions as they were not relevant to the review.

7 Key issues arising from the review

1. There was no evidence of Domestic Abuse.
2. Julie suffered for most of her life from mental ill health which adversely affected her ability to work and socialise. She sought help and then engaged with health professionals.
3. Brian was seen by all as a stabilising factor for the family group and professionals often sought his help with Julie.
4. The panel considered whether Brian's presentation as a professional, educated and articulate man had an influence on what support was offered to him and by association their daughter Lauren.

8 Conclusions

8.1 The panel thought that the review distilled into 3 questions.

1. Were there any signs that Brian was going to murder Julie? No.
2. Was Lauren affected? Yes.
3. Were there any features that stopped the agencies from offering services? Yes.

8.2 The evidence in this case shows that Julie had suffered for a considerable number of years from different mental health issues and latterly with physical health problems including cancer. After losing her job in 2011 there appears to have been a gradual worsening of her conditions.

8.3 Julie was well supported by her local health services which she accessed on a frequent basis. It was noted by all the services that Julie was involved with that her husband Brian was a supportive and calming influence on her. Indeed, on numerous occasions when professions were having difficulties with Julie they would call him to assist. Brian would attend appointments with Julie or on her behalf if she was not well enough to attend.

8.4 When Julie was being treated for her physical health problems things did not always run smoothly. The evidence in this review highlights the difficulty in dealing with patients who are also suffering from certain mental health problems. The adverse effect in this case was that clinical procedures were delayed. Had Julie's mental health issues been known by all those dealing with her it should have been possible to plan and make the necessary adjustments to help her.

8.5 The focus of the care was quite rightly on Julie however, it has to be considered whether Brian's presentation as a professional, educated and articulate man had an influence on what support was offered to him and by association their daughter Lauren. The main exception to this would be the service provided by Clatterbridge Cancer Care NHS Trust.

8.6 During the time period under review Lauren was living in a household that was having to cope with difficult issues. It can be seen that she did well at school despite those difficulties. However, the fact that she was seen as coming from a reasonably well-off family with a professional father may have affected the decision-making processes of the agencies and professionals involved.

8.7 The panel discussed whether there could have been hidden abuse in the relationship that was not reported to agencies. The panel were aware of research which shows many victims of abuse do not seek help. For example, a Safelives report which shows;

'On average victims experience 50 incidents of abuse before getting effective help.'[1]

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[1] SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives

8.8 The review has however found no evidence that Julie was a victim of domestic abuse prior to her murder. The panel noted the sentencing Judge's comment that

You had had enough of her, saw the opportunity that presented itself that night to kill her and did so."

9 Learning

9.1 Narrative

Brian presented as a calm, professional and articulate man during all his interactions with agencies. The family were seen as relatively well off. Lauren was doing well at school and Brian appeared to cope with all the prevailing circumstances. The picture painted to the outside world was not necessarily the reality of the situation.

Learning 1

Think Family[2]

The impact on Lauren of the family circumstances was not always understood by agencies who did not always think family.

9.2 Narrative

Health professionals who treated Julie for her physical conditions were not always made aware of her ASD diagnosis. This meant that on some occasions Julie's unexpected reactions to routine situations caused problems in healthcare settings and delayed her treatment

Learning 2

Professionals found it challenging dealing with Julie's behaviours as there was a general lack of knowledge about her autism. If there had been a better understanding by professionals then it may have been easier to make reasonable adjustments to assist Julie.

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[2] The Think Family agenda recognises and promotes the importance of a whole-family approach which is built on the principles of 'Reaching out: think family'

10 Recommendations from the review

10.1 Recommendation one

The Warrington CSP should seek assurance from its constituent agencies that practitioners have appropriate training in order to think family.

10.2 Recommendation two

The Warrington CSP should signpost Agencies to the Social Care Institute for Excellence/ National Institute for Health and Care Excellence, guidance "Enabling positive lives for autistic adults".
https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/enabling-positive-lives-for-autistic-adults

10.3 Recommendation three

Warrington Clinical Commissioning Group

As part of routine appointments for all patients all practices should consider asking the question, "how are things at home? Do you have any worries around coercion or control from others, either partners, family members or ex-partners?"

10.4 Recommendation four

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Increased domestic abuse training is recommended to ensure staff are aware of the importance of recognising domestic abuse. Lessons learnt to be shared trust wide via Safeguarding Committee.

Appendix A

No	Recommendation	Lead Agency	Date of Completion & Outcome
1	The Warrington CSP should seek assurance from its constituent agencies that practitioners have appropriate training in order to think family.	CSP	Action reviewed – Closed March 2021
2	The Warrington CSP should signpost Agencies to the Social Care Institute for Excellence, guidance "Enabling positive lives for autistic adults". Appendix B https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/enabling-positive-lives-for-autistic-adults-quick-guide.pdf	CSP	Action reviewed – Closed March 2021
3	**Warrington Clinical Commissioning Group** As part of routine appointments for all patients all practices should consider asking the question, "how are things at home? Do you have any worries around coercion or control from others, either partners, family members or ex-partners?"	CCG	Action reviewed – Closed March 2021

4	**Warrington and Halton Teaching Hospitals NHS Foundation Trust** Increased domestic abuse training is recommended to ensure staff are aware of the importance of recognising domestic abuse. Lessons learnt to be shared trust wide via Safeguarding Committee.	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Action reviewed – Closed March 2021