

Wolverhampton Domestic Homicide Review

Executive Summary of report into the death of Sana Shah¹

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¹ Not her real name

EXECUTIVE SUMMARY OF REPORT INTO THE DEATH OF SANA SHAH²

Name	Age at the point of the murder	Relationship
Sana Shah	36	Victim
Anwar Shah	54	Husband / Perpetrator
Mohammad	10	Child of victim and perpetrator
Mina	8	Child of victim and perpetrator
Zarak	2	Child of victim and perpetrator

Address 1 is the house in Wolverhampton where Sana and Anwar lived when Sana first arrived in Britain. Address 2 is the house that Sana and Anwar moved to with their children around 2006. The family lived there until they separated. Sana and the children continued to live at Address 2 until Sana's death. Address 3 is the flat in Wolverhampton where Anwar lived following the separation.

SUMMARY OF THE CASE

1. This Domestic Homicide Review (DHR) summary report examines agency responses to Sana Shah, a resident of Wolverhampton, her husband, Anwar Shah³, and their children, Mohammad, Mina and Zarak⁴, up to the point of Sana's death in March 2014.
2. Sana Shah was an Asian woman in her thirties who lived in Wolverhampton with her three children. She was separated from her husband, Anwar Shah, and was in the process of divorcing him at the time of the murder. She had married Anwar in Pakistan as a result of an arranged marriage in 1999 and arrived in the UK on a spousal visa in July 2000.
3. In February 2003, Anwar was found guilty of assaulting Sana and given a conditional discharge for twelve months. In May 2009, Sana reported an extensive history of domestic abuse, including threats to kill, to West Midlands Police. A statement was taken and Anwar was arrested. No further action was taken due to no independent witnesses or medical evidence.
4. Sana and her two children went to stay in a refuge run by Sandwell Women's Aid and she planned to divorce Anwar. In July 2009, Anwar was informally admitted to psychiatric care with suicidal thoughts but self-discharged the same month. Sana reunited with Anwar in November 2009 and returned home. A referral was made to Children's Social Care.
5. In March 2010, Sana contacted the police saying that Anwar was discussing killing her with family in Pakistan. A domestic abuse non-crime number was

² Not her real name

³ Not his real name

⁴ Not their real names

issued, the DASH assessment was graded as standard risk⁵ and a referral was made to Children's Social Care.

6. In March 2011, a neighbour called police after hearing screaming. Police attended and again a domestic abuse non-crime number was issued and the case was assessed as standard risk. A few days later, a Family Support Worker contacted police on Sana's behalf stating that Anwar had threatened her with a knife. Sana self-referred to The Haven Wolverhampton⁶ but the records have been lost and it is unclear what support she was offered.
7. Sana separated from Anwar but he was present at the birth of her third child in August 2011 and they reunited. In April 2012, Mina's school made a referral to Children's Social Care as she was displaying emotional difficulties. This resulted in Child in Need plans for all three children. It appears that Sana separated from Anwar.
8. In January 2013, Sana contacted police stating that she had been assaulted by her estranged husband, Anwar, after he attended drunk for a pre-arranged visit to see the children. She retracted the allegation when police arrived. A domestic abuse non-crime number was issued and the case was graded as standard risk.
9. Sana self-referred to The Haven and was offered community support, which she declined. During 2013, she applied for an Islamic divorce with support from the Children's Centre⁷. This was not successful and she began divorce proceedings under British law.
10. On 8 March 2014, Sana contacted police stating that her husband kept ringing her saying he was going to kill her. A police officer attended the address. Sana informed the officer that she had been living separately from Anwar for the last two years, but had remained in contact for the sake of the children. When asked if she believed the threats she stated no as he had made numerous threats to kill her over their thirteen-year marriage. Anwar arrived at the address with his friend, Asad Babar⁸, and accused Sana and Asad of having an affair, which both parties denied. The police officer provided advice and recorded a domestic

⁵ Domestic Abuse Stalking Harassment and Honour Based Violence (DASH) was introduced by West Midlands Police in 2009 and replaced the previous DARIM risk assessment. There are three risk levels:

Standard - Current evidence does not indicate likelihood of causing serious harm.

Medium - There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

High - There are identifiable indicators of risk of serious harm (a risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible). The potential event could happen at any time and the impact would be serious.

<http://www.dashriskchecklist.co.uk/uploads/pdfs/DASH%202009.pdf>

⁶ The Haven Wolverhampton (referred to as The Haven throughout this report) is a voluntary organisation that provides services to women, men and children affected by domestic abuse.

⁷ Not named and referred to throughout as the Children's Centre to protect the children's identity

⁸ Not his real name

abuse non-crime incident. The DASH assessment was medium risk. This ensured a review by the police Domestic Abuse Safeguarding Team and a police officer contacted Sana on 14 March 2014 and discussed a number of safeguarding options with her. Sana was also referred to The Haven. A SIG marker was placed on the address to ensure speedy future responses and alert officers to the history of domestic abuse.

11. The Haven made contact with Sana after three attempts and arranged a face-to-face appointment for 20 March 2014. The allocated keyworker was off sick and a risk assessment was completed by a different worker. Sana's situation was identified as high risk. Refuge accommodation was offered but Sana declined this. The case file was left for the allocated worker to pick up but this did not happen until 26 March 2014 and did not result in any action to protect Sana.
12. On 27 March 2014, Anwar was served with divorce papers.
13. On Saturday 29 March 2014, the police received a '999' call stating a male was killing his wife at Address 2. Police were dispatched and upon forcing entry, they discovered Sana's body in the living room with significant chest injuries.
14. The suspect was identified as Anwar Shah, the victim's estranged husband, who was arrested an hour later at an address in Wolverhampton. He was conveyed to Wolverhampton Central Police Station where he was interviewed and subsequently charged with murder. He pleaded guilty when the case came to court and was sentenced to life imprisonment.

THE REVIEW PROCESS

15. The Wolverhampton Domestic Homicide Review Panel was initially convened on 12 June 2014. The panel consisted of senior officers from statutory and non-statutory agencies that potentially had contact with Sana and Anwar prior to the murder: Wolverhampton City Council (Adult Safeguarding, Children's Safeguarding, Community Safety, Mental Health Commissioning, Public Health Commissioning), West Midlands Police, National Probation Service, Wolverhampton Clinical Commissioning Group (CCG), Royal Wolverhampton NHS Trust. In addition, Wolverhampton Domestic Violence Forum was invited to join as a Panel member. None of the members of the Panel had any direct contact with the family. The first meeting agreed the scope and Terms of Reference for the review, which can be found in the main report (Appendix 1).
16. Seven meetings of the review panel were held. The DHR took place in parallel with the criminal trial process, with agreement from the Senior Investigating Officer from the West Midlands Police.
17. Agencies that had contact with the victim, perpetrator or their children prior to the murder were asked to give chronological accounts and to complete an Individual Management Review (IMR) in line with the format set out in the statutory guidance. All agencies requested to complete an IMR did so. A total of eleven IMRs were completed (West Midlands Police, West Midlands Ambulance Service, the Health Centre⁹, the Children's Centre, Royal Wolverhampton NHS

⁹ Not named and referred to throughout as the Health Centre to protect the children's identity

Trust, Black Country Partnership NHS Foundation Trust, Wolverhampton City Council Children's Social Care, Wolverhampton Homes, The Haven Wolverhampton, Sandwell Women's Aid, the Primary School¹⁰). In addition to the IMRs/chronologies, the Nursery¹¹ attended by Mina provided a statement outlining the brief contact they had had with the family.

18. Each IMR included a chronology of interaction with the victim, perpetrator and/or the children; what was done or agreed; whether internal procedures and policies were followed; whether staff have received sufficient training to enact their roles; analysis using the terms of reference; lessons learned; recommendations. Each IMR and chronology was scrutinised at a panel meeting.
19. The findings of this review are confidential and all parties have been anonymised. For ease of reading, the victim and perpetrator and their children, have been allocated alternative names.

CONDOLENCES

20. The Panel wishes to express its condolences to the children, family members and friends of Sana. May she rest in peace.

CONTRIBUTORS TO THE REVIEW

21. All Panel members regularly attended and contributed to Panel meetings.
22. Other than her children, Sana had no family members in this country. The three children were aged ten and under. The Chair contacted the children's social worker to discuss whether it would be appropriate to involve them in the review but this was not considered to be in their best interests. The Chair contacted Sana's family in Pakistan. They do not speak English but, through an interpreter, the Chair briefed them about the review and sought their views.
23. An interview was undertaken with Abida¹², a close friend of Sana's.
24. The Chair wrote to Anwar Shah requesting his involvement in the review but did not receive a response.
25. The Chair would like to thank everyone who contributed to the Review.

PARALLEL INVESTIGATIONS

26. Other than the criminal case against Anwar and the inquest, there were no other parallel investigations.
27. Issues relating to the children were fully considered throughout the DHR process and the Local Safeguarding Children Board has agreed to consider the report and its recommendations when it can be disseminated. The Local Safeguarding Adults Board (and its Performance and Quality Sub Committee)

¹⁰ Not named and referred to throughout as the Primary School to protect the children's identity

¹¹ Not named and referred to throughout as the Nursery to protect the children's identity

¹² Not her real name

also agreed to consider the report and its recommendations when it can be disseminated.

INDEPENDENCE

28. Both the summary report and the overview report were written on behalf of the DHR panel by the Independent Chair of the Review, Hilary McCollum.

SUMMARY OF AGENCY CONTACT

29. Edited highlights of the most significant events in terms of agency involvement with Sana, Anwar and their children are set out below. More detail is contained in the main report, along with a complete chronology of relevant agency involvement (Appendix 2 of the main report).

December 1999 – April 2009

Marriage; first reported assault; birth of first two children; ongoing abuse; Sana enters refuge; Anwar admitted to psychiatric care; Sana returns to Anwar

30. Sana married Anwar Shah in an Islamic ceremony in Pakistan in December 1999, as a result of an arranged marriage. She arrived in the UK on a spousal visa in July 2000 and took up employment in a factory. Her wages were paid directly into a joint account but Anwar would not allow her to have access to it.
31. In February 2003, Sana sustained a small cut to the left side of her forehead after Anwar pushed her against a door. Anwar was found guilty of Assault at Wolverhampton Magistrates Court after Sana contacted the police. He was given a conditional discharge for twelve months. Sana later said that she was pressured to give her marriage another chance, which she reluctantly agreed to do. She gave birth to a son in 2004 and a daughter in 2006. Anwar continued to abuse her but Sana did not contact the police again until 2009.
32. On 24 May 2009, Sana reported a long history of domestic abuse to West Midlands Police. The first assault was within months of Sana arriving in Britain and they had become a regular occurrence. Sana said that Anwar would assault her in front of the children, that he controlled the family's finances even though she was the sole earner, that he would not allow her to have a mobile phone and would not allow her to invite neighbours around to the house. She reported that Anwar had threatened to kill her with a bread knife in front of the children, who had pleaded with him to stop.
33. Sana told the officer that she had contacted the police as Anwar had been verbally abusive the previous evening and had hidden the front door key and all of the food. On finding the key, she left for work and confided in a work colleague who advised her to go to the police. Although Sana spoke good English, she could not read or write English. A written statement was taken from Sana on the same day using an independent interpreter.
34. Anwar was arrested on suspicion of Assault. He denied the offence and was conditionally bailed. No further action was taken on the basis that there were no independent witnesses or medical evidence. It does not appear that the

disclosure that Sana made regarding Anwar assaulting the children was referred to the Child Abuse Investigation Unit.

35. While Anwar was in police custody, Sana and the children were admitted to a refuge run by Sandwell Women's Aid. A history of abuse was taken which recorded years of physical violence, emotional and mental abuse, financial abuse and sexual abuse. Sana felt unsure if she would be injured or killed by her husband and wanted to end the relationship.
36. On 27 May 2009, Wolverhampton Children's Social Care received a referral from West Midlands Police in respect of Mohammad and Mina. The case was allocated to a Family Support Worker to undertake an initial assessment under S17 Child in Need Procedures. This was completed on 9 June 2009 and resulted in case closure on the basis that Sana was being supported by Sandwell Women's Aid and she was in contact with a solicitor in regards to initiating divorce proceedings.
37. On 3 July 2009, Anwar was taken by ambulance to the Accident and Emergency department (A&E) of New Cross Hospital with a history of intermittent chest pain. He said his wife had left him after alleging that he had assaulted her. He had tried to find her without success. Anwar's chest pain was thought to be due to anxiety and he was referred to the mental health crisis team who recommended an admission to a psychiatric hospital for assessment. No beds were available in Wolverhampton and Anwar was transferred to the Margaret Stanhope Centre in Burton on Trent where he was admitted on a voluntary basis. A week later, he went on home leave and subsequently decided not to return to Margaret Stanhope Centre and was formally discharged. He did not attend follow up outpatient appointments.
38. On 30 July 2009, Anwar contacted Children's Social Care enquiring on the whereabouts of his family. No details were disclosed and he was advised to seek legal advice.
39. On 28 October 2009, Sana attended court. She was anxious about the court process relating to the divorce and did not feel comfortable about being around her husband. The judge adjourned the hearing until 16 December 2009 for fact finding. Anwar was present but did not try to approach her.
40. On 3 November 2009, Sana told her keyworker at the refuge that she wanted to return to her husband. He had promised he would never abuse her again and she wanted to give him another chance. The keyworker suggested she think about it but Sana was adamant she wanted to return home. The keyworker completed a safety plan with her and explained that the refuge would need to do a referral into children's services.
41. On 11 November 2009, Sana and the children were booked out of the refuge and returned to Address 2 to live with Anwar. On the same day, Sandwell Women's Aid advised Wolverhampton Children's Social Care and other relevant agencies that Sana had returned home.

March 2010 – December 2010

Anwar threatens to kill Sana; hiding contraceptives

42. On 9 March 2010, Sana made a 999 call to the police stating that her husband had tried to kill her. Two officers attended Address 2. Sana was visibly upset. She informed the officers that Anwar had been telling her family in Pakistan that she was a bad wife and mother. Anwar confirmed that a verbal altercation had taken place. He appeared to be under the influence of alcohol. Sana withdrew her allegations of assault and threats to kill. The officers persuaded Anwar to stay at an alternative address for a couple of nights to give both parties time to “cool off”. The officers completed the DASH assessment with Sana, where she was graded as standard risk¹³.
43. On 30 March 2010, a duty worker in Wolverhampton Children’s Social Care recorded receiving a Police referral regarding the incident of 9 March 2010. No further action was taken.
44. On 19 April 2010, Sana attended the Health Centre for a contraceptive check. Sana did not want to have any more children and told the practice nurse that she was hiding the contraceptive pills from her husband who wanted to have another baby. Domestic abuse was not explored.
45. Anwar attended A&E at New Cross Hospital in September 2010 with chest pain and anxiety and depression with suicidal ideation. He was assessed and referred back to his GP.

January 2011 – January 2012

Third pregnancy; police called out by neighbour; Sana self-refers to Haven; separation; birth of third child

46. On 27 January 2011, Sana’s GP confirmed that she was pregnant. It does not appear that routine screening for domestic violence took place during antenatal appointments with Royal Wolverhampton Trust.
47. On 7 March 2011, a neighbour contacted the police stating that she could hear screaming and banging coming from next door. Two police officers attended Address 2. Sana was spoken to alone and informed the officers of a verbal altercation with Anwar. No criminal offences were disclosed and the incident was given a domestic abuse non-crime number. Anwar was taken to an alternative address. The officers completed the DASH assessment with Sana and graded it as standard risk despite a number of factors indicating a higher risk including previous violence and fear of further violence; isolation; Anwar’s controlling behaviour; escalation of frequency of arguments; financial abuse; and Anwar’s excessive drinking.
48. On 11 March 2011, a Family Support Worker contacted the police on Sana’s behalf and reported that, “Mrs Shah states when the officer came out on the 7th March she told them that her husband had been verbally abusive and

¹³ The standard risk definition is “Current evidence does not indicate likelihood of causing serious harm”. Victims who fall into this category are usually victims who have had a verbal altercation only with their partner and neither party has used or threatened violence towards the other during the altercation and there is no history of domestic abuse between the partners.

threatened her with a knife". There was no record of a threat with a knife on any of the police logs. An acting sergeant deployed officers to Address 2 but there was no reply. Contact was made with Sana the following day. She told the police that she wanted to leave her husband however she was too afraid to do so. She said that Anwar was emotionally abusive towards her. She didn't know who to turn to for help as she relied on Anwar financially. Sana said that she was in genuine fear for her and her children's safety as Anwar would very often threaten to kill her. At the time of this report Sana was approximately four months pregnant.

49. This information was reviewed by the duty sergeant and Sana was brought to Wolverhampton Central Police Station to be interviewed away from Anwar. The officers recorded that Sana wanted to get Anwar "out of the house". When they took her back home they noted a "for sale" sign outside the address, which made them suspect that Sana was "using the police as a go between in order to make the IP¹⁴ look good when it comes to a settlement." She was classed as standard risk.
50. On 28 March 2011, Sana self-referred to The Haven. The Haven recorded some background history on 1 April 2011 and noted that Sana was scared and wanted "to discuss her options as she is ready to leave him". Sana was placed on a waiting list for the Community Team and was given advice, however the service referral form has not been located and it has not been possible to establish what support she was offered.
51. On 5 April 2011, a duty worker in Children's Social Care received the WC392 notification from the police regarding the incident of 7 March 2011. Children's Social Care decided no further action was warranted but decided to undertake an initial assessment after receiving a further police referral following the contact the Family Support Worker made regarding the knife threat. The case was allocated to a qualified social worker and the initial assessment was completed by a single visit on 24 April 2011 during which Sana, Mohammad and Mina were seen. The assessment resulted in case closure on the basis that Sana had been referred to The Haven.
52. In August 2011, Sana gave birth to her third child. A few weeks later, she told a health visitor that she had separated from her husband in early pregnancy due to a history of domestic abuse.
53. Anwar submitted an application for housing in his sole name to Wolverhampton Homes in October 2011. The application was registered from Address 3.

February 2012 – December 2012

Anwar breaks ankle and returns home; school concerns about Mina leading to social care assessment; Child in Need Plans; CAF

54. In February 2012, Anwar presented at A&E with a fractured ankle that required surgical intervention. Sana looked after him at Address 2 during his convalescence. During this period, the Primary School made a safeguarding referral to Wolverhampton Children's Social Care as the children presented with indicators of concern relating to their appearance and behaviour.

¹⁴ Injured party

55. The case was allocated to a qualified social worker who undertook an initial assessment. It recommended a detailed core assessment and Child in Need Plans for all three children; wishes and feelings work with Mina and Mohammad; and that Sana be referred to the Freedom Programme¹⁵.
56. The case for the three children was duly transferred to the South West Locality Team. Three Child in Need meetings were held. On 6 September 2012, a decision was made by the Children's Social Care supervising manager to de-escalate the children's case to a CAF (Early Help Assessment) as the parents were now residing separately, Sana had almost completed the Freedom Programme and direct work was taking place with Mohammad and Mina. No core assessment was completed. The children were held under a CAF until 24 May 2013 and three CAF meetings took place. Direct work sessions were completed with Mohammad and Mina. The family centre worker recorded that Anwar was still in daily contact with the family and visiting the home.

January 2013 – May 2013

Sana calls police re assault and threats; Sana self-refers to Haven; CAF closed

57. On 9 January 2013, Sana contacted the police stating that she had just been beaten up by her ex-husband who said he also wanted to kill her. Sana informed the attending police officer that there had been a verbal altercation after a pre-arranged appointment for Anwar to visit the children. Sana said that she had not been threatened or assaulted and only said this to the operator as she knew she would get a "quicker response". (*Author's note: Sana repeated the original account to the Primary School the following day and to The Haven later in January 2013, suggesting it was true.*) No criminal offences were disclosed. The DASH assessment was completed with Sana and she was graded as standard risk.
58. Sana reported this incident to the Primary School on 10 January 2013 who informed Children's Social Care. The Family Support Worker recorded that Sana disclosed that Anwar had asked to stay the night after returning the children from the Mosque. When she declined, he made threats with a knife and said he would return and shoot her. He had physically assaulted her in the kitchen, whilst the children were in the lounge. She had bruising to her head, hands and upper arm. Anwar left when the police were called. The police advised Sana to change the locks, which she did. The Family Support Worker referred Sana to The Haven.
59. On 23 January 2013, Sana self-referred to The Haven. She was referred to the Community Support Team but declined the support she was offered.
60. Zarak's behaviour was reported to be an issue at the CAF meeting in March 2013 and it was recommended that Sana take him to a stay and play group at the Children's Centre. The allocated Family Support Worker from the Children's Centre accompanied Sana and Zarak to the first meeting of the group and from 8 May 2013, Sana regularly (twice-weekly) brought Zarak to the Stay and Play sessions.

¹⁵ The Freedom programme is aimed at any woman who wishes to learn more about the reality of domestic violence and abuse <http://www.freedomprogramme.co.uk/index.php>

61. The final CAF meeting was held on 23 May 2013. Sana attended and said she was filing for divorce, supported by a solicitor. She said the arrangement for the children seeing their father was working. The CAF was closed.

July 2013 – March 2014

The Children's Centre support Sana re Islamic and then English divorce; Sana reports threats to kill to police; Haven referral and high risk assessment; divorce papers served; changing contact arrangements; murder

62. The Family Support Worker at the Children's Centre completed a Case Closure form in July 2013 but her contact with Sana continued. These contacts were instigated by Sana seeking help in obtaining a divorce under Islamic Law. The Family Support Worker wrote letters to the Chairman of the Mosque in Birmingham on Sana's behalf in July and September 2013.

63. On 21 January 2014, Sana showed the Family Support Worker a copy of a lengthy statement that Anwar had written to the Chairman of the Mosque stating that he did not want a divorce. Sana said that the Chairman had told her she needed to respond with her own statement. The Family Support Worker advised her to send a short letter stating that she would like the matter resolved and did not want to provide a long statement. She drafted the letter on Sana's behalf. During the visit Sana disclosed that Anwar had threatened to stab or shoot her many times in the past. The Family Support worker advised Sana to call the police if Anwar came around being abusive.

64. The Family Support Worker helped Sana to fill in forms for an English divorce and called Sana's solicitor to clarify some of the questions relating to a proposed change in contact arrangements. The Family Support Worker records that she shared her concerns with both Sana and the solicitor that changing Anwar's contact arrangements with his children might annoy him and he might vent his anger on Sana. In the worker's view Sana dismissed this.

65. On 8 March 2014 at 22:53hrs, Sana contacted police stating that her husband kept ringing her saying he was going to kill her. Anwar was due to attend her home address in half an hour's time and he was drunk. The call was graded domestic violence early response (within one hour) and Sana was told to call the police straight away if Anwar turned up. A police officer attended the address at 23:31 and spoke with Sana who said that Anwar had been constantly ringing her that evening on both her mobile and landline number accusing her of having an affair. When Sana threatened to call the police if he continued with the calls, Anwar threatened to attend the home address and kill her. When asked if she believed the threats about killing her she stated no as he had made numerous threats over their thirteen-year marriage when drunk.

66. At some point during the evening Anwar attended Address 2 in company with Asad Babar and accused Sana of having an affair with Asad. Both parties denied this and Anwar and Asad left. Sana informed the police officer that she had separated from Anwar due to his controlling behaviour, physical/verbal abuse and alcohol abuse. The officer offered advice regarding obtaining a non-molestation order and gave her details of the National Centre for Domestic Violence. Sana was advised to call the police if Anwar either attended or made any further calls to her. The officer took out a domestic abuse non-crime number and completed the DASH assessment with Sana, which graded her as a

medium risk victim. This ensured contact would be made with the Domestic Abuse Safeguarding Team to ascertain if further intervention was required.

67. The referral was reviewed by a sergeant from the Domestic Abuse Safeguarding Team and allocated to an officer who contacted Sana on 14 March 2014 and discussed a number of safeguarding options with her. With Sana's agreement, the officer sent her a text message for the attention of Sana's solicitor asking them to discuss with her how to make an application for a non-molestation order. Sana also agreed to be referred to The Haven. The police officer strongly advised Sana not to allow Anwar entry into her home and to contact the police immediately if she felt she was in any danger. A SIG marker was requested by the police officer to ensure a quick response to Sana's address and inform officers of the history of domestic abuse. This was put in place on 14 March 2014.
68. On 14 March 2014, The Haven received a referral from the police Public Protection Unit for safeguarding and IDVA support. The allocated keyworker made contact after three attempts and a phone call discussion took place on 18 March 2014. Sana told the keyworker that an application for a non-molestation Order was in process with her solicitor. A face-to-face appointment was arranged for 20 March 2014. This was undertaken by a different worker as her keyworker was off sick. A risk assessment was completed and her situation was identified as a high risk. Refuge accommodation was offered however Sana declined this.
69. Sana's case file was left for the allocated worker to pick up the following day (Friday 21 March 2014) however the worker was off sick. She returned to work on Monday 24 March 2014 but Sana's case was not picked up until Wednesday 26 March 2014 due to other work. The allocated worker identified that the Multi Agency Risk Assessment Conference (MARAC) referral form needed to be completed and presented at the next MARAC meeting on 7 April 2014. Sana scored 14 on the Risk Assessment, which is the minimum score for MARAC referral in Wolverhampton. No further action was taken.
70. On Thursday 27 March 2014, Sana told her friend, Abida, that Anwar would receive the divorce papers that day. She was frightened about how he would react. On the same day, Sana informed the Primary School office that Anwar would no longer collect the children from the school and that she was pursuing a divorce. The school advised that the children should be collected from the school office in future to prevent conflict with Anwar on the playground. The following morning, Friday 28 March 2014, Sana informed the school that she had spoken to Anwar the previous evening and he had pleaded with her not to stop contact with the children. She was therefore retracting instructions given the previous day and allowing Anwar to collect the children from school.
71. On the afternoon of Saturday 29 March 2014, the police received a 999 call from an anonymous person (later identified as Asad Babar) asking for the police to go to Address 2 "Because he want to kill his wife". The call was graded as an immediate response and a number of police officers were dispatched. One officer was directed to meet the caller who told him that he had been speaking to Sana on the telephone when he heard sounds of a disorder at the address and the line went dead.

72. Officers arrived at Address 2 and upon getting no reply from the front door, several officers went to the rear of the house. On looking through the living room patio doors, a sergeant saw a blanket on the sofa covering what the sergeant thought was a person. The sergeant knocked on the window; however upon getting no response went back to the front of the house and smashed a pane of glass from the front door and managed to climb through the window. The sergeant immediately went into the living room and, upon pulling the blankets back, found Sana slumped on the sofa with significant injuries to the chest and abdomen. The sergeant checked for a sign of life however none was found. Sana was pronounced dead at the scene.
73. A search was conducted for Anwar and he was arrested a short while later on suspicion of murder and transported to Wolverhampton Central Custody Suite. Whilst in police custody Anwar was interviewed and denied stabbing Sana to death. Anwar was subsequently charged on 31 March 2014 with murder and remanded into custody to await trial. In August 2014, Anwar pleaded guilty to murder at court. He was subsequently given a life sentence to serve a minimum of seventeen and a half years for the murder of his wife.

SUMMARY OF FINDINGS

74. It should be noted when reading the findings below that they relate to circumstances in place at the time of the murder. A number of changes have already been implemented to address these issues with further actions planned.

Awareness of Anwar's alleged violence against his previous wife

75. The only agency that appears to have been aware of Anwar's alleged violence to his previous wife prior to the murder was The Haven.

Communication and information sharing between services

76. Although there was good communication and information sharing between services on a number of occasions, there were also gaps. Most notably:
- Fuller interagency discussions regarding the risks facing the children and Sana were warranted but Wolverhampton Children's Social Care responded to referrals by initiating their own initial assessments rather than considering strategy meetings, child protection investigations and MARAC referrals;
 - Children's Social Care did not discuss with West Midlands Police additional information it received in relation to threats to kill Sana made by Anwar on 9 January 2013. A record by a Family Support Worker at the Family Centre¹⁶ dated 17 January 2013 refers to Sana reporting that Anwar had threatened her with a knife and that he would shoot her. West Midlands Police appear to have no knowledge of the firearms threat. If the threat had been deemed credible, Sana would have been graded as a high-risk victim and referred to MARAC.

Delivery of services

¹⁶ Not named and referred to as the Family Centre throughout to protect the children's identity

Professional standards

77. There are examples of high quality service delivery, particularly by Sandwell Women's Aid. However there were also occasions where professional standards were not met and policies and procedures were not followed. In particular, the quality of initial assessments by Children's Social Care was inadequate and risk assessment across agencies was generally poor.

Domestic Violence Policy, Procedures and Protocols (including MARAC)

78. It is of concern that the Health Centre and the Children's Centre do not have policies on domestic violence. Both organisations are likely to be dealing with significant numbers of service users that are victims or perpetrators of domestic abuse.
79. The Health Centre never explored domestic abuse with Sana even though she told a practice nurse that she was hiding her contraceptive pills and the police informed the Health Centre about domestic abuse in the relationship. The Children's Centre was aware of threats to kill against Sana and a previous history of abuse. In January 2014, the Family Support Worker was concerned about Anwar's potential reaction to changing child contact arrangements as part of Sana's plans to divorce. These concerns were not shared with other agencies and a referral for specialist support was not made.
80. Royal Wolverhampton Trust was involved in providing both ante-natal and post-natal care for Sana. Pregnancy is recognised as a higher risk period for domestic violence.¹⁷ There is no evidence that routine inquiry about domestic violence took place. Sana informed the Health Visitor that she had experienced domestic violence in the past and disclosed an assault accompanied by threats to kill. However Sana was not referred to specialist services. The Trust does not have a current specific policy for domestic abuse. Policy, procedures and training are currently under review to reflect the NICE guidance.¹⁸
81. There were numerous opportunities for West Midlands Police to consider referring Sana to MARAC. The police were informed of threats to kill Sana on at least five occasions. On the first, on 24 May 2009, it appears that no risk assessment was carried out. On the next three occasions, the assessment was standard risk. This was incorrect. Only on 8 March 2014, did the police recognise that she was not a standard risk victim, identifying a medium risk. The police referred the case to The Haven on 14 March 2014. The Haven worker who initially dealt with the referral believed that the police should have graded it as high risk. When a DASH assessment was carried out by a second Haven worker on 20 March 2014, Sana was graded as a high-risk victim. Had Sana been identified as high-risk on 8 March 2014, the case would have been heard at MARAC on 24 March 2014 and agencies might have been able to implement measures to safeguard her and prevent the homicide.

¹⁷ Lewis et al, 2001, *Why mothers die*

¹⁸ *Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively* <https://www.nice.org.uk/guidance/ph50>

82. Due to staff sickness, process failures and capacity issues¹⁹ in dealing with staff absence, The Haven did not progress their high-risk assessment in a timely manner and another opportunity to safeguard Sana was missed.
83. There were also numerous opportunities for Wolverhampton Children's Social Care to consider referring Sana to MARAC. In 2011 and 2012, Children's Social Care appear to have considered that the fact that Sana was separated meant that she was less at risk. In fact, separation is a time of heightened danger. Children's Social Care appear to have accepted without challenge the police's assessments that the risk posed was 'standard' even when high risk factors were evident. Reports of further threats to kill in January 2013, alongside the previous history of domestic abuse, Sana's isolation, Anwar's alcohol abuse and mental health issues should have triggered a full assessment of the risks facing Sana and her children and consideration of a referral to MARAC. All frontline workers and managers in Children's Social Care are in the process of receiving the CAADA Risk Identification Training.
84. The role of the BST joint screening meetings between police, Children's Social Care and health is to help safeguard children who are exposed to domestic abuse. The BST meetings that considered referrals relating to Sana's children, recommended referral to Children's Social Care for assessment rather than recommending a strategy discussion to properly analyse the risk factors. Again, the risk facing Sana's children was under-rated.
85. When Sana left the refuge to return to Anwar in November 2009, Sana was referred to Children's Social Care. Sandwell Women's Aid has developed more comprehensive exit plans and clients would now also be referred to IDVA services/MARAC.

Safeguarding Children Policy, Procedures and Protocols

86. The police notified Wolverhampton Children's Social Care of Sana's report of historic abuse in May 2009 and of all subsequent callouts, other than that of 8 March 2014. None of the police notifications to Children's Social Care led to a strategy discussion and the initiation of child protection proceedings. There was sufficient evidence to justify a strategy discussion on every occasion.
87. The Primary School notified Children's Social Care of concerns about the children in April 2012. Alongside the previous domestic abuse notifications, these concerns warranted a strategy discussion. Instead, an initial investigation was undertaken which resulted in Child in Need plans. These lacked detail. Support was offered to Sana but no action was taken to address Anwar's abusive/controlling behaviour, alcohol abuse and mental health issues. The Child in Need plans were subsequently de-escalated to a CAF. Practices in Children's Social Care have already changed in a number of ways to improve responses.

Safeguarding Adults Policy, Procedures and Protocols

¹⁹ Staff numbers at The Haven had been reduced following funding reductions.

88. *No Secrets* (2000)²⁰ guidance places a responsibility on agencies and the professionals working for those agencies to safeguard adults who are deemed 'vulnerable'²¹. Sana was not in receipt of community care services and there is no suggestion in any of the evidence considered by the panel that she was in need of them. As a result, she would not have met the definition of a vulnerable adult that underpinned safeguarding adults policy at the time.

Response to referrals (including assessment and risk-assessment)

89. There were occasions when referrals were dealt with quickly and effectively resulting in good quality service delivery. There were also a number of failings:

- Neither the health visiting service nor the Children's Centre referred Sana to specialist domestic violence services when they were aware of domestic abuse, including threats to kill;
- The police did not investigate reports of threats to kill as crimes and did not consider using the Protection from Harassment Act as an alternative. Most police risk assessments were flawed;
- Children's Social Care did not properly consider risk and did not initiate strategy discussions and core assessments when they were warranted;
- There was limited information sharing when Sana was referred to The Haven to clarify how she was engaging with the service and what support she was accessing.

90. Numerous opportunities to refer Sana to MARAC were missed by both the police and Children's Social Care. The rationale for not referring Sana to MARAC appears to have been reached as a result of the police assessing the risk as standard and social care practitioners failing to identify the high risk factors through the initial assessments. Similarly, opportunities to initiate a strategy discussion and proceed with a joint section 47 investigation to safeguard the children from harm were not taken.

91. A lack of exploration of patterns of coercive control and an emphasis on physical violence over other forms of abuse may have influenced agency perceptions about the relevance of MARAC and safeguarding to this case. Sana reported a variety of ways in which Anwar's behaviour sought to take away her freedom and strip away her sense of self. He intimidated and humiliated her, repeatedly threatening her and calling her names. He isolated her from her family by telling them that she was a bad wife and mother, and from friends by refusing to allow them to visit her at home. He controlled the family's resources including her wages. Anwar deprived her of money and, on at least one occasion (23/24 May 2009), he attempted to deprive her of food. Until she moved to the refuge in 2009, almost ten years after she married, she had no

²⁰ Department of Health (2000) *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* London, Department of Health

²¹ Defined as someone "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

access to a bank account. He tried to control her movements (for example hiding the key to the house) and monitored her behaviour both during their marriage and after they separated. He restricted Sana's access to communication by refusing to let her have a mobile phone. He was also physically violent to her and was convicted of assaulting her in the early years of their marriage. He was alleged to have assaulted her during at least two of her pregnancies (in May 2009 she told police that while she was pregnant with their first child he had pushed her and attempted to physically throw her out of the house, which resulted in her falling over; in March 2011, when she was pregnant with their third child, police were called out by a neighbour who heard Sana's screams). Information about all of this behaviour was available to the police and Children's Social Care while Sana was still alive.

92. As Evan Stark has said, "Not only is coercive control the most common context in which women are abused, it is also the most dangerous." Sana's relationship with Anwar bore the hallmarks of coercive control.
93. The Haven did recognise that Sana was potentially at high risk and that she should be referred to MARAC, both in 2013 and 2014. In 2013, they closed Sana's case without onward referral when Sana declined the service that they offered. In 2014, there was a delay in following up the MARAC, or taking other measures to protect her, due to a combination of staff sickness and pressures of other work.
94. The Margaret Stanhope Centre did not complete the risk assessment on Anwar's 2009 admission. Anwar said that he had been arrested two months previously for an alleged assault on his wife but that he had been released after the police concluded they had no evidence of the assault. Mental health services did not investigate this further and did not explore his risk to Sana. The risk assessment by the Mental Health Crisis Team conducted in A&E in September 2010 recorded the historical allegation of Anwar's abuse of Sana but considered that he did not pose a risk to anyone. Black Country Partnership NHS Foundation Trust is currently reviewing its Risk Management Policy and its risk assessment training strategy plan.
95. There was no risk assessment on file at the Children's Centre despite the Family Support Worker's concerns about Anwar's potential reaction to proposed changes in child contact. The Primary School was also concerned about conflict that might arise from changes in child contact but this did not lead to a risk assessment or referral. The Health Centre did not explore domestic abuse with Sana despite being made aware of it.
96. There were repeated failures across agencies to recognise the risks posed to Sana and ensure that interventions were put in place to protect her. There was limited consideration of the cultural context in which Sana was separating and seeking a divorce. This is considered further below.

Respective awareness of adult-focused and child-focused services

97. Family support workers at Sandwell Women's Aid did a range of work with the family and Sana and her children engaged well with sessions.
98. As set out previously, Wolverhampton Children's Social Care carried out three initial assessments. The first two (in 2009 and 2011) resulted in case closure.

The impact of domestic abuse on the children was under-estimated in both assessments. The third initial assessment, in 2012, involved the children and recognised, to some degree, the impact of domestic abuse on them. Child in Need plans resulted and Sana was referred to the Freedom programme. No intervention was put in place for Anwar to deal with his violent and abusive behaviour, alcoholism and potential mental health issues. Insufficient attention was paid to safeguarding Sana and the children. The Child in Need process was downgraded to a CAF within four months. During the period of the CAF, a further referral of reports of threats by Anwar to kill Sana did not result in reconsideration of the need to safeguard Sana and the children.

Wolverhampton Children's Social Care did not take sufficient account of the potential interaction between domestic violence and child maltreatment and that often the best form of child protection is to protect the non-abusive parent.

99. West Midlands Police alerted Wolverhampton Children's Social Care on a number of occasions that they had been called out to the family because of domestic abuse and that there were children at the address. However the police failed to investigate Sana's report in May 2009 that Anwar had hit the children.
100. Black Country Partnership NHS Foundation Trust were aware that Sana and the children had left Anwar at the time of his first contact with services in 2009 and assumed that they were safeguarded. The one contact in 2010 does not mention Sana or the children and his risk to them is not considered.

Thresholds for intervention

101. As set out previously, a strategy discussion should have taken place between police and Children's Social Care on a number of occasions to safeguard Sana and her children. The case should have been presented to MARAC and to an Initial Child Protection Conference, which would have resulted in more robust safety plans and interventions. These failings appear linked to the failure to appropriately apply thresholds rather than the thresholds themselves.
102. The IMR for the Health Centre states that thresholds for interventions were set appropriately but they were never needed as domestic violence and safeguarding issues were never directly discussed with the practice. This suggests a lack of understanding of the role of primary care in proactively addressing domestic abuse, particularly in a situation where the police had made the Health Centre aware of domestic abuse, Sana had reported that she was hiding her contraceptives and the GP was involved in responding to concerns raised about the children. As the latest NICE guidelines²² set out, there is an onus on health services to create an environment to encourage disclosure and to train staff to ask patients about domestic abuse.

Identity and diversity issues

103. All nine protected characteristics in the 2010 Equality Act were considered as part of the review and several were found to have potential relevance.
104. Sana was an immigrant to Britain, arriving from her native Pakistan in 2000 following an arranged Islamic marriage with a man 18 years her senior. It is

²² <http://www.nice.org.uk/guidance/ph50/chapter/recommendations#recommendation-5-create-an-environment-for-disclosing-domestic-violence-and-abuse>

unclear whether she understood English when she arrived. By 2009 she could speak English but struggled with written English.

105. There were examples where Sana's linguistic and, to some extent, her cultural needs were addressed. At Sandwell Women's Aid, she requested a support worker who spoke her mother-tongue and this was provided. She had the opportunity to feed into her support plan and the support was very person-centred and mostly self-directed. The Haven also allocated Sana a Punjabi-speaking Community worker in 2014 at Sana's request. The short risk assessment was conducted by telephone in Punjabi. In May 2009, the police arranged for an independent Punjabi interpreter to attend the police station in order to facilitate Sana's written statement. This ensured that the integrity of Sana's evidence could not be questioned. The school used familiar members of staff to interpret for Sana when necessary.
106. However there was a lack of recognition by some agencies of the cultural pressures that Sana faced in trying to leave an abusive relationship. West Midlands Police and Wolverhampton Children's Social Care did not demonstrate an awareness of cultural factors that may have influenced Sana's decisions and missed potential risk factors that were culturally linked. There is no evidence that issues relating to codes of honour were explored as a factor in this case. Sana reported to police that Anwar had phoned her family in Pakistan to complain that she was a bad wife, that she heard him plotting to kill her with family members in Pakistan and that he had accused her of being unfaithful. She also told police in 2009 that she had been pressured to give her marriage another chance after he was convicted of assaulting her in 2003. Given both Anwar and Sana's cultural background, these issues should have been explored further by agencies as potentially indicative of a risk of honour-based violence.
107. Children's Social Care did not show an understanding of the need to address either the perpetrator's use of violence and control or his alcohol misuse. If the appropriate support had been put in place for the perpetrator it is possible that the risks to Sana and her children could have been reduced significantly.
108. The repeated failure by both West Midlands Police and Wolverhampton Children's Social Care to appropriately rate the level of risk that Sana was facing and take measures to address suggests a lack of understanding of domestic abuse.
109. The sensitivity displayed by the first police officer who interviewed Sana following the referral by a Family Support Worker regarding threats to kill on 11 March 2011 contrasts starkly with that of the two officers who followed this case up. They attributed Sana's decision to involve the police as being based on trying to obtain a better divorce settlement without any evidence to back this up.
110. None of the questions regarding ethnicity, cultural, linguistic and religious identity or disability were completed by Black Country NHS Foundation Trust on the initial assessment documentation or the Psychiatric Assessment Proforma. There is no information about how issues relating to Anwar's identity were addressed by the service.
111. The Children's Centre responded to Sana's requests for support in obtaining an Islamic divorce. However there is no evidence that the worker involved had

sufficient knowledge/experience in relation to Islamic divorce and did not seek advice from a specialist agency. More consideration should have been made regarding the cultural impact of Sana seeking an English divorce. There was no Risk Assessment on file despite the worker's concerns about Anwar's potential response to changing child contact arrangements. The Children's Centre has a generic Risk Assessment Policy for workers to use when making home visits but it contains no reference to domestic violence although it does refer to 'verbal / physical abuse'.

112. The Health Centre asserted that the procedures used were sensitive to ethnic, cultural, linguistic and religious identity of the victim, perpetrator and the family but gives no evidence to support this. They stated that 'consideration for vulnerability and disability was not necessary.'

Escalation to senior management or other organisations/professionals

113. There is no evidence to show that the Family Support Worker at the Children's Centre discussed the case with her senior managers or escalated issues to other organisations and professionals.
114. The Community Manager at The Haven signed off the case closure when Sana declined the services she was offered in 2013. The Community Manager arranged for another worker to conduct the face-to-face meeting with Sana on 20 March 2014 after the key worker was off sick. This was good practice. However, the manager did not receive an update after the face-to-face appointment which had assessed that Sana was at high risk and a MARAC referral needed to be made.

The impact of organisational change

115. There is no evidence that organisational change over the period covered by the review impacted in any way on partnership agencies' ability to respond effectively.

Learning in relation to Children

116. As set out previously, Wolverhampton Children's Social Care repeatedly underestimated the impact on the children of living in a household where domestic abuse was occurring; underestimated the impact of witnessing their father's abuse of their mother including both during the relationship and post-separation; and paid insufficient attention to safeguarding both Sana and the children from Anwar's ongoing abusive and controlling behaviour.
117. Children's Social Care recognises the need to improve practice and has agreed a new domestic violence policy and embarked on a training programme on the CAADA DASH process for all staff.
118. The joint BST screening process operated by the police, Children's Social Care and health appears flawed. Agencies have met to agree how to improve governance, recording and reporting.
119. The Children's Centre has no domestic violence policy despite providing services to vulnerable families, many of whom are dealing with domestic abuse. This needs to be addressed as a priority.

120. There is extensive evidence that pregnancy is a high-risk period. Anwar was controlling and abusive during all three of Sana's pregnancies and physically abusive during at least two of them. Health agencies who were working with her did not explore domestic abuse with her, even when they were aware of it. Routine screening did not take place.
121. There is also extensive evidence that conflict over child contact is a high risk factor. Neither the school nor the Children's Centre referred Sana for specialist advice despite being concerned about the potential for conflict arising out of changing contact arrangements.

Additional Lessons Learnt

122. A number of overarching issues emerge from the analysis:
- Most agencies (the exceptions being Sandwell Women's Aid and The Haven) failed to recognise the degree of control that Anwar sought to exert over Sana both during their marriage and after they separated;
 - As a result, the degree of risk that he posed to her both during the marriage and post-separation was not properly recognised, assessed and managed;
 - There was a lack of cultural sensitivity/awareness and a failure to explore the pressures on Sana to return to the relationship and to maintain contact with Anwar post-separation and the risks to her in pursuing a divorce from a man who had made threats to kill her;
 - A 'passive' response to domestic abuse on the part of health agencies with failure to conduct routine screening and to follow up disclosures and referrals relating to domestic abuse.
123. Anwar was manipulative and controlling, attempting to isolate Sana from friends and family, to restrict her movements and contact with others, to deny her financial independence and the freedom to make her own decisions. She was frequently in fear of him. Sana wanted to divorce Anwar but did not receive the support that she needed to do so safely. Anwar had been served with divorce papers two days before he murdered her.
124. There were numerous opportunities for agencies to put in place interventions to protect her but these were largely not taken.
125. In common with many victims of domestic violence, Sana did not always disclose to professionals all of what was going on in her relationship with Anwar and at times changed her story to police about what had happened. Understandably, this hampered their attempts to deal with his abusive behaviour, but it seems reasonable to expect professional officers to factor in such possibilities and work alongside victims and specialist support to establish the truth. Her reasons for changing her story, including the possibility that she feared the consequences of prosecuting him again, were not explored.
126. Nevertheless, Sana explicitly disclosed domestic abuse to the police, health visitor, school, The Haven, Children's Social Care, the Children's Centre and Sandwell Women's Aid. She told the Health Centre that she was hiding her contraceptive pills, which should have sparked exploration of the dynamics of the relationship.

127. She repeatedly disclosed a number of high risk factors but a referral was never made to MARAC. A MARAC referral was finally being processed in the final days of her life but she was murdered before it was completed.
128. Aside from the MARAC process, there were a number of opportunities for multi-agency discussions to take place arising from the referrals to Children's Social Care. These were not taken.
129. There is little evidence that agencies sought to hold Anwar to account for his abusive and controlling behaviour. The reported history of violent and controlling behaviour did not inform the majority of assessments of his risk to Sana. Wolverhampton Children's Social Care had limited contact with him. It appears that they assumed that because Sana had separated from him, she was no longer at risk. This was not the case.
130. Only one of the allegations of domestic abuse against Anwar actually came to court – the assault on Sana in 2003. It appears that no sentencing report was requested from Probation despite the nature of the assault. He was fined £50 and bound over for twelve months. He went on to repeatedly assault, rape and threaten to kill Sana over the next ten years without consequence.
131. The police and children's social care responded to his ongoing violence as a series of isolated incidents rather than potentially as a pattern of behaviour.

Contributory Factors and Root Causes

132. The following contributory factors and root causes were identified:
- Anwar's behaviour was not recognised as a potential pattern but instead dealt with as individual incidents;
 - There was an emphasis on physical violence rather than dealing with ongoing coercive control;
 - There was a lack of focus on managing Anwar as a potential perpetrator;
 - There was a lack of focus on dealing with Anwar's alcohol abuse and potential mental health issues;
 - There was a failure to initiate strategy discussions which were warranted given the nature of the risks the children and Sana were facing;
 - Risk assessments were generally poor and MARAC referrals were not made when they should have been;
 - There was a lack of cultural awareness.
133. These issues have been considered above and are addressed within the recommendations and action plan contained in the main report. As well as individual agency recommendations, strategic recommendations for action by the Safeguarding Children Board, Safeguarding Adults Board and Safer Wolverhampton Partnership have been made in the areas of:
- Improving understanding of domestic abuse, including safety planning;
 - Reaffirming agreed Domestic Violence Protocol and its principles;
 - Improving management of perpetrators;
 - Recognising diverse needs;

- Improving assessment and risk assessment across agencies;
- Improving the operation of MARAC, including the referral process.

Was this Homicide Preventable?

134. As set out above, the quality of risk assessments by West Midlands Police, Wolverhampton Children's Social Care and Black Country NHS Foundation Trust with regard to Anwar's risk to Sana were poor. Had they been better, multi-agency discussions would have taken place, which are likely to have resulted in interventions that might have saved Sana's life.
135. The Haven did identify the high risk Sana was facing in both 2013 and 2014. In 2013, the case was closed without a MARAC referral as Sana declined the service she was offered. In 2014, the risk assessment was not picked up quickly enough due to staff absence and capacity issues and as a result no intervention was made in time to save Sana.
136. Had these responses been different, this homicide might have been prevented.
137. The Panel wishes to express its condolences to the children, family members and friends of Sana. May she rest in peace.

STRATEGIC RECOMMENDATIONS

1. Improving understanding of domestic abuse, including safety planning

- The Safeguarding Children Board, Safeguarding Adults Boards and Safer Wolverhampton Partnership will develop plans for skilling up workers to have confidence to undertake safety planning.

2. Reaffirming agreed Domestic Violence Protocol and its principles

- The Safeguarding Children Board, Safeguarding Adults Board and Safer Wolverhampton Partnership will develop an effective assurance process to ensure that all member agencies are implementing and complying with the agreed Overarching Domestic Violence Protocol and its principles.

3. Improving management of perpetrators

- Safer Wolverhampton Partnership will put in place a strategy for a co-ordinated approach to perpetrator and offender management.

4. Recognising diverse needs

- The Safeguarding Children Board, Safeguarding Adults Boards and Safer Wolverhampton Partnership will:
 - Deliver a programme of multi-agency, culturally aware training;
 - Actively engage partners and communities to identify and respond to barriers of service access;
 - Deliver targeted communications to promote the rights of victims and availability of support within communities where services are under-utilised.

5. Improving assessment and risk assessment across agencies

- The Safeguarding Children Board and Safeguarding Adult Board will monitor compliance with the Overarching Domestic Violence Protocol through Section 11 audits and annual assurance statements respectively;
- The Safeguarding Children Board, Safeguarding Adult Board and Safer Wolverhampton Partnership will extend the availability of training for front-line practitioners.

6. Improving the operation of MARAC, including the referral process

- The Executive Board of the Wolverhampton Domestic Violence Forum will:
 - Improve coordination and development of MARAC in line with CAADA self-assessment findings;
 - Ensure the MARAC development plan is fully implemented;
 - Monitor agency referrals to MARAC and completion of MARAC actions.