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Keeping Bexley Safe

BEXLEY COMMUNITY SAFETY PARTNERSHIP DOMESTIC HOMICIDE REVIEW EXECUTIVE SUMMARY

Overview Report into the death of Nargiza December 2016

Independent Chair and Author of Report: James Rowlands

Associate Standing Together Against Domestic Violence

Date: April 2018

1. Executive Summary

1.1 The Review Process

1.1.1 This summary outlines the process undertaken by the Bexley Community Safety Partnership (CSP) Domestic Homicide Review (DHR) panel in reviewing the homicide of Nargiza. who was a resident of the borough. This is the first time that the CSP has commissioned a DHR.

1.1.2 The following pseudonyms have been used in this review for the victim and perpetrator (and other parties as appropriate) to protect their identities and those of their family members and friends:

- The victim: Nargiza
- The perpetrator: Marat
- The children: Child C (resident in the UK), Child A and Child B (both resident with paternal family in Nargiza and Marat's country of origin)[1]
- Other family members – Nargiza's father (Bekzod) and sister (Dilnura)
- Friends – Dilnoza, Feruza and Gulsara.

1.1.3 Nargiza was 29 years old and was a national of national of a Central Asian Republic2 who had Leave to Remain in the United Kingdom (UK). Marat was 34 and was also a national of the same Central Asian Republic, who had Indefinite Leave to Remain in the UK. At the time of Nargiza's death, Child C lived with Nargiza and Marat. She was aged one. There were two further children (Child A and Child B) who were resident in Nargiza and Marat's country of origin in the care of family members.

1.1.4 Marat, the alleged perpetrator, was arrested and charged with murder and subsequently remanded to prison. He died by suicide while in prison. There has therefore been no criminal trial in this case.

1.1.5 The process began with an initial meeting of the Community Safety Partnership on the 4th January 2017 when the decision to hold a domestic homicide review was agreed. All agencies that potentially had contact with (victim/perpetrator) prior to the point of death were contacted and asked to confirm whether they had involvement with them.

[1] Letters have been used for the children in order enhance their anonymity,

[2] Specific references to Nargiza and Marat's ethnicity and / or country of origin has been avoided. This is based on a request from Nargiza's family who asked that the Overview Report only identify the region, rather than the specific country of origin. Therefore, references in the Overview Report to Nargiza and Marat's ethnicity and country of origin have been generalised, with references to a "Central Asian Republic" or their "country of origin" as appropriate.

1.1.6 Standing Together Against Domestic Violence (STADV) was commissioned to provide an independent Chair for this DHR on 9th January 2017. The completed report was handed to the Bexley CSP in April 2018.

1.2 Contributors to the Review

1.2.1 This Review has followed the statutory guidance for Domestic Homicide Reviews 2016 issued following the implementation of Section 9 of the Domestic Violence Crime and Victims Act 2004. On notification of the homicide agencies were asked to check for their involvement with any of the parties concerned and secure their records. A total of 27 agencies were contacted to check for involvement with the parties concerned with this Review. 16 agencies returned a nil contact, eight agencies submitted Independent Management Reviews (IMRs) and chronologies, and six agencies provided a summary of their involvement or other short reports only due to the brevity of their involvement. The chronologies were combined, and a narrative chronology written by the Overview Report Writer.

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

Agency	Contribution
Greenwich Clinical Commissioning Group (CCG)	Summary of involvement
Medical Centre (a GP surgery in the London Borough of Lewisham)	Chronology and IMR
Guy's and St Thomas NHS Foundation Trust (GSTT) (Nargiza's employer)	Chronology and IMR
Lewisham and Greenwich NHS Trust (LGT)	Chronology and IMR
Lewisham CCG	Summary of involvement
Refuge[3]	Chronology and IMR
London Ambulance Service (LAS)	Chronology and IMR
London Borough of Bexley (Children Services)	Summary of involvement
London Borough of Lewisham (Children Services)	Summary of involvement
London Borough of Lewisham (Multi-Agency Risk Assessment Conference)	Referral form, meeting minutes and action log
Metropolitan Police Service (MPS)	Chronology and IMR

[3] Refuge provides an IDVA service in Lewisham for victims of domestic violence.

Oxleas NHS Foundation Trust (health visiting)	Chronology and IMR
REACH[4]	Chronology and IMR
UK Visas and Immigration	Evidence and Enquiry Request Pro Forma

1.2.1 Nargiza's family and friends also contributed directly and indirectly to the review.

1.2.2 *Independence and Quality of IMRs*: The IMRs were written by authors independent of case management or delivery of the agency concerned. The IMRs received were comprehensive and enabled the Review Panel to analyse contact with Nargiza and Marat, and to produce the learning for this review. Where necessary further questions were sent to agencies and responses were received. The IMR prepared by the Lewisham and Greenwich NHS Trust (LGT) identified learning for the Trust, and the author was commended by the Review Panel for the quality and transparency of the analysis.

1.3 The Review Panel Members

1.3.1 The Review Panel members were:

- Judith Clark – Bexley CCG
- Caroline Brown – Lewisham and Greenwich NHS Trust (LGT)
- Tom Brown – London Borough of Bexley (Adult Social Care)
- Lucie Heyes – London Borough of Bexley (Children Services)
- Nola Saunders – London Borough of Bexley (Housing)
- Sally Luck – NHS England
- Ben Voss – MPS (Specialist Crime Review Group)
- Jane Wells – Oxleas Trust
- Peter Bodley – MPS (Bexley)
- Daniel Bygrave – Victim Support
- Alison Blakely – London Ambulance Service (LAS)
- Julie Carpenter – LAS
- Toni Ainge – London Borough of Bexley (Communities)
- Emma Leathers – London Borough of Bexley (Community Safety)

[4] REACH is a domestic abuse service based in the A&E department of St Thomas' Hospital, which is part of GSTT.

- Sharon Wood – London Borough of Bexley (Children Services)
- Tracy Thorne – Bexley Women's Aid (BWA)
- Mala Karasu – Guy's and St Thomas NHS Foundation Trust (GSTT)
- Ade Solarin – Lewisham CSP
- Tania Marsh – Refuge
- Graham Hewett – Lewisham CCG.

1.3.2 *Independence and expertise*: Review Panel members were of the appropriate level of expertise and were independent, having no direct line management of anyone involved in the case.

1.3.3 Unfortunately, it was not possible to identify representation from a service that had expertise in Black, Asian and Minority Ethnic (BAME) issues. The steps taken to address this gap, in particular to draw on external expertise, are summarised in 1.5.5 below. This gap in terms of BAME specialist provision also led to a recommendation.

1.3.4 The Review Panel met a total of three times, with the first meeting of the Review Panel on the 7th April 2017. There were subsequent meetings on 19th June 2017, the 8th September 2017. The Overview Report was agreed electronically thereafter, with Review Panel members providing comment and sign off by email.

1.3.5 The Chair of the Review wishes to thank everyone who contributed directly or indirectly to this review for their time, patience and cooperation.

1.4 Chair of the DHR and Author of the Overview Report

1.4.1 The Chair and Author of the Review is James Rowlands, an Associate DHR Chair with Standing Together Against Domestic Violence (STADV). James Rowlands has received Domestic Homicide Review Chair's training from STADV. James Rowlands has co-chaired and authored one previous DHR and has previously led reviews on behalf of two Local Authority areas in the South East of England. He has extensive experience in the domestic violence sector, having worked in both statutory and voluntary and community sector organisations.

1.4.2 Standing Together Against Domestic Violence (STADV) is a UK charity bringing communities together to end domestic abuse. We aim to see every area in the UK adopt the Coordinated Community Response (CCR). The CCR is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse survivor, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase survivors' safety, hold perpetrators to account and ultimately prevent domestic homicides

1.4.3 STADV has been involved in the Domestic Homicide Review process from its inception, chairing over 50 reviews, including 41% of all London DHRs from 01/01/2013 to 17/05/2016.

1.4.4 *Independence*: James Rowlands has no current connection with the London Borough of Bexley or any of the agencies involved in this case. James had some limited contact with Bexley prior to 2013 in a previous role when he was a MARAC Development Officer with SafeLives (then CAADA). This contact was in relation to the development of the local MARAC as part of the national MARAC Development Programme and is not relevant to this case.

1.5 Terms of Reference for the Review

1.5.1 At the first meeting, the Review Panel shared brief information about agency contact with the individuals involved, and as a result, established that the time period to be reviewed would be from January 2008 (when Nargiza first arrived in the United Kingdom) to December 2016, which was the date of the homicide. Agencies were asked to summarise any relevant contact they had had with Nargiza or Marat (who had been resident in the United Kingdom earlier than 2008) outside of these dates.

1.5.2 *Key Lines of Inquiry:* The Review Panel considered both the “generic issues” as set out in 2016 Guidance and identified and considered the following the extent to which the following protected characteristics or issues had an impact on the case:

- Race (Nargiza was a national of a Central Asian Republic, as was Marat)
- Religion and Belief (Nargiza was a Muslim, as was Marat)
- Sex (Nargiza was Female, Marat was Male).

1.5.3 In addition, the Review Panel agreed to consider:

- The immigration status of both Nargiza and Marat and whether this had any impact on their confidence to engage with services, ability to access services or the engagement of services with either Nargiza and Marat
- Whether so-called ‘honour’ based violence and abuse was a potential factor.

1.5.4 Lastly, during Review Panel discussions it became apparent that agencies had differing perspectives on Nargiza and Marat’s English Language skills, as both spoke English as a second language. Consequently, it was agreed that this would also be considered.

1.5.5 Given these issues, attempts were made to identify specialist services that could be invited to be part of the review and share their expertise even though they had not been previously aware of the individuals involved. These attempts included:

- Seeking to identify whether there were any organisations or groups in the London Borough of Bexley that could provide advice to the Review Panel - at the time the DHR was undertaken, there were not established organisations or groups that could perform this function
- Seeking to identify an organization or group which supported people from Nargiza and Marat's country of origin, or more broadly, Central Asian Republics – a number of small groups were identified in London, but it was not possible to establish contact with them
- Other steps including: research into Nargiza and Marat's country of origin, drawing on reports published by Non-Governmental Organisations (NGOs); an interview with a Journalist from that country; and the involvement of STADV specialist from the Safety Across Faith and Ethnic (SAFE) Communities Project[5].

1.6 Summary of Chronology

1.6.1 Marat and Nargiza met in May 2008 when she was in the final year of her degree at university (studying as a health professional). They married in July 2008. The marriage was arranged but there is no evidence that this was a Forced Marriage.

1.6.2 Nargiza joined Marat in the UK, coming in 2008 on a Student Dependent Visa and, after several attempts, was granted Leave to Remain (LTR) as the spouse of Marat in 2014.

1.6.3 Nargiza and Marat had three children, Child C (who lived with Nargiza and Marat) and two further children (Child A and Child B) who were resident in Nargiza and Marat's country of origin in the care of family members.

1.6.4 Nargiza and Marat initially lived in the London Borough of Lewisham, before moving to the London Borough of Bexley in June / July 2016.

Contact with Nargiza

1.6.5 A range of agencies had contact with Nargiza. Broadly this contact was related to the following themes:

- Health
- Immigration
- Employment
- Domestic violence and abuse.

[5] For more information on the Safe Project go to https://www.standingtogether.org.uk/blog-3/blog-post-title-one-g9jmw

Health

1.6.6 Nargiza had extensive contact with health services, principally her GP at The Medical Centre and Health Visiting Services, with some contact with hospital staff. In most cases this contact was related to her own or Child C's health and can broadly be described as consisting of routine consultations, or responses to specific health needs.

1.6.7 However, there are some points of contact where issues have been identified in relation to practice: there were weaknesses in the assessment of the family's circumstances, in particular at a New Birth Assessment and when Nargiza disclosed a head injury to her GP, and when she sought help from Health Visiting Services about a missing door.

Immigration

1.6.8 Both Marat and Nargiza's immigration status was subject to change, with Nargiza having to repeatedly apply for extensions for her LTR. Immigration status appears relevant to Nargiza's experience of domestic violence, for both herself, and her children. Her options in relation to help and support were potentially limited as Nargiza had No Recourse to Public Funds (NRPF).

Employment

1.6.9 Nargiza was employed by GSTT and based on accounts from her family, her job was important to her. Critically, it also enabled Nargiza to access support from REACH during 2014.

Domestic violence and abuse

1.6.10 June 2014 appears to have been a significant period in Nargiza's life, marking the first occasion when a disclosure is recorded as having been made to any services. It is also the period when Nargiza attempted to separate from Marat.

1.6.11 In this period three agencies had contact with Nargiza in relation to the domestic violence and abuse.

- GSTT was aware of Nargiza's experiences, first in its role as her employer and then through the support offered by REACH, a domestic abuse service based in the A&E department of St Thomas' Hospital. This appears to have been the first time that Nargiza both disclosed and then substantively engaged with a service in relation to her experience of domestic violence and abuse, with REACH undertaking both an assessment and having a range of contact during June and July 2014.
- The MPS also had extensive contact with Nargiza, although this was episodic. The first occasion was in June 2014 when Nargiza attended a police station to report domestic violence and abuse. During this and subsequent contact, she talked about her

experiences. Nargiza's first report to the MPS was on the same day that she first approach GSTT.

- The MPS also had further contact with Nargiza, in relation several attempts to collect belongings in June 2014. These do not appear to be have been resolved.
- Nargiza had further contact with another domestic abuse service, speaking with the Refuge IDVA Service in Lewisham. However, this contact, which was triggered by the referral to the July 2014 MARAC in Lewisham, was limited to one phone call in which she declined support.

1.6.12 However, by the end of June 2014 Nargiza was reporting to the MPS and REACH that she would be returning to live with Marat. Nargiza later reiterated this to the Refuge IDVA service during their limited contact with her.

1.6.13 There was a MARAC meeting on the 23rd July 2014. The MARAC was not aware of the information known to REACH and only one action – for all agencies 'to flag and tag' – was agreed.

1.6.14 Tragically, Nargiza's death means that it will never be possible to know the full extent of her experiences. However, drawing together the information available, it is likely Nargiza was subjected by Marat to:

- *Physical abuse*: such as being beaten and hit
- *Coercion, threats and intimidation*: Nargiza herself talked about her experiences, which agencies like REACH and the MPS (as part of a MARAC referral) recognized as coercive and controlling. More broadly, Marat used Nargiza's immigration status (an example of 'abuse of process'). He also harassed and stalked Marat (both Nargiza's father and one of her friends talked about how Marat waited for Nargiza outside her workplace during their separation and how Nargiza stayed with him all night because she feared being followed to her address)
- *Emotional abuse and isolation*: Nargiza told friends/colleagues that her contact with both her family abroad and friends in the UK was monitored, and that she was prevented from praying or from leaving their shared home. The reports of Nargiza's hidden mobile phone, used to speak to family and at work, also indicates the lengths she had to go to avoid Marat's monitoring of her contact with other people. What information is available also suggests that Marat may have used Nargiza's faith: one friend (Dilnoza) told the MPS that Nargiza said that Marat would not let her pray at home, while Marat is reported to have told Bekzod that his daughter had *"fallen into Islamic Extremist Groups"*

(presumably to discredit her, although there is no evidence to suggest that this was the case)

- *Sexual violence*: Nargiza told REACH she experienced sexual abuse from Marat, also describing to a friend how she was forced to have sex with Marat (raped)
- *Use of children*: by all accounts Nargiza was a dedicated and loving mother and wanted to be re-united with Child A and Child B. However, there are examples of how Marat used this to control Nargiza, particularly with reference to immigration and threats.

1.6.15 Taken collectively, Nargiza's experience of domestic violence and abuse illustrates how different forms of violence and abuse can be used by a perpetrator to create a web of violence and abuse. Such behaviours are underpinned by of coercive control, which restricts a victim's autonomy and space for action, because coercive control "*play[s] off the restrictions on autonomy, marriage choices, education, career options and comportment at home or in public that continue to characterize communities".*[6]

1.6.16 In this case, Nargiza's experiences were likely influenced by her personal circumstances and different identities, meaning there is significant learning about: *economic and financial abuse; immigration status; children and family;* and *the beliefs and attitudes of Marat*.

1.6.17 While there were some examples of Nargiz'a personal circumstances and different identities being identified and addressed by agencies, even when proactive steps were taken, responses were largely issue specific. There is limited evidence of any broader reflection on how her identities intersected, and therefore whether additional action was needed in order to manage her risks and needs. Noticeably in this respect, agency records do not indicate any consideration of referral to, or engagement with, services that explicitly work with BAME women.

Contact with Marat

1.6.18 In contrast, the contact with Marat was more limited, although these contacts are related to:

- Health
- Domestic violence and abuse.

1.6.19 Marat had only one recorded contact with health services in his own right, attending for a consultation with his GP. However, it is of note that Marat was present in at least one of Nargiza's contacts with health services and it is not clear from the record of consultations /

[6] Evan, S (2008) *Coercive Control: How Men Entrap Women in Personal Life*, Oxford: OUP. p238

appointments held by health services whether he was present in other sessions. The LAS also had contact with Marat in 2016.

1.6.20 The MPS also had contact with Marat in relation to Nargiza's report, including interviewing him as part of their enquiries although he was not subsequently charged. The MPS also had contact with Marat following Nargiza's attempts to retrieve belongs in 2014 as well as other contact when Marat was in a state of distress in 2016.

1.7 Conclusions and Key issues arising from the review

1.7.1 Nargiza's homicide is tragic; her family have lost a daughter and sister to homicide and she will be deeply missed. It is also impossible to forgot that three young children were robbed of an opportunity to grow up knowing their mother. That loss is made more difficult still as it is compounded by the death by suicide of their father Marat. Regardless of Marat's actions, the death of both their parents in these circumstances is a heavy burden.

1.7.2 Marat's suicide also means that the criminal justice process was unable to run its course, and so those affected by Nargiza's homicide have been denied the opportunity to see a determination of Marat's criminal guilt. While the DHR process cannot fill this gap, it can seek to illuminate past. The Review Panel hopes that this review goes some way to describing Nargiza's life and experiences, articulating what happened and describing the behavior of Marat, based on the information available, and so providing some closure to Nargiza's family, friends and others affected by the homicide.

1.7.3 The Review Panel in particular extends its thanks Nargiza's family for their participation.

1.8 Lessons to be learned

1.8.1 There has been a range of learning from this review – in particular about how a victim's personal circumstances and their different identities intersect, and can affect their experiences, as well as the help and support that they seek or are offered.

1.8.2 Throughout this review, it has been clear that Nargiza's risk and space for action were significantly influenced by her personal circumstances and different identities. She was, as an example, a diligent member of staff, a mother and daughter. She was also a victim of violence and abuse, trying to manage her immigration status and, in doing so, experiencing repeated contact with the Home Office while being dependent on Marat as her spouse for her LTR in the UK. Her interactions with services are likely to have been informed by these different issues, and as a result, there is learning about how agencies identify, understand and respond to a victim's unique needs.

1.8.3 Nargiza's experiences also show how pervasive different forms of violence and abuse can be. In particular Marat's use of financial and economic abuse, as well 'abuse of process',

have led to recommendations of national significance to ensure that these forms of violence and abuse are better understood. Additionally, this learning is reminder that it is critical that agencies are able to recognize and understand how violence and abuse are perpetrated and can respond to someone's experience, and the risk posed by the perpetrator, in a multi-faceted way.

1.8.4 There is learning about how agencies work individually and collectively to protect victims of domestic violence and abuse. Significantly, there were omissions by two agencies in their response to risk. Firstly, in 2014 REACH did not refer to the Lewisham MARAC and then closed the case, relying on Nargiza's report that she was leaving both her work and the UK. It is not possible to know what the outcome would have been had REACH referred to the Lewisham MARAC, but given the striking difference between what was known to service and the paucity of information available to the Lewisham MARAC at the time, it is reasonable to assume that agencies would have had the opportunity to be better informed and therefore potentially to work together differently in order meet Nargiza's needs. Secondly, in 2016, the LGT Health Visiting Service failed to respond to a report by Nargiza of a missing door and simply signposted Nargiza to other services. While the circumstances are unclear, and it is not possible to know what the outcome would have been if LGT had proactively responded to Nargiza's request for help, this was an occasion help was sought and an agency did not respond.

1.8.5 The review has also identified learning relating to MARAC, both in terms of the importance of a clear record of meetings but also considering why 'no action' MARACs are problematic. There is a risk that MARACs which take no actions – because for example, a victim is 'non-engaging' – effectively 'de-risk' agencies, while leaving the risks and needs of victims unmet. Partnerships need to ensure that they understand these cases and identify how they can respond in order to keep victims at the centre of all that they do.

1.8.6 Additionally, there is learning about the identification and re-referral of MARAC cases. Again, Nargiza actively sought help from a service (the MPS) in 2014 to help her retrieve property from the home she shared with Marat. The MPS felt it could not take any action as no criminal offence occurred and did not re-refer to the MARAC because the incidents did not meet the definition of a 'MARAC repeat'. It is not possible to know what the outcome would have been had the definition between different and had the MPS therefore made a re-referral. However, a re-referral would have triggered a further opportunity for a case discussion, which may have enabled agencies to think again about how to help and support Nargiza. The current definition needs to be reviewed.

1.8.7 There has also be learning about how agencies communicate internally and with each other, including for specialist domestic abuse services and across different parts of the health sector (in this case, with reference to work in hospitals, general practices and the ambulance service).

1.8.8 Communication is of course only effective if staff understand their role, what they can do and how they should work together. The review has made recommendations around how the local partnership can be assured about training, both in relation to victims but also how staff can identify and respond to perpetrators sooner.

1.8.9 While there has been a range of learning, there have also been areas of good practice. The Police Officer who was dealing with Nargiza's case in 2014 rightly recognized her risk and referred her to the Lewisham MARAC, while the availability of a service like REACH is clearly positive including the response to Nargiza's first disclosure by both her manager and REACH itself. Lastly, health providers had regular contact with Nargiza, providing a good response to her health needs.

1.8.10 Following the conclusion of the review, there is an opportunity for agencies individually and collectively to consider their response in light of the learning and recommendations. In order to make the future safer for others, this is a responsibility that all agencies share so that domestic violence really is everybody's business. As referenced at the start of this report, the family of Nargiza have talked about what will come about as a result of this DHR, and the Review Panel hopes that they feel the recommendations will bring about positive change.

1.9 Recommendations from the review

IMR Recommendations (Single Agency):

1.9.1 The single agency recommendations, made by the agencies in their IMRs, are as follows:

Medical Centre

1.9.2 Ensure new staff have access to Domestic violence IRIS Training.

1.9.3 A significant event analysis will be shared with Practice staff at The Medical Centre.

Lewisham and Greenwich NHS Trust

1.9.4 To roll out the set screening questions for domestic violence and abuse at University Hospital Lewisham.

1.9.5 For the Health Independent Domestic Violence Advocate (IDVA) to carry out specific training around risk identification and risk assessment of Domestic Violence and Abuse at both Adult and Paediatric Emergency Departments.

1.9.6 For the health visiting new birth assessment form to be re-developed to allow an in-depth assessment of the families' health needs.

1.9.7 For families to be given information on domestic violence and abuse and how to get help at every opportunity.

1.9.8 To change practice to allow for the scope to engage professional curiosity if a client contacts the health visiting service with a problem or issue. For issues identified an action plan must be completed.

1.9.9 Improvement in documentation from Guys and St Thomas's NHS Trust (GSTT).

Refuge IDVA Service

1.9.10 Full case information should be shared between both agencies throughout the whole referral process even where the service has been declined by the victim.

Overview Report Recommendations:

1.9.11 The Review Panel has made the following recommendations.

1.9.12 These recommendations should be acted on through the development of an action plan, with progress reported on to the Bexley CSP within six months of the review being approved by the partnership. In relation to the recommendations with national implications or for the London Borough of Lewisham, the Chair of the Bexley CSP should write to the Home Office and the Chair of the Safer Lewisham Partnership respectively once the review is approved.

1.9.13 **Recommendation 1:** The UK Government to review the cross-government definition of domestic violence and abuse and any associated guidance to incorporate economic and financial abuse.

1.9.14 **Recommendation 2:** The UK Government should review the cross-government definition of domestic violence and abuse and any associated guidance to incorporate abuse of process.

1.9.15 **Recommendation 3:** GSTT to ensure that there is a clear policy and procedure in place to manage communication between REACH, members of staff who access the service and their managers. This should strike a balance between confidentiality and consent with the ability of REACH to seek information from or liaise with managers in high risk cases.

1.9.16 **Recommendation 4:** GSTT to conduct a review of decision making in relation to referral to MARAC within REACH, with particular reference to time frames, the use of professional judgement and how cases are managed when a victim disengages from the service.

1.9.17 **Recommendation 5:** GSTT to review pathways to MARACs in London. In doing this, GSTT should prioritize pathways with those areas with the greatest number of patients. As a minimum this should include Lambeth, Southwark and Lewisham.

1.9.18 **Recommendation 6:** LAS to review how it can sign up to, and participate in, MARACs and disseminate guidance to MARACs in London.

1.9.19 **Recommendation 7:** The Lewisham MARAC should further develop its online profile, to ensure that information and guidance on the MARAC process is as accessible as possible**.**

1.9.20 **Recommendation 8:** The Bexley MARAC should ensure that information and guidance on the MARAC process is made accessible, including online and through the provision of local training.

1.9.21 **Recommendation 9:** The Lewisham MARAC should conduct an audit of 'no action' cases to identify whether this is an isolated case or whether there is any wider learning that could inform practice at the MARAC**.**

1.9.22 **Recommendation 10:** The Bexley MARAC should conduct an audit of 'no action' cases to identify current practice and consider any wider learning that could inform practice at the MARAC.

1.9.23 **Recommendation 11:** LGT to review policy and procedure in relation to the use of MARAC flags so these are used consistently

1.9.24 **Recommendation 12:** LGT to work with Refuge and the relevant commissioners to ensure there is sufficient H-IDVA capacity, and a robust care pathway, within University Hospital Lewisham

1.9.25 **Recommendation 13:** The Bexley CCG to monitor the implementation of its local action plan to improve the response to domestic violence and abuse in GPs and undertake an evaluation to ensure that the local action plan is effective and leads to improved victim outcomes.

1.9.26 **Recommendation 14:** The Bexley CSP to develop a profile of perpetrators locally and review practice, pathways and training in response to this group**.**

1.9.27 **Recommendation 15:** SafeLives to review the definition of a 'MARAC repeat'.

1.9.28 **Recommendation 16:** The Bexley CSP scopes the requirement for specialist BAME led provision in the borough.

1.9.29 **Recommendation 17:** The Bexley CSP works with other bodies in London, including MOPAC, to ensure that there is sufficient specialist BAME led provision**.**

1.9.30 **Recommendation 18:** The Bexley CSP should work with the LSCB and SAB to ensure that local single and multi-agency training is sufficient in relation to domestic violence and abuse. Referencing the learning specifically in this case, that would include training in relation to BAME communities and immigration issues**.**

1.9.31 **Recommendation 19:** The Bexley CSP should identify how it can support the raising of awareness of domestic violence and abuse across the public, voluntary and private sector by encouraging employers to develop robust workplace polices to support employees who may be victims of domestic abuse, violence or stalking.

1.9.32 **Recommendation 20:** Representatives from organisations on the Review Panel that do not have a workplace policy to support employees who may be victims of violence, abuse or stalking to escalate this issue within their organisation so that a robust policy can be put in place.