

Domestic Homicide Review: DHR 11 – ‘Margaret’

Under Section 9 of the Domestic Violence Crime and Victims Act 2004



Multi-Agency Action Plan - The action plan is a live document and subject to change as outcomes are delivered.

‘Early Learning’ Recommendation 1						
West Mercia Police, WMAS, ASC and Mental Health services ensure that their staff are able to identify domestic abuse and coercive control risks using an approved multi-agency risk assessment checklist such as DASH. The use of DASH or the agreed risk identification tool to be audited by the above agencies. These audit outcomes reported to the Community Safety Partnership until all can evidence, they are an embedded process						
Ref	Action (SMART)	Scope	Target date for completion	Lead Agency	Update	How will success be measured?
1	West Mercia Police, WMAS, ASC and MPFT will ensure consistent use of DASH to identify domestic abuse and coercive control through established QA, training and MARAC arrangements. Each agency will audit DASH use and report outcomes to the Community Safety Partnership until DASH is evidenced as fully embedded practice.	West Mercia Police, WMAS, Adult Social Care and MPFT staff involved in identifying, assessing, and responding to domestic abuse, including completion and use of DASH risk assessments and engagement with MARAC processes.	April 2027	West Mercia Police, WMAS, Adult Social Care and MPFT	West Mercia Police A Vulnerability Hub is established, staffed by a Detective Sergeant and dedicated officers who review DARA (previously DASH) submissions to ensure accuracy and quality. DARA assessments are scrutinised to identify domestic abuse and coercive control risks, and all referrals are progressed in a timely manner. Ongoing oversight provides quality assurance and supports consistent and appropriate use of DARA across the service. The Shrewsbury and Telford Hospital NHS Trust (SaTH) All MARAC referrals and associated DASH risk assessments are submitted via a central email inbox. These are subject to quality assurance checks to ensure correct completion and risk identification before onward referral. Face-to-face training is in place for staff to support confident and effective use of DASH and to reinforce understanding of domestic abuse and coercive control indicators. Midlands Partnership NHS Foundation Trust (MPFT) DASH is built into the Trust’s electronic systems, ensuring universal access for staff and enabling routine review and quality assurance. A single, consistent representative attends all MARAC meetings, allowing for any challenges relating to risk identification or DASH completion to be addressed promptly. DASH use is further supported through supervision, learning events, and the completion of a 7-point briefing (which will be shared for partners use, embedding learning and continuous improvement. Assurance and Audit Across all agencies, arrangements are in place to quality-assure the use of DASH and identify learning needs. Audit activity and outcomes will be reported to the Community Safety Partnership to evidence progress and	□ High and consistent completion of DASH across all agencies □ Improved quality and accuracy of DASH assessments □ Timely submissions and appropriate MARAC referrals □ Positive audit results showing compliance and improvement □ Evidence of routine QA processes in all organisations □ Increased staff confidence through training and supervision □ Clear learning actions implemented from audits □ Regular reporting to CSP demonstrating sustained progress and embedding

					provide assurance that the use of DASH is fully embedded as standard practice.	
--	--	--	--	--	--	--

‘Early Learning’ Recommendation 2						
The above risk assessments should reflect the Domestic Abuse Act (2021) and include all family members especially children connected to the individuals involved.						
Ref	Action (SMART)	Scope	Target date for completion	Lead Agency	Update	How will success be measured?
2	A ‘Think Family’ approach to be used when undertaking all risk assessments	All front-line workers	Sept 2026	West Mercia Police, WMAS, Adult Social Care and MPFT	West Mercia Police have implemented separate child risk assessments to ensure that all children connected to domestic abuse incidents are identified, assessed and considered appropriately. Officers have received training to support this process. Child risk assessment data is reviewed daily, with any missing assessments identified and escalated promptly to ensure compliance. Police referral data is also reviewed through quarterly Safeguarding Children Partnership meetings, with periodic multi-agency case file audits and thematic deep dives undertaken to provide assurance that a ‘Think Family’ approach is embedded. Cranstoun complete separate assessments for children and young people (CYP) and adult victims, with young people aged 13 and over subject to DASH risk assessment processes where appropriate. Case reviews are undertaken by managers prior to closure, supported by the use of an audit tool and quarterly audit activity to provide oversight of risk assessment practice. The Shrewsbury and Telford Hospital NHS Trust (SaTH) has undertaken work to strengthen recognition of children as victims of domestic abuse in their own right and to ensure safeguarding concerns are raised where domestic abuse is identified. This has been incorporated into face-to-face children’s safeguarding training. Midlands Partnership Foundation Trust (MPFT) continues to embed a family-focused approach through its Triangle of Care programme. Clinical teams are required to complete an annual self-assessment as part of the Trust’s accreditation process. Shropshire Early Intervention in Psychosis (EIP) services have completed their 2025 self-assessment, and the Trust has successfully retained Triangle of Care Star 1 and Star 2 accreditation for 2025–26. Shropshire Community Health NHS Trust (SCHT) has embedded a family-centred approach throughout clinical practice. This is reinforced through regular face-to-face	☐ Risk assessments consistently include all family members, especially children ☐ Completion of child risk assessments alongside DASH ☐ No missing assessments, with gaps quickly addressed ☐ Audit and review findings show a clear ‘Think Family’ approach ☐ Evidence of consistent practice across frontline staff

					training delivered every two months, ensuring staff consider the impact on family members, including children, when assessing risk and safeguarding concerns. Further work is required to evidence the consistent use and auditing of approved domestic abuse risk assessment tools across all agencies. Ongoing audit activity and reporting arrangements will continue to support assurance that these processes are fully embedded.	
--	--	--	--	--	--	--

‘Early Learning’ Recommendation 3						
The Right Service First Time Guidance for Call Handlers to identify indicators of domestic abuse is reviewed by West Mercia Police in light of this case.						
Ref	Action (SMART)	Scope	Target date for completion	Lead Agency	Update	How will success be measured?
3	West Mercia Police to ensure that the identification and response to Domestic Abuse within the Operations and Communications Centre (OCC) is strengthened and embedded through training, policy application, and supervisory oversight.	West Mercia Police staff within the Operations and Communications Centre (OCC), including call handlers, dispatchers, supervisors, and those responsible for responding to and overseeing domestic abuse incidents.	March 2026	West Mercia Police	The MAA/RCRP policy and associated training were introduced in 2023, and our current TRIAGE model now ensures that the policing purpose is identified wherever DA-related offences or incidents are disclosed. Where a policing purpose is identified, police will attend. MAA/RCRP-related incidents are brought to the attention of supervisors for an additional level of scrutiny. Any challenge to a MAA decision is escalated to the FIM (Force Incident Manager). Role specific Vulnerability CPS training is being delivered to the OCC (Operations and Communications Centre) this includes the identification of Domestic Abuse.	

“Early Learning’ Recommendation 4						
The Panel request that the Home Office review the current data on the use of crossbows in domestic manslaughter or ‘near misses’ to establish if the position adopted in 2019 concerning crossbows remains, that they do not pose a threat.						
Ref	Action (SMART)	Scope	Target date for completion	Lead Agency	Update	How will success be measured?
4			Complete – report shared on 30.07.25 to the Home Office for their quality assurance process, feedback	Telford CSP	Home Office has accepted this recommendation and has taken action. <i>The Home Office accepts this recommendation. Crossbows can be powerful and deadly weapons if misused and we are concerned at the ease that they can currently be purchased. The terrible murders in</i>	

			received on 24.02.26		<i>Bushey on 9 July 2024 and, more recently the attacks with a crossbow in Headingley on 26 April last year, and in other cases where crossbows have been used to commit murders and other serious criminal offences have highlighted significant weaknesses in protecting the public from these weapons. That is why we are introducing stronger controls for crossbows including a licensing scheme for existing owners and a ban on sales, so we can prevent serious harm before it happens. This was announced in the Government response, published on 19 March this year, to a call for evidence that was held on whether there should be further crossbow controls on public safety grounds that was conducted by the Home Office from 14 February to 9 April 2024. The Government response can be found via the link here Controls on crossbows - GOV.UK.</i>	
--	--	--	-------------------------	--	--	--

“Early Learning’ Recommendation 5 The MHHR recommends “ We recommend that existing training for staff should be enhanced to balance the legal and professional responsibilities to assure that two way information is shared appropriately. This is because whilst it is important to respect patients’ rights to privacy and confidentiality, assessment and ongoing communication should also usually include some information for the patients family, carers, and other agencies. Information-sharing decisions should be taken on a case by case basis, and assured in each case, checked to ensure that decisions are appropriate, evidence based and documented in the electronic patient record.” This DHR reinforces the need for mental health services to demonstrate their duty to listen to families who in many cases are an invaluable source of information. Therefore, we recommend the recording of family members views in terms of welfare and ongoing risks to the patient and others including family members concerning the level of seriousness of the risk posed by the patient and its imminence.						
Ref	Action (SMART)	Scope	Target date for completion	Lead Agency	Update	How will success be measured?
				MPFT	Trust Response - Regarding the Triangle of Care approach: - Teams are being asked to complete the self-assessment annually now as part of the Trust’s <i>Triangle of Care Accreditation</i>. Shropshire EIP has completed its 2025 self-assessment. The	

					next submission cycle for 2026/27 self-assessment for teams is taking place between April and June 2026 for data collection with the Trust report to be ready by September. ○ The Trust has successfully retained Triangle of Care Star 1 and Star 2 Accreditation for 2025–2026. Trust Response We are collaborating with our Family Liaison Officer and Lived Experience Lead to develop a further training package and guidance that highlights the importance of engaging families, alongside clear information on confidentiality and information sharing. This will work on previous guidance that was developed on engaging with Carers and respecting their confidentiality.	
--	--	--	--	--	---	--

Individual Agency Action Plans

Primary Care – Medical Practice						
No°	Recommendation	Key actions (SMART)	Evidence	Key outcomes	Lead officer	Target date for completion
1.	Include the risk to others as part of risk assessments of patients with mental health-related presentations.	Discussion with clinical staff at practice meeting and review of what structured risk assessment tools are used in patients with mental health-related presentations. Ensure these contain relevant sections on risk to others.		Ensure risk assessments include risk to others when appropriate.	Safeguarding GP	COMPLETED 30/09/2024
2.	Resources for child on parent abuse to be available to staff at Shawbirch Medical Centre.	Identify sources for support in child on parent abuse, such as PEGS; share this information with all staff and ensure resources can be easily accessed when required.		Ensure access to sources of support for child on parent abuse victims and that staff are aware of these and how to access them.	Safeguarding GP	COMPLETED 30/09/2024

3.	Share learning above with other practices in the PCN.	Share learning and actions with safeguarding leads at our PCN practices.		Share learning with other GP practices.	Safeguarding GP	COMPLETED 30/09/2024
----	---	--	--	---	-----------------	-------------------------

Adult Social Care						
Nº:	Recommendation	Key Actions	Evidence	Key Outcomes	Lead Officer	Target date to complete
1.	LAS to alert readers of the CTO status to ensure multi-agency discussions can be held and a LA risk assessment completed	LAS enhancements with Business Support input	LAS request submitted	Banner to alert mental health LAS users to impending CTO end dates Discussion with MPFT to inform LA risk assessment	ASC	December 2024 LAS now indicates if person is subject to a CTO MPFT looking at RIO access for AMHP's for read only access their records
2.	Mandatory CPD training Internal training	Mandatory bespoke training to be commissioned for all AMHP's Internal training on identifying safeguarding including domestic abuse and how to respond & report	Training arranged for 21st March First training event delivered 32nd January 2nd event planned for 31st January	Best practice throughout the service is consistent and measurable	ASC	December 2024 but somewhat dependent on trainer availability Training completed
3.	Risk assessment to be embedded into the AMHP report to focus on concerns other than mental health. Random selection, monthly audits of AMHP reports Audits Will include one Direct observation of the AMHP when their warrant is up for renewal.	Development of a risk assessment and amendment of the MAHP report Highlight good and below standard practice. Highlight themes and patterns	Work ongoing with mental health and PSW to identify most appropriate risk assessment Changed to audit tool to ensure cohesions with ASC ready for sign off. Direct observations are happening for all Warrant re-approvals.	Ensure all risks are identified, addressed and managed To ensure the training is embedded into practice Promote consistent good practice	ASC	February 2025 February 2025 Audits in place however I am also working with PSW and business support to tweak the AMHP audit

Agencies with no individual learning points identified:

- West Mercia Police
- West Midlands Ambulance Service
- Shropshire and Telford Hospitals Trust

- West Mercia Women's Aid
- Midlands Partnership Foundation Trust
- Probation
- CAB
- DWP
- RJA