

# **Wolverhampton Domestic Homicide Review**

## **OVERVIEW REPORT** **Into the death of Sana Shah<sup>1</sup>**

**Hilary McCollum, Independent Domestic Homicide Review Chair and Report  
Author**

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<sup>1</sup> Not her real name

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## Section One: PREFACE

1. This Domestic Homicide Review (DHR) report examines agency responses to Sana Shah<sup>2</sup>, a resident of Wolverhampton, her husband, Anwar Shah<sup>3</sup>, and their children, Mohammad<sup>4</sup>, Mina<sup>5</sup> and Zarak<sup>6</sup>, up to the point of Sana's death in March 2014.
2. Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). The Act states that a DHR should be:  
*'A review of the circumstances in which the death of a person aged 16 years or over has, or appears to have resulted from violence, abuse or neglect by –*
  - a) *A person to whom (s)he was related or with whom (s)he was or had been in an intimate relationship or*
  - b) *a member of the same household as himself/herself'*
3. The key purposes for undertaking DHRs<sup>7</sup> are to:
  - Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
  - Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
  - Apply these lessons to service responses including changes to policies and procedures as appropriate; and
  - Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.
4. This review was initiated by the Chair of the Wolverhampton Community Safety Partnership in compliance with the legislation. The review process followed the Home Office statutory guidance.
5. The Independent Chair and DHR Panel extend their thanks to everyone who has contributed to the deliberations of the Review.
6. The Chair of the Review thanks all of the members of the Review Panel and Individual Management Review (IMR) authors for the professional manner in which they have conducted the Review.

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<sup>2</sup> Not her real name

<sup>3</sup> Not his real name

<sup>4</sup> Not his real name

<sup>5</sup> Not her real name

<sup>6</sup> Not his real name

<sup>7</sup> Home Office, 2011, Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews, p6, <https://www.gov.uk/government/publications/statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

7. The Independent Chair and the DHR Panel members offer their deepest sympathy to all who have been affected by the death of Sana.

## Section Two: INTRODUCTION

- This Overview Report examines agency responses and support given to Sana Shah, an adult resident of Wolverhampton, her husband, Anwar Shah, also of Wolverhampton, and their children, Mohammad, Mina and Zarak. The report focuses on the period between 1 January 2009 and the death of Sana Shah on 29 March 2014 for all family members except Anwar Shah, where the report considers the period from 1 January 2008. A number of earlier events are included where relevant.
- The table below sets out the family members involved in this review.

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.

### ABOUT WOLVERHAMPTON

- Wolverhampton is a city in the West Midlands with a population of approximately 250,000. It has existed since at least the tenth century. Historically a market town, today it is a centre for the service and engineering sectors. The employment rate is lower than the national average and Wolverhampton is a relatively deprived area. A third of children and young people live in poverty. It is one of the most densely populated local authority areas in England. Almost a third of residents are from a minority ethnic background and one in six residents was born outside the UK. Wolverhampton City Council is a unitary authority
- The crime rate in Wolverhampton is above the national average. In 2014, when Sana died, there were a total of 4233 domestic violence reports made to the West Midlands Police in Wolverhampton. Of these, 1543 were recorded as crimes with the remainder, 2690, logged as non-crime domestic incidents.

Recorded domestic abuse crimes increased by over 35% in 2014. In common with many local areas, Wolverhampton has an IDVA service. A specialist domestic violence court was established in 2002/03 and MARAC arrangements have been in place since September 2006.

## **SUMMARY OF THE CASE**

13. 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.
14. Anwar and Sana had married in an Islamic ceremony in Pakistan in December 1999 as a result of an arranged marriage. Sana arrived in the UK on a spousal visa in July 2000 and subsequently took up employment in a factory.
15. In February 2003, Anwar was found guilty of assaulting Sana and ordered to pay costs of £50 and given a conditional discharge for twelve months. She later told police that her family pressurised her to give her marriage another chance. She gave birth to the couple's first child in 2004 and their second in 2006.
16. In May 2009, Sana attended Wolverhampton Central Police Station. She had contacted the police after waking up and finding that Anwar had hidden the front door key and all of the food out of the kitchen cupboards and fridge. She reported being the victim of historical domestic abuse by Anwar. The abuse had started within months of her arrival in Britain and included verbal, financial and physical abuse and threats to kill. A written police statement was taken and Anwar was arrested. He denied the offence and was conditionally bailed pending further enquiries. No further action was taken by police due to no independent witnesses or medical evidence.
17. Sana and her children went to stay in a refuge run by Sandwell Women's Aid and she planned to divorce Anwar. However, after family pressure and delays to the divorce proceedings, she reunited with Anwar in November 2009 and returned home. Sandwell Women's Aid made a referral to Wolverhampton Children's Social Care.
18. 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 issued, the case was assessed as standard risk and a referral was made to Children's Social Care.
19. 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 Wolverhampton<sup>8</sup> (referred to as The Haven throughout this report) but the records have been lost and it is unclear what support she was offered.

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<sup>8</sup> The Haven Wolverhampton is a voluntary organisation that provides services to women, men and children affected by domestic violence.

20. 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.
21. 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.
22. 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 Centre<sup>9</sup>. This was not successful and she began divorce proceedings under British law.
23. 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. At some point during the evening Anwar attended the address with his friend, Asad Babar<sup>10</sup>, and accused Sana and Asad of having an affair, which both parties denied.
24. The police officer provided advice and recorded a domestic abuse non-crime incident. The DASH assessment<sup>11</sup> was graded as a medium risk, which ensured a review by the police Domestic Abuse Safeguarding Team. Following the review, the case was allocated to a police officer who 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 on 14 March 2014 to ensure speedy future responses and alert officers to the history of domestic abuse.
25. 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. Her situation was identified as high risk. Refuge accommodation was offered however Sana

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<sup>9</sup> Not named and referred to throughout as the Children's Centre to protect the children's identity

<sup>10</sup> Not his real name

<sup>11</sup> 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>

declined this. The case file was left for the allocated worker to pick up but this did not happen until 26 March 2014.

26. At 15:20 on Saturday 29 March 2014, a '999' call was received stating a male was killing his wife. The caller could not be understood clearly due to a language barrier however address 2 was provided, which revealed a previous history for both domestic violence and a significant warning marker. Police were dispatched and upon forcing entry, they discovered Sana's body in the living room with significant chest injuries.
27. The suspect was identified as Anwar Shah, the victim's estranged husband, who was arrested at 16:20 at an address in Wolverhampton. He was conveyed to Wolverhampton Central Police Station where he was interviewed and subsequently charged with murder.

### **POST MORTEM**

28. On 31 March 2014, a post mortem examination was conducted on Sana's body by Dr Nicolas Hunt at Sandwell General Hospital Mortuary. The cause of death was blood loss occasioned by multiple stab wounds to her chest and abdomen.

### **INQUEST**

29. The inquest was opened and adjourned by Black Country Coroner's Office on 1 May 2014 pending police inquiries. It was not resumed due to Anwar's guilty plea.

### **COURT DATES**

30. On 13 August 2014, Anwar made his first appearance at Stoke on Trent Crown Court where he pleaded guilty to the murder of Sana Shah. On 2 September 2014, Anwar was given a life sentence to serve a minimum of seventeen and a half years for the murder of his wife.



## **Section Three: THE REVIEW PROCESS**

### **DECISION TO HOLD A REVIEW**

31. When Wolverhampton Community Safety Partnership was notified of Sana's death, records were immediately secured and, in consultation with partners, a decision was made to instigate a DHR. The Home Office was duly notified on 7 May 2014.
32. In May 2014, Hilary McCollum was appointed as Independent Chair and Report Writer for the review. She has worked for more than twenty-five years within the public and voluntary sectors on issues related to violence against women and girls. She does not have any connection with the agencies to which the report relates or with the families of the victim or perpetrator.

### **CONVENING THE PANEL**

33. The first meeting of the review panel was held on 12 June 2014. The panel consisted of senior officers from statutory and non-statutory agencies as listed below. None of the members of the Panel have had any direct contact with Sana, Anwar or their children.

<b>Name</b>	<b>Job title and Organisation</b>
Hilary McCollum	Independent Chair and Report writer
Head of Community Safety	Wolverhampton City Council
Detective Chief Inspector	West Midlands Police
Safeguarding Manager	Wolverhampton City Council
Strategy Co-ordinator & General Manager	Wolverhampton Domestic Violence Forum
Head of Mental Health Commissioning	Wolverhampton City Council
Senior Probation Officer	National Probation Service
Director of Public Health	Wolverhampton City Council
Director of Nursing & Quality	Wolverhampton Clinical Commissioning Group
Head of Safeguarding	Royal Wolverhampton NHS Trust

## **SCOPE AND TERMS OF REFERENCE**

34. The first meeting agreed the scope and Terms of Reference for the review. Sana first tried to separate from Anwar in 2009 and had ongoing contact with a range of agencies in relation to domestic violence from that point onwards. This seemed an appropriate point at which to set the start of the scope for participating agencies in relation to Sana and her children.
35. At the first meeting it emerged that Anwar may have had contact with mental health services in 2008 and the Panel decided that the beginning of 2008 was an appropriate point at which to set the start of the scope for participating agencies in relation to Anwar.
36. The first meeting was also aware that Anwar had been convicted of assaulting Sana in 2003 and the police were asked to include this incident within their IMR. Other agencies were asked to include a summary of any relevant information pre 2008/2009 including any knowledge of whether Anwar had been violent in his previous marriage.
37. The panel decided to include the children of Sana and Anwar within the review to ensure that any learning relating to safeguarding children could be captured.
38. The areas for the review to consider were:

### **Specific areas of enquiry**

The Review Panel (and by extension, IMR authors) will consider the following:

Each agency's involvement with the following family members between 1 January 2009, or in the case of Anwar Shah 1 January 2008, and the death of Sana Shah on 29 March 2014:

- a. Sana Shah (also known as Sana Fatima)
- b. Anwar Shah
- c. Mohammad Shah
- d. Mina Shah
- e. Zarak Shah

It will seek to understand what decisions were taken and what actions were carried out, or not, and establish the reasons.

Each agency's awareness of violence that Anwar Shah is alleged to have committed against his previous wife in the period before 1 January 2008 and how, if at all, this influenced their actions.

Whether, in relation to the family members, an improvement in any of the following might have led to a different outcome for Sana Shah:

- Communication between services
- Information sharing between services with regard to both domestic violence and to the safeguarding of children

Whether the work undertaken by services in this case was consistent with each organisation's:

- a. Professional standards
- b. Domestic violence policy, procedures and protocols
- c. Safeguarding children policy, procedures and protocols
- d. Safeguarding adults policy, procedures and protocols

The response of the relevant agencies to any referrals relating to Sana Shah and her children concerning domestic violence or other significant harm from 01/01/09 and any referrals relating to Anwar Shah concerning domestic violence or other significant harm from 01/01/08. In particular, the following areas will be explored:

- a. Identification of the key opportunities for assessment, decision-making and effective intervention from the point of any first contact onwards
- b. Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective
- c. Whether appropriate services were offered/provided and/or relevant enquiries made in the light of any assessments made
- d. The quality of the risk assessments undertaken by each agency in respect of Sana Shah, Anwar Shah and their children

Whether adult-focused services ensured that the welfare of any children was promoted and safeguarded and vice-versa.

Whether thresholds for intervention were appropriately set and correctly applied in this case.

Whether practices by all agencies were sensitive to the gender, age, disability, ethnic, cultural, linguistic and religious identity of the respective family members and whether any special needs on the part of either of the parents or the children were explored, shared appropriately and recorded.

Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and in a timely manner.

Whether the impact of organisational change over the period covered by the review had been communicated well enough between partners and whether that impacted in any way on partnership agencies' ability to respond effectively.

## **Children's Element of the Domestic Homicide Review**

In relation to this Review the children are not identified as victims as specified in paragraphs 3.3, 3.4 and 3.6 of the DHR Guidance. The primary role of this

element of the Review in relation to the children affected is to highlight any learning from this case that would improve safeguarding practice in relation to domestic violence and its impact on children.

In particular the Review should identify whether there is any learning in relation to effective communication, information sharing and risk assessment for all those children's services involved in Wolverhampton and also any other agencies and local authorities. It should also highlight any good practice that can be built on.

## **Family involvement and Confidentiality**

The review will seek to involve the family of both the victim and the alleged perpetrator in the review process, taking account of who the family wish to have involved as lead members and to identify other people they think relevant to the review process.

We will seek to agree a communication strategy that keeps the families informed, if they so wish, throughout the process. We will be sensitive to their wishes, their need for support and any existing arrangements that are in place to do this.

We will identify the timescale and process and ensure that the family is able to respond to this review endeavouring to avoid duplication of effort and without undue pressure.

39. The full terms of reference for the review are attached as Appendix 1.

## **INDIVIDUAL MANAGEMENT REPORTS AND CHRONOLOGIES**

40. At the start of the review process, Wolverhampton Community Safety Team contacted a range of organisations that potentially could have had contact with the victim, the suspect or their children. This included statutory organisations including the police, probation, health services and the local council as well as non-statutory organisations. All organisations were asked to make an initial return confirming whether or not they had had any contact and briefly outlining their involvement.
41. The first meeting of the Panel considered information from the initial returns. On the basis of this information and discussion at the meeting, the following agencies were asked to give chronological accounts of their contact with the victim, suspect and their children prior to the murder and to complete an Individual Management Review (IMR) in line with the format set out in the statutory guidance:
- West Midlands Police
  - West Midlands Ambulance service

- GPs for all family members
  - Royal Wolverhampton NHS Trust (Health Visiting Service, Maternity Services, New Cross Hospital, Gem Centre)
  - Black Country Partnership NHS Foundation Trust
  - Wolverhampton City Council Children’s Social Care, including the Family Centre<sup>12</sup>
  - Wolverhampton Homes
  - The Haven Wolverhampton
42. The first meeting of the Panel also agreed to request a chronology from the children’s Primary School<sup>13</sup>. An IMR was later requested.
43. The Panel also decided that a number of other agencies that may have had contact with the family should be asked to provide a summary of their contact. These were:
- Sandwell General Hospital
  - Birmingham Women’s Hospital
  - Walsall Manor Hospital
  - South Staffs & Shropshire Healthcare
  - The Nursery (attended by Mina)<sup>14</sup>
  - The Children’s Centre
  - Staffordshire and West Midlands Probation (in relation to pre-sentence report for domestic violence conviction in 2003)
  - Aspiring Futures
  - Sandwell Women’s Aid
44. The following organisations confirmed that they had not had any contact:
- Sandwell General Hospital
  - Birmingham Women’s Hospital
  - Walsall Manor Hospital
45. Anwar had been admitted informally to a psychiatric ward managed by South Staffs & Shropshire Healthcare in July 2009, as no beds were available in the Black Country Partnership NHS Foundation Trust area. South Staffs & Shropshire Healthcare provided a statement and chronology relating to their contact. The Nursery provided a statement outlining the brief contact they had had with the family. West Midlands Probation confirmed that they had no record

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<sup>12</sup> Not named and referred to as the Family Centre throughout this report to protect the children’s identity

<sup>13</sup> Not named and referred to as Primary School throughout this report to protect the children’s identity

<sup>14</sup> Not named and referred to as the Nursery throughout this report to protect the children’s identity

of being involved in the sentencing process relating to Anwar's 2003 conviction for assaulting Sana.

46. Sandwell Women's Aid and the Children's Centre were asked to complete an IMR and the Chair conducted an interview with a member of staff from Aspiring Futures.
47. All agencies requested to complete an IMR did so. A total of eleven IMRs were completed. Each IMR covered the following:
  - 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 of the above using the terms of reference
  - Lessons learned
  - Recommendations
48. Each IMR was scrutinised at a panel meeting and in some instances, additional recommendations were made which have been included in the action plan at Appendix 2. A combined chronology was also produced and this was considered at the second panel meeting.

## **TIMESCALES**

49. This review began on 12 June 2014 and was concluded on 21 April 2015. Seven meetings of the DHR Panel took place. In addition, a meeting with the Panel, IMR authors and their managers was held after the draft overview report was written in order to share learning and finalise lessons learned and recommendations.
50. The review began within ten weeks of Sana's death and continued in parallel with the criminal investigation. The decision not to suspend the review process pending the criminal trial was made by the Chair in conjunction with the Senior Investigating Officer as it did not appear from the initial meeting that the continuation of the review would prejudice the trial.

## **PARALLEL INVESTIGATIONS**

51. Other than the criminal case against Anwar and the inquest, there were no other parallel investigations.
52. 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.

53. The Local Safeguarding Adults Board (and its Performance and Quality Sub Committee) also agreed to consider the report and its recommendations when it can be disseminated.

## **CONTRIBUTORS TO THE REVIEW**

54. All Panel members regularly attended and contributed to Panel meetings.
55. In addition, to the IMRs/chronologies, a short statement was received from the Nursery attended by Mina regarding their limited contact with the family. The Panel also secured information from the Housing Benefit department to help establish when Anwar and Sana were together and when they were separated.
56. An interview was undertaken with Abida<sup>15</sup>, a close friend of Sana's.
57. 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.
58. The Chair wrote to Anwar requesting his involvement in the review but did not receive a response.

## **DISSEMINATION**

59. This report will be disseminated widely across agencies, and will as a minimum include DHR Panel members, DHR Standing Panel, IMR authors and managers, Adults and Children's Safeguarding Boards, Safer Wolverhampton Partnership Board and key third sector providers.

## **CONFIDENTIALITY**

60. 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.
61. Information has only been made available as described above. The report will not be published until permission has been given by the Home Office to do so.

## **INDEPENDENCE**

62. This report was written on behalf of the DHR panel by the Independent Chair of the Review, Hilary McCollum. Hilary has worked for more than twenty-five years within the public and voluntary sectors on issues related to violence against women and girls. She has been a specialist adviser to the Cabinet Office and

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<sup>15</sup> Not her real name

developed the draft London Violence against Women Strategy, *The Way Forward*, for the London Mayor. She was a member of the Metropolitan Police Force's Domestic Homicide Review Group, the London Domestic Violence Steering Group and the London Safeguarding Children Board. Hilary has also worked on hate crime and led the formal inquiry into disability harassment for the Equality and Human Rights Commission, including preparing the final report, *Hidden in Plain Sight*.

63. The Chair had no connection with the attending agencies.
64. This report was written between November 2014 and January 2015. It was considered in detail at a Panel meeting. It is based on:
  - the Individual Management Reviews undertaken by:
    - West Midlands Police
    - West Midlands Ambulance service
    - The Health Centre<sup>16</sup>
    - The Children's Centre
    - Royal Wolverhampton NHS Trust
    - Black Country Partnership NHS Foundation Trust
    - Wolverhampton City Council Children's Social Care
    - Wolverhampton Homes
    - The Haven
    - Sandwell Women's Aid
    - Primary School
  - information provided by a nursery attended by Mina, West Midlands Probation and Department of Work and Pensions;
  - an interview with Abida, a close friend of Sana's.
65. None of the IMR report writers had contact with the victim or perpetrator or line managed anyone who did. Each IMR was signed off by a senior manager within the organisation. DHR Panel members were similarly independent.

## EQUALITY AND DIVERSITY ISSUES

66. All nine protected characteristics in the 2010 Equality Act were considered by both IMR authors and the DHR Panel and several were found to have potential relevance to this DHR. These were:

**Age:** Sana was 21 years old when she married Anwar. He was 40 years old. He had been previously married and had spent at least seventeen years in Britain whereas Sana was relatively inexperienced and a newcomer to Britain.

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<sup>16</sup> Not named and referred to throughout as the Health Centre to protect the children's identity



**Religion and belief:** Both Sana and Anwar were Muslims. They married in an Islamic ceremony resulting from an arranged marriage. During their marriage, Anwar complained to her family in Pakistan that she was not a good wife and mother. Sana reportedly heard Anwar plotting to kill her with family members in Pakistan, which suggests the influence of concepts of 'honour'. Sana sought an Islamic divorce but this was opposed by Anwar and had not been granted at the time of the murder.

**Ethnicity:** both Sana and Anwar were born in Pakistan of Asian origin. Sana spoke and understood verbal English but struggled with written English. Her first language was Urdu but it appears that she also understood Punjabi.

**Sex:** women are more likely to experience domestic violence than men<sup>17</sup>, and in particular are more likely to experience coercive control<sup>18</sup> and to be fearful where they are victims of domestic violence. Around one third of all female homicide victims are killed by a male partner or former partner.<sup>19</sup>

67. The Panel also believed that immigration status was potentially relevant. Both Sana and Anwar were immigrants to Britain from Pakistan. It is not known exactly when Anwar entered Britain but by 1982 he was living in Dudley. He subsequently obtained British citizenship in 1990. Sana arrived in the UK on a spousal visa in July 2000. She was granted settlement and indefinite leave to remain in the UK in June 2002.

## **INVOLVEMENT OF FAMILY AND FRIENDS**

68. Sana's family of origin live in Pakistan and speak no English. This made it difficult to involve them in the review. The Chair contacted them to brief them on the review and seek their views.
69. Sana's three children are aged ten and under. The Chair contacted their social worker to discuss their involvement but it was not considered in their best interests to be interviewed or otherwise involved.
70. An interview was conducted with Abida, a close friend of Sana's.

## **PEN PORTRAITS OF THE VICTIM AND PERPETRATOR**

### ***Sana Shah***

71. The murder victim, Sana Shah, was born in Pakistan in 1978. She was the eldest of four siblings. She married Anwar in December 1999 in an Islamic ceremony in Pakistan following an arranged marriage. She came to Wolverhampton the following year on a spousal visa when she was 22 years

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<sup>17</sup> Walby and Allen, 2004

<sup>18</sup> Stark, E. 2009, *Coercive Control: How Men Entrap Women in Personal Life*

<sup>19</sup> Coleman and Osborne, 2010; Povey, ed. 2004, 2005; Home Office, 1999; Department of Health, 2005

old. She had no relatives in Britain. She later told police that Anwar had started abusing her within months of her arrival.

72. About a month after Sana came to Britain, she reluctantly sought employment in a factory after being pressured by Anwar to find work. Her wages were paid directly into their joint account but she was not allowed to have access to it.
73. Sana's first language was Urdu but it appears that she also understood Punjabi. It is not known whether she could speak English when she arrived in Britain but there is no note of any language barriers for the vast majority of agency contacts, including the first recorded contact in 2003 with midwifery services. The children's school provided interpretation for Sana to help her understand aspects of school life. The amount of interpreting required reduced considerably over time. Her friend, Abida, said that Sana was able to speak and understand English but found written English difficult.
74. Sana had three children with Anwar, aged ten, eight and two at the time of her murder. A close friend, Abida, said that Sana would greet everyone when she dropped the children off at school. She had a beautiful smile and was full of life.
75. Sana told Abida that Anwar would use her as a punch bag, often in front of the children. She separated from him in May 2009 but then returned in November 2009. The couple again separated in 2011 before reuniting. They finally separated at some point in 2012 but Anwar continued to abuse her, letting himself into her house and raping her and threatening to kill her.
76. In the months before her murder, Sana had started a new relationship but was trying to hide this from Anwar. In January 2014, Anwar accused her of having a relationship with this man but both parties denied it.
77. Sana hoped that if she were nice to Anwar, he would let her have a divorce. She attempted to obtain an Islamic divorce but when Anwar blocked it she began divorce proceedings through British law.
78. The Primary School (attended by Mohammad and Mina) said that in the months before her death, Sana appeared to be in control of her life. She had a network of friends and was attending activities to progress her own learning. She was always well presented and seemed to take great pride in her appearance. Her relationship with her children was warm and both children had positive relationships with peers and seemed to be happy.
79. In the days before her murder, she told Abida that she was terrified of Anwar. She said that he had told her that, "when I receive divorce papers is when I am going to kill you." At the same time, Sana could not believe he would kill her, as she was the mother of his children. She said to him, "if you kill me, you won't be able to see your children." He answered that he would only get a short sentence and then he would be able to be with his children without her.
80. On Thursday 27 March 2014, Anwar was served with divorce papers. On the afternoon of Saturday 29 March 2014, he came to her home and stabbed her to death. She was thirty-six years old.

### **Anwar Shah**

81. The perpetrator, Anwar Shah, was born in Pakistan in 1959. It is not known exactly when he arrived in Britain but by 1982 he was settled in Dudley.
82. In 1983, Anwar married a white British woman who he had met in a local pub a few months earlier. They had three children together. They divorced in 1996 after he fathered a child to another woman during a visit to Pakistan. His first wife told the police that he physically assaulted her once, during an argument over his affair in Pakistan. On that occasion, Anwar threw her onto a sofa and punched her several times to the head. This was not reported to the police until the homicide investigation.
83. Anwar married Sana in Pakistan in December 1999. He was eighteen years her senior. Anwar was a British citizen and Sana moved to Britain under a spousal visa during 2000.
84. Sana told the police that she discovered that Anwar was a heavy drinker when she came to live in Britain. On a number of occasions when the police were called to incidents involving Anwar, he was noted to be intoxicated/under the influence of alcohol. He described himself as an alcoholic in his statement to the police following the murder but had previously told doctors that he did not drink much.
85. He was a frequent user of GP services for a variety of ailments. He was a voluntary inpatient at a mental health hospital in July 2009 due to anxiety and suicidal thoughts.
86. Although Anwar had been employed, it seems that he stopped work around 2006 leaving Sana as the sole provider. The reasons for him stopping work are not known.
87. Anwar would often accuse Sana of having affairs, including with his son from his first marriage who was similar to Sana in age. He controlled the family's finances, refusing to let Sana have any money for herself. He would not permit her to have a mobile phone. He refused to let her invite friends to the house even though he was aware she felt isolated from her family in Pakistan.
88. Sana told police that Anwar would often grab her hair and throw her against doors within the house. He was physically aggressive to her during at least her first and third pregnancies. He phoned her relatives in Pakistan to complain that she was a bad wife and mother. He made repeated threats to kill her.
89. Having initially denied murdering Sana, Anwar pleaded guilty at court and was subsequently sentenced to life imprisonment, with a minimum tariff of seventeen and a half years.

## **ACKNOWLEDGMENTS**

90. The Chair of the Review would like to thank all members of the Review Panel for the professional manner in which they conducted the Review. The Chair also extends her thanks to the Individual Management Review (IMR) authors for their thoroughness, honesty and transparency in reviewing the conduct of their

individual agencies. The Chair would like to thank Abida, Sana's friend, for her willingness to participate in this review.

### **CONDOLENCES**

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

## **Section Four: NARRATIVE CHRONOLOGY**

92. A comprehensive chronology of agency involvement was prepared and considered by the Review Panel. All relevant events are set out in the Narrative Chronology below.

### **December 1999 – April 2009**

#### **Marriage, first reported assault, birth of first two children**

93. Sana married Anwar Shah in an Islamic ceremony in Pakistan in December 1999, as a result of an arranged marriage between the families. Sana arrived in the UK on a spousal visa sometime after June or July 2000. Initially the couple resided at Address 1 in Wolverhampton.
94. About a month after arriving in the UK, Sana reluctantly sought employment in a factory after being pressured by Anwar to find work. Her wages would be paid directly into their joint account, however Sana later told police that Anwar would not allow her to have access to the account or have any money for herself.
95. In February 2003, Anwar pushed Sana against a door during an altercation. She sustained a small cut to the left side of her forehead, which required stitches. Anwar was arrested by police, initially to prevent a Breach of the Peace. He was charged with Assault (Assault by Beating) after Sana made a formal complaint to the police and was conditionally bailed to appear before Wolverhampton Magistrates Court where he was found guilty and ordered to pay costs of £50 and given a conditional discharge for twelve months.
96. Sana later said that she was pressured by her family to give her marriage to Anwar another chance, which she reluctantly agreed to do. In April 2003 she became pregnant with the couple's first child. She later told police that Anwar would often accuse her of having affairs. She recalled an incident when, three to four months pregnant with their first child, Anwar accused her of carrying another man's child and told her to get out of the house. When Sana refused, Anwar began pushing her and attempted to physically throw her out of the house, which resulted in her falling over. Sana did not report the incident to the police at the time and did not sustain any injuries to either herself or her unborn baby.
97. Sana attended routine antenatal checks during her pregnancy and gave birth to a son in January 2004. Anwar was present at the birth. Sana became pregnant again in 2005 and attended routine antenatal appointments. The midwife recorded that Sana was employed in sandwich production and Anwar in manufacturing. The family is believed to have moved to Address 2 during 2005. Anwar appears to have left his employment around this time, leaving Sana as the sole provider. Their second child, a daughter, was born in March 2006. There is no reference to Anwar being present.

### **May 2009 – January 2010**

**Sana reports historic and ongoing abuse; Sana enters refuge; Anwar admitted to psychiatric care; Sana returns to Anwar**

98. On the morning of 24 May 2009, Sana attended Wolverhampton Central Police Station front office to report being the victim of historical domestic abuse by Anwar. She told a police constable that her husband, Anwar, was a heavy drinker. He would often become aggressive towards her whilst under the influence of alcohol. The first time Anwar physically assaulted Sana was about two months after living at Address 1, when he slapped her in the face after she had suggested that they go to bed because it was late. Hitting had become a regular occurrence, with Anwar using either his hands or an object that was nearby, which would often leave her with bruises all over her body. Other than the incident of February 2003, these assaults were not reported to the police at the time. Sana also informed the officer that quite often Anwar would assault her in front of the children.
99. Sana told the officer that Anwar controlled the family's finances. She was the sole earner but he would not let her have money for herself. When she asked him if it would be acceptable for her to have a mobile phone, Anwar refused. Sana began to feel isolated due to her own family living in Pakistan and tried to make friends with neighbours. Anwar became angry at this and refused for her to invite them around to the house.
100. Sana informed the officer that very often Anwar would grab her hair and throw her against doors within the house. She recalled an incident from 2008 (unreported to the police at the time) when he grabbed her by the hair and threw her against a kitchen door. Due to Sana screaming, the children came downstairs into the kitchen. Anwar picked up a bread knife and whilst pointing the blade directly at Sana threatened to kill her. The two children began to cry, shouting "no daddy, no daddy" whilst standing in front of their father. Anwar dropped the knife and threw Sana out of the house before shutting the front door. As a result of the assault, Sana sustained pain and discomfort to her lower back along with bruising to her shoulders and arms.
101. Sana also disclosed that Anwar would shout at and slap the children. As with the assaults on her, these went unreported to the police.
102. When asked why she had not contacted the police, Sana told the officer that she was afraid of the repercussions from Anwar. She also said that it was difficult to phone for help, as she did not have a mobile phone. She had contacted the police on this occasion because the previous evening (23 May 2009) Sana was upstairs at home with the children, when she could hear Anwar shouting and swearing. Too frightened to go downstairs and ascertain what was happening, Sana remained in her bedroom. Anwar continued to shout and swear, calling Sana a "whore" and "slag". Sana knew that he was under the influence of alcohol due to his speech being slurred and the name-calling. She fell asleep and upon waking the following morning and getting ready for work, she noticed Anwar had hidden the front door key. Sana also noticed that he had hidden all of the food out of the kitchen cupboards and fridge. As a result, Sana was unable to prepare herself any food for work. On finding the key, she left for

work and confided in a work colleague about what was happening at home and, on the advice of the colleague, she decided to go to the police.

103. Although Sana spoke good English, she could not read or write English. The police officer arranged for an independent interpreter to attend the police station and a written statement was taken from Sana on the same day.
104. Anwar was arrested at 16:00 on 24 May 2009 on suspicion of Assault. He denied the offence and was conditionally bailed the next day pending further enquiries. His bail conditions included that he could not contact Sana directly or indirectly. No further action was taken against Anwar on the basis that there were no independent witnesses or medical evidence.
105. Neither the WC392 Vulnerable and Intimidated Witness log<sup>20</sup> nor the DASH (Domestic Abuse Stalking Harassment and Honour Based Violence) assessment was completed. The police Domestic Abuse safeguarding team picked up on this error and requested that the WC392 be completed. This was done. On reviewing the information provided, the Domestic Abuse safeguarding team recorded that “papers from a safeguarding point of view were filed due to Sana already receiving support at the time from Sandwell Women’s Aid”. The safeguarding team made a direct referral to Children’s Services regarding the children due to the concerns in relation to their exposure to the domestic abuse.
106. Neither the police officer who interviewed Sana nor the Domestic Abuse safeguarding team requested that a Domestic Abuse SIG (Significant) Warning Marker<sup>21</sup> be placed onto Sana’s home address for all calls to be treated as urgent.
107. It does not appear that the disclosure that Sana made regarding Anwar assaulting the children was referred to the Child Abuse Investigation Unit.
108. The police took Sana and her children to a refuge run by Sandwell Women’s Aid and on 25 May 2009 she signed a licence agreement with the refuge as part of their tenancy conditions. During the admission process, she gave the most recent incident as threats to kill the previous night (*Author’s note: this is believed to refer to the events of 23 May 2009*). When Anwar was assessed by the Mental Health Crisis Team in hospital in July 2009 (see later) he said that

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<sup>20</sup> A WC392 Vulnerable and Intimidated Witness Log is a police form used to record details/circumstances of a criminal offence or concerns for the welfare of victims or witnesses that are deemed vulnerable. A victim of domestic abuse would fall under the category of a vulnerable victim; therefore it would be mandatory for the attending officer(s) to complete a WC392 log. Attached to the form is the DASH assessment which was introduced in 2009 to replace DARIM (Domestic Abuse Risk Indicator Model).

<sup>21</sup> A SIG marker is a flagging system on an address that highlights vulnerabilities linked to the location (such as domestic abuse) to ensure that the correct response is given to any calls made. A marker is also designed to warn officers of any concerns/dangers to the address or inform officers of any orders, such as restraining orders and child protection plans that may be currently in place. The request is made electronically and has to be authorised by an officer not below the rank of Inspector. The SIG markers have time scales attached to them as to how long they will remain valid, which ranges from between three to twelve months. Due to no marker being attached to Sana’s address, any calls that she may have made would not have alerted the police operator that there was a history of domestic abuse.

when he was released from police custody, he returned home to find that Sana and the children were gone.

109. On 26 May 2009, Sana was introduced to the services at the refuge and advised about potty training for her 3 year old who was still in nappies. Sana was employed but it was not considered safe for her to return to work and she was supported to contact child tax credits/child benefits. She received emergency supplies as she had no money. Over the following days she was supported to settle into the refuge and to open a bank account. A history of abuse was taken which recorded:
- Physical violence – 8 years, starts with verbal abuse
  - Sexual abuse – 6 years. When they argue they used to sleep in separate beds and he would come into her room and meet his needs with force (Client's words)
  - Emotional/mental abuse – 8 years. Isolated from family and friends. Makes her feel guilty for everything
  - Financial abuse – 7 years. Sana does not have access to her own money, her wages are paid into her husband's account
110. Sana felt unsure if she would be injured or killed by her husband. She wanted to end the relationship. This was the first time she had tried to end it.
111. On 27 May 2009, Wolverhampton Children's Social Care received a referral from West Midlands Police in respect of Mohammad and Mina. The concerns logged in the 392 Vulnerable Persons Notification referred to Sana attending the police station on 24 May 2009 to report ten years of physical, verbal and financial abuse by her husband. The abuse and violence was carried out in the presence of the children who were scared and frightened. It was recorded that he also hit the children but the focus of the abuse was towards Sana. The log also referred to the officers attending the home address to speak to the five-year-old child; however he refused to speak to the police and was reported to be more like a 2/3 year old. (*Author's note: the police have no record of officers attempting to speak to Mohammad.*) The report concluded that Sana had moved to a women's refuge in Sandwell.
112. The case was allocated by the duty manager to a Family Support Worker on 27 May 2009 to undertake an initial assessment under S17 Child in Need Procedures. On 5 June 2009, Wolverhampton Children's Social Care incorrectly referred the case to Sandwell Children Services, requesting them to conduct the initial assessment as Sana and the children were residing in the women's refuge in their area. Sandwell responded the following day declining to accept case responsibility and referred back to Wolverhampton. The initial assessment was completed by the allocated Family Support Worker on 9 June 2009 by a single visit to the family at the refuge. It recommended case closure as Sana was being supported by Sandwell Women's Aid and she was in contact with a solicitor in regards to initiating divorce proceedings. She had no intentions of returning to Wolverhampton to resume the relationship. The case was closed by the duty manager.



113. On 5 June 2009, a man called Dave<sup>22</sup> called the refuge, explaining he was a work colleague of Sana's. The refuge told him that they did not know who Sana was. He continued to call and, on 7 June 2009, Sana told a refuge worker that he was a kind man from work who was worried about her. Calls were still coming from him on 9 June 2009. Sana told refuge staff that she did not know how he had got the number and that she did not want to speak to him. He was advised not to call again which he appears to have complied with.
114. On 7 June 2009, Sana received a letter from tax credits informing her that there had been an overpayment on the family's child tax credit account of £3655.10. Although the money had been paid to Anwar, Sana was liable for half the amount (£1827.55). Refuge staff supported her to apply for a crisis loan.
115. A number of issues regarding Sana's children were recorded by the refuge during June 2009 including Mina hitting another child. Sana seemed to be struggling to manage their behaviour and the refuge family support worker discussed implementing boundaries including a bedtime routine. The children's behaviour improved over time but Sana needed to be reminded on a number of occasions to supervise her children.
116. On 22 June 2009, Sana told a refuge worker that Anwar had called her mother and said that Sana could go back to the property and he would leave. Sana refused to do this, but she said that she had the proposal at the back of her mind, as she knew the area and it was a good house.
117. 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 he was feeling unwell following a recent marital breakdown. He was admitted to the Medical Assessment Unit where he expressed suicidal tendencies.
118. His chest pain was thought to be due to anxiety and he was referred to the mental health crisis team who undertook a psychosocial/risk assessment on 4 July 2009. He said he no longer worked following back surgery but his wife did and he looked after the children. He said that the police had been called two months earlier following an argument and his wife alleged that he had assaulted her. He had been arrested but then released after the police concluded they had no evidence of the assault. Upon his return to address 2 his wife and children had removed all their belongings and had left the property. Anwar had tried to find them without success.
119. He presented as very tearful and with poor sleep and poor diet and fluid intake. He denied any drug or alcohol intake. Following the assessment it was felt that due to the high risks involved an admission to a psychiatric hospital would be necessary for a period of assessment. No beds were available at Penn Hospital in Wolverhampton and Anwar was transferred to the Margaret Stanhope Centre at Burton on Trent where he was admitted on a voluntary basis.
120. On 10 July 2009, Anwar was assessed in ward review at Margaret Stanhope Centre and requested to go on leave. Margaret Stanhope Centre contacted the

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<sup>22</sup> Not his real name

Inpatient Co-ordinator at Penn Hospital who agreed the Crisis Team would monitor him while he was on leave.

121. On 13 July 2009, the police accompanied Sana to Address 2 to enable her to collect her belongings. The police have no record of anyone else being present at the property. Sana returned to stay at the refuge. The following day, Sana told a refuge worker that her husband had contacted a radio station Sana listens to and pleaded for her to return home. He made a request for a song to be played which was Sana and the children's favourite.
122. On 15 July 2009, Anwar's mother contacted both Wolverhampton Crisis Team and Margaret Stanhope Centre expressing concern about Anwar. The Margaret Stanhope Centre contacted him and arranged for him to return from leave but then he decided to go home with his ex-wife who was reportedly happy to have him in her care. Margaret Stanhope Centre contacted Wolverhampton Crisis Team who visited Anwar at home. Although he was not sleeping and eating well he had no suicidal ideation. His solicitor had told him they would be able to trace his wife and children. He did not want to return to Margaret Stanhope Centre, stating it was too far and no one would be able to visit him. On 20 July 2009, he was formally discharged from the Margaret Stanhope Centre to the care of Wolverhampton Crisis Team.
123. On 17 July 2009, Anwar reported to his GP that he was experiencing anxiety/stress due to his wife and children leaving him. He was issued with a script for sleeping tablets.
124. With the support of refuge staff, Sana was considering her future housing options in July 2009, including the possibility of being rehoused in Walsall.
125. On 30 July 2009, Children's Social Care Services have logged an enquiry record following an office visit from Anwar enquiring on the whereabouts of his family. The duty worker was initially unable to see Anwar and later spoke to him by phone. The reasons for his wife leaving were discussed. He denied the domestic violence and claimed that his wife had been having an affair and that was the reason for her leaving. No details were disclosed to Anwar and he was advised to seek legal advice.
126. On 2 August 2009, Sana told a refuge worker that she felt Walsall was not safe for her to be rehoused and she wanted to move into an area that she knew.
127. The following day, she told her key worker that she had formed a relationship with Dave, who she used to work with (*Author's Note: Dave was noted to have called the refuge on a number of occasions in June 2009*). She said she intended to marry him and move in together. She was advised not to rush into this and to wait until her divorce was settled first.
128. A refuge worker discussed healthy relationships with Sana in a one-to-one session on 8 August 2009. Sana's key worker arranged to do the safe programme with her on 17 August 2009. Sana felt that she knew what she was doing in relation to Dave.
129. Anwar was offered a follow up outpatient mental health appointment on 27 August 2009 but did not attend. The following day he attended his GP and was

issued with a script for antidepressants. Anwar was offered another outpatient mental health appointments in October 2009 but did not attend and was discharged back to the care of his GP.

130. On 31 August 2009, Sana decided to change the solicitor handling her divorce. She told a refuge worker the following day that she was anxious about the court process and did not feel comfortable about being around her husband. The court case was scheduled for 16 September 2009. Her solicitor advised her on 15 September that she would not need to attend court as the case would be adjourned because funding had not yet come through for legal aid.
131. Sana's anxiety about the forthcoming court case continued over the following weeks. On 9 October 2009, she told her keyworker that she was thinking of putting a hold on her divorce. She wanted to return to her husband in the future if he carried out his promise to change. She said she wanted to go back for the children. In a key work session a few days later she said she had not made a decision regarding divorce.
132. On 22 October 2009, she told a refuge worker that she was missing her family very much after watching a DVD of her brother's wedding. Sana experienced conflicts with another resident of the refuge during October and on 24 October 2009 they had a full blown argument in front of other residents and children.
133. On 27 October 2009, Sana spoke to her solicitor to plan for court the next day. She attended court on 28 October 2009. The solicitor had received a letter the previous day stating that Sana's husband wanted to see the children and wanted a priest from the mosque to liaise with Sana. Sana raised concerns that she thought her husband might take the children and that the mosque was too far for her to drop the children off to. The solicitor advised Sana to sit with them to write a statement regarding this. Once the hearing started the judge said he had no statements or a court report and that the hearing would be adjourned until 16 December 2009 for fact finding. Sana's husband was present but did not try to approach her. Refuge staff checked on Sana and the children on 29 October 2009 following the court date.
134. On 3 November 2009, Sana told her keyworker that she wanted to return to her husband. She said he had called and asked for forgiveness and said he would never behave the way he did again. She wanted to go back and give him another chance. The keyworker asked her to think about this and not rush into it. The keyworker met with Sana again the following day to explore returning home. The keyworker explained the cycle of abuse, the power and control wheel and equality wheel again. Sana felt she understood this. She was adamant she would be returning home. The keyworker completed a safety plan with Sana so she knew who to contact and what to do if she was concerned or worried and explained that because Sana was returning home the refuge would need to do a referral into children's services.
135. 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. Mohammad was admitted to the Primary School in November 2009 and Mina in January 2010.

### **March 2010 – December 2010**

#### **Anwar threatens to kill Sana; hiding contraceptives; ambulance call outs**

136. On 9 March 2010 at 21:45hrs Sana made a 999 call to the police in a very distressed state stating that her husband had tried to kill her. She was now outside, however the children were still inside the house with him. The call taker graded the call as an immediate disorder. The police log was updated a minute later by the call handler stating, "He's told her he will take her to Pakistan and kill her." Two officers attended the address and arrived at 21:51hrs. Sana was visibly upset and distressed. She informed the officers that Anwar was inside Address 2 with the children and that he was drunk and had been verbally abusive towards her. Sana also stated Anwar had been talking on the phone to her family in Pakistan informing them of her inadequacies as a wife and mother. Sana also disclosed to the officers that she had previously been a victim of domestic abuse from Anwar.
137. Both officers entered the address and found the children asleep in bed. Anwar confirmed to the officers that a verbal altercation had taken place between himself and Sana. He appeared to be under the influence of alcohol. Sana was questioned again alone and when asked about the assault and the threats to kill, Sana denied them. It is not known whether her reasons for changing her account were explored with her. The attending officers did not note any injuries on Sana. Concerned that the altercation may have continued after their departure and the disclosure of historical domestic abuse the officers persuaded Anwar to stay at an alternative address for a couple of nights to give both parties time to "cool off" which was agreed by Anwar. Anwar's son from his first marriage came and took his father away. As soon as Anwar left, Sana informed the officers of her desire to leave her husband and to be re-homed. The officers gave Sana the police log reference number and informed her that colleagues from the Domestic Abuse Safeguarding Team would be in touch with her in due course regarding advice and support. The officers recorded the incident onto a WC392 Log and completed the DASH assessment with Sana, where she was graded as standard risk<sup>23</sup>.
138. On 30 March 2010, a duty worker in Wolverhampton Children's Social Care recorded receiving a Police referral via a 392 Vulnerable Persons Notification, regarding the incident of 9 March 2010. No further action was taken by Children's Social Care in regards to this incident.
139. 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

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<sup>23</sup> 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.

she was hiding the contraceptive pill from her husband who wanted to have another baby. Contraceptive options were discussed but domestic abuse was not explored and this consultation was not discussed with a GP, reviewed or followed up.

140. During 2010, Anwar attended his GP at the Health Centre at least three times (14 January, 28 April, 28 September) in relation to depression. On the evening of 28 September 2010 West Midlands Ambulance Service received a 999 call for a 52-year-old male (Anwar) with breathing problems. Ambulance resources were dispatched to Address 2.
141. Anwar was taken by ambulance to New Cross Hospital and handed into the care of the Emergency Department staff. An entry in the Mental Health Crisis Team File states that Anwar was referred by A&E for chest pain and anxiety and depression with suicidal ideation. He was seen for assessment and referred back to his GP with a suggestion to double the dose of his citalopram (an anti-depressant) and to consider referral to psychiatric outpatients if the increase was not beneficial, and to consider structured counselling for Anwar for issues relating to his son and wife.
142. On 11 December 2010 at 13:23 West Midland Ambulance Service received a 999 call stating a four-year-old female (Mina) had flu like symptoms, a temperature and a nosebleed. A Response vehicle was dispatched to Address 2 and Mina was assessed in the presence of Sana but did not need to be taken to hospital.
143. On 31 December 2010, Anwar was referred to cardiology by his GP for chest pains. He attended the GP surgery on six occasions between 7 January 2011 and 1 February 2011 for a variety of ailments.

### **January 2011 – January 2012**

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

144. On 27 January 2011, Sana had an appointment with her GP who confirmed that she was pregnant. She had a booking appointment with Royal Wolverhampton Trust on 14 February 2011. Both parents were recorded as unemployed. It does not appear that routine screening for domestic violence took place at this or any subsequent antenatal appointment.
145. On 7 March 2011 at 20:45hrs, a neighbour contacted the police stating that she could hear screaming and banging coming from next door. The neighbour believed that Sana's husband was beating her up. The call taker graded the call as an immediate response under the category of domestic violence. Two police officers attended the address. Sana was upstairs with Anwar's son from his first marriage and her children whilst Anwar was downstairs. Sana was spoken to alone and informed the officers that she had a verbal altercation earlier with Anwar over their daughter's bedtime due to it being her birthday that day. No criminal offences were disclosed by Sana, however she disclosed to the officers that she had been a previous victim of domestic abuse by Anwar. Anwar was

taken to an alternative address for the evening to prevent the altercation continuing after the officers left which Sana was happy with. The officers completed the DASH assessment with Sana. The police WC392 log noted that:

- she believed her husband may cause further violence;
- there was previous domestic violence;
- she felt isolated from her family due to them being in Pakistan;
- arguments were happening more often, verbal only;
- she was reliant on her husband for money as she did not work. He controlled all of the money and does not allow her to have any money;
- he is very controlling, wanting to know her movements/whereabouts or who she speaks with;
- he drinks excessively;
- he had been in trouble with the police for a previous domestic violence assault.

146. The police officers graded the DASH as standard risk. The incident was given a domestic abuse non-crime number and the details were recorded onto a WC392 log.
147. On 11 March 2011, a family support worker contacted the police on behalf of Sana reporting continuing domestic abuse from her husband. (*Author's note: there is no record of what agency this worker was from.*) The support worker informed the police that, "Mrs Shah states when the officer came out on the 7<sup>th</sup> March she told them that her husband had been verbally abusive and threatened her with a knife". There was no record of a threat with a knife on any of the police logs.
148. An Acting Police Sergeant requested officers attend the address immediately but when they did there was no reply. A police officer made contact with Sana at Address 2 the following day (12<sup>th</sup> March 2011). Sana disclosed historical abuse and told the officer that she wanted to leave her husband however she was too afraid to do so. She said that Anwar was emotionally abusive towards her, accusing her of having an affair with his eldest son (from his first marriage). He was always being rude to her, saying that she is useless and he will kill her. She didn't know who to turn to for help as she relied on Anwar financially. Sana also informed the officer 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 making this report Sana was approximately four months pregnant.
149. This information was logged on the WC392 log and reviewed by the duty sergeant for that day. The sergeant requested two officers bring Sana to Wolverhampton Central Police Station in order to speak with her at length without worrying about Anwar arriving home. The officers recorded on the WC392 Log that, "as it was unclear why the IP (injured party) had contacted the police, officers have asked what she wishes to get from calling us to which the IP replied I want my husband out of the house and have his benefits". There was a brief discussion regarding ownership of property. The officers asked Sana if she wanted to separate from Anwar and if she would be willing to stay at a women's refuge whilst she sorted out the civil proceedings regarding the

family home. Sana said she wished to stay at the family home. The officers then record that after having a lengthy discussion regarding advice and information about a separation, they took Sana and the children back home. Upon arriving at the address they noted a “for sale” sign outside the address, which raised the officers’ suspicions regarding Sana’s motive for contacting the police. The officers record, “It is felt that the IP is using the police as a go between in order to make the IP look good when it comes to a settlement. It is clear that this is an abusive relationship with the husband verbally abusing the IP due to alcohol addiction and the IP is unsure whether she should leave her partner or not. She has been classed as standard risk due to this and no sig warning marker has been placed on the address”. Officers also recorded that they liaised with the Public Protection Unit and completed police intelligence checks, however no concerns were raised to suggest to them that the risk assessment of Sana should be raised from standard to medium risk.

150. On 28 March 2011, Sana self-referred to The Haven, a specialist domestic violence service. The Haven recorded some background history on 1 April 2011 and noted that Sana is scared and “would like to meet with someone to discuss her options as she is ready to leave him”.
151. 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.
152. On 5 April 2011, a duty worker received the WC392 notification from the police regarding the incident of 7 March 2011. The information is recorded by Children’s Social Care as a verbal argument over the child’s bedtime, following a third party report that a female was heard screaming at the property. As well as the details set out at paragraph 145 above, the police log also recorded that the incident was screened by the Public Protection Unit who noted no current child protection concerns in relation to the children and that the incident would be discussed at the joint Barnardos screening meeting<sup>24</sup>. Children’s Social Care noted the information and decided no further action was warranted.
153. On 19 April 2011, Children’s Social Care received a referral from the police via a WC392 log in regards to Sana contacting the police on 11 March 2011 to report historical domestic abuse and threats to kill with a knife. The police log noted that Sana had reported domestic violence many times before to the police with little action taking place. It also noted that there had been physical abuse over ten years of their marriage and that Sana’s husband has issues with

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<sup>24</sup> Barnardos Joint Screening Meetings consider domestic violence cases involving children and/or pregnant women. They are attended in Wolverhampton by the police, Children’s Social Care, Hospital Trust Safeguarding Nurse and an IDVA from The Haven Wolverhampton. They aim to jointly agree the potential risks to children and agree on any required actions from the childrens’ perspective. Meetings are currently twice weekly

alcohol and drinks every day. It included the information at paragraphs 145 to 147 above and noted that she was currently pregnant and that physical and emotional abuse was still occurring. The duty manager in Children's Social Care made a decision that this referral warranted an initial assessment and the case was allocated to a qualified social worker to conduct an initial assessment under section 17 of the Children Act.

154. The initial assessment was completed by a single visit on 24 April 2011 during which Sana, Mohammad and Mina were seen. The assessment recommended that the case should be closed on the basis that Sana had been referred to the Haven Community Support but had declined to go into a women's refuge. There is no evidence of any risk assessment being conducted or the views of the children being sought. The case was closed by an interim duty manager.
155. On 1 May 2011 at 19:51hrs, Anwar contacted police to report anti-social behaviour from local children. Officers attended but could not find any damage and no criminal offences were disclosed.
156. On 12 May 2011, a referral in relation to Sana was recorded in The Haven database but the service referral form has not been located so it is not possible to identify who made it and what, if any, service was offered to Sana. There is also a record that Sana was given telephone advice on 27 July 2011 but, again, the service referral form cannot be located and no further information is available.
157. During spring and summer 2011, Sana regularly attended antenatal visits. The records of 4 April 2011 indicate that Sana did not attend the nurse screening appointment following her scan that day. The domestic violence question is blank with no record of it being asked at any subsequent antenatal appointments.
158. On 22 August 2011 an ambulance was sent to Address 2 following a 999 call for a 31-year-old pregnant female having contractions. She was one week overdue, had been having contractions for six hours and said that she was also losing a significant amount of blood. She was taken by ambulance to New Cross Hospital Maternity Department where she gave birth to her third child, a son. Anwar was present and cut the cord.
159. Following the birth, Sana received home visits from a community midwife and then the Health Visitor Service. At the second Health Visitor appointment, on 8 September 2011, Sana disclosed that she had separated from her husband in early pregnancy due to a history of domestic abuse. (*Author's note: it remains unclear when the couple separated.*) She reported 'fleeing to a refuge 2 years ago', but reunited with her husband afterwards. She said he was an alcoholic. The Health Visitor did not record that the perpetrator was having any contact at this point as Sana had said they were separated. There is no record of the disclosure being escalated to the Health Visitor's manager.
160. Anwar submitted an application for housing in his sole name to Wolverhampton Homes in October 2011. The application was registered from Address 3, which



was referred to as a privately rented property. His application was cancelled in November 2012 due to him not re-registering.

161. On 3 December 2011 at 19:53hrs, a neighbour (of Sana's) contacted the police stating that during a verbal altercation with Anwar he stated to her "you need to sort your kids out or there will be dead bodies in the road". The call was graded as an immediate disorder and two police officers attended the neighbour's address and obtained a statement from her. The incident had happened when the woman's son went to retrieve his football from the garden of Address 2. Anwar was arrested on suspicion of a public order offence. Officers noted that he appeared intoxicated as his speech was slurred and he was unsteady on his feet. He denied making the threats. As there was no further evidence or witnesses the matter was filed with no further action. *(Author's Note: It is unclear whether Anwar was living at the family home (Address 2) again or whether he had been visiting when this incident happened. He gave Address 2 as his address to the arresting officers.)*

#### **February 2012 – December 2012**

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

162. In February 2012 Anwar presented at A&E with a fractured ankle as a result of a fall in snow. This required surgical intervention, an inpatient stay and a protracted convalescence with multiple orthopaedic review appointments due to pain issues and slow mobility following the fracture. It appears that Sana looked after him at Address 2 during his convalescence (see below).
163. On 7 March 2012, the Primary School asked Sana to make a GP appointment for Mina due to medical concerns. The nature of these concerns is not recorded and it does not appear that an appointment was made.
164. On 5 April 2012, the school made a SCI referral (Multi-Agency Safeguarding Referral) to Wolverhampton Children's Social Care as the children presented with indicators of concern relating to her appearance and behaviour. These had been discussed with the parents and actions identified but the parents' response was considered to lack urgency.
165. The referral further detailed that father had smacked her for soiling and threatened to "cut her bottom off if she did it again". Mina had reported that her father has returned to the property and was sleeping on a mattress downstairs due to him having a broken leg. Sana confirmed this to the family support worker at the school.
166. Initially attempts were made by the duty manager to invite Sana to the office to discuss the concerns, however she failed to attend. The case was subsequently allocated to a qualified social worker to undertake an initial assessment under S.17 procedures in respect of Mina, Mohammad and Zarak.
167. On 16 April 2012 Mohammad, Mina and both parents were seen at the family home. The following day, the social worker individually interviewed both Sana and Anwar at the social work office. Further concerns were raised when Sana

disclosed that Mohammad was urinating in his bedroom on the walls, wardrobe etc.

168. On 18 April 2012, Mina was seen by the GP in relation to soiling, maternal family problems and head lice. A referral was made to paediatrics.
169. The initial assessment was concluded on 23 April 2012 and recommended:
  - a detailed core assessment and Child in Need Plans for all three children.
  - wishes and feelings work with Mina and Mohammad
  - Sana to be referred to the Freedom Programme.
170. The allocated social worker saw Anwar at the social work office on 23 April 2012 to discuss the outcome of the initial assessment. He accepted the recommendations but claimed that his wife was abusive to him. He disclosed he had spent time at a psychiatric hospital in Burton on Trent due to the lies his wife was spreading about him. He claimed that she had anger issues and had tried to attack him in the presence of the police previously. He stated that he had no plans to resume the relationship with her.
171. The case for the three children was duly transferred to the South West Locality Team and allocated to a social worker in line with internal transfer protocols. The case was open in the South West Team from 27 April 2012 and closed on 4 February 2013. During the time it was open, there were three Child in need meetings held on 01/06/12, 07/07/12 and 06/09/12. The first two meetings were attended by both parents, education, health and a Family support worker and the third meeting was attended by mother and all of the other professionals in the team around the child/ren.
172. On 20 June 2012, Sana attended the baby clinic and Mohammad's assessment was satisfactory. The Health Visiting Service was aware of the concerns about the children and attended the child in need meeting on 1 June 2012. The Health Visitor's role in support should have been discussed at this meeting and a plan of support agreed but there is no record of this happening.
173. From 11 July, 2012, Sana attended the Children's Centre for the Freedom programme. Wishes and Feelings and Keep Safe work started with Mina and Mohammad on 19 July 2012.
174. The Health Visitor made an unarranged home visit on 13 August 2012 but there was no reply. A note was left advising of the visit. The Health Visitor tried to make contact with Sana by phone on 17 September 2012 and 5 November 2012. Messages were left but no contact was made with Sana until the new year. Children's Social Care were not informed there was no contact and the lack of contact was not escalated to the Health Visitor's manager.
175. On 6 September 2012, a decision was made by the Children's Social Care supervising manager to de-escalate the children's case from social care to a CAF (Early Help Assessment). The basis for this decision was that 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.

176. The children were held under a CAF (Early Help Assessment) from 24 October 2012 until 24 May 2013 with the Family Centre Worker being the lead professional. During this time three CAF meetings took place (on 24 October 2012, 12 December 2012 and 7 February 2013). Direct work sessions were completed with Mohammad and Mina to undertake wishes and feelings work and keep safe by the family support worker, who also provided support and monitoring to the family. The sessions took place at home and at school. The case records by the family centre worker records evidence that father was still in daily contact with the family and visiting the home.
177. Throughout 2012, there were a range of medical appointments, both in primary and secondary care, for members of the family, including appointments for Anwar with his GP regarding depression. In June 2012, Anwar attended a cardiac clinic at the Royal Wolverhampton Trust. He stated that he took little alcohol.

### **January 2013 – May 2013**

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

178. On 9 January 2013 at 19:58hrs, Sana contacted the police stating that she had just been beaten up by her ex-husband who said he also wanted to kill her. There were no immediate concerns for the welfare of Sana as Anwar had already left the property and the call was graded as an early response domestic violence incident, requiring officers to attend the address within the hour. Sana informed the attending police officer that, after a pre-arranged appointment to visit the children, a verbal altercation ensued between the two of them. 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. It appears likely that the original account was true and that for some reason she decided to change her story when the police arrived*).
179. No criminal offences were disclosed by Sana. The officer recognised that this was a domestic incident and recorded it onto a WC392 log and domestic abuse non-crime number. The DASH assessment was completed with Sana and she was graded as standard risk. The referral was reviewed by the Child Abuse Investigation Unit using the Barnardos Screening Tool on 17 January 2013 and the incident was referred to the South West Locality Team for their attention.
180. Sana reported this incident to the Primary School on 10 January 2013 who informed Children's Social Care. Case records by the Family Support Worker dated 10 January 2013 record 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. The family support worker referred Sana to The Haven. The records note that Sana changed her

locks the following day and began to receive support from The Haven in regards to divorce proceedings and a non-molestation order.

181. On 23 January 2013, the Health Visitor made contact with Sana by telephone. Sana said that Zarak was progressing well and reported that she wished to leave her husband after 'another incident of domestic abuse'. She said that the children did not witness this and that her husband had been in an intoxicated state and violent towards her in the kitchen on 9 January 2013. The Health Visitor made a follow-up telephone call to the Family Support Worker at the Family Centre to ask for support for Sana and to inform her that The Haven had not contacted Sana. The Family Support Worker was aware of the violent episode and planned to invite Sana to a Common Assessment Framework (CAF) meeting in February 2013.
182. 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. She was given contact numbers for the Helpline and solicitors.
183. On 7 March 2013 Sana showed the family support worker text messages that Anwar had sent in the middle of the night saying that he loved her.
184. Zarak's behaviour was reported to be an issue at the CAF meeting in March 2013. A decision was made to recommend that Sana should take him to a stay and play group at the Children's Centre.
185. The Health Visitor saw Sana and Zarak at home on 24 April 2013. Zarak was reported to be appropriately dressed and sociable. Sana said she was not taking him to the playgroup at the moment as she had 'no parental concern' about him. She also said that Zarak was seeing his father for one hour every day but they were not reported to be together as a couple. There is no record that domestic abuse was discussed.
186. On 2 May 2013, the allocated Family Support Worker from the Children's Centre visited Sana at home and arranged to attend the first stay and play group with Sana. From 8 May 2013, Sana regularly (twice-weekly) brought Zarak to the Stay and Play sessions.
187. The final CAF meeting was held on 23 May 2013. Sana attended and said she was filing for divorce, supported by a solicitor and said the arrangement for the children seeing their father was working. The CAF was closed. There was no further involvement by Wolverhampton Children's Social Care after the CAF was closed on 24 May 2013 until the police contacted them on 29 March 2014 following the domestic homicide.

#### **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**

188. 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. Sana

asked for help to write a letter to the Chairman of the Mosque in Birmingham to get an Islamic divorce on 16 July 2013 and the Family Support Worker gave Sana a letter for the Chairman of the Mosque in Birmingham two days later. Sana asked the Family Support Worker to write another letter for her to send the Chairman of the Mosque in Birmingham on 19 September 2013. Sana signed the drafted letter and the Family Support Worker posted it, leaving a copy for Sana on 11 October 2013.

189. On 4 December 2013, the Health Visitor phoned Sana cancelling Zarak's development review due to staff sickness. This was rebooked for 1 month later and although attended was shortened due to Sana's GP appointment. A repeat appointment 2 weeks later was cancelled by the Health Visitor and a home visit arranged for the end of January 2014. This went ahead. Sana reported that Anwar continued to see the children every evening at Address 2.
190. Throughout 2013, there were a range of medical appointments, both in primary and secondary care, for members of the family, including appointments for Anwar with his GP regarding depression.
191. On 20 January 2014, the Family Support Worker at the Children's Centre provided advice, information and support regarding domestic violence to Sana. It is unclear what triggered this. The Family Support Worker visited Sana the following day. Sana showed her a copy of the statement that Anwar had written to the Chairman of the Mosque in Birmingham stating that he did not want a divorce and he had previously had a happy marriage with his wife. The statement was quite lengthy. 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 in response and drafted the letter on Sana's behalf.
192. During the visit Sana disclosed that Anwar had threatened to stab or shoot her many times in the past. Sana was advised to call the Police if Anwar came around being abusive and Sana agreed that she would. In an interview as part of this review, the Family Support Worker said that Sana was 'blasé' when talking about these threats. There is no evidence that this information was shared during Supervision sessions with the worker's Line Manager or during Reflective Practice sessions.
193. The Family Support Worker helped Sana to fill in forms for an English divorce, which Sana said she had received in December, and called Sana's solicitor to clarify some of the questions relating to a change in contact arrangements after the divorce. 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.
194. Sana submitted an application for housing to Wolverhampton Homes on 7 February 2014. The application was registered from Address 2, which was referred to as a privately rented property. The three children were noted as being present in the property and needing re-housing with Sana.

195. On 8 March 2014 at 22:53hrs, Sana contacted police stating that her husband kept ringing her saying he was going to kill her. Sana further stated that Anwar was going 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 has made numerous threats over their thirteen-year marriage when drunk.
196. 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 been living separately from her husband for the last two years but had remained in contact for the sake of the children. Sana stated the reason for the separation, was due to Anwar's controlling behaviour, physical/verbal abuse and alcohol abuse.
197. The officer offered Sana advice regarding potentially obtaining a Non Molestation Order through the civil courts and gave her the details of a registered charity, National Centre for Domestic Violence, who would be able to assist and support her. Sana was advised to call the police if Anwar either attended or made any further calls to her, which she stated she would do.
198. The officer recorded the details onto a WC392 log and took out a Domestic Abuse Non Crime Number. The officer completed the DASH assessment with Sana and 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.
199. The referral was reviewed by a sergeant from the domestic abuse safeguarding team within the Public Protection Unit and allocated to an officer who contacted Sana on 14 March 2014 by phone and discussed a number of safeguarding options with her. The police officer asked Sana if she had sought advice regarding a Non Molestation Order. Sana informed the officer that she had not as she couldn't remember what she needed to do. 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. A domestic abuse package, comprising a number of leaflets containing relevant contact details/website addresses for victims and the officer's contact details, was sent out to Sana's home address. Cocoon Watch<sup>25</sup> was also discussed with Sana. It is unclear

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<sup>25</sup> Cocoon Watch is a West Midlands Police project in which, with consent from the victim, the police will request neighbours (usually either side and opposite) to contact the police if they witness any suspicious activity or hear a disturbance coming from the victim's address. This is an additional safeguarding measure, in case the victim is not in a position to directly contact the police themselves.

whether she declined this service. The update states that, “she has a good neighbour who she will talk to”. The police officer strongly advised Sana not to allow Anwar entry into her home, due to his recent behaviour, and to contact the police immediately if she felt she was in any danger.

200. Due to Sana being graded as medium risk 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. The referral was screened by BST on 21 March 2014 with a recommendation being made for Children’s Services to consider an Initial Assessment.
201. On 14 March 2014, The Haven received a referral form from the police Public Protection Unit for safeguarding and IDVA support. Sana was identified as at medium risk.<sup>26</sup> Sana was allocated to a Community Worker from the Community Advocacy Team (CAT) and contact was made after three attempts. A phone call discussion took place on 18 March 2014 with the allocated keyworker and advice was given in relation to not opening the door to her estranged partner and contacting the police if necessary. 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.
202. On 20 March 2014, Sana met with another 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. Sana was offered the Safer Homes Scheme (formerly the Sanctuary Scheme) and a non-molestation order was discussed.
203. 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 did not action Sana’s case due to other work. The case was picked up on Wednesday 26 March 2014 by the allocated worker. It was 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.
204. 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.
205. 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. Prior to this Anwar would occasionally drop the children off or pick them up from school. Sana explained that Anwar might not be happy with these arrangements. The school advised that the children should be collected from the school office in future to prevent conflict with Anwar on the playground.
206. 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

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<sup>26</sup> The Haven did not receive risk assessment paperwork from the Police.

to stop contact with the children. She was therefore retracting instructions given the previous day and allowing Anwar to collect the children from school.

207. On Saturday 29 March 2014 at 15:20hrs, 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 to attend the address to try and ascertain the concerns raised from the caller.
208. Prior to him reaching the address, one officer was redirected to meet the caller at a nearby location. Asad told the officer that he had been speaking to the female at Address 2 on the telephone when he heard sounds of a disorder at the address and the line went dead. Asad explained that he feared for the female's safety, as he knew her husband was violent.
209. 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 "something" which in the opinion of the Sergeant 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 an Asian female 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.
210. At 15:56, West Midlands Ambulance Service received a 999 call from West Midlands Police asking for an ambulance to attend a stabbing at Address 2. It was reported that the victim had multiple stab wounds to the chest. The victim was identified during the 999 call by the Police Incident Room as Sana Shah. At 16:01:46 the Police Incident room confirmed that no CPR was taking place. Ambulance control suggested that they contact their own police doctors to confirm death and advised they could call WMAS back if there was a problem. The Police Incident Room agreed and the call was ended at 16:01:27. No West Midlands Ambulance Service resources were sent to attend the incident.
211. 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 in which he denied stabbing Sana to death. Anwar was subsequently charged on 31<sup>st</sup> March 2014 with murder and remanded into custody to await trial.
212. Asad Babar was interviewed by the police. He had known Sana and Anwar for approximately twelve months. Prior to Asad calling the police, he stated Sana had called him on his mobile and, after chatting for about ten minutes, asked Asad if he knew where Anwar was. Asad informed her that he did not know. Sana said that Anwar had just arrived at her address with a son from his first marriage who was sitting outside in the car. Due to Sana not disconnecting the phone, Asad could still hear what was being said. Asad stated he could hear Anwar inform Sana that he was taking the children out to his son (who was still waiting in the car) as he wanted to talk to her. Sana informed Anwar that she



did not want to talk to him and it appears that a brief altercation ensued between the two of them. Suddenly Asad heard Sana give what he described as a “heart tearing scream” before the phone disconnected. As soon as this happened Asad called the police, concerned that something serious had happened to Sana.

213. It has been ascertained through the murder investigation that none of the children were present at the home address and therefore did not witness the murder.
214. On 13 August 2014, Anwar made his first appearance at Stoke on Trent Crown Court where he pleaded guilty to murder. He was subsequently given a life sentence to serve a minimum of seventeen and a half years for the murder of his wife.

## **Section Five: ANALYSIS OF INDIVIDUAL AGENCY RESPONSES**

215. A comprehensive chronology of agency contacts was prepared and considered by the Review Panel. In the accounts that follow, agency involvement has been summarised to focus on those contacts of most significance to the DHR.

### **WEST MIDLANDS POLICE**

#### **Summary of involvement**

216. West Midlands Police arrested Anwar for assaulting Sana in 2003. It was the only occasion, other than Sana's murder, on which he went on to be charged and convicted.

217. Sana told West Midlands Police on at least four occasions that Anwar had made threats to kill her and on a further occasion a family support worker told the police about a threat to kill. These were on:

- 24 May 2009;
- 9 March 2010 (subsequently withdrawn);
- 7 March 2011/11 March 2011 (it is unclear whether Sana reported the threat to the police on 7 March 2011 but it was reported via a family support worker on 11 March 2011);
- 9 January 2013 (subsequently withdrawn);
- 8 March 2014.

218. These threats to kill were never investigated as potential crimes. Sana reported that Anwar had assaulted her on 24 May 2009 and 9 January 2013. Anwar was arrested on the former occasion but was not prosecuted due to lack of evidence. On the latter occasion, Sana changed her story to the police so the police concluded there was no crime. Officers did not explore the Protection from Harassment Act as a means of trying to deal with Anwar's ongoing harassment of Sana. Alleged abuse of the children by Anwar was not investigated.

219. The quality of risk assessing was poor. In 2009, a DASH risk assessment was not completed. Of the four risk assessments that were conducted, only the final one, on 8 March 2014, identified anything other than a standard risk, with it rating as medium. This was despite police knowledge of the history of violence, threats to kill, Sana's isolation and, in 2011, the fact that she was pregnant.

220. A SIG warning was not placed on her property until 14 March 2014.

221. Officers responded with unjustified scepticism in 2011, recording that Sana may be using them to get a better divorce settlement. However there were also examples of good rapport building with Sana and prompt action to re-interview her when the family support worker contacted the police about the threats to kill. Calls were generally graded appropriately, other than that on 8 March 2014 when an immediate response rather than an early response should have been

made. Referrals to Children's Social Care were also made appropriately, however there was sometimes a time lag between the police being called out and the referral being received.

### **Key events**

222. In **February 2003**, West Midlands Police arrested Anwar, initially to prevent a Breach of the Peace, after he pushed Sana against a door which resulted in her sustaining a small cut to her forehead. He was charged with Assault (Assault by Beating) after Sana made a formal complaint and was conditionally bailed to appear before Wolverhampton Magistrates Court. He was found guilty and ordered to pay costs of £50 and given a conditional discharge for twelve months.
223. On **24 May 2009**, Sana reported an extensive history of domestic violence at Wolverhampton Central Police Station, dating back to within months of her arrival in Britain. She attended the front office of the station and was interviewed by a police constable. Sana described a range of abusive behaviours that Anwar subjected her to including:
- frequent aggression;
  - physical assaults with either his hands or an object, which would often leave her with bruises all over her body; pushing her; grabbing her hair and throwing her against doors within the house; throwing her out of the house;
  - financial abuse, including controlling all access to Sana's wages and other resources;
  - name-calling and verbal abuse;
  - isolating her from friends (not allowing her to bring friends round);
  - restricting access to communication (not allowing her to have a mobile phone);
  - restricting her movements (hiding the door key);
  - threatening to kill her including pointing a knife directly at her in front of their two children (aged four and two at the time).
224. Sana had contacted the police because the previous evening (23<sup>rd</sup> May 2009) she had been upstairs at home with the children, when she heard Anwar shouting and swearing, calling Sana a "whore" and "slag". She was too frightened to go downstairs and remained in her bedroom. Sana fell asleep but the next morning found that Anwar had hidden the front door key and all of the food out of the kitchen cupboards and fridge. On finding the key, she left for work and confided in a work colleague about what was happening at home and on the advice of the colleague she decided to go to the police.
225. A written police statement of complaint was obtained on the same day with the help of an independent Punjabi interpreter as Sana did not read/write English. This demonstrated good practice, ensuring the integrity of Sana's evidence could not be questioned.

226. Anwar was arrested on suspicion of Assault on 24 May 2009. He denied the offence and was conditionally bailed to reappear back at Wolverhampton Central Custody Suite on 4 June 2009 pending further enquiries. No further action was taken due to there being no independent witnesses or medical evidence.
227. It does not appear that either a WC392 Vulnerable and Intimidated Witness log or the DASH (Domestic Abuse Stalking Harassment and Honour Based Violence) assessment was completed. This is a key element of the police response to domestic abuse and failure to complete the risk assessment is poor practice. The Domestic Abuse Safeguarding Team requested that the WC392 be completed and this was done. Their update stated, "papers from a safeguarding point of view were filed due to Sana already receiving support at the time from Sandwell Women's Aid". The Safeguarding Team made a direct referral to Children's Services regarding the children due to the concerns in relation to their exposure to the domestic abuse, which was good practice.
228. Neither the police officer who interviewed Sana nor the Domestic Abuse Safeguarding Team requested a Domestic Abuse SIG (Significant) Warning Marker be placed onto Sana's home address for all calls to be treated as urgent. This should have been done to ensure that the police operator was aware that there was a history of domestic abuse if there were any calls in the future.
229. It does not appear that any action was taken regarding the disclosure that Sana made regarding Anwar assaulting the children. The IMR author could not find any documents to ascertain that this was referred to the Child Abuse Investigation Unit. This was poor practice.
230. On **13 July 2009** police officers accompanied Sana to her home address in order for her to collect her belongings. It does not appear that anyone else was present at the address other than Sana. This is standard procedure.
231. On **9 March 2010** at 21:45hrs Sana made a 999 call to the police in a very distressed state stating that her husband had tried to kill her and she was now outside. The children were still inside the house with him. The police log was updated a minute later by the call handler stating, "He's told her he will take her to Pakistan and kill her." The call was graded as an immediate disorder and two police officers arrived at Address 2 at 21:51hrs. Sana was visibly upset. She told officers that Anwar had been talking on the phone to her family in Pakistan informing them of her inadequacies as a wife and mother. Sana also disclosed to the officers that she had previously been a victim of domestic abuse from Anwar.
232. The police officers entered the address and found the children asleep in bed. Anwar appeared to be under the influence of alcohol. He confirmed that a verbal altercation had taken place between himself and Sana. Sana was questioned again alone and when asked about the assault and the threats to kill, Sana denied them. It is not known whether the reasons for her changing her story were explored with her.

233. The officers did not note any injuries on Sana. The officers persuaded Anwar to stay at an alternative address for a couple of nights to give both parties time to “cool off” which was agreed by Anwar. As soon as he left, Sana informed the officers of her desire to leave her husband and to be re-homed. The officers gave her the police log reference number and informed her that colleagues from the Domestic Abuse Safeguarding Team would be in touch with her in due course regarding advice and support but contact was not made as she was seen as a standard risk.
234. The officers recorded the incident onto a WC392 Log and completed the DASH assessment with Sana, where she was graded as standard risk. This was incorrect and she should have been graded as at least medium risk due to the history of domestic abuse and the threats. Standard risk is defined as *current evidence does not indicate likelihood of causing serious harm*. Victims who fall into this category have usually had a verbal altercation only with their partner, neither party has used or threatened violence and there is no history of domestic abuse.
235. As a standard risk victim, Sana would not have been referred to the Domestic Abuse Safeguarding Team for further intervention. This was a missed opportunity.
236. The referral was reviewed by BST and a referral was made to children’s services due to the domestic abuse concerns.
237. The officers took out a domestic abuse non-crime number as they considered that no offences had been disclosed but identified that Sana was vulnerable due to domestic abuse.
238. On **7 March 2011** at 20:45hrs, a neighbour contacted the police stating that she could hear screaming and banging coming from next door. The call was graded as an immediate response under the category of domestic violence. Sana was spoken to alone and informed the officers that there had been a verbal altercation. The police recorded that no criminal offences were disclosed. Anwar was taken to an alternative address for the evening to prevent the altercation continuing.
239. The officers completed the DASH assessment with Sana and recorded the following information on the WC392 log itself:
- *Are you very frightened/What are you afraid of? Is it further injury or violence?*  
IP (Injured Party) states she believes husband may cause further violence. There is previous domestic violence between the two and the IP has stated she has gone into a refuge but had returned to her husband.
  - *Do you feel isolated from family/friends e.g does he try to stop you from seeing friends/family/Dr or others?*  
IP states she feels isolated from family due to them being in Pakistan.
  - *Is the abuse getting worse?*  
IP states arguments are happening more often, verbal only.

- *Are there any financial issues? For example, are you dependant on him for money or have they recently lost their job/other financial issues?*

IP is reliant on husband for money as she does not work. Husband controls all of the money and has access to it all. Does not allow her to have any money. He is very controlling wanting to know her movements/whereabouts or who she speaks with.

- *Has he had a problem in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?*  
IP states husband drinks excessively, however unable to say how much.
- *Do you know if he has ever been in trouble with the police or has a criminal history?*  
Previous DV assault.

240. A standard risk was recorded. This was incorrect given the evidence of escalation, isolation, the screaming coming from the house which alerted the neighbour to call the police, the fact that Anwar had a history of alcohol abuse, the previous domestic violence including a criminal conviction, and the fact that on several occasions Sana disclosed to the officers that Anwar had threatened her with a knife. In addition, Sana was pregnant at the time. This is part of the DASH assessment but there is no record of the question being asked. There were identifiable indicators of risk of serious harm from Anwar as per the medium and high risk definitions. This was another missed opportunity to safeguard Sana and her children.
241. The officers recorded the incident onto a domestic abuse non-crime number as well as recording the details onto the WC392 log.
242. On **11 March 2011** at 15:15hrs a family support worker contacted the police on behalf of Sana to report domestic abuse. According to the family support worker, Sana had told the police officers who came out on 7 March 2011 that “her husband had been verbally abusive and threatened her with a knife.” The call was graded as domestic violence routine, requiring an officer to make contact with the caller within twenty-four hours.
243. The police record for 7 March 2011 makes no reference to Sana mentioning a knife. Either she did not mention this to the police officers or, if she did mention it, the officers failed to document it. It is not possible to establish the truth but the fact that Sana told another agency that she had reported this to the police suggests that she probably did tell officers about the threats but this was not recorded.
244. Due to the content of the call, officers were dispatched to Address 2. This was good practice. The police were not able to make contact with Sana until the following day. The officer who attended (PC1) established a good rapport with Sana, documenting on the WC392 log that Anwar was emotionally and financially abusive towards her and had made threats to kill her. The log records that, *“Sana wants to leave her husband but is afraid to do so in case he gets angry. She doesn’t know who to turn to for help as she relies on him financially. He (Anwar) is emotionally abusive towards her, accusing her of having an affair*

*with his eldest son (from his first marriage) and is always being rude to her, saying that she is useless and he will kill her. She (Sana) genuinely fears for her and the children's safety."*

245. The log was reviewed by the duty Sergeant who requested that officers bring Sana to Wolverhampton Central Police Station in order to speak with her without the risk of Anwar turning up. This response recognised the need for further investigation. However the officers that were dispatched do not appear to have been sympathetic to Sana. The WC392 log records that *"as it was unclear why the IP (injured party) had contacted the police, officers have asked what she wishes to get from calling us to which the IP replied I want my husband out of the house and have his benefits"*. When the officers took Sana and the children back home they noted a "for sale" sign outside the address, which raised the officers' suspicions regarding Sana's motive for contacting the police. *(Author's note: The officers seem to have assumed that Anwar and Sana owned Address 2. It does not appear that this was the case. When Sana applied to be rehoused in 2014, her application stated that Address 2 was a privately rented property.)* The officers recorded that, *"It is felt that the IP (injured party) is using the police as a go between in order to make the IP look good when it comes to a settlement. It is clear that this is an abusive relationship with the husband verbally abusing the IP due to alcohol addiction and the IP is unsure whether she should leave her partner or not. She has been classed as standard risk due to this and no sig warning marker has been placed on the address."* The officers also recorded that they had liaised with the Public Protection Unit and completed police intelligence checks, however no concerns were raised as a result of the checks to suggest that they should raise the risk from standard to medium.
246. As set out previously, a standard risk was incorrect. Sana should have been graded as either medium or high risk.
247. It is dangerous (and poor) practice for officers to make assumptions about a victim's rationale for making a complaint or seeking advice unless they have evidence or intelligence to support their opinion. The information recorded by PC1 appears to have been completely disregarded by the second set of officers who dealt with Sana that day. Another opportunity was missed to safeguard Sana and her children, leaving Sana exposed to the risk of further abuse from Anwar.
248. On **9 January 2013** at 19:58hrs, Sana contacted the police stating there were children in the house and she had just been beaten up by her ex-husband who said that he wanted to kill her. Anwar had already left the property. The call was graded as an early response domestic violence incident (officers to attend within the hour) due to there being no immediate concerns for the welfare of Sana. This was appropriate. Sana informed the attending police that a verbal altercation had ensued when Anwar had been visiting the children. She 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". It is not clear if this was explored further with her. *(Author's note: Sana also reported this incident to the Primary School the following day, disclosing 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 will return and shoot her. She reported that he had physically assaulted her in the kitchen and she had bruising to her head, hands and upper arm. Given Anwar's previous behaviour and the consistency with the initial call to the police, it seems likely that this account is true but that for some reason, she changed her mind about what she wanted to disclose to the police when they arrived).*

249. No criminal offences were disclosed and a domestic abuse non-crime number was recorded. The incident was recorded onto a WC392 log and the DASH assessment was completed with Sana. She was graded as standard risk. As set out previously, this was incorrect. The referral was reviewed by BST on the 17 January 2013 and the incident was referred to the South West Locality Team for their attention.
250. On **8 March 2014** at 22:53hrs, Sana contacted police stating that her husband kept ringing her saying he was going to kill her. He would be arriving at her home address in half an hour's time and was drunk. The call was graded as domestic violence early response and Sana was told to call the police straight away if Anwar turned up. This was poor practice. This call should have been graded as an immediate response as Sana had stated that her husband was en route to her address, drunk, and was threatening to kill her.
251. A police officer attended Address 2. Sana 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 she stated no as he has made numerous threats to kill her over their thirteen-year marriage when drunk. The police officer was present when Anwar arrived with Asad Babar. Anwar accused Mohammed and Sana of having an affair, which they both denied.
252. After Anwar left, Sana told the officer that she had separated from Anwar because of his controlling behaviour, physical/verbal and alcohol abuse. The officer offered Sana advice regarding potentially obtaining a Non Molestation Order and gave her the details of a charity who might be able to help. This was good practice.
253. The officer completed a WC392 log and a DASH assessment. Sana was graded as a medium risk victim, the first police officer to correctly identify that this was not a standard risk (*Author's Note: without access to the DASH assessment, it is not possible to ascertain whether this should have been assessed as high risk although there are a number of factors which would point to that*). Although the medium risk assessment ensured that contact would be made with the Domestic Abuse Safeguarding Team to ascertain if further intervention was required, a high risk assessment would have led to a referral to the MARAC meeting on 24 March 2014.
254. The officer took out a Domestic Abuse Non Crime Number, however a criminal offence had been reported by Sana, that of Threats To Kill. The definition of Threats to Kill is: "A person who without lawful excuse makes to another a



threat, intending that that other would fear it would be carried out, to kill that other or a third person shall be guilty of an offence.” (Section 16 Offences against the Person Act 1861.) This means, that the person (Sana) does not have to believe the threat, however the person making the threat (Anwar) has to believe that the intended recipient does. As soon as the threat is made, this will give the police sufficient evidence to arrest on suspicion and allow the police to interview the suspect and investigate the matter. In relation to intent, this is not for the police to prove. If it is not admitted by the suspect, then it is for the courts and/or jury to prove through a criminal trial.

255. If the officer had recognised the Threats to Kill as an offence, they would have been able to arrest Anwar and potentially impose bail conditions upon him to offer further safeguarding for Sana and the children. Threats to Kill is often difficult to prove but the officer should also have considered whether the offence of Harassment had been committed. The definition of Harassment is “*A person must not pursue a course of conduct- (a) which amounts to harassment of another, and (b) which he knows or ought to know amounts to harassment of the other*”. (Sections 1 and 2 of the Protection from Harassment Act 1997). Intelligence checks on the various police systems would have revealed to the officer that this particular incident was not an isolated one which should have alerted them to record a crime number for Threats to Kill or Harassment rather than recording the incident as a non-crime.
256. If there was sufficient evidence to have charged Anwar with an offence (if not Threats to Kill, then Harassment), consideration could have been made to request a restraining order for Sana, thus offering her long term safeguarding support. Unfortunately this did not happen, which was another missed opportunity.
257. The referral was reviewed by a sergeant from the domestic abuse safeguarding team within the Public Protection Unit and allocated to an officer to follow up. The officer contacted Sana on **14 March 2014**, on her mobile phone and discussed a number of safeguarding options with her. The officer texted Sana further information about Non-molestation Orders with Sana’s agreement, which was good practice, and referred her to The Haven and IDVA (Independent Domestic Violence Advisers), also with Sana’s consent.
258. Sana was advised to not let Anwar into the house. (*Author’s note: it is not clear whether Anwar’s ongoing contact with his children at Address 2 was explored and how Sana should manage this.*)
259. A SIG marker was requested to not only ensure a quick response to Sana’s address, but to inform officers of the history of domestic abuse. This was appropriate. The referral was screened by BST with a recommendation being made for Children’s Services to consider undertaking an Initial Assessment.
260. This was the last contact the West Midlands Police had with Sana until they were called to the murder scene on **29 March 2014**.

## **ROYAL WOLVERHAMPTON TRUST**

### **Summary of involvement**

261. The Royal Wolverhampton Trust had both outpatient and in-patient contact with Sana and Anwar.
262. The major health contact for Sana was obstetric. Royal Wolverhampton Trust provided antenatal care to Sana during all three pregnancies. Only her pregnancy with Zarak fell within the terms of reference for the review. There is no evidence that screening for domestic violence was carried out during this pregnancy.
263. Sana disclosed a history of domestic abuse to the health visitor in September 2011 and a further incident of abuse in January 2013. There is no record that the health visitor provided support and appropriate referral for Sana in relation to domestic abuse. There is no record of these disclosures being escalated.
264. The health visiting service was not able to make contact with Sana for more than five months between August 2012 and January 2013 with no escalation when contact could not be established.
265. Anwar was referred by Accident and Emergency to the Mental Health Crisis Team on two occasions due to chest pains linked to anxiety and suicidal thoughts.

### **Key events**

266. Sana received antenatal care from Royal Wolverhampton Trust from February 2011 to August 2011. The records of 4 April 2011 indicate that Sana did not attend the nurse screening appointment following her scan that day and the domestic violence question is blank. There is no record of routine domestic violence screening taking place at any subsequent antenatal appointments. On 22 August 2011 Sana gave birth to a male child, Zarak. Anwar was present and cut the umbilical cord.
267. Home visits by the midwife are recorded as routine and referral to the Health Visitor service was made within the 10-14 day standard. On the second visit, on 8 September 2011, Sana disclosed that she had separated from her husband in early pregnancy due to a history of domestic abuse. She reported 'fleeing to a refuge 2 years ago', but reunited with Anwar afterwards. She said that her husband was an alcoholic. The health visitor did not record that the perpetrator was having any contact at this point as Sana had said they were separated. There is no record of any support to deal with domestic violence being offered.
268. All baby clinic appointments were attended by Sana, with no record of Anwar being present.
269. The health visitor was invited to a Child in Need Meeting on 1 June 2012. Their role in the child in need process was to monitor the health development of Zarak. No health concerns were noted. Health Visiting support should have been discussed at a follow up Child in Need meeting on 20 June 2012 but there is no record of this happening.

270. There was an extensive period when the health visitor was unable to contact Sana from 13 August 2012 until 23 January 2013. This was while the children were subject to children in need/CAF plans but Children's Social Care were not informed of this period of no contact and it was not escalated.
271. On 23 January 2013, Sana told the health visitor that she wished to leave her husband after 'another incident of domestic abuse'. The Health Visitor made a follow-up telephone call to the Family Centre to ask for support for Sana. She reported that they were not together as a couple but that the children saw him for an hour a day. There is no record that the domestic abuse incident was discussed with Sana despite her contact with the perpetrator.
272. Anwar had contact with Royal Wolverhampton Trust, predominantly on an outpatient basis. He also had three inpatient episodes, two for orthopaedic surgery and one for chest pain.
273. In both July 2009 and September 2010, Anwar presented at the accident and emergency department (A&E) with a history of intermittent chest pain. His chest pain was thought to be anxiety in nature and he was referred to the mental health crisis team. Informal admission was recommended in July 2009. In September 2010 he was discharged back to his GP with a recommendation to increase the dose of his anti-depressant and to consider counseling.
274. In June 2012 at a cardiac clinic there is a record of Anwar stating he took little alcohol.

## **BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST<sup>27</sup>**

### **Summary of involvement**

275. The Black Country Partnership NHS Foundation Trust had contact with Anwar in 2009 and 2010. In July 2009, he was seen by the Mental Health Crisis Team at New Cross Hospital after expressing suicidal thoughts. He was admitted on a voluntary basis to Margaret Stanhope Hospital as there were no beds available at the Penn Hospital in Wolverhampton. Only demographic data was documented on the Initial Risk Screening / Triage Tool even though it is a requirement that this form is fully completed. It appears that no assessment of his risk to his partner and children was made during his contact with psychiatric services in 2009, despite the fact that Anwar disclosed that Sana had accused him of domestic violence and disappeared with the children.
276. It does not appear that Anwar's risk to Sana was assessed in September 2010 when Anwar again presented at A&E and expressed suicidal thoughts. It was

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<sup>27</sup> At the time of the contact in 2009 and 2010, the Black Country Partnership NHS Foundation Trust had not yet been formed. Services were provided by the Wolverhampton Mental Health Trust, the forerunner of the Black Country Partnership NHS Foundation Trust, and Margaret Stanhope Centre, a psychiatric service where Anwar was admitted in July 2009, as no beds were available in Wolverhampton. The IMR from Black Country NHS Foundation Trust covered Anwar's contact with both Wolverhampton Mental Health Trust and the Margaret Stanhope Centre.

recorded that he presented no risk to others. On that occasion he was discharged back to the care of his doctor without being admitted.

277. The Trust does not appear to have a clear approach to managing patients who may also be perpetrators of domestic violence or to assessing risk to their partners. This is of concern, especially given that a common situation for domestic homicide is homicide followed by suicide of the perpetrator.

### Key events

278. Anwar's first contact with mental health services was on 4 July 2009. He was seen by the Mental Health Crisis Team at New Cross Hospital after presenting at A&E with chest pains which were thought to be anxiety related. He said that his marriage had broken down after his wife alleged that he had assaulted her. He had been arrested by the police but then released. He returned home to find his wife and children had left him. Anwar had tried to find them without success. He expressed suicidal thoughts and staff recommended admission.

279. He was admitted to Margaret Stanhope Centre in Burton on Trent due to no beds being available at Penn Hospital. Only limited demographic data was documented on the Initial Risk Screening / Triage Tool even though it is a requirement that this form is fully completed. It appears that no assessment of his risk to his partner and children was made during his contact with the service in 2009, despite the fact that Anwar disclosed that she had accused him of domestic violence, she had disappeared with the children and he had been trying to find her.

280. Anwar was seen by the Mental Health Crisis Team on 28 September 2010 after being referred by A&E at New Cross Hospital for chest pain and anxiety and depression with suicidal ideation. He was seen for assessment and referred back to his GP. The risk assessment recorded the historical allegation of domestic abuse against Anwar from 2009 but concluded that he presented no risk to others.

## THE HEALTH CENTRE

### Summary of involvement

281. The Health Centre had extensive contact with the family, providing primary care medical services to all family members during the review period. The number of appointments for each family member were:

	2008 <sup>28</sup>	2009	2010	2011	2012	2013	2014	Total 09-14
Anwar	12	12	7	17	10	4	2	52
Sana		8	7	14 <sup>29</sup>	4	9	2	44

<sup>28</sup> Information for 2008 is only provided for Anwar, reflecting Terms of Reference

Mohammad		3	0	1	0	1		5
Mina		3	2	1	4	0		10
Zarak				6	3	1		10
		26 <sup>30</sup>	16	39	21	15	4	121

282. The majority of consultations were for fairly simple medical conditions such as head lice, common colds, coughs and itchy rashes. Anwar reported ongoing depression and was a frequent user of primary care services. Sana was also a frequent user of primary care services though a third of her appointments related to either routine contraceptive checks or her pregnancy with Zarak.

283. The GP was made aware of domestic violence by the police in 2011 but never explored it with Sana.

284. Sana had previously told the practice nurse that she was hiding her contraceptive pills from her husband as he wanted another child but she did not. This was not explored as a possible indicator of domestic abuse. When Sana became pregnant within a year, a further opportunity to explore domestic abuse was not taken. Routine screening for domestic abuse does not appear to have taken place during antenatal care.

285. The Health Centre does not have a domestic violence policy and appears to rely on the British Medical Association's Safeguarding vulnerable adults – a toolkit for general practitioners. Whilst this is a useful tool, its focus is not on addressing domestic violence. Sana would not have met the criteria to be recognised as a 'vulnerable adult' in place at the time, limiting agency responsibilities to 'safeguard' her. The new Care Act 2014 increases agency responsibilities to victims of domestic violence<sup>31</sup>.

### Key events

286. The practice was aware that Anwar experienced issues with depression and anxiety over a number of years. He experienced panic attacks following his marital separation in July 2009, which presented as chest pain. This led to admission to the Margaret Stanhope Centre and psychiatric evaluation. The GP issued him with sleeping tablets for anxiety/stress on 17 July 2009 and with anti-depressants on 21 July 2009 and 28 August 2009. He was discharged to the care of the GP after failing to attend two outpatient psychiatric appointments in August and October 2009. He presented with poor sleep and depression on 14 January 2010 and depression/erectile dysfunction on 28 April 2010. In September 2010 he was again referred to A&E with chest pain that was anxiety

<sup>29</sup> More than half of Sana's 2011 appointments were related to her pregnancy

<sup>30</sup> One appointment was for both Mina and Anwar

<sup>31</sup> The Care Act 2014 increases agencies' responsibilities to victims of domestic abuse and recognizes the overlap between safeguarding and domestic abuse. For more information see, *Adult safeguarding and domestic abuse: A guide to support practitioners and managers*

[http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180)

related. He attended his GP with depression and headaches on 26 May 2011, depression and chesty cough on 30 January 2012, for a depression review on 11 April 2013 and depression on 8 July 2013.

287. On 19 April 2010, Sana attended for a contraceptive pill check with the practice nurse. During the discussion Sana said that she did not want to have any more children and therefore she was hiding the contraceptive pill from her husband. Her husband wanted to have another baby. Contraceptive options were discussed but no action was taken. This consultation should have been discussed with a general practitioner as further exploration was needed to discover if any form of abuse was occurring. This situation was not reviewed or followed up with any other member of the practice. This was poor practice.
288. The West Midlands Police domestic abuse unit sent reports to the GP on 7 March 2011 and 11 March 2011 detailing domestic violence against Sana on these dates. These reports were read and acknowledged but there is no evidence that they were acted upon by the practice. Sana attended a midwife pregnancy booking on 27 April 2011 but there is no evidence that domestic abuse was explored on this or any other occasion.
289. On 18 April 2012, Mina presented with faecal soiling and enuresis. There was a background of family problems. The GP recommended referral to paediatrics which was prioritised following discussion with the duty assessment officer in Children's Social Care due to the history of domestic violence and in order to safeguard Mina.

## **WEST MIDLANDS AMBULANCE SERVICE**

### **Summary of involvement**

290. West Midlands Ambulance Service (WMAS) had limited involvement with the Sana, Anwar and their children. West Midlands Ambulance Service received four 999 calls to Address 2 between 1 January 2008 and 29 March 2014. No 999 calls to WMAS were received from Address 3. West Midlands Ambulance Service is only able to search for data by using addresses as a search criteria.

### **Key events**

291. On 28 September 2010 at 19:45:37 West Midlands Ambulance Service (WMAS) received a 999 call for a 52-year-old male with breathing problems. Ambulance resources were dispatched to Address 2 and Anwar was conveyed to New Cross Hospital Emergency Department where he was handed into the care of the Emergency Department staff.
292. On 11 December 2010 at 13:23 WMAS received a 999 call stating a four-year-old female had flu like symptoms, a temperature and a nosebleed. The patient's name was given as Mina Shah. A WMAS Response vehicle was dispatched and Mina was assessed in the presence of her mother (Sana). The mother did not wish to go to hospital and the child stated that she felt well. At 13:53:18 the responder informed Ambulance Control that the patient would be staying at home and there was no need for transport.

293. On 22 August 2011 at 13:28 WMAS received a 999 call for a 31-year-old pregnant female having contractions. A single solo ambulance resource was initially sent, arriving at 13:32:50. At 13:35:20 the solo responder contacted ambulance control to request backup and ask if a community midwife would be attending. At 13:44:49 the second Ambulance resource attended the address. From there this vehicle took the patient to New Cross Hospital Maternity Department who had agreed to accept the patient. They arrived at 14:11:38.
294. On 29 March 2014 at 15:56:40 a 999 call was received from West Midlands Police asking for an ambulance to attend a stabbing at Address 2. The victim was identified during the 999 call by the Police Incident Room as Sana Shah. At 16:01:46 the Police Incident room confirmed that no CPR was taking place. Ambulance control suggested that they contact their own police doctors to confirm death and advised they could call WMAS back if there was a problem. The Police Incident Room agreed and the call was ended at 16:01:27. No West Midlands Ambulance Service resources were sent to attend the incident.

## **SANDWELL WOMEN'S AID**

### **Summary of involvement**

295. Sana became a tenant at Sandwell Women's Aid on 25 May 2009 after reporting a long history of domestic abuse to the West Midlands Police the previous day. She left the refuge to return to Anwar on 11 November 2009.
296. During the period of her stay, the refuge had daily contact with Sana and her children. They provided a responsive and supportive service. Sana requested an Urdu speaking support worker and this was provided. She had regular meetings with her allocated Keyworker and her allocated Family support worker. Sana demonstrated positive engagement with the service, attending regular activities put on in the refuge.
297. When she came into the refuge, she presented high-level concerns. Wolverhampton Children's Social Services carried out an initial assessment, but as Sana and her children were safe in refuge and Sana was meeting the children's needs the outcome was not to refer the case to a social worker, but to close the case. At the time this was a justifiable outcome.
298. Sana was offered to complete the safe people programme, which helps to look at dangers in relationships, especially in light of her forming a new relationship with a work colleague and this progressing quickly while she was in the refuge. However she did not engage in this programme. Due to concerns around setting boundaries, bed time routine and healthy eating, Sana was referred on to the triple P parenting programme, however she left the refuge before this programme started.

### **Key events**

299. On 25 May 2009, Sana and her two children were admitted to a refuge run by Sandwell Women's Aid. The following day, she was introduced to the services at the refuge. One of the main concerns at the beginning was setting up

benefits. Sana had been working but it was not possible for her to continue to do so. The refuge supported Sana to set up her benefits although this took time and it emerged that she was partly liable for previous overpayment of child tax credit to Anwar. In the short term, she was given emergency provisions. She was also helped to open a bank account. A history of abuse was taken which recorded that Anwar had subjected her to physical, sexual, mental and financial abuse over many years.

300. On 29 May 2009, Sana said that she was settling into the refuge and starting to feel really happy there. The children had also settled well. On 7 June 2009 she said that she did not miss Anwar and had never felt so calm since being married to him.
301. On 5 June 2009, a man called Dave called the refuge, explaining he was a work colleague of Sana's. The refuge told him that they did not know who Sana was. He continued to call. On 7 June 2009, Sana told a refuge worker that he was a kind man from work but on 9 June 2009 she said that she did not want to speak to him. He was advised not to call again which he appears to have complied with. In August 2009, she advised her keyworker that she had formed a relationship with John and intended to marry him.
302. Throughout Sana's stay in the refuge, a number of issues regarding Sana's children were recorded. The family support workers provided help and advice in relation to parenting including potty training for Mina, who was still in nappies, discipline techniques and setting boundaries. The children's behaviour improved over time but Sana needed to be reminded on a number of occasions to supervise her children.
303. On 25 June 2009, Sana talked to the family support worker about the children having contact with Anwar. She was advised to discuss this with her solicitor and given an overview of a residency order. She raised this again on 17 July 2009. The family support worker discussed the importance of safety and advised her to discuss a plan with her solicitor. This was good practice.
304. By 26 June 2009, all benefits were in place and Sana was reported to be managing money well.
305. On 3 July 2009, Sana met with her keyworker to assess move-on needs. She indicated that she would like to be rehoused in Walsall. A homeless interview was booked for 9 July 2009 but then cancelled as Sana was unsure where she wanted to be rehoused. She continued to consider her future housing options with refuge staff during July and August 2009. On 20 August 2009 she completed a housing application for Walsall.
306. On 15 July 2009, Sana had an appointment with a solicitor regarding her plans to divorce.
307. On 2 August 2009 she told her key worker that she had formed a relationship with Dave and intended to marry him. She was advised not to rush into this and to wait until her divorce was settled first. A refuge worker discussed healthy relationships with Sana in a one-to-one session on 8 August 2009. Sana's keyworker arranged to do the safe programme with her on 17 August 2009 but



she did not engage. It is unclear what happened with regards to Sana's relationship with John.

308. On 27 August 2009, Sana received court papers from her husband's solicitor. A refuge worker advised her to take the paperwork to her solicitors. On 31 August 2009, Sana decided to change the solicitor handling her divorce. She told a refuge worker the following day that she was anxious about the court process and did not feel comfortable about being around her husband. She did not need to attend court in September 2009 as the case was adjourned but her anxiety about the forthcoming court case continued over the following weeks. She was encouraged to take up staff support to attend court.
309. On 9 October 2009, Sana told her keyworker that she was thinking of putting a hold on her divorce. She wanted to return to her husband in the future if he carried out his promise to change. She said she wanted to go back for the children. In a key work session a few days later she said she had not made a decision regarding divorce.
310. A refuge worker supported Sana to attend court on 28 October 2009. Anwar was present but did not try to approach her. The hearing was adjourned until 16 December 2009 for fact finding. Refuge staff checked on Sana and the children on 29 October 2009 following the court date. Sana was fine and the children were happily playing.
311. On 3 November 2009, Sana told her keyworker that she wanted to return to her husband. She said he had called and asked for forgiveness and said he would never behave the way he did again. She wanted to go back and give him another chance. The keyworker asked her to think about this and not rush into it.
312. The keyworker met with Sana again the following day to explore returning home. The keyworker explained the cycle of abuse, the power and control wheel and equality wheel again. Sana felt she understood this. She was adamant she would be returning home. The keyworker completed a safety plan with Sana so she knew who to contact and what to do if she was concerned or worried and explained that because Sana was returning home the refuge would need to do a referral into children's services.
313. The refuge manager also met with Sana on 4 November 2009 to discuss her decision. Sana talked about the pros and cons but said she had made up her mind to return. On 6 November 2009, the family support worker met with Sana to look at returning home including discussing schools. Sana was again advised that the refuge would need to make a safeguarding referral to Children's Social Care if she did return home.
314. 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. This was good practice.

## **THE HAVEN WOLVERHAMPTON<sup>32</sup>**

### **Summary of involvement**

315. The Haven had contact with Sana in 2011, 2013 and 2014.
316. The Haven has been unable to find the 2011 service referral form and risk assessment so information about contact with Sana in this period is limited.
317. In January 2013, Sana self-referred to The Haven. She was offered community support but declined the service. The short telephone risk assessment scored 12, and a number of high risks were identified. The case was closed in 2013 without notifying other agencies.
318. In March 2014, Sana was referred to The Haven by West Midlands Police. A DASH risk assessment was carried out on 20 March 2014, which scored 14. The case was not followed up due to staff sickness and interventions to protect Sana prior to the next MARAC meeting were not put in place.

### **Key events**

319. There are five recorded contacts on The Haven's OSKA database<sup>33</sup> during 2011. On 28 March 2011, Sana self-referred to The Haven, which operates a 24 hour helpline. Background history was recorded including Sana being threatened with a knife in 2009, a five-month refuge stay and continued abusive behaviour resulting in neighbours calling the police. Notes state that Sana is scared and wants to discuss her options.
320. On 1 April 2011, Sana was referred to The Haven's Community Team and placed on their waiting list. The Service Referral Form has not been located and The Haven is unable to explain what has happened to it. This is poor record-keeping. Re-referrals were made on 12 May 2011 and 27 May 2011 but there is no information about why and whether any actions were taken. The Haven's IMR author believes that support was not offered to Sana between 28 March 2011 and 27 July 2011 as support or advice was not recorded on the database. On 27 July 2011, telephone advice was given to Sana but there is no information about what she was advised.
321. On 23 January 2013, Sana self-referred to The Haven. The short (fifteen questions) telephone CAADA DASH risk assessment was undertaken and background information was gathered to help identify risk and signpost to appropriate services. The assessment identified the score as 12 and the worker indicated on the short risk assessment form that, in her professional judgment, the risk was very high. This was due to the presence of high risk factors including Anwar's substance misuse and his history of violence, including violence towards his first wife. In addition, the following triggers were identified that increased the likelihood of further risk – post separation attacks and threats

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<sup>32</sup> The Haven Wolverhampton is a charitable organisation that provides both practical and emotional support services to women, men and children who are affected by domestic violence and homelessness.

<sup>33</sup> The OSKA database is used by staff and volunteers to record contact with clients including name, date of birth, address, children's details, ethnicity, CAADA risk assessment, Mental Health, Offending History, Contacts for professionals and Next of kin.

since 2011; threats to kill; conflict over child contact arrangements (Sana said the last violent incident occurred two or three weeks ago when the children had been returned to her and Anwar wanted to stay. When she refused, she was threatened with a knife and violently attacked). The worker indicated on the CAADA DASH risk assessment form that she believed that a MARAC referral was warranted and that there were risks facing the children.

322. She was referred to The Haven's Community Team and allocated to a Community Support Worker on 25 January 2013. The Community Support Worker made contact with Sana on 29 January 2013 and offered her community support which she declined. It is not known why she declined the service and whether what she wanted differed from what was she offered.
323. It is not clear whether the worker suggested to Sana that a MARAC referral should be made. The case was closed without notifying any other agencies including Wolverhampton Children's Social Care. This was poor practice.
324. There is a reference in the Wolverhampton Children's Social Care records of 24 May 2013 that "Haven became involved during CAF process following further DV and harassment from father." There is no record of this in The Haven's IMR and it is unclear whether the error is in the records of Children's Social Care or The Haven.
325. On 14 March 2014, The Haven received a referral form from the police Public Protection Unit, identifying Sana as a medium risk. Contact was made after three attempts and a phone discussion took place on 18 March 2014 with the allocated keyworker (an IDVA). The keyworker identified that Sana was a high-risk victim and expressed feeling "alarmed". The keyworker believed that the police should have identified her as a high risk. At this stage the risk assessment was not complete and a face-to-face meeting was arranged. The keyworker gave an update to the Community Team manager.
326. On 20 March 2014, The Haven made arrangements for a different worker to meet with Sana as her keyworker was off sick. This was good practice. A risk assessment was completed, scoring 14, and her situation was identified as high risk. Refuge accommodation was offered however Sana declined it and a non-molestation order was discussed. The outcome of the meeting was not fed back to the Community Manager and the case file was left for the allocated worker to pick up. This was poor practice. The Haven do not appear to have procedures for picking up high risk cases if a staff member is off sick.
327. The keyworker returned to work on Monday 24 March 2014 but did not action Sana's case due to other work. On Wednesday 26 March 2014 the allocated worker identified the following actions to take forward:
  - complete the Multi Agency Risk Assessment Conference (MARAC) referral form and present it at the next MARAC meeting (on 7 April 2014);
  - make a Safe Home Scheme referral (formerly the Sanctuary).

328. The keyworker should have contacted the high risk IDVA at the co-located team but this did not happen. Sana was murdered before any further action was taken.

## **THE PRIMARY SCHOOL**

### **Summary of involvement**

329. The Primary School provided primary education to Mohammad from 16 January 2007, with the exception of the period in 2009 when Sana and the children were in the refuge run by Sandwell Women's Aid. Mina attended the school from 13 January 2010, when she was approaching her fourth birthday, until July 2010. Mina attended for a term at the Nursery in autumn 2010 but was again admitted to the Primary School on 5 January 2011.

330. The school had daily contact with Mohammad and Mina for school attendance. Contact with Sana was usually on a daily basis for the purpose of bringing her children to and from school. The school had occasional contact with Anwar for the purpose of bringing his children to and from school.

331. The school was aware of domestic abuse and offered limited support to Sana. The school described the post-separation relationship between Sana and Anwar as 'mutually convenient' despite awareness of post separation violence and threats to kill.

332. In the days before her death, the school was involved in discussions with Sana about changing child contact arrangements. Although the school recognised the potential for conflict, this did not trigger either a risk assessment or a referral. However it is unlikely that this would have resulted in action in time to save Sana's life.

333. The school referred concerns about the children to Wolverhampton Children's Social Care and played a role in the Child in Need and CAF processes.

### **Key events**

334. On 12 May 2011, the school received a query from social services but no further action was identified for the school.

335. On 7 March 2012, the school family support worker raised a number of medical concerns about Mina with Sana and asked Sana to take her to the GP.

336. The school made a referral to Wolverhampton Children's Social Care on 5 April 2012 due to concerns about the children, particularly Mina. Actions had previously been identified for the parents to carry out but the children continued to present with indicators for concern and the parents' actions appeared to lack urgency.

337. The school was involved in the resulting Child in Need and subsequent CAF processes, playing a monitoring role and attending Child in Need and CAF meetings. Mohammad was included in school based nurture group activities to create climate where he could share any concerns or wishes in a safe and familiar environment.

338. On 10 January 2013, Sana reported that the police had been called the previous night after Anwar had physically assaulted her and threatened her with a knife. The school brought the incident to the attention of the social worker and family support worker and school practitioners were made aware of family needs and the need to monitor the children for indicators of concern / harm. This was good practice.
339. The CAF was closed on 23 May 2013. At this point, the children were well-presented and achieving well at school and their attendance was good (97%). Sana was considered to have a network of support. The relationship between her and Anwar was described as 'mutually convenient', despite the school knowing there had been post-separation domestic abuse, including threats to kill. This suggests a lack of understanding of the dynamics of domestic abuse and the impact of coercive control and a lack of understanding of post-separation risk.
340. Following the closure of the CAF, the school was not aware of any further domestic abuse. It does not appear that the school proactively explored whether there was ongoing abuse with Sana.
341. On Thursday 27 March 2014, Sana arrived at school with a friend at approximately 3pm. She informed the school that she was going to serve divorce papers to Anwar and he would therefore no longer collect the children from school. The school suggested that until formal arrangements were made, Sana should collect the children from the school office. Although this showed an awareness of the potential for conflict, it does not appear that the school explored the risk of violence to Sana from changing contact arrangements. Even if they had done so, it is unlikely that a referral to the police or Children's Social Care would have led to action in time to save Sana as she was killed 48 hours later.
342. On Friday 28 March 2014, Sana told the school that she had spoken to Anwar and she had agreed to continue to allow him to have contact with the children. Sana was asked if she needed any support at this time, which was good practice. She declined and stated that she had legal representation that was supporting her.

## **WOLVERHAMPTON CHILDREN'S SOCIAL CARE**

### **Summary of involvement**

343. Wolverhampton City Council Children's Social Care first became aware of Anwar's abuse to Sana when the family was referred by West Midlands Police in May 2009. The severity of the abuse disclosed by Sana does not appear to have been fully acknowledged or analysed by social care.
344. There was poor decision making following this referral with a decision to initiate a S.17 investigation rather than Safeguarding Children Procedures; allocation of the case to an inexperienced worker; an inappropriate attempt to transfer the S.17 investigation to Sandwell Children's Social Care; an inadequate S.17

investigation with a report that lacked detail, failed to explore key issues and recommended case closure.

345. Children's Social Care deemed that no further action was required in response to further police referrals in March 2010 and April 2011, which included references to threats to kill. However, another referral on 19 April 2011 resulted in an initial assessment. The circumstances would have warranted a strategy discussion. The initial assessment did not adequately explore the abuse that Sana was experiencing, the impact on the children and future risks. Neither a MARAC referral nor child protection procedures appear to have been considered. The case was closed.
346. Another initial assessment was undertaken in April 2012 when the school referred concerns about the children. Again a strategy discussion would have been more appropriate. However the initial assessment was of a better quality and more detailed than previously and resulted in Child in Need plans for all three children and support for Sana. No intervention was put in place to deal with Anwar's alcohol abuse and mental health issues. The Child in Need plans lacked detail. Actions were subsequently taken forward under a CAF.
347. A police report of further threats to kill in January 2013 did not result in a strategy discussion of referral to MARAC.
348. The case was closed in May 2013 on completion of the CAF.

### **Key events**

349. On **27 May 2009**, Wolverhampton Children's Social Care received a referral via a WC392 log following Sana's report to West Midlands Police of extensive domestic abuse, which was taking place in the presence of their children. When asked by the police officer if he hit the children she said yes, but said the focus of the abuse was towards her. Sana also disclosed that he drank alcohol regularly and controlled all the finances. Police officers were reported to have attended the home address to speak to Mohammad, however he refused to speak to them and was deemed to be functioning as a 2/3 year old.
350. These concerns would have warranted a strategy discussion under Safeguarding Children Procedures between police and Social Care. Instead the duty manager decided to undertake an initial assessment under S.17 Child in Need Procedures. The decision to conduct an initial assessment and not initiate Safeguarding Children Procedures appears to be based on the knowledge that Sana and the children had been supported by the police to move into a women's refuge.
351. The case was allocated to a Family Support Worker who had limited experience and no formal training to fully understand the impact of domestic violence. This was poor practice. This has now changed and all social care cases are allocated to qualified social workers.
352. There was a delay in completing the initial assessment as Wolverhampton referred the case to Sandwell Children Services to conduct the initial assessment on the basis the family had moved to their area. This was an inappropriate referral. The normal practice between local authorities is for the

authority where the family is ordinarily resident to retain case responsibility until the family has obtained a permanent residence in the new area. Residence in Sandwell was a temporary arrangement and the family remained Wolverhampton's responsibility. The referral was declined by Sandwell.

353. The initial assessment was completed by the allocated Family Support Worker on 9 June 2009 by a single visit to the family at the refuge. The initial assessment report lacks detail. It does not provide any insight into family life, the concerns have not been fully explored with Sana and the risks have not been adequately analysed to enable appropriate interventions, safety plans and decisions to be made. The initial assessment recommended case closure, which was supported by the duty manager on the basis that Sana and the two children were now resident in Sandwell and she was seeking advice in regards to divorce proceedings. The worker/manager disregarded the fact that the refuge placement was a temporary arrangement and that Sana may return to her husband, especially given cultural pressures and expectations. A Child in Need plan to gain a deeper understanding of family functioning and provide a support package or stepping down the case to Early Help processes would have been more appropriate.
354. There is no record of any action arising from the phone call that Sandwell Women's Aid stated that they made on 11 November 2009 to inform Children's Social Care of Sana's decision to return to Anwar.
355. There was no further involvement from Children's Social Care until **30 March 2010** when another police referral was received following a further report of domestic abuse at the home address. The information was logged as an enquiry by Children's Social Care after being screened at the joint screening meetings attended by police, social care and health who deemed this incident as Barnardos Scale 2 and not requiring further action. This decision seems to have been influenced by police information that Sana had reported that Anwar had moved out. It does not appear to have taken into account the previous history of violence, the reported threats to kill and the risk of post-separation violence. A further assessment at this stage would have been more appropriate to explore the threats to kill and other concerns in more depth and their impact upon the children.
356. Children's Social Care recorded an enquiry on **05 April 2011** following a WC392 from the police. This was another opportunity to undertake an assessment to gain more insight of this family situation and put in place safety measures to safeguard the children and Sana. The police had recorded the incident as a verbal argument and assessed the risk to be standard. The information had been screened at the Joint Screening meetings between partner agencies where no further action was agreed.
357. There were clear risk factors that appear to have been overlooked by the agencies. Neighbours had heard a female screaming and banging; Sana disclosed that the arguments were more frequent and that her husband drank excessively. She was isolated from family and her husband controlled all the finances. It is not clear whether the joint screening meeting was aware that

Sana was pregnant, a recognised higher risk period. There is no consideration given to the impact of the exposure to domestic violence upon the children.

358. Following another police referral dated **19 April 2011**, a duty manager decided to undertake an initial assessment. This would have warranted a strategy discussion with the police to consider initiating child protection procedures:
- Sana was reporting threats to kill with a knife;
  - there had been numerous referrals to the police and social care;
  - Anwar's had previously been convicted of assaulting Sana;
  - she was pregnant:
  - physical and emotional abuse was ongoing;
  - Anwar was reported to be drinking alcohol every day;
  - Sana was genuinely fearful for her and her children's safety.
359. Both the police and Children's Social Care failed to consider referring the matter to MARAC or initiating child protection procedures. If this process had been followed it would have given the opportunity for all agencies to share information; discuss the risk factors in detail and to put in place a multi-agency safety plan and refer for specialist support.
360. The initial assessment completed by the social worker as a result of this referral is brief and lacks detail. It provides little further information than the previous initial assessment that had been completed in May 2009 and no risk assessment has been applied to understand the level of risk to Sana and the children. There is no recognition of the risks of domestic violence upon the unborn child. The assessment does not draw on the extensive research available on domestic violence. The initial assessment recommended the case should be closed on the basis that Sana had been referred to the Haven Community Support and had declined to go into a women's refuge. The assessment describes the children as "too young to express an opinion", however Mohammad was 7 years old and Mina was five at the time and would have been able to verbalise their experiences of family life. Anwar was not included in the assessment and it is unclear whether he was still part of the household. There is no consideration given to addressing his alcohol abuse and possible mental health issues.
361. Once again there was an opportunity here to have remained involved with the family under an Early Help Assessment and Plan or a Child in Need Plan and conduct a more thorough core assessment and implement earlier interventions to safeguard and support Sana and the children.
362. A further initial assessment was completed following the referral from the school in **April 2012**. A strategy discussion/meeting with the police and health should have taken place to consider initiating child protection procedures and progressing to an Initial Child Protection Conference. There is clear evidence of inadequate parenting, threats of physical abuse towards Mina and the children experiencing emotional and physical difficulties.



363. This initial assessment was more detailed than the previous assessments and involved separate interviews with Anwar, Sana and the two older children. The assessment recognised the longevity and severity of the abuse and the impact it was having upon the children and Sana. The assessment recommended the children were made subject of Child in Need Plans and that a comprehensive core assessment should be completed.
364. The case at this point was transferred to an area team in line with internal department protocols and allocated to a social worker to progress the case under Child in Need procedures.
365. There is evidence of support and monitoring under Child in Need planning and three CIN meetings were held. However the CIN Plans lacked detail and were vague and the actions were not outcome focussed or time bound. Whilst it was recorded that good progress was being made it was unclear how Mohammad's and Mina's emotional and physical difficulties had been addressed, or the outcome of the GP referral to the paediatrician for Mina. The continuing risk of post-separation violence from Anwar was not adequately addressed.
366. During the assessment Anwar made reference to spending time in a psychiatric unit previously. Despite this information and the knowledge of alcohol problems no contact was made with adult mental health or addiction services to establish whether there had been previous or ongoing involvement/treatment. This should have happened.
367. There is no evidence of further activity with the family by the allocated worker after the CIN meeting held on 06/09/12, although the case did not close to the team until 04/02/13. It is unclear why the core assessment was never written up. The manager's decision to de-escalate the case to a CAF was likely to have been informed by an assessment but this was not written up. This issue was not robustly followed up by the manager through supervision. Unfortunately the manager in question is not currently available to gain further clarification.
368. Support and monitoring continued to be provided by the family support worker under the CAF process. The focus was on the direct work with Mina and Mohammad, and Sana completing the Freedom Programme.
369. During this process, case records by the Family Support Worker reported sightings of Anwar outside the home and regularly visiting the home. Following the domestic violent incident in January 2013 there is no record of this information being discussed with the Locality Team where the case was still open. This incident involving threats with a knife and Sana sustaining bruising should have escalated the case back to Social Care. The incident is likely to have been discussed at the joint screening meetings with the police. A strategy discussion between Police and social care should have taken place to properly analyse the risk factors. Consideration should have been given to initiating child and adult safeguarding procedures and referring the case to MARAC.
370. The CAF 'Team around the family' agreed the case to be closed in May 2013 on the basis that Sana had completed the Freedom Programme and had demonstrated learning from this to protect herself and the children; direct work

had been completed with the children and they were making good progress at school and health needs were being met. It was recorded that Sana was receiving support from The Haven in regards to obtaining a non-molestation order but this was not the case according to The Haven. It is unclear where this information came from. This was the end of Children's Social Care's involvement until Sana was murdered.

## **THE CHILDREN'S CENTRE**

### **Summary of involvement**

371. The Children's Centre was involved with Sana and her children from 15 March 2013 until Sana's death.
372. The Family Support Worker at The Children's Centre became involved in March 2013 through the Common Assessment Framework (CAF) being carried out by the Family Centre (part of Wolverhampton Children's Social Care).
373. Sana and Zarak regularly attended Stay and Play sessions held twice a week from 9 May 2013 to 24 March 2014. Sana also attended a Nurturing Programme and a session on Nail and Beauty care.
374. Following closure of the CAF, the Family Support Worker completed a Case Closure form on 2 July 2013. This followed a meeting the same day in which Sana had disclosed Anwar's past threats to kill her. Although the Family Support Worker did not see this as an open case, she continued to have contact with Sana. These contacts were instigated by Sana seeking help obtaining a divorce under Islamic Law. When it became evident that Anwar would prevent this, Sana then sought support from to gain an 'English' divorce.
375. There is no evidence to show that the Family Support Worker had expertise in Islamic divorces or that she discussed the case with her senior managers or that any issues regarding domestic violence and risks posed to Sana by Anwar were escalated to managers.
376. The Children's Centre does not have a domestic violence policy. This is of concern given that the nature of their work with families means that they are likely to have extensive contact with parents and children who have experienced domestic violence.

### **Key events**

377. The March 2013 CAF meeting decided to recommend that Sana take Zarak to a stay and play group at the Children's Centre. On **2 May 2013**, the allocated Family Support Worker from the Children's Centre visited Sana at home and arranged to attend the first stay and play group with her. This was good practice. From 8 May 2013, Sana regularly (twice-weekly) brought Zarak to the Stay and Play sessions.
378. During a home visit on **2 July 2013**, Sana told the Family Support Worker that Anwar had made threats in the past saying he would kill her. Sana said that she did not need any support from the Children's Centre. The Family Support

Worker told Sana to call the Children's Centre at any point in the future if she felt she needed support. It appears that information about the threats was not discussed managers at the Children's Centre or any other agencies. The Family Support Worker completed a Case Closure form and closed the case file.

379. Despite the case closure, the Family Support Worker's contact with Sana continued. These contacts were instigated by Sana seeking help in obtaining a divorce under Islamic Law. Sana asked for a letter to the Chairman of the Mosque in Birmingham on **16 July 2013**. A draft letter for Sana to sign was produced by the Family Support Worker on 18 July 2013. A further letter to the Chairman of the Mosque was requested on **19 September 2013** and there is a record that it was posted and a copy left for Sana on 11 October 2013. It does not appear that the Family Support Worker was an expert in Islamic divorces and did not seek advice from another organisation with such expertise.
380. On **20 January 2014**, the Family Support Worker provided advice, information and support regarding domestic violence to Sana. It is unclear what triggered this. The Family Support Worker visited Sana the following day. Sana showed her a copy of the statement that Anwar had written to the Chairman of the Mosque in Birmingham stating that he did not want a divorce and he had previously had a happy marriage with his wife. The statement was quite lengthy. 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 in response and drafted the letter on Sana's behalf. Again, expert opinion on the process of Islamic divorces was not sought.
381. During the visit Sana disclosed that Anwar had threatened to stab or shoot her many times in the past. Sana was advised to call the police if Anwar came around being abusive and Sana agreed that she would. In an interview as part of this review, the Family Support Worker said that Sana was 'blasé' when talking about these threats. This was recorded in the case file but there is no evidence to show that the information was shared during Supervision sessions with the Family Support Worker's Line Manager or during Reflective Practice sessions.
382. The Family Support Worker helped Sana to fill in forms for an English divorce, which Sana said she had received in December, and called Sana's solicitor to clarify some of the questions relating to a change in contact arrangements after the divorce. 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.

## **WOLVERHAMPTON HOMES**

### **Summary of involvement**

383. Both Anwar and Sana submitted applications for housing, in October 2011 and February 2014 respectively. Anwar's application was cancelled in November 2012 due to him not re-registering it. Sana was murdered before her application could be progressed.

### **Key events**

384. Anwar submitted an application for housing in his sole name in October 2011. The method used to submit the application (i.e. in person or by post) is not known. The application was registered from Address 3, which was referred to as a privately rented property. Anwar's housing application was cancelled in November 2012 due to him not re-registering it.
385. Sana submitted an application for housing in her sole name to Wolverhampton Homes in February 2014. The method used to submit the application (i.e. in person or by post) is not known. The application was registered from Address 2, which was referred to as a privately rented property. The following were noted as being present in the property and needing re-housing with Sana:
- Mohammad Shah (aged 10)
  - Mina Shah (age 8)
  - Zarak Shah (aged 2)
386. There is no information on any system (paper or electronic) to indicate that either Sana or Anwar had any contact with Wolverhampton Homes over and above submitting the application forms.
387. Wolverhampton Homes was not aware of any allegations of domestic violence. There was no contact with any other service in relation to either Sana or Anwar. Sana had indicated on her housing application that someone within the family was receiving support from a social worker but did not indicate which member of the household was receiving the support, for what reason or who the social worker was.

## **Section Six: ANALYSIS AGAINST TERMS OF REFERENCE AND CONCLUSIONS**

### **Each agency's involvement with Sana, Anwar, Mohammad, Mina and Zarak**

388. Each agency provided an individual chronology setting out contacts with their agency and subsequent actions. These were merged into a complete chronology, which was considered by the Panel. A Narrative Chronology is set out at Section 4 and key events for each agency are set out in Section 5.

### **Awareness of Anwar's alleged violence against his previous wife**

389. The only agency that appears to have been aware of Anwar's alleged violence to his previous wife was The Haven. Notes taken from the service referral form dated 10 and 23 January 2013 indicate that Anwar had perpetrated domestic violence against his first wife. This information was provided to The Haven by Sana.

390. The Haven recognised that offenders with a history of violence are at increased risk of harming their partner. This influenced The Haven worker's judgement that the risk to Sana was very high. However, when Sana declined the service offered by The Haven's Community Team, this information was not shared with any other organisation despite concerns that the children might be at risk.

391. During West Midland Police's investigation into Sana's murder, Anwar's first wife stated that the marriage had been "fairly happy". She said that Anwar physically assaulted her once when, during an altercation regarding his brief affair in Pakistan, he had thrown her onto a sofa and began punching her several times to the head. This was not reported to the police. It is not known whether the police explored other types of controlling and abusive behaviour in their interview with Anwar's first wife.

### **Communication and information sharing between services**

392. There was good communication and information sharing between services on a number of occasions. For example, the Primary School shared concerns about the children with Wolverhampton Children's Social Care. The police made referrals to Wolverhampton Children's Social Care following police contacts with the family in relation to domestic abuse although these do not always appear to have been timely. The police also notified the GP about domestic abuse and made a referral to The Haven. Sandwell Women's Aid notified Wolverhampton Children's Social Care when Sana decided to leave the refuge and return to Anwar. Margaret Stanhope Centre and Wolverhampton Mental Health Crisis Team discussed concerns about Anwar during his period of home leave.

393. However there were also gaps in communication and information sharing:

- The Health Visitor did not inform Children's Social Care when they were not able to make contact with Sana over a period of five months during the period of the children being the subjects of Child in Need Plans and then CAF;
- The Haven did not notify any other agencies when they identified that Sana was potentially at high risk and had decided to decline their offer of services and that the children needed to be safeguarded;
- Margaret Stanhope Centre did not seek to establish the nature of the domestic abuse allegations against Anwar or take this into account in their decision-making. Instead they took his account that there was no evidence against him at face value and did not explore his potential risk to Sana and his children. This affected the subsequent assessment by mental health professionals of his risk to others;
- The practice nurse did not share information regarding Sana hiding contraceptives with the GP;
- 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;
- Wolverhampton Children's Social Care did not communicate with either adult services or mental health service in regards to either the victim or the perpetrator.
- 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 dated 17/01/13 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 a referral to MARAC would have ensued. In police interviews following the murder, Sana's children said that Anwar would ring Sana during the night and say that he was coming to shoot her.

**Delivery of services (including professional standards; domestic violence policy, procedures and protocols; safeguarding children/adults policy, procedures and protocols)**

394. There are examples of both high quality service delivery and of occasions where professional standards were not met and policies and procedures were not followed.

Professional standards

395. Sandwell Women's Aid provided a supportive, responsive professional service to Sana, helping her secure benefits, open a bank account, begin divorce proceedings and plan her rehousing. They also supported her to improve her

parenting including setting boundaries with her children and potty training Mina.

396. The immediate presenting health issues of all family members were largely treated effectively by health professionals. However there was a failure by both the Health Centre and Royal Wolverhampton Trust to explore domestic abuse.
397. There were a number of other occasions where expected standards were not met and processes and policies were not followed:
- The quality of initial assessments by Children's Social Care was inadequate in both 2009 and 2011.
  - The Mental Health Initial risk Screening/ Triage Tool and the Psychiatric Assessment Proforma were not completed when Anwar was admitted to the Margaret Stanhope Centre;
  - Risk assessment by the West Midlands Police was poor (this is discussed below);
  - Risk assessment through the BST was also poor.

#### Domestic Violence Policy, Procedures and Protocols (including MARAC)

398. 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.
399. Sana had informed the Health Centre that she was hiding her contraceptive pills from Anwar. The police had informed the Health Centre about domestic abuse in the relationship. The Health Centre was involved in Sana's antenatal care. Pregnancy is recognised as a higher risk period for domestic violence<sup>34</sup> and screening can help to ensure victims receive specialist support. Yet domestic abuse was never explored with her. This may reflect a lack of knowledge and understanding of the positive role primary care services can play in responding to domestic abuse. The Health Centre does not have policies and procedures for DASH risk assessment and risk management for domestic violence.
400. 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.
401. At the time of their contact with Anwar, the Black Country Partnership NHS Foundation Trust did not have a domestic violence policy in place. This has since been rectified. However there is scope for further exploration of their role in protecting victims of domestic abuse when they are treating patients who are alleged abusers.
402. Royal Wolverhampton Trust was involved in providing both ante-natal and post-natal care for Sana. As set out previously, pregnancy is recognised as a higher

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<sup>34</sup> Lewis et al, 2001, *Why mothers die*

risk period for domestic violence.<sup>35</sup> 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. She also told the health visitor of an assault accompanied by threats to kill in January 2013. However Sana was not referred to specialist services. It appears that the risk of post-separation violence including during child contact was not recognised and addressed.

403. The Trust does not have a current specific policy for domestic violence but there is guidance for domestic abuse. The policy, procedures and training are currently under review to reflect the NICE guidance. The Trust employs a Named Children's Nurse for Domestic Abuse and appointed an Independent Domestic Violence Advisor (IDVA) in July 2014 who is delivering a training programme to health staff. The Trust has also created a bespoke domestic abuse website on the intranet.
404. There were numerous opportunities for West Midlands Police to consider referring Sana to MARAC. As set out in Section Four, 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. Officers may have considered that Sana's admission to a refuge run by Sandwell Women's Aid reduced the need to undertake a risk assessment.
405. On the next three occasions where threats to kill were reported, the assessment was standard risk. This was incorrect. There is evidence that some of the questions on the DASH risk assessment completed by the police in March 2010 had been incorrectly scored. Only on 8 March 2014, three weeks before Sana's murder, did the police recognise that she was not a standard risk victim. As set out previously, there is insufficient information available to confirm whether the level 'medium' that was applied on this occasion was correct. 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.
406. 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.
407. Due to staff sickness, process failures and capacity issues<sup>36</sup> in dealing with staff absence, The Haven did not progress their high-risk assessment in a timely manner and another opportunity to implement safeguarding measures was missed.
408. There were also numerous opportunities for Wolverhampton Children's Social Care to consider referring Sana to MARAC. Children's Social Care appear to have considered that the fact that Sana was separated in 2011 and 2012 meant

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<sup>35</sup> Lewis et al, 2001, *Why mothers die*

<sup>36</sup> Staff numbers at The Haven had been reduced following funding reductions.



that she was less at risk. In fact, separation is recognised as 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. Instead the risks to Sana appear to have been downgraded and not addressed with the seriousness that they deserved. It appears that social care workers did not apply risk assessment tools to enable them to recognise the level of risk and apply the correct thresholds for intervention.

409. The role of the BST joint screening meetings between police, Children's Social Care and health is to help safeguard children who were/are exposed to domestic abuse. The BST meetings, which 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.
410. All frontline workers and managers in Children's Social Care are in the process of receiving the CAADA Risk Identification Training which will give them the tools to undertake risk assessments in relation to domestic violence and understand the processes for making referrals to MARAC.
411. West Midlands Police's approach to risk assessment was criticised by Her Majesty's Inspectorate of Constabulary.
- "The approach to risk assessment is fragmented, leading to confusion, and the force cannot be confident that all victims are consistently getting access to the services they need from the police and partners."
412. When Sana left the refuge to return to Anwar in November 2009, Sandwell Women's Aid notified Children's Social Care due to their concerns about the children. Sandwell Women's Aid was part of a co-located team, SOADA (Sandwell organisation against domestic abuse), and all refuge clients were referred into an IDVA who assessed the need for the case to go to MARAC. A MARAC referral does not appear to have been considered for Sana. Refuge staff now have their own established links with MARAC and attend to contribute to high risk cases. Since 2009, the refuge has developed more comprehensive exit plans and clients would now be referred to IDVA services/MARAC as well as children's social care.

#### Safeguarding Children Policy, Procedures and Protocols

413. The police notified Wolverhampton Children's Social Care of Sana's report of historic abuse in May 2009 and of all subsequent callouts. This is standard practice when there are children in the household. However there were often gaps in time between the police call out to incidents and social care notification (for example the incident of 7 March 2011 was not recorded by Children's Social Care till 5 April 2011; the incident of 11 March 2011 was not recorded by Children's Social Care until 19 April 2011). The reasons for the delays between

police involvement and social care recording that they had been notified are thought to be due to the police assessing incidents as standard risk which resulted in a lack of urgency. No time restraints were placed on the Public Protection Unit/Joint Screening in making referrals to Children's Services at this time. If there were serious concerns for the welfare of a child(ren) then a referral would be made direct to Children's Services rather than waiting for the case to be discussed at Joint Screening. The referrals in relation to the Shah family are likely to have filtered through to social care through the joint Barnardos meetings. Joint screening now takes place twice weekly thus ensuring that any concerns for the welfare of children are addressed quickly and preventing a backlog of cases building up.

414. Two police notifications, in May 2009 and the second alert in April 2011, led to Children's Social Care initiating initial investigations. Both of these investigations resulted in case closure.
415. Children's Social Care do not have a record of being alerted to the police callout of 8 March 2014, which related to repeated threats to kill, harassment and accusations that Sana was having a sexual relationship with another man. This was rated as medium risk (and may have justified high risk). It is possible that prompt referral to Children's Social Care may have led to a strategy discussion although responses to previous referrals make this far from certain.
416. 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.
417. 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.
418. Practices in Children's Social Care have already changed in a number of ways. Initial and core assessments have been replaced with a more robust single assessment. Social workers receive better support during the process of the assessment. Data cleansing work and regular case file auditing takes place to quality assure the assessments and plans for children, and ensure all open cases have completed assessments/plans in place. All frontline workers and managers are in the process of receiving the CAADA Risk Identification Training. All the social work units have received information on the expectations around cases discussed at MARAC and processes for making referrals. The Over-Arching Domestic Violence Protocol and Guidance has been approved on behalf of the Safeguarding Policies and Procedures Group and a full-scale launch event is planned to disseminate this policy to internal staff and partner agencies.
419. The Health Centre referred Mina to a paediatrician on 18 April 2012 due to faecal soiling and enuresis. Due to the background of family problems this case

was later discussed with the duty assessment officer and it was decided to speed up referral to paediatrics in order to safeguard the child.

420. As mentioned previously, Sandwell Women's Aid notified Wolverhampton Children's Social Care when Sana decided to return to Anwar with the children.

#### Safeguarding Adults Policy, Procedures and Protocols

421. *No Secrets* (2000)<sup>37</sup> guidance places a responsibility on agencies and the professionals working for those agencies to safeguard adults who are deemed vulnerable, 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”.

422. 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 underpins safeguarding adults policy.
423. Although Children's Social Care suggested that, in hindsight, they should have considered referring Sana under Safeguarding Adults procedures, it is unlikely that she would have met the threshold for intervention.
424. *Authors Note: Part of the difficulty here may be that the terms 'vulnerable' and 'safeguarding' do not necessarily mean the same thing to different agencies and professionals. Whilst Sana may have been 'vulnerable' due to her isolation, the impact of the abuse and harassment and the ongoing threats to kill, she did not meet the criteria for a 'vulnerable adult' required for a safeguarding adults intervention. The fact that the only training that many professionals receive on domestic violence is as part of safeguarding adults training is likely to compound this confusion.*

#### **Response to referrals**

425. As in other areas of the analysis, there is a mixed picture in relation to agencies responding to referrals. There were occasions when referrals were dealt with quickly and effectively resulting in good quality service delivery, for example when West Midlands Police referred Sana to Sandwell Women's Aid and when A&E referred Anwar to the Mental Health Crisis Team due to his suicidal thoughts, resulting in his admission to Margaret Stanhope Centre.
426. 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;

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<sup>37</sup> 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

- The GP did not explore domestic abuse with Sana after they were informed of alleged assaults and threats to kill while Sana was pregnant;
  - 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;
  - There were repeated failures to recognise the risks posed to Sana and ensure that interventions were put in place to protect her.
427. The first two initial assessments by Wolverhampton Children's Social Care (in 2009 and 2011) lacked detail, did not investigate the concerns sufficiently and failed to draw out the particular vulnerabilities and cultural issues that increased the risk for Sana. The lack of risk assessment and analysis resulted in inadequate decision making to safeguard the victim and her children. There is no evidence of information sharing with adult services such as addiction and mental health services. The case was closed on both occasions.
428. Wolverhampton Children's Social Care received information about threats to kill Sana in March 2010. This information was logged as an enquiry by social care when it should have been taken as a referral. This information should have been taken in context with the historical information highlighting that Sana had returned to an abusive relationship and domestic violence was still ongoing. The perpetrator was removed from the family home for a few days by the police. This was a short-term solution and needed further investigation and assessment.
429. These earlier referrals/enquiries also evidence a lack of consideration of offering support at a lower level via a CAF. Police and social care could have recommended a CAF and support via a 'Team around the child/ren' to support this family, given Sana was self-referring and asking for help. This was not done.
430. The enquiry recorded by social care on 5 April 2011 following the WC392 log from the police was another opportunity missed to undertake an assessment to gain more insight of this family's situation and put in place safety measures to safeguard the children and Sana. The police have recorded the incident as a verbal argument and assessed the risk to be standard. Again the information had been screened at the joint screening meetings between partner agencies and no further action was agreed. There were clear high risk factors in the police log that appear to have been overlooked.
431. In regards to the referral from the police to Children's Social Care dated 19/04/11, a decision was made by a duty manager to undertake an initial assessment. However there are clear child and adult safeguarding issues that have not been adequately considered and on reflection would have warranted a strategy discussion with the police to consider initiating child protection procedures. The police and social care failed to consider referring the matter to MARAC or initiating child protection procedures. If this process had been followed it would have given the opportunity for all agencies to share information; discuss the risk factors in detail and to put in place a multi-agency safety plan and refer for specialist support.

432. A further opportunity was missed when a decision was made by Children's Social Care to close the case without a core assessment. Decisions at this point were made without an informed and professional approach. In line with the Framework for Assessment of Children and Families 2000 a core assessment should have been completed to gain a comprehensive understanding of the family history and functioning, to explore parenting capacity of both parents and their own needs as well as the needs of the children and implement appropriate interventions. There is no evidence of information sharing with adult services to obtain information in relation to the perpetrator's own needs and support for him.
433. The victim was referred to the Haven on several occasions however there appears to be limited information sharing between social care and this agency to clarify how she was engaging with them and what support she was accessing.
434. There is no evidence of Children's Social Care practitioners applying any risk assessment tools or research to gain a comprehensive understanding of the family functioning, the level of risks and impact of domestic violence to inform decision-making.
435. As set out previously, most police risk assessments were flawed. Risk assessments were completed on all but one occasion by the West Midlands Police. Three out of the four risk assessments undertaken rated Sana as a standard risk victim despite the previous history of abuse and the presence of a number of high risk factors. A SIG marker was not placed on her address until 14 March 2014.
436. Since December 2009, West Midlands Police has undertaken a comprehensive domestic abuse safeguarding training programme for all police officers. When the DASH policy was re-launched in February 2011, public protection staff presented it to every response team to ensure they understood its purpose. Further training in relation to domestic abuse, child abuse, child sexual exploitation, honour based violence, female genital mutilation and human trafficking was provided to all sergeants and inspectors between October and December 2013. All policies and procedures that are in place for domestic abuse are readily accessible on the internal West Midlands Police website. All police officers currently in post have undergone the domestic abuse training and are aware of the PPU intranet web site. It would be reasonable to expect officers to comply with expected standards when dealing with victims of domestic abuse. However the repeated failures in relation to risk assessment, not placing a SIG marker on the address and not exploring avenues to hold Anwar to account under both criminal and civil law suggest this is not the case.
437. 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.

438. 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.
439. 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 Sana, 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.
440. 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 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. It is not clear whether the police and Children's Social Care were aware that Sana had also disclosed sexual violence while she was in the refuge.
441. 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.
442. 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.
443. 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 never investigated this further. The risk assessment by the Mental Health Crisis Team conducted in September 2010 records the historical allegation of Anwar's abuse of Sana but considers that he does not pose a risk to anyone.

444. Black Country Partnership NHS Foundation Trust is currently reviewing its Risk Management Policy and its risk assessment training strategy plan.
445. 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.
446. The family presented to the Health Centre on multiple occasions with a variety of health complaints. Appropriate assessment, management and referrals were generally made to deal with these health complaints. However domestic abuse was never explored despite awareness of it from the police and Sana's disclosure that she was hiding her contraceptive pills from her husband. This consultation should have been discussed with a general practitioner as further exploration was needed to discover if any form of abuse was occurring. In addition this situation was not reviewed or followed up.
447. Across the assessments and referrals there is 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**

448. 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. The refuge also provided support for Sana to improve her parenting including how to set boundaries, implementing a bedtime routine, potty training and healthy eating. Sana was referred on to the triple P parenting programme, however she left the refuge before this programme started.
449. The Primary provided support for Sana to contact other agencies for example helping her to make a telephone call about entitlement to benefits.
450. 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.

451. 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 they failed to investigate Sana's report in May 2009 that Anwar had hit the children.
452. Black Country Partnership NHS Foundation Trust had contact with Anwar only. They 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**

453. The threshold for admission to psychiatric care was appropriate in the presentation of Anwar to Black Country Partnership NHS Foundation Trust in 2009. When he presented in 2010 he had fleeting suicidal ideation but no plans, therefore the decision not to admit was appropriate.
454. The Primary School referred the children to Wolverhampton Children's Social Care when indicators of concern were noted in the children. This was appropriate.
455. As set out previously, there were a number of occasions whereby a strategy discussion should have taken place between police and Children's Social Care to safeguard Sana and her children. The case should have been presented to MARAC and 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.
456. 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. It is not sufficient for GPs to wait for women to disclose domestic abuse. As the latest NICE guidelines<sup>38</sup> 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. The IMR author acknowledges elsewhere that GPs need to be aware of domestic violence and probe for it.

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<sup>38</sup> <http://www.nice.org.uk/guidance/ph50/chapter/recommendations#recommendation-5-create-an-environment-for-disclosing-domestic-violence-and-abuse>



## Identity and diversity issues

457. As set out previously, all nine protected characteristics in the 2010 Equality Act were considered by both IMR authors and the DHR Panel and several were found to have potential relevance to this DHR.
458. 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 unclear whether she understood English when she arrived. By 2009 she could speak English but struggled with written English.
459. There were examples where Sana's linguistic and, to some extent, her cultural needs were addressed.
460. 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.
461. 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.
462. The school used familiar members of staff to interpret for Sana when necessary. The school had an understanding of the requirements of the family's Islamic faith.
463. 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 by her family 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.
464. Wolverhampton Children's Social Care did not show a good understanding and knowledge of domestic violence. There is little evidence of practitioners making efforts to build a relationship with Sana and gain an understanding of her wishes and feelings. The victim was informed of choices and options available to her by the police and signposted to the Haven and referred to the Freedom Programme by Children's Social Care. However there is no evidence of cultural issues being considered which may have been influencing her decisions.

465. 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.
466. 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.
467. 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.
468. 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. Only age and gender are completed. This is poor practice. There is no information about how issues relating to Anwar's identity were addressed by the service.
469. 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'.
470. 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**

471. The School Family Support worker regularly liaised with senior staff at the school and referred the children to other agencies including Wolverhampton Children's Social Care and the school nurse.
472. There is no evidence to show that the family support worker at the Children's Centre discussed the case with her senior managers. There is no evidence to show that any issues were escalated to managers, other organisations and professionals. It appears that the Case File Audit Policy was not complied with.

473. 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**

474. 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**

475. 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.
476. 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.
477. The joint BST screening process operated by the police, Children's Social Care and health appears flawed. It appears to have endorsed poor quality risk assessments by the police rather than challenging them when high risk factors were apparent. Agencies have met together to agree how to improve governance, recording and reporting.
478. 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.
479. 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.
480. 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.

## Section Seven: CONCLUSIONS

### Additional Lessons Learnt

481. 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.

482. 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.

483. There were numerous opportunities for agencies to put in place interventions to protect her but these were largely not taken.

484. 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.

485. 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.

486. 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.

487. 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.
488. 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.
489. 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.
490. 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**

491. 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.
492. These issues have been considered above and are addressed within the recommendations and action plan.

## **Section Eight: WAS THIS HOMICIDE PREVENTABLE?**

493. 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.
494. 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.
495. Had these responses been different, this homicide might have been prevented.
496. The Panel wishes to express its condolences to the children, family members and friends of Sana. May she rest in peace.

## **Section Nine: RECOMMENDATIONS**

### **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.

### **AGENCY RECOMMENDATIONS**

#### **Black Country Partnership:**

- Review current discharge communication process with Crisis teams and GP.

- Review Domestic Abuse training available to staff internally and externally.
- Raise awareness of domestic abuse with staff within Black Country Partnership Foundation Trust.
- Review current record keeping to ensure it's in line with NHSLA and NMC record keeping standards.

### **The Health Centre**

- The notification of domestic violence must be marked clearly and promptly on all affected GP records so that all members of the team are aware of this.
- The notification of domestic violence must stimulate internal practice review, along the lines of a significant event analysis.
- Improved training in domestic violence and safeguarding vulnerable adults
- Improved access to social services/other agencies for advice and guidance on domestic violence cases for the primary health care team

### **Haven**

- Report writing and Storing Information will be embedded in staff training and Induction
- Multi agency working and Sharing information will be a standing agenda on team meetings. Staff to present good practice examples and potential queries to discuss as a holistic approach.
- The Haven Wolverhampton staff to attend multi agency training for Safeguarding Children and Adults.
- The Haven Wolverhampton to inform Police when the name of the Perpetrator is known.
- The Haven Wolverhampton to contact and seek advice with Children Services if it is disclosed by parents that children have been present when a domestic violence incident has occurred.

### **Royal Wolverhampton Trust**

- Increase provision of Domestic Violence awareness training for Midwifery and Health Visiting services (base line March 2014).
- To review domestic violence guidance and to convert to policy.
- Review of standing operating procedures related to domestic violence in midwifery and health visiting services.

### **Sandwell Women's Aid**

Changes had already been made in the five years since Sana and her children were in the service and no further recommendations were identified.

### **The Primary School**

- All key staff to be aware of indicators of harm in relation to domestic violence.
- Review updated models of practice for liaising with external agencies which have been employed following the appointment of the Pastoral Officer.
- To be aware of agencies who can support victims of domestic violence.



### **Wolverhampton Children's Social Care**

- The Over-Arching Domestic Violence Protocol and Guidance is embedded in policy, practice and delivery.
- All front line practitioners and managers receive specialist domestic violence training.
- Front line practitioners are able to undertake a DASHH risk assessment or have an agreed referral pathway for a DASHH risk assessment to be undertaken as part of any social work assessments that relate to domestic violence.
- All front line practitioners and managers demonstrate cultural awareness in regard to particular vulnerable groups.
- Practitioners need to be clear on stepping up and down arrangements between Early Help Services and Children's Social Care Services to ensure families continue to be supported.
- Managers to ensure where agreed, cases are closed in a timely manner.
- Practitioners to receive training on outcome focused, time bound care planning.
- There is a developed understanding between Adult and Children Services to promote improved joined up working.
- Practitioners and managers to ensure a holistic approach is implemented to assessment and action planning to ensure the needs of the children, victims and perpetrators are considered where they wish to remain together.

### **West Midlands Ambulance Service**

No recommendations were identified.

### **West Midlands Police**

- West Midlands Police to ensure through training days and the West Midlands Police force intranet site that all police officers and staff are to reinforce the Domestic Abuse Policy (2013).

### **The Children's Centre**

- Write an agency specific protocol regarding Domestic Violence.
- All Family Support Workers should undertake annual training on Domestic Violence including cultural aspects.
- All Children's Centres should have a named 'expert' within their Centre to whom they can refer with issues of Domestic Violence.
- All Children's Centres should run a Freedom Programme.
- Clear information should be gained from referrers who record Domestic Violence on the Referral Form including any historical factors.
- Cases discussed with Senior staff whether informally or formally e.g. during Supervision or Reflective Practice sessions should be recorded on the family's Case Notes as per the Case File Audit Policy.
- The Worker's name who delivered / was responsible for group delivery such as Stay and Play, Nail and Beauty course is recorded consistently on the Synergy database.
- All case files have an up to date Risk Assessment.

**Wolverhampton Homes**

- Review attendance of and contribution to MARAC by Wolverhampton Homes.
- Consider the inclusion of a question specific to issues surrounding domestic violence/abuse as part of the application individuals/households have to make to register with WH for accommodation.

## APPENDIX 1 Terms of Reference

### Safer Wolverhampton Partnership Domestic Homicide Review

#### Terms of Reference for the case of SANA SHAH (DHR/03)

#### Overarching aim

The over-arching intention of this review is to increase safety for potential and actual victims by learning lessons from the homicide in order to change future practice. It will be conducted in an open and consultative fashion bearing in mind the need to retain confidentiality and not apportion blame. Agencies will seek to discover what they could do differently in the future and how they can work more effectively with other partners.

#### Principles of the Review

1. Objective, independent & evidence-based
2. Guided by humanity, compassion and empathy, with the victim's voice at the heart of the process
3. Asking questions to prevent future harm, learn lessons and not blame individuals or organisations
4. Respecting equality and diversity
5. Openness and transparency whilst safeguarding confidential information where possible

#### Legislation

The Domestic Violence, Crime and Victims Act 2004 Section 9 requires the commissioning of a Domestic Homicide Review by the Community Safety Partnership within the victim's area of residence.

A Domestic Homicide Review is defined as:

*'A review of the circumstances in which the death of a person aged 16 years or over has, or appears to have resulted from violence, abuse or neglect by –*

- a) A person to whom (s)he was related or with whom (s)he was or had been in an intimate relationship or*
- b) a member of the same household as himself/herself*

*A review to be held with a view to identifying the lessons to be learned from the death; this may include considering whether appropriate support, procedures, resources and interventions were in place and responsive to the needs of the victim'.*

## Governance and Accountability

The Review will be conducted in accordance with the Safer Wolverhampton Partnership (SWP) Domestic Homicide Review Protocols.

As the Accountable Body responsible for its commissioning, the SWP will receive updates on progress of the Review at scheduled SWP Board meetings. The Chair of SWP will receive regular briefings from the Review Panel Chair/Author on progress.

Administrative support will be provided by the Head of Community Safety, Wolverhampton City Council (WCC).

## Family Details

Summary of details of victim, alleged perpetrator and any children.

Party	Name and DOB	Age	Known and previous addresses
Victim	Sana Shah	36	Address 2
Suspect	Anwar Shah	54	Address 3 Address 2
Child 1	Mohammad Shah	10	Address 2
Child 2	Mina Shah	8	Address 2
Child 3	Zarak Shah	2	Address 2

## Incident Summary

At 15:20 on Saturday 29 March 2014, a '999' call was received stating a male was killing his wife. The caller could not be understood clearly however Address 2 was provided, which revealed a previous history for both domestic violence and a significant warning marker.

Police were despatched at 15:26 to liaise with the caller and further establish the circumstances of the call. Officers then proceeded to Address 2, where, upon forcing entry, they discovered the body of a deceased female, Sana Shah, in the living room with significant chest injuries.

The suspect was identified as Anwar Shah, the victim's estranged husband, who was arrested at 16:20 from the rear yard of an address in Wolverhampton. Anwar Shah was conveyed to Wolverhampton Central Police Station where he was interviewed and subsequently charged with murder on the 30 March 2014.

## Specific areas of enquiry

The Review Panel (and by extension, IMR authors) will consider the following:

1. Each agency's involvement with the following family members between 1 January 2009, or in the case of Anwar Shah 1 January 2008, and the death of Sana Shah on 29 March 2014:
  - a. Sana Shah (also known as Sana Fatima)
  - b. Anwar Shah
  - c. Mohammad Shah
  - d. Mina Shah
  - e. Zarak Shah

It will seek to understand what decisions were taken and what actions were carried out, or not, and establish the reasons.

2. Each agency's awareness of violence that Anwar Shah is alleged to have committed against his previous wife in the period before 1 January 2008 and how, if at all, this influenced their actions.
3. Whether, in relation to the family members, an improvement in any of the following might have led to a different outcome for Sana Shah:
  - a. Communication between services
  - b. Information sharing between services with regard to both domestic violence and to the safeguarding of children
4. Whether the work undertaken by services in this case was consistent with each organisation's:
  - a. Professional standards
  - b. Domestic violence policy, procedures and protocols
  - c. Safeguarding children policy, procedures and protocols
  - d. Safeguarding adults policy, procedures and protocols
5. The response of the relevant agencies to any referrals relating to Sana Shah and her children concerning domestic violence or other significant harm from 01/01/09 and any referrals relating to Anwar Shah concerning domestic violence or other significant harm from 01/01/08. In particular, the following areas will be explored:
  - a. Identification of the key opportunities for assessment, decision-making and effective intervention from the point of any first contact onwards
  - b. Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective
  - c. Whether appropriate services were offered/provided and/or relevant enquiries made in the light of any assessments made

- d. The quality of the risk assessments undertaken by each agency in respect of Sana Shah, Anwar Shah and their children
6. Whether adult-focused services ensured that the welfare of any children was promoted and safeguarded and vice-versa.
7. Whether thresholds for intervention were appropriately set and correctly applied in this case.
8. Whether practices by all agencies were sensitive to the gender, age, disability, ethnic, cultural, linguistic and religious identity of the respective family members and whether any special needs on the part of either of the parents or the children were explored, shared appropriately and recorded.
9. Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and in a timely manner.
10. Whether the impact of organisational change over the period covered by the review had been communicated well enough between partners and whether that impacted in any way on partnership agencies' ability to respond effectively.

### **Children's Element of the Domestic Homicide Review**

11. In relation to this Review the children are not identified as victims as specified in paragraphs 3.3, 3.4 and 3.6 of the DHR Guidance. The primary role of this element of the Review in relation to the children affected is to highlight any learning from this case that would improve safeguarding practice in relation to domestic violence and its impact on children.
12. In particular the Review should identify whether there is any learning in relation to effective communication, information sharing and risk assessment for all those children's services involved in Wolverhampton and also any other agencies and local authorities. It should also highlight any good practice that can be built on.

### **Panel Membership**

<b>Name</b>	<b>Job title and Organisation</b>
Hilary McCollum	Independent Chair and Report writer
Head of Community Safety	Wolverhampton City Council
Detective Chief Inspector	West Midlands Police
Safeguarding Manager	Wolverhampton City Council
Strategy Co-ordinator	Wolverhampton Domestic Violence Forum

<b>Name</b>	<b>Job title and Organisation</b>
& General Manager	
Head of Mental Health Commissioning	Wolverhampton City Council
Senior Probation Officer	National Probation Service
Director of Public Health	Wolverhampton City Council
Director of Nursing & Quality	Wolverhampton Clinical Commissioning Group
Head of Safeguarding	Royal Wolverhampton NHS Trust

## **Individual Management Reports (IMRs), Chronologies and Other Input**

13. IMRs will be requested from the following organisations:

- West Midlands Police
- West Midlands Ambulance service
- GPs for all family members
- Royal Wolverhampton NHS Trust (Health Visiting Service, Maternity Services, New Cross Hospital, Gem Centre)
- Black Country Partnership NHS Foundation Trust
- Wolverhampton City Council Children's Social Care, including the Family Centre
- Wolverhampton City Council Mental Health Services
- Wolverhampton Homes
- The Haven
- The Children's Centre
- The Primary School

14. Additional agencies may be asked to submit IMRs in the light of further information received and the progress of the Review.

15. A number of other agencies that have had contact with the subjects will not be requested to complete an IMR at this stage but will be asked to provide a summary of their contact. Requests will be made to:

- Sandwell General Hospital
- Birmingham Women's Hospital
- Walsall Manor Hospital
- The Nursery
- Staffordshire and West Midlands Probation (in relation to pre-sentence report for domestic violence conviction in 2003)

- Aspiring Futures
- Sandwell Women's Aid

Other agencies may be asked to submit inputs in the light of the progress of the Review.

16. The table below sets out what is expected from each agency:

<b>Who</b>	<b>What</b>	<b>By when</b>
West Midlands Police	Chronology IMR	4 August 18 August
West Midlands Ambulance service	Chronology IMR	4 August 18 August
GPs for all family members	Chronology IMR	4 August 18 August
Royal Wolverhampton NHS Trust - Health Visiting Service - Maternity Services - New Cross Hospital - Gem Centre	Chronology IMR	4 August 18 August
Black Country Partnership NHS Foundation Trust	Chronology IMR	4 August 18 August
Wolverhampton City Council Children's Social Care (including the Family Centre)	Chronology IMR	4 August 18 August
Wolverhampton City Council Mental Health Services	Chronology IMR	4 August 18 August
Wolverhampton Homes	Chronology IMR	4 August 18 August
The Haven	Chronology IMR	4 August 18 August
The Primary School	Chronology IMR	18 July 18 August
The Children's Centre	Summary report IMR	4 July 18 August
Sandwell General Hospital	Summary report	18 July
Birmingham Women's Hospital	Summary report	18 July
Walsall Manor Hospital	Summary report	18 July
The Nursery	Summary report	18 July
Aspiring Futures	Summary report	18 July
Staffordshire and	Statement regarding	18 August



<b>Who</b>	<b>What</b>	<b>By when</b>
West Midlands Probation	pre-sentence report for domestic violence conviction in 2003	
Sandwell Women's Aid	Statement regarding contact with family	18 August

## **Family involvement and Confidentiality**

17. The review will seek to involve the family of both the victim and the alleged perpetrator in the review process, taking account of who the family wish to have involved as lead members and to identify other people they think relevant to the review process.
18. We will seek to agree a communication strategy that keeps the families informed, if they so wish, throughout the process. We will be sensitive to their wishes, their need for support and any existing arrangements that are in place to do this.
19. We will identify the timescale and process and ensure that the family is able to respond to this review endeavouring to avoid duplication of effort and without undue pressure.

## **Disclosure & Confidentiality**

20. Confidentiality should be maintained by organisations whilst undertaking their IMR. However, the achievement of confidentiality and transparency must be balanced against the legal requirements surrounding disclosure.
21. The independent chair, on receipt of an IMR, may wish to review an organisation's case records and internal reports personally, or meet with review participants.
22. A criminal investigation is running in parallel to this DHR, therefore all material received by the Panel must be disclosed to the SIO and the police disclosure officer.
23. The criminal investigation is likely to result in a court hearing. Home Office guidance instructs the Overview Report will be held until the conclusion of this case. Records will continue to be reviewed and any lessons learned will be taken forward immediately.
24. Individuals will be granted anonymity within the Overview Report and Executive Summary and will be referred to by an alias or by initials.
25. Where consent to share information is not forthcoming, agencies should consider whether the information can be disclosed in the public interest.

## **Timescales**

26. The period under review is 1 January 2009 to 29 March 2014 in relation to Sana Shah and her children and 1 January 2008 to 29 March 2014 in relation to Anwar Shah. In addition, agencies should summarise their awareness of allegations of domestic violence against Anwar Shah in the period prior to 2008.
27. The review began on 12 June 2014. The aim is to conclude the review within six months. However this will be affected by the criminal trial and the review may be suspended pending any court case and resumed when any trial is concluded.
28. Everyone involved in the Domestic Homicide Review process should be mindful of not jeopardising any criminal proceedings.

## **Media strategy**

29. Until the conclusion of any criminal proceedings, all media queries will be referred to the West Midlands Police. Following the conclusion of any trial, all media queries will be referred to Wolverhampton City Council.

## **Legal Advice**

30. Legal advice will be sought, as appropriate from Wolverhampton City Council Legal Department to ensure the review process and final Overview Report maintains a commitment to safeguard all parties.

## **Liaison with the Police**

31. The Chair of the Review Panel will be responsible for ensuring appropriate liaison with the Crown Prosecution Service and the Police through the Disclosure Officer identified by the West Midlands Police.

## **Review of Terms of Reference**

32. In the light of information brought to her attention, these Terms of Reference will be subject to review and revision at the discretion of the Independent Chair/Author in consultation with the Review Panel.

## APPENDIX 2 - Feedback from Home Office Quality Assurance Panel



Public Protection Unit  
2 Marsham Street  
London  
SW1P 4DF

T: 020 7035 4848  
[www.gov.uk/homeoffice](http://www.gov.uk/homeoffice)

Parpinder Singh  
Safer Wolverhampton Partnership

27 October 2015

Dear Mr Singh,

Thank you for submitting the Domestic Homicide Review report for Wolverhampton to the Home Office Quality Assurance (QA) Panel. The report was considered at the Quality Assurance Panel meeting on 23 September 2015.

The QA Panel would like to thank you for conducting this review and for providing them with the final report. The Panel considered this to be a well-written, balanced report which demonstrated a good understanding of all aspects of domestic abuse with appropriate referencing to research. The Panel particularly commended the chair for the contact made with the family in Pakistan and, through an interpreter, briefed them about the review and sought their views.

There were some aspects of the report which the Panel felt would benefit from further consideration, or be revised, which you may wish to consider before you publish the final report:

- The Panel felt it may have been beneficial to start the review from February 2003 when the victim was first assaulted. The Panel noted the police and other agencies were asked to examine this incident in their IMRs;
- The Panel noted there were no voluntary sector or specialist domestic violence agencies on the panel. We recognise that you cannot go back and do this part of the review again, but we ask that you consider this for future reviews;
- The Panel considered that a full list of those to whom the final report will be sent would provide transparency and accountability in relation to the implementation of actions;
- The action plan has no key milestones or outcomes. However the Panel noted a number of actions have been completed;
- Please ensure the full report and action plan is anonymised. For example, the victim's name appears at the top of page 3 of the action plan. Please also remove

the date of birth of the victim on page 93; remove the genders of the children or give them gender neutral names. Please clarify whether or not the name of the victim's friend in paragraph 70 is a pseudonym. Please remove the reference to a specific location in paragraph 208;

- Please ensure the recommendations feature in the executive summary to allow it to be read in isolation;
- Please proof read as there are typing errors. For example, the last sentence in paragraph 147 should begin with "There" and not "This". There may be an error in paragraph 128 where there is a reference to "John", however in the previous paragraph he is named as "Dave".

The Panel does not need to see another version of the report, but I would be grateful if you could include our letter as an appendix to the report.

I would be grateful if you could email us at [DHREnquiries@homeoffice.gsi.gov.uk](mailto:DHREnquiries@homeoffice.gsi.gov.uk) and provide us with the URL to the report when it is published.

The QA Panel felt it would be helpful to routinely sight Police and Crime Commissioners on DHRs in their local area. I am, accordingly, copying this letter to the PCC for information.

Yours sincerely

**Christian Papaleontiou**  
Chair of the Home Office DHR QA Panel

## APPENDIX 3 - Safer Wolverhampton Partnership response to Home Office Quality Assurance Panel

Ask For Parpinder Singh  
Direct Line (01902) 550042  
E-mail [parpinder.singh@wolverhampton.gov.uk](mailto:parpinder.singh@wolverhampton.gov.uk)



**Safer Wolverhampton Partnership**  
Wolverhampton Central Police Station  
Bilston Street  
Wolverhampton  
WV1 3AA  
(01902) 551214  
[info@saferrwton.org.uk](mailto:info@saferrwton.org.uk)  
[www.saferrwton.org.uk](http://www.saferrwton.org.uk)

13 November 2015

Dear Christian

Thank you for your letter dated 27 October 2015 providing feedback on the DHR report submitted by Safer Wolverhampton Partnership.

The feedback was useful and we thank the Quality Assurance Panel for their review. However, we felt it was necessary to clarify a few inaccuracies noted in the feedback, and where relevant, provide some context behind certain decisions made by the DHR panel.

You will be aware the review period for this particular case was from 01 January 2008 for the perpetrator, and 01 January 2009 for the victim, up to the date of death. The panel agreed to extend the review period for the perpetrator to ensure mental health issues were considered appropriately. Although the above time frames were provided to agencies completing an Independent Management Review (IMR), the panel requested agencies to include any other significant and relevant contact within their report that fell outside of this time period, hence a number of IMRs covered pre-2008 contact. Had the Panel extended the review period to start from 2003 it is very likely the IMRs would have lost focus on key events leading up the death; it was important to time limit the reports as far as possible, particularly as services have changed significantly over such an extended period of time. The Panel were also guided by the initial information received from agencies which provided an outline of contact across all service providers.

Wolverhampton Domestic Violence Forum (WDVF) were represented on the DHR Panel and are listed in the panel membership table in paragraph 33 and noted in Appendix 1; this group is a third sector organisation leading on delivery across the Violence Against Women and Girls agenda for Wolverhampton, WDVF are also part of the third sector representation on Safer Wolverhampton Partnership Board.

The action plan submitted was to demonstrate progress to date; this document is used for internal monitoring processes only and will not be uploaded to our website, therefore not contravening information governance. The recommendations will feature within the main report and executive summary and made available publicly as per Home Office guidelines.

I can confirm dates of birth will be removed from the terms of reference contained within the report. Although dates of birth have featured in previous DHR reports which have been through the Home Office quality assurance process and were not noted as an issue. The friend mentioned in paragraph 70 is a pseudonym, the first use of this alias is in paragraph 56 and an appropriate reference has been made.

Other feedback has been noted and will be considered accordingly.

I will forward the weblink once we have published the report.

Thankyou

Parpinder Singh  
Community Safety Coordinator – Safer Wolverhampton Partnership

Cc. The Office of the West Midlands Police and Crime Commissioner  
Hilary McCollum – Independent DHR Chair and Author