Domestic Abuse Related Death Review

Robbie/Feb 2024

Overview Report

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Author: Dr Liza Thompson

Commissioned by: Safer Hull Partnership

Review completed: October 2025

Robbie

Robbie was a white British man in his late thirties who had moved to Hull after periods of living in Scotland and Wales. Robbie was described by professionals as sensitive, polite, chatty and reflective. The information available to the review suggests that he had experienced significant adversity from childhood onwards. These experiences appear to have shaped his sense of stability and belonging, and the way he responded to pressure and conflict in adult life. Robbie struggled with low-confidence and had a long history of mental health issues and had made a number of suicide attempts.

All members of the DARDR panel express their sincere condolences to Robbie's family and friends.

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1. Introduction

1.1 This Domestic Abuse Related Death Review (DARDR) examines agency responses and support given to Robbie, a white British male in his late thirties, prior to his death in February 2024. On that day, Robbie's partner Fiona returned from taking the children to school, to find Robbie suspended from the banister using a dog lead as a ligature. Robbie died in hospital one week later.

1.2 Prior to his death, Robbie had disclosed to his Probation Officer that Fiona's behaviour was abusive. On the afternoon of Robbie's death, a family friend emailed the family's Social Worker with concerns that Fiona's son had told her that Fiona had "been mean" to Robbie that morning.

1.3 The Community Safety Partnership had received a DHR notification on 14th February 2024, informing the partnership that a death had occurred which may fall under the definition of domestic abuse. On 4th March 2024, the Multi-Agency Risk Assessment Conference (MARAC) Core Group met to discuss whether the case met the criteria for the DARDR process. At the meeting, panel members agreed that there may be lessons to be learnt, and that the DARDR was required. The Chair of the Safer Hull Partnership ratified this decision, and an Independent Chair was commissioned in May 2024.

1.4 The key reasons for conducting a DARDR are to:

a) establish what lessons are to be learned about the way in which local professionals and organisations work individually and together to safeguard victims;
b) identify clearly what those lessons are - both within and between organisations; how and what timescales will be acted on; and what is expected to change;
c) apply these lessons to service responses including changes to policies and procedures as appropriate; and
d) prevent domestic violence and abuse, and improve service responses for all domestic violence and abuse victims and their children, through improved intra and inter-organisation working;
e) contribute to a better understanding of the nature of domestic violence and abuse; and
f) highlight good practice.

2. Confidentiality

2.1. The findings of this DARDR were confidential, until after the DARDR was approved by the Home Office Quality Assurance Panel, when it was then published

2.2. Although the main subject of the review is Robbie, in order to discharge the statutory duty in completing this review, relevant and proportionate information pertaining to Fiona, and to a lesser extent the children, were gathered. This information pertained to

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Robbie's allegations of abuse from Fiona, and information to support the panel's understanding of Robbie's experiences within the home.

2.3. Details of the deceased and their partner:

Name (Pseudonym)	Gender	Age at time of death	Relationship to deceased	Ethnicity
Robbie	Male	Late thirties	Deceased	White British
Fiona	Female	Mid thirties	Partner	White British

2.4 The following individuals/family members were known to the Review Panel and have been given the following pseudonyms to protect their identity:

Pseudonym	Relation to deceased:	Relation to alleged perpetrator:
Child A	Step-child	Child
Child B	Step-child	Child

3. Methodology

3.1. The detailed information, on which this report is based, was provided in Individual Management Reports (IMRs), which were completed by each organisation that had significant involvement with Robbie.

3.2. An IMR is a written document, including a full chronology of the organisation's involvement, which is submitted on a template.

3.3. Each IMR was written by a member of staff from the organisation to which it relates and signed off by a Senior Manager of that organisation, before being submitted to the DARDR Panel.

3.4. Neither the IMR Authors nor the Senior Managers had any involvement with Robbie during the period covered by the review.

3.5. Due to the nature of the review, specifically that Robbie's death was not found to have been directly caused by Fiona, the panel were limited to how much information they could request in respect of Fiona, and the children. The information requested was considered to be proportionate and relevant, in order to fulfil the statutory duties and Home Office guidance regarding Domestic Abuse Related Death Reviews.

4. Timescales

4.1. The panel met on five occasions, and the report was signed off and submitted to the Home Office in September 2025.

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4.2. The review began in July 2024, with the initial panel meeting, where the Terms of Reference were agreed. The IMRs were returned and reviewed in November 2024, with the initial draft of the report being completed in January 2025

5. Terms of Reference

5.1. This review will establish whether any agencies identified possible and/or actual domestic abuse that may have been relevant to the death of Robbie.

5.2. The scoping period for the review was agreed as January 2020 until the date of Robbie's death. This period is considered to cover the entirety of the relationship. However, if any relevant information regarding domestic abuse came to light prior to this period, IMR authors were required to send this information within the chronology.

5.3. The panel considered the following specific issues:

i. Were practitioners sensitive to the needs of Robbie and Fiona, knowledgeable about potential indicators of domestic abuse and aware of what to do if they had concerns about a victim or perpetrator? Was it reasonable to expect them, given their level of training and knowledge, to fulfil these expectations?

ii. Did the agency have policies and procedures for Domestic Abuse, Stalking and 'Honour' Based Abuse (DASH) risk assessment and risk management for domestic abuse victims or perpetrators, and were those assessments correctly used in the case of Robbie and Fiona. Did the agency have policies and procedures in place for dealing with concerns about domestic abuse? Were these assessment tools, procedures and policies professionally accepted as being effective? Was Robbie or Fiona subject to a MARAC or other multi-agency fora?

iii. In which ways did your agency employ a Think Family approach when assessing, planning and monitoring risks, and making safety plans for Robbie, and/or any of the family members?

iv. How did agencies work together to support Robbie – and Fiona – with their compound needs?

v. What were the key points or opportunities for assessment and decision making in this case? Do assessments and decisions appear to have been reached in an informed and professional way?

vi. How were indicators of suicide risk identified and managed regarding Robbie? For example, was he offered – and if so at what point(s) was he offered – bereavement counselling following his brother's death.

vii. When, and in what way, were the victim's wishes and feelings ascertained and considered? Is it reasonable to assume that the wishes of the victim should

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have been known? Was the victim informed of options/choices to make informed decisions? Were they signposted to other agencies?

viii. Had Robbie disclosed domestic abuse to any practitioners or professionals and, if so, was the response appropriate? Was this information recorded and shared, where appropriate?

ix. Were procedures sensitive to Robbie as a potential male victim of domestic abuse?

x. What consideration was given to the children as victims of domestic abuse, as per Domestic Abuse Act 2021?

xi. Was history considered when identifying the risks of harm, from each other, and from themselves?

xii. In what ways does your organization work in a trauma informed way and did you employ this with the parties?

xiii. Were practitioners suitably curious about circumstances, signs and clues – particularly through a trauma informed lens?

xiv. Are there lessons to be learned from this case relating to the way in which an agency or agencies worked to safeguard Robbie and promote their welfare, or the way it identified, assessed and managed the risks posed by Robbie? Where can practice be improved? Are there implications for ways of working, training, management and supervision, working in partnership with other agencies and resources?

xv. How did covid-19 restrictions effect the couple, access to services, or identification of risk within the family?

6. Involvement of Family Members and Friends

6.1. From the beginning of the DARDR process, the panel have been seeking suitable family members, or friends, of Robbie's to contact. There are no living relatives recorded on police or health files, and there are no significant individuals known to agencies who may have been significant to Robbie and who may be able to support the DARDR process.

6.2. In order to gain a more personal understanding of Robbie, the Independent Chair tried to contact a local charity who Robbie was recorded as volunteering with. Unfortunately, the charity was unable to confirm that Robbie had been known to them, and this therefore also drew a blank.

7. Contributing Organisations

Each of the following organisations contributed to the review:

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Agency/ Contributor	Relevant Service	Nature of Contribution	Source of information
Humberside Police	Serve and protect the public.	IMR Chronology	NICHE system – used to record crime, intelligence and non-crime incidents. SmartContact – system used to record 999 and 101 calls. Police National Computer and Police National Database
Humber and North Yorkshire Integrated Care Board – Conduit for Primary Care	General Practice	IMR Chronology	SystmOne – health records
City Health Care Partnership	Talking Therapies Urgent Treatment Centre	IMR Chronology	SystmOne Health Records Iaptus – electronic record keeping system
Humber Teaching NHS Foundation Trust	Crisis Team Community Mental Health Team	IMR	Lorenzo – electronic records SystmOne Interviews with practitioners
Children's Social Care	Child in Need S.17	IMR	Interview with SW Liquid Logic LCS
CGL	Renew	IMR	CRiiS - Electronic recording system
Together Housing Group	Registered Social Housing Provider	Chronology	Customer contact / Housing management system
Humberside Probation Service	Probation service	IMR	Delius recording system
NHS Humber Health	Emergency department	Short report	Lorenzo

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Partnership (Acute Trust)	Jayne Wilson		
School A and School B	Primary education	Report	CPOMs

8. Review Panel Members

8.1. The Review Panel was made up of an Independent Chair and senior representatives of organisations that had relevant contact with Robbie. It also included a senior member of the Safer Hull Partnership and an independent advisor from a local specialist male victim service.

8.2. Panel members have not had contact or involvement with Robbie, Fiona or her children.

8.3. The members of the panel were:

Agency	**Name**	**Job Title**
	Dr Liza Thompson	Independent Chair
Safer Hull	Vicki Paddison	Strategic Domestic Abuse Commissioning Manager
City Health Care Partnership	Mags Shakesby	Named Nurse for Safeguarding adults, MCA lead and Integrated Team Manager
Humberside Probation Service	Andrea Wilkinson	Senior Probation Officer – DA lead
Humberside Police	Becky Homes	Detective Inspector, Designated Professional Safeguarding Governance Unit Adults
Humber and North Yorkshire Integrated Care Board	Rachael Sharp	Designated safeguarding Adult's Lead
Children's Social Care	Alexandra Campbell	Head of Service Safeguarding Children Services
Renew	Louise Chester	Criminal Justice Project Manager
Together Housing Association	Sue Lewis	Assistant Director Supported Housing & Neighbourhood Safety - safeguarding lead
Hull DAP Male Victims Services *Male Victim Specialist*	Paul Staines	Domestic Abuse safeguarding Lead.

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Hull City Council – Public Health	Sally Barlow	Public Health Suicide Prevention Lead
Humber Teaching NHS Foundation Trust	Martin Inglis	Safeguarding Adults Specialist Practitioner
NHS Humber Health Partnership (Acute Trust)	Jayne Wilson	Named Nurse for Safeguarding Adults

9. Independent Chair and Author

9.1. The Independent Chair, who is also the Author of this Overview Report, is Dr Liza Thompson.

9.2. Dr Thompson is an AAFDA accredited Independent Chair, who has extensive experience within the field of domestic abuse, initially as an accredited Independent Domestic Violence Advisor, and later as the Chief Executive of a specialist domestic abuse charity. As well as DHRs, Dr Thompson also chairs and authors Safeguarding Adult Reviews (SARs) which has also assisted with this review. She delivers domestic abuse and coercive control training to a variety of statutory, voluntary, and private sector agencies, and is the current Independent Chair for the Rochester Diocese Safeguarding Advisor Panel (DSAP). Her doctoral thesis and subsequent publications examine the experiences of abused mothers within the child protection system.

9.3. Dr Thompson is independent of the Community Safety Partnership and agencies involved in this review, other than currently being commissioned to undertake Domestic Homicide Reviews.

10. Other Reviews/Investigations

10.1 The coronial process was completed on 8th May 2024 and concluded with a finding of suicide.

11. Dissemination

11.1 This overview report will be published on the website of Safer Hull Partnership.

Further dissemination will include:

a) Chair of the Hull CSP
b) Chair / Board manager of the Hull Safeguarding Adults Board
c) Chair / Board manager of the Hull Safeguarding Children Partnership
d) Hull Coroner's Office
e) Chair of Hull Domestic Abuse Strategic Group
f)Office of the Humberside Police and Crime Commissioner (OPCC)
g) Chair of Hull Suicide Prevention Programme

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12. Background Information

12.1. In the absence of any family members involved in the review, the following section brings together information gathered from agency case notes, recollections from professionals engaged with Robbie, and from coroners statemen.

12.2. It is understood that Robbie was born in Scotland, and after living for a period of time in Wales, he moved to Hull around 2019 because of the relationship he was in at the time. Although it is unclear the exact commencement of the relationship with Fiona, this is understood to have been sometime in 2020.

12.3. Robbie's mother is understood to have been alcohol dependent throughout his childhood and into adulthood. She passed away in 2014. Robbie is believed to have had one sibling, a brother, who died following an overdose in 2020.

12.4. Robbie self-disclosed to services that he had suffered abuse as a child. Robbie had spent time in care as a child. His stepfather was also alcohol dependent and was violent towards his mother.

12.5. After his mother's death, Robbie is reported to have become homeless, and it is believed that he travelled to Germany with some "travellers", whom he remained with for two or three years. He was later located at a traveller site, during a police operation into modern day slavery, however he did not take this any further with police.

12.6. Robbie reported a history of depression and shared that he had made at least three attempts to end his own life by hanging, with the earliest reported being when he was thirteen years old. He also said that he had self-harmed by scratching himself.

13. Equality and Diversity

13.1. The report addressed the nine protected characteristics (age, disability including learning disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, ethnicity, sex and sexual orientation) as prescribed in the public sector Equality Act 2010.

13.2. The review considers whether access to services or the delivery of services were impacted upon by such issues, and if any adverse inference could be drawn from the negligence of services towards persons to whom the characteristics were relevant.

13.3. The panel agreed that sex and disability were relevant protected characteristics which would have shaped Robbie's experiences.

13.4. Robbie was a male victim of abuse. Research shows that men who wish to seek help as victims of domestic abuse are faced with barriers specific to their gender. These barriers include challenges to their masculinity, fear that their abuse will be disclosed to others, a lack of confidence in the responses they can expect and invisibility of

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services specifically for men. Often from the initial contact with services they feel unable to disclose the abuse.[1] Other barriers identified through research include assumptions and expectations of men, which are based upon stereotypes, and services not being developed with the gender specific needs of male victims at their centre.[2] However in Hull, there is a specialist male service available, which the panel recognised as a very positive resource for the local area.[3]

13.5. Robbie may also not have been taken seriously as a victim of domestic abuse when he disclosed Fiona's behaviour. A thematic analysis of twenty-two DHRs where the victim was male, found that professionals and systems were often dismissive of women's abusive acts against men, and men as victims were more likely to be arrested than their female partners.[4]

13.6. Robbie's poor mental health may have impacted his outlook on life. Although as mentioned above, mixed anxiety and depressive disorder can affect different people in different ways, the disorder can include panic attacks.[5]

13.7. Throughout the majority of the scoping period Robbie used cannabis. It is not known whether this was a form of self-medication for him, but he had told professionals that he had used cannabis since he was a young person and it must have therefore formed a large part of his life for many years.

13.8. There are varying studies regarding the link between cannabis use and depression or anxiety,[6] however long-term daily use of cannabis – as with any substance – may have affected Robbie's regulation of emotions, his motivation[7] and his cognitive functioning.[8] Each of these elements would have shaped how Robbie viewed the world, and also how the world viewed Robbie.

13.9. Robbie told professionals that he had experienced trauma as a child. He self-reported being cared for by an alcohol dependent mother, and violent stepfather. He reported having spent time in care. It is likely that these experiences contributed to his poor

[1] Huntley, A et al Help Seeking by Male Victims of Domestic Violence and Abuse: A Systemic Review and Qualitative evidence Synthesis" *BMJ Open* (9) (1) (2019)
[2] Bates, E "Barriers to Men Seeking Help" *Journal of Interpersonal Violence* (37) (7) (2020)
[3] Hull DAP - Male Victims
[4] Hope, K et al "What we can Learn from DHRs with Male Victims" *Partner Abuse* (2) (4) (2021)
[5] A diagnostic category that defines patients who have both anxiety and depressive symptoms of limited and equal intensity accompanied by at least some autonomic nervous system features, such as panic attacks or intestinal distress.
[6] Effects of Cannabis; RCPsych Response to London Drug Commission
[7] Inzlicht, M et al "Chronic Cannabis Use in Everyday Life: Emotional, Motivational, and Self Regulatory Effects of Frequently Getting High" *Social Psychological and Personality Science* (16) (2024)
[8] Crean, R et al "An Evidence Based Review of Acute and Long-Term Effects of Cannabis Use on Executive Cognitive Functions" *Journal of Addiction Medicine* (2012)

mental health in adulthood,[9] as well as meaning that as an adult he normalised violence and abuse within the home, including being the victim of such behaviour.[10]

13.10. Poor adult outcomes resulting from childhood trauma are heightened in looked after children and care leavers. The outcomes for these children are the same as the general population, however they occur more often and at an earlier age.[11]

13.11. Bereavement is recognised as a risk indicator for suicide. Robbie was bereaved; his brother had died within the context of substance misuse. Robbie told professionals that he was carry some guilt about not being available for his brother, just before his brother's death. This may have exacerbated his poor mental health.

14. Chronology

14.1. Robbie was known to City Health Care Partnership's (CHCP CIC) Talking Therapies from April 2019 when he made a self-referral.

14.2. In June 2020, Robbie's Sertraline[12] prescription was restarted. He told the GP he was depressed due to a bereavement, and a relationship breakdown.

14.3. Robbie self-referred for Talking Therapies. He was assessed over the phone, due to the Covid-19 restrictions. He disclosed that he had moved to Hull over a year ago, with a partner but this had not worked out. He stated he was now in a new relationship, but things were not going well as his new partner's ex-partner had just died and the new partner was struggling to cope with Robbie's emotions. He stated he was worried if the relationship would end. He was currently living with a friend. The name of the new partner was not recorded. Robbie spoke about his guilt at not answering his brother phone call, just before his brother had passed away. He said his brother would always call to ask for money.

14.4. In late August 2020, Robbie requested a budgeting loan[13] from the DWP to purchase a tent due to homelessness following separation from partner.

14.5. On 11th December 2020, a Safeguarding Manager from the children's school reported to police that there had been a verbal argument between Robbie, Fiona and another male parent, on the school premises, in front of the children. It is alleged that Robbie had grabbed the victim around the neck, causing him to fall to the floor, Robbie is then alleged to have kicked the victim in the head, causing a one-inch cut. Fiona and Robbie were banned from the school site as a result of the incident.

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[9] Merrick, M et al "Unpacking the Impact of Adverse Childhood Experiences on Adult Mental Health" *Child Abuse and Neglect* (2017) pp. 10-19

[10] Office of National Statistics

[11] Simkiss, D "The Needs of Looked After Children from an Adverse Childhood Experiences perspective" *Paediatrics and Child Health* (29) (1) (2019)

[12] A selective serotonin reuptake inhibitor used to treat various mental health conditions.

[13] Budgeting Loans

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14.6. On 29th January 2021, police were called to a Strategy Discussion[14] by CSC, following an allegation by Child A that Robbie had called her a "bitch" and Fiona had pushed her, and she had fallen over. Child A had a small red mark under her eye. She also stated neither she nor Child B had been given breakfast that morning. The Strategy Discussion took place, and it was agreed that a single agency section 47[15] should be undertaken. Children placed on Child Protection Plan.

14.7. On 13th October 2021, police were informed that Robbie was seen in the street with a kitchen knife, and he had chased another male down the street with this. He was arrested and interviewed. Robbie was charged and subsequently found guilty of affray and possession of a bladed article in a public place.

14.8. Following the incident in October 2021, Robbie was made the subject of an 18-month Community Order on 3rd March 2022. Initial issues were identified and reflected in the initial OASys risk assessment,[16] Robbie was in receipt of welfare benefits due to his mental health, both were users of cannabis, Robbie had raised that COVID-19 had stopped him attending his brothers funeral and had affected his access to medication, there were bereavement issues and feelings of isolation identified.

14.9. There was a joint claim from Robbie and Fiona for Universal Credit submitted on 24th March 2022, and his single person claim was closed. It is stated on his DWP entry that he had moved in with Fiona. Robbie remained on the Suicide Surveillance System.

14.10. Robbie attended his Probation induction on 10th March 2022. It was recorded that he was living with his partner and her two children, and that Children's Social Care were involved. He stated he was in receipt of PIP[17] due to mental ill health and had ongoing cannabis use. Later in March 2022, Robbie attended Probation again, he was unwell but did not want to miss his appointment and be breached.

14.11. On 13th April 2022, Robbie attended his Probation appointment, he was early stating he was concerned that he would be breached if he was late. It was recorded that he was always early to his appointments. He stated that he had stopped smoking cannabis. He told the Probation Practitioner that he had not been in trouble with police before, apart from when he was a young boy, and his father had taken him to the police because he had broken into a disused building.

14.12. Robbie stopped taking his prescribed Sertraline in April 2022.

14.13 Robbie attended his Probation appointment on 15th May 2022; he attended late due to a flat tyre on his bike. He looked well and was engaged. He reported all was well.

[14] Part of the safeguarding process, used to determine whether a child is at risk of significant harm and outlines the necessary steps for investigation and intervention.

[15] Children Act 1989 – if there are serious concerns about the safety or welfare of a child or children, children's services may decide that a child protection investigation is needed, and they will conduct a section 47 enquiry.

[16] Offender Assessment System – a risk assessment and sentence planning tool used in England and Wales by the prison and probation services.

[17] Personal Independence Payment is a benefit for people who are under State Pension age and need help with daily activities or getting around because of long term illness or disability.

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14.19. The next Probation appointment was 8th June 2022. Robbie updated that the family had met with the Social Worker.

14.20. Robbie started the unpaid work element of his Probation Order on 10th June 2022 and attended this weekly with no issues or concerns raised throughout June 2022.

14.21. On 29th June 2022, Child B made an allegation of physical harm against Fiona and Robbie. Child B (aged five years old) stated that a cut on his chest was a result of Robbie hitting him with a piece of wood, and Child B also had a carpet burn to the head. Robbie and Fiona were both arrested, with bail conditions until 1st August 2022, and Child B was placed in foster care, with Child A moving to live with their father.

14.22. On 4th July 2022, a Strategy Discussion was held, where it was agreed that a joint section 47[18] would be undertaken.

14.23. On 12th July 2022, Robbie attended his weekly unpaid work session.[19] He was very emotional, stating he had not slept properly for over a week due to the allegations. He stated that he did not have mobile phone as the police had seized this and he said he therefore could not contact any agencies to discuss his mental health. The supervisor of Robbie's unpaid work sessions contacted their manager to ask Robbie's Probation Practitioner to assist with this. Robbie stated he was not physically or mentally able to undertake any tasks on the unpaid work site, so the supervisor agreed he did not have to do any work but kept him on site to ensure his welfare while access to support was sought for him. This was very proactive and trauma informed practice.

14.24. Robbie self-referred to Talking Therapies on 12th July 2022.

14.25. Robbie saw his GP at a face-to-face appointment on 14th July 2022. He presented as very depressed and distressed about the children being away from himself and Fiona. He stated that Fiona was being very supportive. He had thought of taking his life on the way to the appointment, as he had walked near rail tracks, but thought about the children and Fiona and this stopped him. He felt better after offloading at the appointment and denied suicidal ideation at the end of the appointment. The GP referred Robbie to the Crisis Team.

14.26. Robbie's absence from the unpaid work was accepted on 19th July 2022, due to the current circumstances, and on 21st July 2022, the Probation Practitioner met with Robbie. He was presenting as very emotional about not having any contact with the children, and stated he was working towards contact with the children.

14.27. An Initial Child Protection Conference was held on 25th July 2022, and a decision was made for the children to be subject to a Child Protection Plan. The children remained away from the home, with Child A staying with her biological father and a family friend, and Child B being accommodated in foster care.

[18] Where s.47 enquiries are undertaken by police and Children's Social Care

[19] Unpaid work is also known as "community payback" and can include litter picking, maintenance in local parks and other tacks which benefit the local community. Whilst the Probation Officer supervised the whole of probation order, there is also an individual supervising the unpaid work sessions out in the community – they are not Probation Officers.

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14.28. Robbie attended his Talking Therapies appointment on 27th July 2022 and disclosed experiencing auditory and visual hallucinations.

14.29. The unpaid work element of Robbie's Probation Order was suspended until 30th August 2022, due to the circumstances.

14.30. Probation permitted an absence from the Probation appointment on 15th August 2022, with the rationale that Robbie was working with CSC during this period. Probation appointments were paused for a month. The following day Robbie attended his unpaid work session, following the short pause from this element of the Probation Order.

14.31. The CGL Renew appointment took place on 19th August 2022, he reported cannabis use, spending approximately £30 every few days. He reported smoking cannabis since he was 12 years old and reported motivation to reduce and eventually stop usage. He also reported good physical health, and stated that he walked a lot, but reported poor mental health, with anxiety, depression and hallucinations. He reported being prescribed Sertraline and Propranolol and had recently been assessed by the Let's Talk Service. He said he was very low the last few weeks but knew how to access the Crisis Team. He discussed the connection between drug use and mental health and agreed to complete drug diaries prior to attending the next session.

14.32. On 26th September 2022, Robbie attended Probation on an electric scooter, which he stated he bought with the money he had saved not using cannabis. He was upbeat and apologised for minimising his cannabis use previously. He said he was expecting supervised contact with the children the following week and had not used cannabis for three weeks and felt repulsed by the smell of cannabis. During this time, Fiona also reported abstinence from cannabis.

14.33. On 6th October 2022, Robbie attended his face-to-face appointment with Renew, he reported being free from cannabis for 28 days and stated that Fiona was also abstaining. He reported financial difficulties due to energy prices increasing and stated they had been accessing the food bank. While at the foodbank, he had connected to a job club which he was going to attend. He reported that he had been decorating the children's bedrooms, as they would be returning to the family home. Robbie was referred to the CGL Employment, Education and Training team.

14.34. On 20th October 2022, Robbie attended his Probation appointment, and it is recorded that he "looks like a different person, not getting emotional/tearful or shouting." He had completed his Unpaid Work. The children had started a phased return home, although Robbie's contact with the children had to be supervised by Fiona. He had abstained from cannabis for 42 days and stated that he was feeling better, to the extent that he would like to look for employment.

14.35. The following day, Robbie saw Renew. He told them he had more energy, and his mental health was improved. He remained compliant with mental health medication, and stated that he felt less stressed. The assault allegation against Child B was deemed no further action. A drug sample was taken, and it was negative for all substances. The same was the case for Fiona. This information was shared with CSC.

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14.36. Robbie saw Renew on 10th November 2022, he was 62 days free from cannabis and reported to be feeling “brilliant”. He had noticed a significant improvement in his physical and mental health and now had unsupervised contact with the children. He provided a negative drug test. The same was the case for Fiona. This was shared with CSC.

14.37. Robbie was seen by Probation on 12th December 2022. He was recorded as being dressed smartly and informed the Practitioner that he had just come from volunteering at a local charity shop. He stated that everything was ok with his relationship and that he and Fiona were opposites, so they balanced one another out. He stated his anxiety and depression had reduced.

14.38. Two days later, Robbie had an appointment with Renew. He agreed to be discharged from the service following a third consecutive negative drugs test. Fiona was also discharged from Renew. Neither had used cannabis for three months.

14.39. Probation met with Robbie on 14th February 2023. He continued to report things being better at home. He recognised how much better he was presenting, since quitting cannabis.

14.40. Between 28th February 2023 and 19th May 2023, Robbie failed to attend Probation appointments and his ETE sessions. He was given a breach for the ETE non-attendances.

14.41. On 15th May 2023, a Strategy Discussion was held with relevant agencies following Child A making an allegation that Robbie had grabbed them. It was agreed that a single agency section 47 enquiry would be undertaken.

14.42. On 1st June 2023, Robbie received a summons due to breaches of his conditions.

14.43. Robbie was given an appointment with Probation for 12th July 2023, which he attended, although he was one hour late.

14.44. At the breach hearing it was agreed for the Probation Order to continue as before.

14.45. There was an appointment with the Probation Practitioner on 2nd August 2023, and he spoke about an argument With Fiona. He said that in public things are wonderful but once home Fiona “kicks off” at him, there had been two physical assaults but generally “she just throws stuff at him”, shouts at him and calls him names. He said he helps her as much as he can, making her a drink for when she wakes up, and sorts the children out for school. He said he was scared to leave as he would have to leave the children with her. He also disclosed some issues with debt and finance management. He was asked by the Practitioner if he wanted a referral to the Domestic Abuse Project (DAP) male victim support service.

14.46. On 10th August 2023, Robbie had a further appointment with the wellbeing team and said he had a big argument with Fiona that day but had walked over an hour to the appointment to clear his head. He said that she belittled him, and said “you are useless, and you are only here because you have nowhere else to go” – which made him feel

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"rubbish and annoyed". He said he chose not to react and removed himself from the situations to stop arguments happening.

14.47. Robbie did not attend his next Probation or wellbeing appointments. However, Robbie had now finished his Probation Order, so his involvement with Probation ended.

14.48. Concerns from Probation were raised with CSC on 13th December 2023, regarding Robbie and Fionas presentation, and cannabis being used again by both. Robbie was recorded as presenting as "low".

14.49. CSC met with Robbie on 5th January 2024, following concerns being raised. There were reportedly disagreements between the adults regarding parenting style.

14.50. On 12th January 2024, work around Robbie's mental health, bereavement support, parenting and relationship work was included onto the Child in Need Plan, this was completed with the agreement of both adults.

14.51. On 29th January 2024, both adults disclosed using cannabis again, stating this helped them cope in the current situation. The following day, the school raised concerns about Child B's presentation and hygiene. The Social Worker stated he planned to increase the visits.

14.52. Fiona and Robbie both self-referred to Renew the following day. An appointment was made for Fiona on 8th February, and for Robbie on 16th February 2024.

14.53. In early February 2024, Fiona returned from the morning school run, to find Robbie hanging from the banister by a dog lead. Police were called and Fiona was spoken to at the scene. She stated there had been a verbal argument that morning, before she left for the school run. She returned thirty minutes later to find Robbie had hung himself. He was admitted to intensive care. Robbie was admitted to Hospital A and died two days later.

15 Analysis

16.1. Covid-19 restrictions

16.1.1. In March 2020, in order to reduce the impact of the COVID-19 pandemic, the Government implemented restrictions on the general public's movements which affected direct access to services. The majority of engagement between statutory agencies and those accessing services was undertaken virtually, either by telephone or via video conferencing.

16.1.2. Restrictions of varying degrees were in place between March 2020 and June 2021,[20] although some restrictions continued after this date, some of which were due to the impact of the pandemic on organisations' capacity. Prior to the restrictions being introduced, Robbie engaged in counselling sessions, between May and July 2019.

[20] timeline-coronavirus-lockdown-december-2021

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16.1.3. These were held face to face, and he attended all sessions. In July 2020, Robbie contacted Talking Therapies again, the COVID-19 restrictions were firmly in place, and all contact was held by phone. Robbie was offered bereavement counselling sessions by telephone, which he accepted, however he did not take these up. The use of the phone may be a barrier; although Robbie had also lost his brother prior to this engagement, and his mental health may have also been a barrier to his engagement. Research has indicated that therapeutic relationships, and rapport, are best built if held face to face, and telephone counselling can feel "impersonal".[21]

16.1.4. Robbie and Fiona were also living in a small space with two children, and a lack of privacy may have been a barrier for Robbie's engagement with telephone-based counselling.

16.1.5. Following the main Covid-19 restrictions being lifted, many services continued to run under capacity due to ongoing covid-19 cases, and during the winter of 2022 the impact of winter flu and Covid-19 led to many front-line services being impacted. During this period Probation continued to work within Exceptional Delivery Models, which utilised reporting by phone, and doorstep home visits. Priority for office appointments were given to those defined as high risk of serious harm. However, it does not appear that this impacted Robbie's management by Probation.

16.1.6. However, Covid-19 restrictions did impact Robbie negatively, by stopping his attendance at his brother's funeral in 2020. Robbie's brother died from a drug related death, whilst living in a homeless hostel. Robbie expressed regret at not answering his brother's calls ahead of his death, Robbie stated this was because his brother was always asking him for money. Robbie appeared to carry guilt about this, and his grief may have been complicated due to a lack of contact with his brother and not being permitted to attend the funeral.

16.2 Trauma

16.2.1. Trauma informed practice is based on the understanding that trauma exposure can significantly impact an individual's development, and their life chances and choices. Trauma informed practice requires practitioners, organisations and systems to look beyond the behaviour with which an individual presents and asking, "What happened to this person?" rather than "What is wrong with this person." Trauma informed practice required a whole system approach, rather than individual, single actions.

16.2.2. In 2021, Hull became one of fifteen local authorities to run the Changing Futures programme.[22] The initiative aimed to deliver improvements at the individual, service and system level; to stabilise and improve the life situation of adults who face multiple disadvantage, to transform local services to provide a person-centred approach and to reduce crisis demand, and to test a different approach to funding, accountability and

[21] Kang A. Walton M. Hoadley A. DelaCuesta C. Hurley L. and Martin R. 2021. *Patient Experiences with the transition to telephone counselling during the COVID-19 pandemic.*

[22] Changing Futures - GOV.UK

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engagement between local commissioners and services, and between central government and local areas.

16.2.3. Funding from the Changing Futures Programme enabled the introduction of Becoming Trauma Informed Hull"[23] which now sits within the Public Health team. Becoming Trauma Informed Hull has a steering group with leads from Hull City Council, Humberside Police, Humber and North Yorkshire Integrated Care Board, Humber NHS Teaching Foundation Trust, Forum[24] and An Untold Story – Voices.[25]

16.2.4. The vision of Becoming Trauma Informed Hull is a city that truly works for all. The vision is a city where everyone can feel safe and have a sense of belonging and purpose. The vision is for Hull to become a city that recognises, prevents and addresses the systemic, environmental, and individual causes of adversity across all age ranges and communities. The aim is to achieve this by tackling barriers and providing services that enable healing.

16.2.5. Robbie told professionals that he had grown up in a household where problematic alcohol misuse, and domestic abuse was the norm. It is understood that he had spent some time in care and that his stepfather had been violent towards his mother, and also towards Robbie. Little else is known about Robbie's life, however these experiences can be identified as Adverse Childhood Experiences (ACES) which was introduced in section 13 above, can lead to physical and mental health issues in adulthood, shorter life expectancy, and ongoing trauma in adulthood.[26]

16.2.6. Robbie may have learnt that abusive behaviour within the home is the norm.[27] He may have also learnt that violence was acceptable. For example, the incident in the school playground where Robbie injured another parent, and also the offence for which he was being managed by Probation during the majority of the scoping period, are both violence incident which happened in public, openly in front of other people.

16.2.7. Trauma manifests differently in different people, and Robbie's use of substances may have also been a coping mechanism. This is something he spoke about to his Probation Practitioner, and the Renew Practitioner. Robbie was very happy when he stopped using cannabis, however once issues started to arise with Fiona's abusive behaviours, Robbie's use of cannabis started again.

16.2.8. Research indicates a correlation between trauma and substance misuse.[28] Locally, CGL undertake trauma informed audits to measure how they are meeting the key principles of trauma informed practice principles. They work collaboratively with the individuals they support, for example Robbie was offered a choice about where he was seen for his CGL

[23] www.traumainformedhull.org.uk
[24] Voluntary and community Sector Advice & Consultancy, Forum Hull
[25] www.lankellychase.org.uk/community/an-untold-story-voices/
[26] Hughes, K et al "The Effect of Multiple Adverse Childhood Experiences on Health: A Systematic Review and Meta-Analysis" *The Lancet* (2)(8)(2017)
[27] Childhood Trauma and Domestic Abuse
[28] Mael, G and Daniel, O "The Link Between Trauma and Substance Use Disorders: A Literature review" *Archives of Clinical Psychiatry* 49 (6) (2022)

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appointments, who his keyworker would be, and at his request he was seen with Fiona on some occasions. Robbie was empowered to make his own decisions when it came to developing his own recovery goals and weighing up risks in relation to his presenting circumstances.

16.2.9. Mental health professionals tend to use a strength-based approach, utilising coping strategies already in place, which includes Trauma-informed ways of working to reduce the negative impact on the patient's mental and physical health while avoiding re-traumatisation. The person-centred assessment process acknowledges the need to see beyond an individual's presenting behaviours and ask them questions, which complements the Making Safeguarding Personal[29] approach. These approaches can include the key principles of trauma-informed practice, such as safety, trustworthiness, collaboration, empowerment, and choice.

16.2.10. The language used in the documentation after the telephone calls and face-to-face appointments between Robbie and the Talking Therapies practitioner appears to have created a safe space for Robbie to share his thoughts and feelings. They are also noted to have avoided language that could be triggering or re-traumatising and is suggestive of the practitioner using the following question style to elicit a response: "What has happened to you?" instead of using "What is wrong with you?".

16.2.11. An E-learning training package on trauma informed practice is available to all CHCP CIC staff. This training has been promoted to all staff through using the CHCP CIC Learning Resources and Development Team's weekly email that is sent to all employees. The CHCP CIC Integrated Safeguarding Team have also been promoting this training to staff monthly during the Safeguarding Agenda For Everyone (SAFE) meetings, which are chaired by the Safeguarding Team. All staff within the organisation are invited to attend this meeting and can sign up to receive an update on safeguarding child and adult related matters.

16.2.12. An element of the Talking Therapies assessment is to ask the patient if there are any previous life events that have impacted on their emotional health, such as childhood, upbringing, school years, or other relevant past events. This is in addition to the risk indicator questions, such as if a patient is at risk from another person, vulnerable adult concerns, and any history of violence, aggression and criminal convictions. All these routine areas of assessment would allow a person to raise any incidences of past trauma, even if the person has not actually realised that they had experienced trauma.

16.2.13. Robbie raised matters which constituted early years trauma. Watching his mother be physically and mentally abused, having alcohol dependent caregivers, and experiencing abuse himself. He had also experienced bereavement, losing his mother and brother. Robbie also referred to numerous suicide attempts by hanging.

16.2.14. The Talking Therapies sessions that Robbie attended in 2019 appeared to reflect a trauma informed approach, and the focus of each of the sessions was led by Robbie. One session focussed on the past traumas in his childhood, the loss of his mother, and her alcohol dependency. At Robbie's request, the following session was focussed more

[29] Making Safeguarding Personal 2014

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on his future, as "*the future is where he wants to go*", which was respected by the practitioner. Any forced discussion about past trauma may result in re-traumatisation and a loss of professional trust.[30]

16.2.15. The Probation Officer responded to Robbie with understanding and compassion during the period that he and Fiona were under investigation for harming Child B. Probation staff continue to receive trauma informed training to support their management of people on Probation.

16.2.16. The home visit by Humber Teaching NHS Foundation Trust had been trauma informed, recognising possible barriers to engagement via the telephone. Although this did not yield engagement from Robbie, it was good practice to undertake this unannounced visit.

16.2.17. Humber Teaching NHS Foundation Trust's current strategy includes a domain around becoming a trauma informed organisation. The Trust now has a Trauma Informed Care Programme Board, to bring together corporate teams and clinical services across the Trust, to support the effective operational delivery of trauma informed care.

16.2.18. Probation also displayed a trauma informed response to Robbie by permitted time off from Unpaid Work and also excusing him from some of the Probation sessions following allegations made by Child B and the subsequent police involvement.

16.2.19. During one of his Unpaid Workdays Robbie presented as very emotionally distressed, his Probation Practitioner was contacted by the workplace, and Robbie returned to the Probation office for this to be addressed. This is evidence of good liaison between the different departments but also highlights person centred practice.

16.2.20. Another element of trauma informed practice was the decision not to transfer Robbie's case over to a Probation Officer when the Child Protection Plan was put back into place, just before the end of his Probation Order. The rationale for this was trauma informed, taking into consideration that he did not engage well when the Probation Practitioner had been changed in February 2023, and this led to him breaching his order. This also constituted a gap in following policy, as it is a requirement for cases to be managed by a Probation Officer when children safeguarding is a concern. However, Robbie only had two sessions left on his Probation Order, therefore in terms of the balance of harm, the decision which was made appears to be sound.

16.3. Well Managed Exits

16.3.1. A specific area of learning which has emerged from this review, is "exit planning" across services, and whether the processes linked to ending support, and closing cases can be recognised as being trauma informed.

[30] Kraybill O G. *Trauma Processing: When and When Not?* Psychology Today (2018)

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16.3.2. As detailed in section 15, Robbie's mental health deterioration, and cannabis relapse happened fairly soon after the support and interventions he had been receiving ended.

16.3.3. At the point when Robbie's Probation involvement ended, he had no other support in place. He had been dually supported by the wellbeing team, as part of his Probation conditions, and this ended when they did. HMPPS policy sets out an explicit expectation[31] that the planning for the end of Probation involvement should start at the point of Probation commencing, in order to reduce the risk of all interventions ending concurrently. This did not happen in Robbie's case. A further issue with Probation, is that towards the end of his license period, Robbie's engagement declined. This should have been identified, particularly within the context of his very recent cannabis abstinence and his disclosures of abuse from Fiona, as an indication of possible issues; and should have triggered further conversations prior to his license ending.

16.3.4. In order to be a trauma informed system, consideration should be given to the next steps when planning exit's and ending services. This should also be considered within the context of Think Family. For example, CSC stepped the children down from Child Protection to Child in Need – a process which is consent based and involves less engagement from families – very soon after Robbie had disclosed abuse. It is accepted that the family had fully engaged with the Child Protection Plan, and had made considerable progress towards their goals at the point of step down – however a disclosure of abuse within the home should have triggered a strategy discussion or further conversations within the Core Group, to determine whether this highlighted further safeguarding concerns for the children within the home.

16.4. Robbie as a Victim of Domestic Abuse

16.4.1. Robbie had not disclosed Fiona's abusive behaviour until July 2023. This may have been because Fiona's behaviour had worsened due to her own mental health issues, or it may have been exacerbated by Fiona and Robbie both stopping the use of cannabis, as they were both abstaining from cannabis at this point. These are questions which should have been asked by practitioners when he disclosed.

16.4.2. Humberside Police first became aware of potential domestic abuse when information was shared from the Probation Service via an online intelligence report. This was recorded by the Force Intelligence Unit and shared with the force's Domestic Abuse Safeguarding Team for further actions. There is no record of any further action being taken, and in the absence of rationale for no further action, it could be considered that this was due to Robbie being a male victim of domestic abuse.

16.4.3. Probation do not utilise the DASH risk assessment. The OASys assessment would have been completed at the start of Robbie's involvement with Probation, however he did not disclose domestic abuse until some way through his supervision. During supervision sessions, the practitioners addressed dynamic risk factors which emerged, however there was not a further assessment, which is a gap in response and a missed opportunity. Consideration should be given as to whether this lack of formal assessment

[31] Probation Service Policy Framework and HMPPS Risk Management Guidance

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of risk, following disclosures of abuse, were linked to Robbie's gender. Training delivery is ongoing in respect of male victims of domestic abuse, and it is considered that since this training has been introduced, men disclosing domestic abuse will receive a more proactive response.

16.4.4. As has been introduced earlier in the report, Robbie asked that the information was not shared as he was concerned it would get back to Fiona, and he declined all referrals into support services for the same reason.

16.4.5. Following the disclosure, despite Robbie asking for the information not to be shared, Probation completed a police intelligence form. A police intelligence form is a structured way for professionals, such as Social Workers, teachers, and health staff to share non-urgent information with police, to assist with building a picture of risk, crime or safeguarding concerns. When Probation Officers complete a police intelligence form there is an expectation that the rationale for this action be recorded. This was not done in Robbie's case. The Probation DARDR panel member reflected that the action may have been completed as a protective measure, if there were further incidents, however this simply a hypothesis. It is important to note, that Probation Officers have a legal duty to report crimes that they are made aware of, and where there are "grey areas" regarding what may constitute a crime, there is an expectation for the Probation Officer to speak to their Senior Managers. The Probation Officer in Robbie's case followed this process, and following discussion with the Manager, they sent the police intelligence form. However, the conversation with the Manager was not recorded. The learning from the review is therefore around defensible decision making and robust record keeping.

16.4.6. There was a marked lack of curiosity or routine enquiry around domestic abuse, by the CGL Renew practitioner, which could have been due to Robbie's gender; however, those who were working with him at the time were not available to be spoken during this review process. Robbie was seen with Fiona during sessions, and this was seen as being positive to increase his recovery capital, however it did also limit opportunities to speak with him alone. Since Robbie's death, risk assessment processes for non-structured treatment have been advanced, and there are now prompts for routine enquiry questions to be asked, of all CGL clients.

16.4.7. Humber Teaching NHS Foundation Trust has adopted routine enquiry questions, asking about domestic abuse across all services. The Trust has also implemented the use of Domestic Abuse Champions, who work across the teams. Champions have specific training and can provide advice or support when domestic abuse is highlighted or considered to be an issue.

16. Conclusions

17.1. Both Robbie and Fiona presented with additional needs when their relationship commenced. These additional needs may have been linked to trauma from abuse. Both used cannabis, and both appeared to have some propensity for violent and emotional outbursts.

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17.2. Robbie disclosed abuse from Fiona in July 2023. It is not clear whether this had just started, or whether she had always been this way within the relationship. Robbie was offered a referral to a domestic abuse service; however he declined.

17.3. Very soon after the Child Protection Plan ending, both Robbie and Fiona started using cannabis again, and the children were reported to be unkempt and unhygienic. There also appears to be comments regarding Child A's behaviour, with little consideration of why she may have been acting out.

17.4. In summary, there appears to have been a lack of Think Family approach to risk of harm to the children, to the adults from one another, but also to the adults from themselves. The children appear to have been responded to in silo, as was Robbie, with little consideration of how Fiona factored in the culmination of risk within the home environment.

17. Lessons to be Learnt

18.1. Probation Officers and staff must ensure that they record the rationale for decisions made, ensuring they have made defensible decisions, and record keeping is robust.

18.2. There are male DA services available in the local area. This is an excellent resource, however many male victims require gradual exploration and curiosity, as well as ongoing support, to access these services.

18.3. Since the scoping period services, such as CHCP Talking Therapies, are making plans to upskill staff with DASH training. Agencies are recommended to consider some level of DASH training with their service, if this is appropriate. This has been identified as learning to be raised, but is not a formal recommendation from the review.

18.4. Agencies are reminded to consider how risk is fluid, but also that the best ways to assess risks of suicide with a holistic and person-centred approach, which comes from building rapport, asking questions and using professional curiosity, then fully recording discussions to enable a review of circumstances as situations change.

18.5. A Think Family approach should be adopted at all times: when assessing risk, for safety planning, during transitions between services and when closing cases and ending support. Consideration should always be given to how each person's risk may exacerbate other family members' risks, along with the impact of the cumulative risks. It is important that risks should be constantly assessed, and where a risk has increased, the systems around the family should be adapted to respond to the fluidity of the risk.

18.6. As a trauma informed city, it is important that all services, and the wider system in Hull considers how the ending of support, and transitions to different areas and levels of support, can be achieved in a trauma informed way.

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19. Recommendations

A. Each agency involved in this review to provide assurance that they have considered where their services could be enhanced by introducing Think Family approaches. At a minimum, this would include providing details of how many staff have completed Think Family training,

B. Each agency involved in this review to provide assurance that they have considered where their services could be enhanced by introducing trauma informed practices. At a minimum, this would include providing details of how many staff have completed the trauma informed practice training, available through Public Health.

C. Robbie's story will be developed into a case study which can be used a resource within trauma informed training and to assist with learning around the need for a trauma informed approach. Highlighting that Hull as a Trauma Informed City. This will include access to trauma informed training and resources. For all agencies to use as appropriate.

D. The Hull Domestic Abuse Board will consider the need for services to support children as direct victims of domestic abuse, during the upcoming re-commissioning of domestic abuse services.

E. A learning briefing will be developed to share reflective learning around identifying risks within family units, including risks of suicide.

F. GP Practice A will use the case study referenced in Recommendation C, at a learning event which is specific to the practice staff.

G. To support safer, high-quality care, the Humber Teaching Trust will launch a campaign focused on improving the accuracy, completeness, and timeliness of patient contact entries in SystmOne, ensuring they fully reflect the care delivered and decisions made by healthcare professionals.

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20. Action Plan

(A separate SMART Action Plan has been created to track and monitor the implementation of the recommendation)

	Recommendation	Scope	Action To Be Taken	Lead Agency/ Accountable Professional	Key Milestones	Target Completion Date	Outcome and Date of Completion
A	Each agency involved in this review to provide assurance that they have considered where their services could be enhanced by introducing Think Family approaches. At a minimum, this would include providing details of how many staff have completed Think Family training,						
B	Each agency involved in this review to provide assurance that they have considered where their services could be enhanced by introducing trauma informed practices. At a minimum, this would include providing details of how many staff have completed the trauma informed practice training, available through Becoming Trauma Informed Hull – Trauma Informed Hull						
C	Robbie's story will be developed into a case study to be included in trauma informed training and to assist with learning around the need for a trauma informed approach.						

D	The Hull Domestic Abuse Board will consider the need for services to support children as direct victims of domestic abuse, during the upcoming re-commissioning of domestic abuse services.						
E	A learning briefing will be developed to share reflective learning around identifying risks within family units, including risks of suicide.						
F	GP Practice A will use the case study referenced in Recommendation C, at a learning event which is specific to the practice staff.			GP Practice A			
G	To support safer, high-quality care, the Humber Teaching Trust will launch a campaign focused on improving the accuracy, completeness, and timeliness of patient contact entries in SystmOne, ensuring they fully reflect the care delivered and decisions made by healthcare professionals.						

Home Office Communications

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Vicki Paddison
Community Safety
33 Witham
Hull
HU9 1BY

27th July 2026

Dear Vicki,

Thank you for submitting the Domestic Homicide Review (DHR) report (Robbie) for Hull Community Safety Partnership (CSP) to the Home Office Quality Assurance (QA) Board. The report was considered at the QA Board meeting on 24th June 2026. I apologise for the delay in responding to you.

Please find the QA Board's feedback in the form below. On completion of the changes suggested the DHR may be published.

Once completed the Home Office would be grateful if you could provide us with a digital copy of the revised final version of the report with all finalised attachments and appendices and the weblink to the site where the report will be published. Please ensure this letter and the feedback form is published alongside the report.

Please send the digital copy and weblink to DHREnquiries@homeoffice.gov.uk. This is for our own records for future analysis to go towards highlighting best practice and to inform public policy.

The DHR report including the executive summary and action plan should be converted to a PDF document and be smaller than 20 MB in size; this final Home Office QA Board letter and feedback form should be attached to the end of the report as an annex; and the DHR Action Plan should be added to the report as an annex. This should include all implementation updates and note that the action plan is a live document and subject to change as outcomes are delivered.

Please also send a digital copy to the Domestic Abuse Commissioner at DHR@domesticabusecommissioner.independent.gov.uk

On behalf of the QA Board, I would like to thank you, the report chair and author, and other colleagues for the considerable work that you have put into this review.

Yours sincerely,

Home Office DHR Quality Assurance Board

DHR QA Board Feedback for the Community Safety Partnership

TITLE OF DHR	Robbie
COMMUNITY SAFETY PARTNERSHIP	Hull
DATE REVIEWED BY QA BOARD	24 June 2026
DECISION	Publish with amendments. Please see comments on publication below.
GOOD PRACTICE COMMENDED	• It is good to see the panel included a male victim advocacy representative. • Producing a case study is positive for future learning. • The equality and diversity section is well developed and considered the intersectionality present in this case. • There is a helpful visual timeline at section 15.11.
FEEDBACK FOR FUTURE DHRs	

	DHR SECTION	DHR QA BOARD FEEDBACK (improvements required before publication)
1	Title Page	No amendments required.
2	Contents Page	No amendments required.
3	Pen Portrait	There is no pen portrait, which may reflect the limitations in information available. If possible, please consider including one.
4	Condolences	Please include these in both the executive summary and overview report.
5	Confidentiality and Anonymity	No amendments required.
6	Terms of Reference	There is inclusion of Johnson's typologies in the Terms of Reference, however these are not mentioned throughout the rest of the report. It would be helpful to include further reference to this within the wider review.
7	Equality and Diversity	No amendments required.

8	Background Information	In section 1.2, it states "Following his death, intelligence from Probation Services came to light, indicating that Robbie had disclosed to his Probation Officer that Fiona's behaviour was abusive". Please consider rewording as it implies the Probation Officer did not share this information which is misleading.
9	Combined Chronology	No amendments required.
10	Overview	No amendments required.
11	Analysis	• 16.2.10 "The practitioner likely used the following question style to elicit a response: "What has happened to you?" instead of using "What is wrong with you?"" Although the preceding lines offer some justification for this conclusion, without recorded evidence of this, this reads as being too speculative to include. Perhaps a small rewording along the lines of "…suggestive of the practitioner using the following question style…" would help. Please also clarify which practitioner is being talked about in this paragraph. • 16.3.2 "It is expected that the planning for the end of Probation involvement should start at the point of Probation commencing, in order to reduce the risk of all interventions ending concurrently. This did not happen in Robbie's case." Please clarify where this expectation sits (i.e. HMPPS Policy or the DHR author's expectation). • 16.4.3: "A SARA was not completed following his disclosures of being a victim of abuse from Fiona, again this was a missed opportunity to understand the risk faced by Robbie." A SARA is not designed to be used with victims of domestic abuse. It is completed in respect of the perpetrator of domestic abuse, so it would not have been appropriate to complete this following Robbie's disclosure of being a victim. Please clarify this.
12	Conclusions	No amendments required.
13	Lessons learnt and recommendations	Please see comments on action plan.
14	Timescales	No amendments required.
15	Involvement of family / friends / community	No amendments required.
16	DHR contributors	No amendments required.

17	DHR Panel	No amendments required.
18	DHR Author	No amendments required.
19	Parallel Reviews	No amendments required.
20	Dissemination	Please include the Domestic Abuse Commissioner in the dissemination list.
21	Action Plan	• The action plan would benefit from each agency and action being divided into sections rather than grouping the recommendation and then the agency in one. • Please present the action plan using the SMART method.
22	Has there been a request to withhold publication? *If Yes, include the reason for the request. Is it proportionate and appropriate?*	No requests to withhold publication. However, the QA Board noted the report states that Robbie has children and therefore suggest that the CSP considers the implications of publishing the review in full.
23	Any other comments	• Please include 'honour'-based abuse in the DASH definition. • There is explanation for there being no contact with friends and family (section 6), and the limited availability of information (Section 3). Unfortunately, this does result in a gap in our understanding of both Robbie and Fiona's perspectives, creating a concise report. Nonetheless, the information that has been gathered is well presented and considered.