# Executive Summary

# North Herts CSP

# A Domestic Homicide Review (DHR) concerning the death of Nancy (pseudonym) (January 2022)

**Author – Jackie Dadd**

**Date completed – August 2025**

# Family tribute

Nancy was a wonderful vivacious lady with a wicked sense of humour. She was very talented and creative (and modest with it) with many interests in classical music and the arts. She practised botanical painting, calligraphy, the piano and later the ukelele. She worked with the church, where she had lots of friends, flower-arranging and writing calligraphy in the memorial books. She also loved nature with a passion for songbirds and loved her dogs, and horses in earlier life. She also loved her garden. There was a suggestion to go travelling for a few months when the children had left home, her response was “but darling, what about the greenhouse.” She would dance and sing about the kitchen and would host amazing dinner parties for friends and family. She had bright, dancing and smiling eyes and was always engaged with those around her. She was a dedicated Mum and Granny, she was warm, loving and always offered encouragement.

Robin

Mum was a kind and thoughtful person. She had a bubbly personality with a quirky sense of humour. She was incredibly caring and adored her grandchildren. The feeling was mutual! There were so many fun holidays and family get-togethers where Mum was a central part with her love of music, particularly Adam Faith, who she had loved for as long as I can remember. She could be self-deprecating and didn’t realise the impact she had on all those around her, bringing her fun nature and kindness with her. Mum was a huge support to me throughout my life and we very regularly chatted on the phone, finding so many things to laugh about. She has left a huge hole in my life, and the lives of my children who miss their grandmother so much.

Caroline

The Domestic Homicide Review Panel and the members of the North Herts Community Safety Partnership would like to offer their sincere condolences to the family of Nancy, who have lost their loved one in tragic circumstances.

# Contents

# 1. The review process

**1.1** This review examines agencies responses, provisions and support provided or available to Nancy, a 78-year-old female, suffering from dementia. She was living in North Hertfordshire in January 2022 when she was found in her home, having been hit over the head with a frying pan by her husband, Ronald, who then placed materials into her mouth before contacting their GP Surgery to inform them he thought he had killed his wife.

**1.2** Following a lengthy Judicial process, having pleaded not guilty to murder, Ronald pleaded guilty to manslaughter by reason of diminished responsibility and was sentenced at St Albans Crown Court to 1 year and 8 months imprisonment, suspended for 2 years.

**1.3** Hertfordshire Police made a referral to the Hertfordshire Domestic Abuse Board who oversee Domestic Homicide Reviews for the County, due to the circumstances of the death. The Domestic Abuse Partnership Board convened and made a decision to undertake a Domestic Homicide Review (DHR) as the definition in section 9 of the Domestic Violence Crime and Victims Act (2004) had been met.

**1.4** The Coronial inquest is still on-going at this time whilst they speak with the family in relation to their wishes.

Hospital scans and an EEG revealed no brain function and the decision was made to withdraw life support.

A forensic post-mortem was held on Nancy and the cause of death was found to be

1a Global hypoxic ischaemic encephalopathy
1b Cardiac arrest (resuscitated)
1c Features consistent with smothering.

Based on information available, smothering is the most plausible explanation for her initial cardiac arrest and subsequent death.

**1.5** In accordance with Home Office guidelines to ensure confidentiality, pseudonyms have been utilised throughout this report for the following: (All ages are recorded at the time of Nancy's death).

**Nancy** – Deceased. A white British female who was 78 years old.

**Ronald** – Perpetrator and husband of Nancy. A white British male who was 81 years old.

**Regan** – Eldest daughter of Nancy

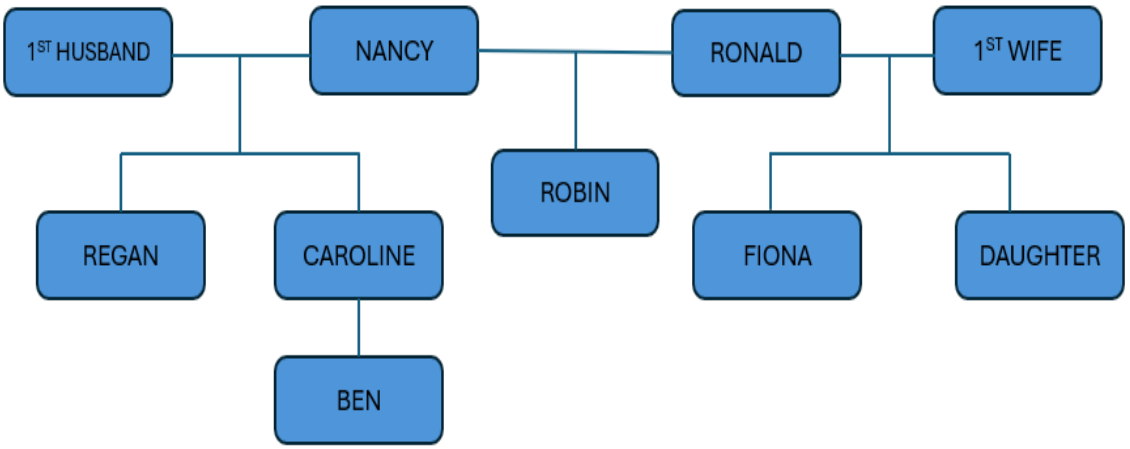
**Caroline** – Daughter of Nancy

**Robin** – Youngest daughter of both Nancy and Ronald

**Fiona** – Daughter of Ronald from first marriage

**Ben** – Grandson of Nancy and son of Caroline

**Genogram** – (This is not a complete family tree but outlines those referred to within this report to assist)




**1.6** Hertfordshire County Council wrote to a letter to Caroline and Robin informing them of the review and took an active part in informing the panel and partaking in discussions. Due to family dynamics, unfortunately brought about by these tragic circumstances, the Author and panel spoke to the sisters separately and facilitated them speaking the Hertfordshire Adult Safeguarding Board in relation to the outcome of the Safeguarding Adult Review (SAR) findings.

**1.7** Both the Author and Hertfordshire County Council would like to thank Caroline and Robin and other family members for their contribution to the review which provided family context and information that led to some of the recommendations.

## 2. Review panel members

**2.1** The following agencies/organisations/voluntary bodies have contributed to the Domestic Homicide Review by the provision of IMRs, Summary reports and chronologies.

**2.2** The panel comprised of the following:

| Name | Area of responsibility | Organisation |
|---|---|---|
| Ildiko Cseri | Commissioning and Development Officer | Hertfordshire County Council (HCC) |
| Carol Harwood | Business Support Officer | Hertfordshire County Council (HCC) |
| Vicki Symonds | Service Manager | Refuge |
| Carole Whittle | Health and Wellbeing Manager | Carers in Herts |
| Anita Roberts | Safeguarding Adults Specialist Nurse | Herts Community NHS Trust |
| Miriam Martin | Chief Executive | Caring Together |

| | | |
|---|---|---|
| Dr Genevieve Holt | Dementia Specialist | Hertfordshire Partnership University NHS Foundation Trust |
| Mary Emsom | Deputy Director | Herts and West Essex Integrated Care Board (ICB) |
| Keith Dodd | Head of Adult Safeguarding | Adult Social Care - HCC |
| Jo Doggett | Director | North Herts District Council |
| Donna Norris | Inspector – DHR team | Hertfordshire Police |
| Jim Luxon | Inspector – DHR team | Hertfordshire Police |
| Tracy Brown | Adult Safeguarding Lead | Addenbrookes Hospital |
| Sam Hunt | Associate Director of Nursing for Safeguarding | Cambridgeshire and Peterborough Foundation Trust |

**2.3** Thanks go to all who have assisted and contributed to this review with their valued time and cooperation.

## 3. Contributors to the review

**3.1** The following agencies/organisations/voluntary bodies have contributed to the Domestic Homicide Review by the provision of scoping their records and if necessary, providing reports and chronologies.

| Agency | Contribution |
|---|---|
| Cambridgeshire University Hospitals | Panel member, IMR |
| Hertfordshire Adult Social Care | Panel member, IMR |
| GP Surgery (Nancy & Ronald) | Scoping, IMR |
| Melbourne Springs Care Home | Scoping, chronology |
| Hertfordshire Police | Panel member, IMR |
| Hertfordshire Community NHS Trust | Panel member, IMR |
| North Herts District Council | Scoping, Panel member |
| Herts and West Essex Integrated Care Board (ICB) | Chronology, Panel member |
| Caring Together | Summary report, Panel member |
| Carers in Herts | Summary report, Panel member |
| Hertfordshire Partnership University NHS Foundation Trust | Provides specialism – Dementia, Panel member |
| Cambridgeshire and Peterborough Foundation Trust (CPFT) | Scoping |
| Refuge | Panel member, scoping |
| Hertfordshire County Council | Oversight of DHR, Panel member |
| Hertfordshire Probation Service | Scoping |
| Spectrum drug service (CPFT Service) | Scoping |

## 4. Author of the Overview report and Chair

**4.1** The chair of the review panel and Author of this report is Mrs Jackie Dadd, an independent consultant who is independent of the organisation and agencies contributing to this report. She has no knowledge or association with any of the subjects in this report prior to the commissioning of this review. She is a retired Detective Chief Inspector with Bedfordshire Police with vast experience of safeguarding and domestic abuse related issues, having been the Force Lead for domestic abuse, stalking and harassment and serious sexual offences and has been involved in the DHR process since its inception in 2011.

**4.2** She has completed several training courses including the Home Office online training, the Continuous Professional Development accredited AAFDA (Advocacy After Fatal Domestic Abuse) DHR Chair training, the domestic Abuse and suicide accredited course, and is a member of the AAFDA DHR network, regularly attending the monthly forums for CPD and discussion. Mrs Dadd has completed the new Home Office DHR Chair training and obtained the qualification of an ONC level three certificate.

**4.3** Mrs Dadd has completed and published several DHRs and is included on the register of accredited DHR/DARDR Chairs.

## 5. Terms of Reference

The Terms of Reference were discussed and agreed upon during the first panel meeting and was a working document throughout the review.

It was agreed that the main areas of focus and discussion would be based on the following:

a) To establish if Domestic Abuse (DA) in any form had been the causation or contributory factor in the death of Nancy

b) Was there effective communication, information sharing and collaborative working in response to the needs of Nancy?

c) Is the correlation between the heightened risk of domestic abuse and carers recognised amongst agencies within Hertfordshire?

d) Is there sufficient support available for older persons who may be victims of domestic abuse, in a carer circumstance or suffering from dementia in the Hertfordshire area and how accessible are they?

The full Terms of Reference are below:

- The date parameters under consideration are from January 2019 until present. This provides for a wider scoping on any injuries that may have occurred during the early

undiagnosed dementia period. If agencies hold material prior to this that they deem relevant then this is to be included.

- Ensure the review seeks to involve the family in the process and takes account of who the family may wish to have involved as lead members. Identify any other people the family think may assist or be relevant in the review process.
- Seek the involvement of friends to provide contextualised analysis of the events.
- Establish whether agencies have appropriate policies and procedures to respond to domestic abuse and to recommend any changes following the review process.
- Establish if the following processes and practices are effective and were they utilised in the case of Nancy and Ronald in any of the following areas:
  a) Communication and information sharing between services.
  b) Information sharing between services with regard to the safeguarding of adults and their carers.
  c) Communication within services.
  d) Identifying the vulnerability of carers to being either the abuser or subject to domestic abuse due to their role within the relationship and are adequate safeguarding measures and recording processes implemented in these situations.
  e) Are referral mechanisms adequate and were they sufficiently made to support Ronald and safeguard Nancy
- In the event of cross-border assistance, explore if this creates additional barriers to obtaining support and additional stresses to those seeking support
- Establish if appropriate assessments for all involved are in place on discharge from health and care establishments.
- Establish if agencies have sufficient training and knowledge to identify signs of domestic abuse and how to appropriately refer and record this, specifically including both psychological and economic abuse and coercive and controlling behaviour.
- To consider the impact of the pandemic on the services and how they adapted their practices to support Nancy and Ronald.
- What processes exist to ensure that if support is offered and declined or authorities are informed of private alternative preference, that contact is maintained to ensure a continuation of assessment.
- Establish if Professionals exercise professional curiosity to consider and ask relevant questions that may identify domestic abuse. Are these recorded in an appropriate manner and are the mechanisms for recording suitable?
- Examine how effective agencies were to support Nancy and Ronald following her diagnosis of dementia.
- Identify and highlight good practice for wider sharing
- Were procedures sensitive to the ethnic and cultural identity of the deceased and her husband? Was consideration for vulnerability, age and disability evident? Were any of the other protected characteristics considered in this case?
- Is communication and explanation sufficient in regard to processes, especially for elder people to minimise fear of consequence, specifically in regard to their financial state and when completing a carers assessment.

- Is there sufficient support available locally for older person victims of domestic abuse and how accessible are they?

## 6. Summary chronology

**Nancy**

**6.1** Nancy lived in Kent during her first marriage where she had two daughters, Regan and Caroline. She separated from their father, who Caroline describes as a 'philanderer' in 1971 and they moved to a farm in Kent which Caroline describes as idyllic. They had horses, goats, chickens and sheep and it was what Nancy had always wanted. Nancy was very sporty and show-jumped the horses and went skiing.

**Ronald**

**6.2** Ronald had a previous marriage to Nancy in which he had two daughters of which one has sadly passed away and Fiona. He separated from their mother in 1972. Fiona informed the Author that her mother suffered violent abuse during the marriage but did not know any specific details. His daughter, Fiona now refers to him by his first name and does not have contact with him.

**Combined Chronology**

**6.3** Fiona, Caroline and Regan all state that Ronald is fine until he does not get his own way and has a violent temper. Ronald and Nancy met within a year of the break-ups of both of their first marriages and married within a year. The siblings all got on well but Regan became more distant from the family when she moved out of the family home when she was 15 years old. This was due to Ronald constantly shouting at her and was then violent towards her. Caroline also speaks of Ronalds violence towards her and seeing bruises on her mothers face as she grew up that were unexplained.

**6.4** In 2016, Nancy was had been experiencing problems with her memory and following assessment, a suspicion of the beginning of dementia was diagnosed and she was prescribed medication and began attending the CPFT Older peoples Mental Health Memory Clinic Service which she would continue to do for a number of years.

**6.5** In May 2020, a referral was made by Nancy's GP due to worsening cognitive function. The following month, Nancy was admitted to Addenbrookes hospital (CUH) with left sided chest pain and progressive confusion following a trip on a cushion in the night which caused her to fall forwards onto a cane chair causing injury. She was originally fine but developed pain in her sternum over the next couple of days but the prescribed pain relief from the GP made her nauseous. Ronald expressed that she was now immobile due to the pain and this was causing incontinence. He admitted that he was not coping at home and would need social care input.

**6.6** Ronald informed the ward medical team that Nancy's confusion had worsened since December 2019 but since going to the GP, investigations had been put on hold due to COVID 19. The Liaison Psychiatry Specialist Nurse (CPFT) spoke with Ronald having visited Nancy and informed him that the mild cognitive impairment appeared to have progressed to dementia. They spoke with both Ronald and Nancy to discuss signposting to various support services and recommended a trial of medication by the GP in the community which they were both keen to try.

**6.7** It was noted by the Liaison Psychiatry team that Nancy has reasonably good insight and good enough cognition to engage in meaningful conversation about care and treatment. Ongoing contact with a number of agencies continued and Ronald frequently provided the narrative that Nancy was aggressive towards him as she was frustrated that she could not maintain her independence.

**6.8** Bruises were seen on Nancy by professionals that neither she or Ronald would explain or Ronald would say she had fallen and there was no further inquisitiveness surrounding this by professionals. Support was offered and provided for Ronald as a carer, some of which he undertook and some of which he declined as he felt that he could do it.

**6.9** A Clinical Psychologist held three meetings with Nancy to try and assist with the acceptance of her condition but Ronald fed back that these were causing too much distress and so the psychologist made the decision for them to cease. However, this was not what was portrayed in the Criminal Court case by Ronald and the Judge was critical of the psychologist in his sentencing speech as he believed the psychologist had just stopped the meetings.

**6.10** On 14th of October 2021. Nancy had a fall down the stairs late at night which was not witnessed by Ronald. He got her back into bed and called an ambulance as she could not weight bear. She had sustained a fractured right knee which was operated on five days later. GP notes state that she had two previous fractures (ankle-2013 and wrist-2005).

**6.11** The consultant completed and Mental Capacity Assessment (MCA) prior to discharge and it was deemed that Nancy lacked capacity to consent. A plan was put in place for discharge. Ronald was called and agreed to upstairs living, hospital transport, acceptance of OT equipment and three calls a day for day care. Nancy was discharged on 30th of October, which was the day Ronald had been invited to the carer's café but could then not attend. On arriving home near to 6pm, the ambulance transport voiced their concern that due to Nancy's confusion, they were concerned she could fall downstairs if she lived upstairs. They waited for the evening carers and the bed manager rang the ward on her arrival to state Nancy was coming back to the ward as she did not have a bed downstairs and there was risk.

**6.12** Ronald raised concerns over how he would be able to care for Nancy at night and he was advised by nurses that she did not have overnight needs. A single bed and commode were setup in the dining area and she was provided with a frame to assist with her walking. She was finally discharged in good spirits on the 2nd of November 2021. Community Occupational Therapy and Physiotherapy services were to visit her at home to assist with

mobility issues. GP notes state that there were frequent visits to the house by district nurses for post op wound care and administration of medication.

**6.13** During November 2021, Nancy stayed in a private care home for two weeks as advised to Ronald by his GP for him to have rest bite. Whilst there, ASC completed a Care Needs Assessment in which Nancy engaged well and was able to complete a number of actions whilst improving on her weight bearing and recovery. In conclusion to the assessment, Nancy was assessed to be eligible for care and support, under the Care Act 2014, however this was declined, as was any formal services being arranged to support them.

**6.14** Nancy had ongoing visits to her home from nurses to dress her wounds, carers to support with practicalities and physiotherapy all during lockdown which was good practice as she was unable to make her way to their locations. The GP also provided home visits for vaccinations and spoke to Ronald frequently.

**6.15** The family stayed at Nancy and Ronalds over Christmas 2021 and have differing accounts as to how Nancy was coping with her dementia and mobility. The GP attended the home between Christmas and new year and Ronald informed him that he was at crisis point and that he could no longer cope. He disclosed that he had struck Nancy with his hand and that he had not done anything like this before. The Doctor advised Ronald to find her a care home for further rest bite and was to make referrals to the Community Mental health Team and the Safeguarding Team but these were never received.

**6.16** Ronald very quickly found a private care home for Nancy to go to within the next few days. On the morning that she was due to be admitted, both Ronald and Nancy tested positive for covid and the care home stated that she would not be able to attend for two weeks. Robin witnessed an incident between them which she describes ‘they let loose with each other’ which she had never seen before.

**6.17** Early one morning a few days later in January 2025, the GP surgery received a call from Ronald stating that he may have killed his wife. The police attended and it transpired that Ronald had hit Nancy over the head with a frying pan and then put two separate pieces of cloth in her mouth which the postmortem identified as ‘being stuffed in up to a few centimetres’. Nancy was rushed to the Neuro Critical Care Unit and sadly passed away a few days later. Following a forensic postmortem in which the cause of death was found to be from the suffocation and heart attack from the material in her mouth, rather than the injury to her brain from the blow from the frying pan, Ronald was charged with murder.

**6.18** Ronald was able to account for his actions just prior to assaulting Nancy and immediately thereafter but stated he had no memory of the actual assault itself. Ronald did not initially plead guilty and a pre-trial was heard due to evidence from a consultant psychiatrist on behalf of the perpetrator that there were grounds for a defence of non-insane automatism and the case was dismissed.

**6.19** Following a successful Prosecution appeal, following another pre-trial hearing in which the above defence was discounted, Ronald pleaded guilty to Manslaughter by way of

diminished responsibility. He received a sentence of 18 months imprisonment, suspended for two years at St Albans Crown Court in October 2024.

## 7. Key issues arising from the review

**The areas outlined at section 9 of this report are also Key issues.**

### 7.1 GP identifying disclosure as domestic abuse

GP notes indicate that the clear escalation of the problems between Ronald and Nancy was evident when reviewing the medical notes as a whole. Right near the end of Nancy's life, the GP visited with the home situation apparently at "crisis point." Yet no immediate action was taken to arrange additional support nor is there mention of a possible "social" admission, knowing that respite care especially during the festive period may take a bit of time to arrange. The GP referred her back to the mental health team but sent the task for the referral to the secretary and this wasn't actioned immediately. There was no consideration that normal practice procedures may not be available over the festive period and no urgency to ensure immediate support was provided even though 'crisis point' had been identified.

The secretary confirmed that she would have been off work between Christmas and New Year and had returned to work on the day Nancy died. She would have actioned the referral to the mental health team that morning. The GP did not contact the police and had not identified that a criminal offence had taken place or consider the on-going risk to Nancy. The concentrated response was that of Ronald, the carer's needs.

### 7.2 Learning from previous reviews

It was identified by panel members in the third panel meeting that there were similarities in some of the recommendations to that of other previous DHRs in the area including the published DHR30 of Herts in 2019 titled Sarah. It was questioned as to whether the learning had been implemented from these. (Recommendation refers)

## 8. Conclusions

**8.1** This review has been enhanced by the information provided by a number of family members of Nancy who have provided invaluable information in relation to her personality, her life with her children and Ronald and the issues and barriers that were faced by both her and Ronald following her diagnosis of Dementia.

**8.2** Nancy and Ronald both had previous marriages where they had two daughters each from those respective marriages and having met through their respective divorce solicitor who was a friend of Ronald's, their relationship began at a fast pace, with Ronald moving into Nancy's family home within a few months due to him having to sell his house and then

they were married within a year of meeting each other. They then went on to have another daughter.

**8.3** Ronald is described by more than one daughter as controlling and not happy if things do not go his own way and they outline incidents throughout their lives of him displaying this behaviour and also violence towards them when this happened at times. Ronald now only has a relationship with Robin out of all of the daughters.

**8.4** This review outlines a number of occasions whereby Nancy was seen with bruising or suffered a serious injury that although, was explained by a fall, no context to how this had happened could be provided. On these occasions, there was no professional curiosity as to why these may have occurred, even though Ronald was frequently informing professionals of his stress at caring for her. Nancy has been identified as laughing off her confusion on more than one occasion to professionals and therefore, her dementia may have provided them with a reason not to question her any further, even though she was more than capable of holding a conversation.

**8.5** There is evidence of some professionals speaking directly to Nancy which is good practice, but the majority of professionals spoke to Ronald who controlled the narrative of Nancy's aggression and behaviour towards him which, although Robin saw an argument between them a few days before Nancy's death, professionals did not witness this who attended the home frequently or from the care home that she stayed in for respite.

**8.6** Ronald was provided information and referrals were made to support him but these could have been communicated better to him as due to cross border logistics, agencies were duplicated from Cambridgeshire and Hertfordshire which caused confusion at a time when he was himself dealing with the news of the diagnosis and trying to obtain sufficient support for Nancy.

**8.7** Nancy's issues with incontinence were a great source of stress for Ronald and also, humiliating for Nancy. Requests were made to the GP for a referral to the Bowel and Bladder clinic on more than one occasion but this was not made. The Judge in his sentencing remarks referred to a number of failings by agencies of which some were accurate, but others were due to Ronald controlling a narrative that he had been failed when agency records stated that both a carers assessment and Careline were offered and declined by Ronald and that Nancy did have professionals providing ongoing care whilst she was in respite but Ronald then told Adult Social Care that they did not need any further assistance.

**8.8** Good practice was shown by them following up with a home visit when she went back home to offer their services again and check on both her and Ronald.

**8.9** Disclosure of assaulting Nancy to the GP was met with concern for Ronald and his carers stress was again recorded and that he was in crisis yet the referrals that the GP identified to make at that time were not made and the police were not contacted. Nancy had not been seen as a victim of an assault or domestic abuse and no other agencies were informed of this, even though it was a clear indication that the risk to Nancy had significantly heightened days prior to her death.

**8.10** Covid was a significance within this review. Firstly, the good practice observed by the amount of professionals that attended Ronald and Nancy's home to assist and support them but secondly, the fact that Nancy's respite into a home was delayed for two weeks due to both her and Ronald testing positive for Covid on the day she was due to be taken and it was in this time period, that Ronald then killed Nancy.

**8.11** It is the panel's findings based on the information that has been provided to this review, that Ronald was controlling and coercive throughout their marriage, not just towards Nancy but also to the remainder of the family and that physical violence was present when things were not to his liking due to his anger at this.

**8.12** Ronald utilised his controlling mannerisms with professionals when informing them of Nancy's behaviour toward him which as a result, meant that her dementia overshadowed any domestic abuse curiosity that should have been shown.

**8.13** There was no multi agency professionals meeting that would have benefited with an overall care plan for Nancy and an informed risk assessment. The correlation between Older persons, dementia, carers and domestic abuse is not known wide enough amongst frontline professionals for them to identify risk and safety plan.

## 9. Lessons to be learnt

### 9.1 Barriers caused by differing areas of jurisdiction by agencies

Nancy and Ronald's home was on the border of Hertfordshire and Cambridgeshire and although they owned a Hertfordshire postcode, the location was nearer to a Cambridgeshire Hospital which was where Nancy was transported to on the occasions she needed medical assistance.

This meant that when Nancy was discharged from hospital, referrals for emergency district nurses, ASC and carers will automatically be made to those service providers within Cambridgeshire. As they lived in Hertfordshire, the correlation with Hertfordshire Services could be delayed and at times duplicated with their counterparts which caused confusion to Ronald as he was being contacted by two separate carers services. The Integrated Care Board (ICB) for health matters for where they live covers Hertfordshire and West Essex, but the discharge from hospital nursing referrals for home care treatment were initially made with Cambridgeshire service providers. Adult Social Care work under specific County Councils.

Although this may be seen that it is beneficial that more providers are offering/duplicating services rather than none, this caused great confusion to Ronald who was caring for Nancy and a clearer pathway and purpose of each carer/nurse that attends the home should be outlined to reduce any further stress. (Recommendation refers)

**9.2 Does Dementia in older persons overshadow domestic abuse?**

Nancy was diagnosed with mild cognitive impairment in 2016 and formally diagnosed with dementia, having attended the Neurology Cognitive Disorder Clinic at CUH. Nancy was also deemed not to have capacity to make decisions in regard to her medical treatment and nursing care following a mental capacity assessment yet this does not stop professionals speaking to her and asking her opinions.

She was referred to a psychologist for the purpose of assisting her with understanding her condition and coming to terms with it but this was ended after a few meetings as Ronald informed the psychologist stated that it was upsetting for Nancy and she therefore made the decision it was not beneficial. This was a rare occasion when Nancy could speak to a professional alone and may have had the opportunity to disclose any abuse she was suffering if professional curiosity had been shown in regard to her bruising and more time had been allowed for Nancy's trust to be gained. Those suffering from domestic abuse can sometimes feel upset if they feel under pressure that they may disclose and fear this due to consequences that may be suffered afterwards.

Nancy had a number of unexplained injuries that although two were recorded as 'falls', there was no questioning as to how these falls may have come about as there may have been a subconscious decision by professionals that as Nancy had dementia and issues with her memory, as Ronald was always quick to point this out, then the consideration of any underlying reason for the injuries was not explored or considered.

When Ronald disclosed a physical assault on Nancy to the GP, the response was not to look at this as domestic abuse but as carer's stress.

**9.3 Are DA victims suitably recognised in the Judicial system?**

The review panel had sight of the sentencing remarks of the Judge for Ronald. Family members had already voiced their concerns as to how they felt they were treated and considered during the judicial process, how much of the voice of the victim was heard and concerns over the manner in which remarks by the Judge appeared to favour the perpetrator.

The panel felt that the tone of the paper was victim blaming with comments that although tempered with a sentence beginning, 'through no fault of her own', went on to outline paragraphs of the adverse effects her dementia caused in a manner that made the reader feel like it was her fault with the isolated sentence of 'She was certainly ungrateful'. There is an underlying intonation that Ronald is exonerated of blame and that this was Nancy's fault.

The Judge outlines a number of failings by agencies from the time that Nancy was diagnosed with dementia but they read that they are failings towards Ronald and not Nancy. The panel have reviewed some of the failings that were outlined and although some are accepted and have also been identified as learning points in this review, there are some that are inaccurate as they have been entered by the perpetrator into evidence but due to the lack of a trial as per his guilty plea to manslaughter by diminished responsibility, the prosecution have not

provided evidence in detail as to what response agencies provided. This causes concern for the inaccuracies that are formally documented within the sentencing report.

It is noted that the Judge does not reference the one act of physical violence (DA) that Ronald admitted and disclosed to the GP prior to killing Nancy yet mentions that he spoke to the GP at length. (Recommendation refers)

## 10. Recommendations

### National

1. **The Courts and Tribunals Judiciary to provide a guidance document to Judges in relation to the identification of domestic abuse to ensure that disabilities do not overshadow domestic abuse in their deliberations.**
   This will allow Judges to identify certain patterns of behaviour when presented with evidence and facts of a case and identify whether domestic abuse has occurred to then take into consideration.

### Local

2. **Joint Protective Services of Bedfordshire, Cambridgeshire and Hertfordshire Constabulary's to implement a process to ensure the Family Liaison Officer calls all siblings/parents relating to the deceased, following a homicide at an agreed given time within a month of first contact.**

   This will ensure that family dynamics do not impede the sharing of information between the Police and all relevant family members and that all are equally aware of information.

3. **Cambridge University Hospitals to review the carers policy to ensure it includes the needs of carers and the correlation with domestic abuse.**
   This is to ensure that on discharging a patient, they have been able to consider the appropriateness and the capabilities of the carer and what their needs may be to ensure the minimisation of the risk of domestic abuse to the patient.

4. **Cambridge University Hospitals to review the current Mental Capacity Assessment (MCA) and improve the documentation and recording of the views and wishes of the patient.**
   This will ensure that the patients desires are not overlooked and are taken into consideration. This may also minimise the narrative being controlled by others on behalf of the patient.

5. **Hertfordshire Adult Social Care to include domestic abuse and the correlation of heightened risk of this to both the carer and the person being cared for as part of the carer's strategy.**
   Domestic abuse is not included in the carer's strategy at this time and as carer's do not automatically have contact with Adult Social Care, this can leave them with little means of support or recognition of the heightened risk within the household. Inclusion will provide a framework to address the specific correlation between carers and domestic abuse.

6. **Hertfordshire Domestic Abuse Partnership Board to provide an awareness event of the correlation between carers, disabilities and the heightened risk of domestic abuse in these circumstances.**
   This will provide awareness of the issues amongst professionals and front-line responders and increase the identification of risk and submission of relevant referrals. This should include how to ask about DA and taking appropriate action if disclosed. Promotion of engagement between agencies to assess holistically should be encouraged.

7. **ICB to work with GP practices to highlight the findings from this review and raise awareness of domestic abuse among the older population with particularly emphasis on dementia.**
   This will enhance front-line knowledge of the correlation of these areas to assist with identification and identifying risk.

8. **ICB to have a working party to identify barriers in allocating service provisions and streamlining support for patients who live cross-border.**
   This is to ensure that the correct service provision for the correct area is allocated and will avoid duplication of services providing the same support and prevent confusion to the patients and service receivers.

9. **Hertfordshire County Council's Strategic Partnership Team to conduct a thematic review into recommendations from previous DHRs by Hertfordshire in the past seven years to ascertain outcomes from recommendations and identify re-occurring themes.**
   This will provide analysis of the progress being made within Hertfordshire from learnt areas and identify those areas that are repeated for further focus.