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Report into the Death of Mrs Nkuna

Report produced by Graham Bartlett

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Please note that the subjects of this report have been anonymised throughout.

Section 1: Introduction and Background

1.1. Introduction

- 1.1.1. This report of a domestic homicide review examines agency responses and support given to Mrs Nkuna a resident of Village B, West Sussex prior to her being found dead on 25th December 2014 along with her husband Mr Nkuna. The review will consider agencies contact/involvement with Mrs and Mr Nkuna, the perpetrator, from 1st January 2008 to the 25th December 2014.
- 1.1.2. The brief circumstances of the case are that on the 24th December 2014, the victim, Mrs Nkuna was at home with her husband Mr Nkuna, preparing a family Christmas dinner as he was due to work the following day. They lived at the address with their two children, Daniel aged 6 and Alicia, aged 4. Both children have learning difficulties and Alicia has Cerebral Palsy.
- 1.1.3. Later, Mrs Nkuna caught a train and visited first her friend then her mother, Kath, in Horsham. Later that afternoon, Mr Nkuna took the two children to visit a friend of his, Peter, in Crawley. He then picked up Mrs Nkuna from Kath's house just after 5pm. They then took the children home via McDonalds.
- 1.1.4. Later that evening an argument is believed to have started that culminated in Mrs Nkuna's death at the family home. The extensive pathological tests have confirmed that she died from pressure to her neck and the investigation has concluded this was caused by Mr Nkuna. Later that evening he took the children back to Peter and asked him to look after them. He said that Mrs Nkuna had hurt herself and needed hospital treatment.
- 1.1.5. The following morning, having received a text message from Mr Nkuna, Peter went round to Mrs and Mr Nkuna's house. There he found both dead, Mr Nkuna apparently hanged. He called the police and ambulance and an investigation started.
- 1.1.6. The inquest would later conclude that Mrs Nkuna had been unlawfully killed and Mr Nkuna had committed suicide.

1.2. Reasons for Conducting the Review

- 1.2.1. Domestic Homicide Reviews (DHRs) came into force on 13th April 2011. They were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Adults Act (2004). The act states that a DHR should be 'a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—
 - a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or

- b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.’

1.2.2. The purpose of a DHR is to:

- a) 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;
- b) 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;
- c) apply these lessons to service responses including changes to policies and procedures as appropriate; and
- d) prevent domestic violence and abuse homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.

1.3. Process Of The Review

1.3.1. This review was commissioned at a meeting of the West Sussex County Council (WSCC) Domestic Homicide Review Panel on the 11th September 2015 in line with the Multi Agency Guidance for the Conduct of Domestic Homicide Reviews 2011 The chair and author was appointed shortly afterwards and the review started immediately.

1.3.2. The delay between the death and the commissioning of the review was due to the extensive forensic tests required to establish Mr and Mrs Nkuna’s cause of death. It was not until after these had been completed could it be determined that a homicide had taken place.

1.3.3. The WSCC Domestic Homicide Review Panel who sat on the 11th September 2015 comprised:

Agency	Name	Post
Chair WSSP	David Simmons	Councillor (Chair)
Coastal West Sussex, Crawley, Horsham & Mid Sussex Clinical Commissioning Groups	Alex Morris	Deputy Designated Nurse, Adult Safeguarding
Horsham District Council	Natalie Brahma-Pearl	Director of Community Services
South East Coast Ambulance NHS Foundation Trust	Nichola Douglas	Domestic Abuse Specialist Coordinator-Safeguarding Team
Surrey and Sussex Police Major Crime Team	Adele Robertson	Detective Sergeant
Sussex Police	Jo Banks	Detective Chief Inspector
WSCC	Trish Harrison	Principal Manager Domestic and Sexual Violence

WSCC	Sonia Knight	Multi Agency Risk Assessment Conference (MARAC) Co-ordinator
WSCC	Michelle Mead	Child Disability Team
WSCC	Sam Bushby	Head of Safeguarding

1.3.4. Mr Graham Bartlett was appointed to chair the review. He is the Director of South Downs Leadership and Management Services Ltd and Independent Chair of Brighton and Hove Local Safeguarding Children Board. He also Independently Chairs the East Sussex and Brighton and Hove Safeguarding Adults Boards. He has completed the Home Office online training for independent chairs of Domestic Homicide Reviews and has the Social Care Institute for Excellence Learning Together Foundation Course. He has experience of chairing and writing Domestic Homicide Reviews. He is a retired Chief Superintendent from Sussex Police latterly as the Divisional Commander for the city of Brighton and Hove. He had previously been the Detective Superintendent for Public Protection which entailed being the senior officer responsible for the Force's approach to Child Protection, Domestic Abuse, Multi Agency Public Protection Arrangements (MAPPA), Missing Persons, Hate Crime, Vulnerable Adults and Sexual Offences. He retired in March 2013. He had no involvement or responsibility for the issues under review here whilst in the police.

1.4. Time Scales

1.4.1. It is normal to review the agency involvement during the two years prior to the death. However, given the complexities and difficulties Mrs and Mr Nkuna faced which preceded this period, not least surrounding the birth of their first child, it was agreed that the review period should be from 1st January 2008 to 25th December 2014.

1.4.2. There was no initial time scale for the review set for the overview report to be submitted but the collation of information started immediately. Significant delays were encountered in receiving Individual Management Reports, which has impacted on the timeliness of this report.

1.5. Terms of Reference

1.5.1. The specific terms of reference set for this review to consider were:

- Whilst Mrs Nkuna had no known contact with any specialist domestic abuse agencies or services, the review will consider whether there was any history of domestic abuse involving Mrs Nkuna / Mr Nkuna and therefore whether there were any warning signs.
- Whether family, friends or colleagues were aware of any abusive behaviour from the alleged perpetrator to the victim, prior to the homicide and what they did or did not do as a consequence.
- Whether there were any barriers or disincentives experienced or perceived by Mrs Nkuna or her family/ friends/colleagues in reporting any abuse including whether they knew how to report domestic abuse should

they have wanted to and whether they knew what the outcomes of such reporting might be.

- Whether more could be done in the locality to raise awareness or accessibility of services available to victims of domestic violence, their families, friends or perpetrators.
- Whether Mrs Nkuna had experienced abuse in previous relationships during the time period under review, and whether this experience impacted on her likelihood of seeking support in the months before she died.
- Whether there were opportunities for professionals to 'routinely enquire' as to any domestic abuse or sexual violence experienced by the victim that were missed.
- Whether there were opportunities for professionals to refer any reports of domestic abuse or sexual violence experienced by the victim or committed by Mr Nkuna, the alleged perpetrator, (towards Mrs Nkuna or any other partner) to other agencies and whether those opportunities were taken.
- Whether there were opportunities for agency intervention in relation to domestic abuse regarding Mrs and Mr Nkuna or the dependent children, Daniel and Alicia, that were missed or could have been improved.
- Whether the homicide could have been accurately predicted and prevented.

1.5.2. In addition:

- The review will give appropriate consideration to any equality and diversity issues that appear pertinent to the victim, perpetrator and dependent children e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
- The review will identify any training or awareness raising requirements that are necessary to ensure a greater knowledge and understanding of domestic abuse processes and / or services in West Sussex.
- While it is not the purpose of this review to consider the handling of child safeguarding concerns related to the case there may be issues that arise from the review that relate to the safeguarding of children who may be affected by domestic abuse. If this is the case these issues will be raised with the West Sussex Safeguarding Children Board.

1.6. Agency Involvement

1.6.1. West Sussex County Council wrote to Chief Executives/ Chief Officers of the following agencies requesting they return Summaries of Involvement to inform the panel as to which agencies had relevant involvement with Mrs Nkuna and/ or Mr Nkuna within the time period of this review:

- Brighton and Sussex University Hospitals NHS Trust (BSUH)
- Horsham District Council
- Kent Surrey and Sussex Community Rehabilitation Company
- National Probation Service

- Refuge Information Support Education (RISE)
- South East Coast Ambulance NHS Foundation Trust (SECAMB)
- Sussex Community NHS Foundation Trust (SCFT)
- Sussex Partnership NHS Foundation Trust (SPFT)
- Sussex Police
- West Sussex County Council (WSCC)
- West Sussex Fire and Rescue Service
- Western Sussex Hospitals NHS Foundation Trust (WSHFT)

1.6.2. Having considered these Summaries of Involvement, it was decided that the following agencies would be asked to submit Individual Management Reviews:

- Riverside GP Surgery
- Village B Surgery
- Courtyard GP Surgery
- Sussex Community NHS Foundation Trust
- West Sussex County Council
- Horsham District Council
- Sussex Police
- South East Coast Ambulance NHS Foundation Trust

1.6.3. The authors of the IMRs are, as far as possible, independent in accordance with the guidance.

1.6.4. The objective of the IMRs, which form the basis of this DHR, is to give as accurate as possible account of what originally transpired in an agency's response, to evaluate it fairly and, if necessary, to identify any improvements for future practice. IMRs also propose specific solutions, which are likely to provide a more effective response to a similar situation in the future. The IMRs have assessed any changes that may have taken place in service provision during the timescale of the review and considered if further changes are required to better meet the needs of individuals at risk of or experiencing domestic abuse.

1.6.5. This report is based upon those IMRs, considerations of the DHR Panel and interviews with some of Mrs Nkuna's family and, where stated, other professionals.

1.6.6. An integrated chronology has been prepared which shows agency involvement and significant events during the time period considered by this review. Where relevant, events outside the time period have been included. This is contained in Appendix A.

1.6.7. The report's conclusions and recommendations are the collective views of the Panel, which has the responsibility, through its constituent agencies, for implementing the recommendations.

1.7. Confidentiality

1.7.1. The findings of this review are confidential. Information is available only to participating officers/professionals and their line managers. However a

redacted Overview Report and executive summary has been prepared and will be published in accordance with the Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews.

1.8. Dissemination

- 1.8.1. Whilst key issues have been shared with organisations the report will not be disseminated until clearance has been received from the Home Office Quality Assurance Group. In order to secure agreement, pre-publication drafts of the report were seen by the membership of the Review Panel.
- 1.8.2. The IMRs will not be published but the redacted overview DHR report and Executive Summary will be made public and the recommendations will be acted upon by all agencies, in order to ensure that the lessons of the review are learned.
- 1.8.3. The content of the Overview Report and Executive Summary is anonymised in order to protect the identity of the victim, perpetrator, relevant family members, staff and others, and to comply with the Data Protection Act 1998. All names given of subjects of the review or family members are pseudonyms.
- 1.8.4. Mrs Nkuna's family have been shown a draft copy of this report and will be provided a final copy the day before publication.

1.9. Involvement of Family

- 1.9.1. Sussex Police have, through their Family Liaison Officers, facilitated contact with the family members of Mrs Nkuna. The chair has met with Mrs Nkuna's mother (Kath), brother (James) and step-father.
- 1.9.2. The Panel is incredibly grateful that, in such trying circumstances, the family have been so forthcoming in participating in this review. They recognized that their active involvement was important for them to fully understand and contribute to the emerging findings and to provide a valuable personal perspective that professionals are unable to.

Section 2: Domestic Homicide Review Concluding Report

2.1. Introduction

2.1.1. This report is drawn from information and facts provided by and concerning the following agencies:

- Riverside GP Surgery
- Village B Surgery
- Courtyard GP Surgery
- Sussex Community NHS Foundation Trust
- West Sussex County Council
- Horsham District Council
- Sussex Police
- South East Coast Ambulance NHS Foundation Trust

2.1.2. From a review of Summaries of Involvement submitted at the beginning of this review it was established that Mrs and Mr Nkuna had relevant contact within the time period under review with those agencies referred to in para 2.1.1. Relevancy was determined by the terms of reference agreed.

2.1.3. The report also considers the input from Mrs Nkuna's family and, where stated, other professionals.

2.2. Subjects of the Review

Name	Age (at 25/12/2014)	Relationship
Mrs Nkuna (female)	30 yrs.	Victim
Mr Nkuna (male)	33 yrs.	Spouse of Victim and perpetrator
Daniel (male)	6 yrs.	Son of Mrs and Mr Nkuna
Alicia (female)	4 yrs.	Daughter of Mrs and Mr Nkuna

2.3. Outline of Case

2.3.1. Mrs and Mr Nkuna met while working together at a nursing home in Horsham in late 2007. They lived together in very cramped conditions in Mrs Nkuna's mother's house before moving to private rented accommodation in Village A and then to other private rented accommodation in Village B.

2.3.2. Mrs Nkuna was born and brought up in the Croydon area, moving to Cornwall when she was about 12 and then to Horsham when she was 18. Mr Nkuna was from South Africa and moved to the UK in 2005. He had two children who lived in South Africa, aged 10 and 7. Mrs Nkuna was white British and Mr Nkuna black African.

- 2.3.3. The couple entered their relationship shortly in 2007. While he had previous relationships the police found no suggestion that there had been any domestic violence in these. It seemed that any other relationship Mr Nkuna had was in South Africa not in the UK. He was not known to the police in South Africa or the UK.
- 2.3.4. Mrs Nkuna fell pregnant with Daniel in March 2008 approximately three months into her relationship with Mr Nkuna. Daniel was born on 28th October 2008 eight weeks prematurely. He has delayed development, severe asthma and a number of allergies. Daniel's fatherhood was unclear as Mrs Nkuna disclosed to children's social care that she had been in a relationship with another man around the time of his conception and that that man had raped her. Mr Nkuna was aware that he may not be the father but promised to bring Daniel up as if he were.
- 2.3.5. In September 2009, the family went on a visit to South Africa for them to meet Mr Nkuna's family and for him to renew his visa. It was while they were there that they married. Mrs Nkuna and Daniel returned soon after but Mr Nkuna remained until early in 2011 as he had significant problems in getting his required permissions to return. In that time Mrs Nkuna considered going back to visit and said, in September 2010 she may move out there but she did neither.
- 2.3.6. Alicia was born on 31st March 2010, while Mr Nkuna was still out of the country. She was diagnosed with cerebral palsy in September that year which coincided with the death of Mrs Nkuna's father. This news and the loss of her father, understandably caused Mrs Nkuna significant distress. The combined needs of Alicia and Daniel presented significant challenges to Mrs and Mr Nkuna but they were clearly loved and cared for. Both children are of dual heritage.
- 2.3.7. All family members had significant contact with both primary and specialist health care. Mrs Nkuna suffered from depression and anxiety, asthma and dust allergies. Mr Nkuna was HIV positive and the two children were receiving care and support for their needs. Their engagement with services was variable and often Mrs Nkuna would not attend appointments or the children were not brought.
- 2.3.8. At the beginning of 2008, at the start of the period under review, Mrs Nkuna had experienced a recurrence of her depression and she was prescribed citalopram. She remained on this until she died.
- 2.3.9. In the early stages of the pregnancy Mrs Nkuna was living with Mr Nkuna in Horley but had moved in with Mrs Nkuna's mother by the time Daniel was born. Soon after, it was noted that Daniel was not brought to several health appointments. This became a pattern in respect of both Daniel and Alicia. Both parents were receptive to feedback around this and would often arrange further appointments. It seemed to be more about them being unable to make or keep to arrangements rather than any deliberate attempt to hide the children from services.
- 2.3.10. Their housing was less than ideal until they eventually moved in to a house in Village B. Initially, living with Mrs Nkuna's mother in a single bedroom brought huge strain on the couple. They were living with two disabled

children in a single bedroom sharing a single bed. When Mr Nkuna was at home, Mrs Nkuna stayed in the bedroom as he would not want her to be with her mother. Likewise, if professionals visited, she would see them upstairs in case it got back to him that she had been downstairs.

- 2.3.11. This situation, which must have been almost unbearable, was observed by health visitors who made many efforts to encourage them to apply for council housing. However it was not until June 2011 that they moved out to Village A.
- 2.3.12. That may have happened earlier but they had two previous housing applications turned down as they did not provide the required information.
- 2.3.13. In late 2012, Mr Nkuna left the family home and this caused Mrs Nkuna a significant amount of distress. He would, however, be present for meetings with Children's Social Care. During these, Mrs Nkuna would become visibly upset in front of the social worker and on one occasion the atmosphere was described as being 'fraught with tension.' The couple would argue and spell out their difficulties in front of professionals and often had to be reminded that they needed to focus on the children. Both seemed willing to do that but such was the intensity of their differences that they needed to be prompted to put the children first. Mrs Nkuna was said to be intent on Mr Nkuna returning, and relied on him for social, psychological, financial and physical support while he was adamant he did not want to re-unite.
- 2.3.14. Following an initial and core assessment, in December 2012 Alicia was placed on a Child in Need (CiN) plan given her specific needs and the support Mrs Nkuna required in caring for two disabled children.
- 2.3.15. In January 2013 Mrs Nkuna's brother, James, had been staying with her along with his girlfriend. He came home drunk one evening and violently assaulted Mrs Nkuna while the children were upstairs in bed. The police were called and James was arrested for Actual Bodily Harm and Criminal Damage, along with his girlfriend for obstructing police. Mrs Nkuna received hospital treatment for head injuries and later told the police she did not want to support a prosecution against James. The police still wanted to caution him but, after he failed to answer his bail, they were unable to locate him before the six-month time limit expired.
- 2.3.16. Mr Nkuna moved back to the family home in March 2013. He told social workers this was so he could help more with the children and to try to save the marriage. Mrs Nkuna cancelled the carer support that had been commissioned to help with Alicia's needs, asking instead for support with baby-sitting so that she and Mr Nkuna could go out as a couple.
- 2.3.17. Around this time also Mr Nkuna's spousal visa was due to expire and he had made an application to the Home Office for indefinite leave to remain.
- 2.3.18. The inconsistent attendance at the children's health appointments and Mrs Nkuna sometimes being out or unavailable for health visitor or social work home visits, continued while the family were in Village A. Daniel was experiencing significant problems with his asthma during 2012 with multiple admissions to hospital, one requiring intubation.

- 2.3.19. When the family moved in to their house in Village B, to the outside world, their circumstances seemed to settle down. Following this move, most of the interactions they had with agencies were more positive. The children's schooling was settled and, other than Mr Nkuna being referred for talking therapies following him seeing his GP for depression, there were no significant issues brought to the attention of professionals prior to the deaths.
- 2.3.20. Despite all of the difficulties the family faced, including within the parental relationship, there were no incidents or suspicions of domestic violence between Mrs and Mr Nkuna brought to professionals' attention. The rape, which may have resulted in the conception of Daniel, was by another man and the only domestic violence incident that the police were called to was where Mrs Nkuna was attacked by James.
- 2.3.21. On the 24th December 2014, Mrs Nkuna had been preparing a Christmas dinner as Mr Nkuna was due to be working the following day. Around midday, she travelled into Horsham by train to meet a friend. She seemed to be in good spirits although she did tell her friend that she no longer loved Mr Nkuna and he could leave if he wished. Around 3pm Mrs Nkuna left her friend to go to her mother's house to exchange Christmas cards. They describe her as being 'better than ever.'
- 2.3.22. Mr Nkuna went, with the children, to visit a friend of his, Peter, in Crawley. He had known Peter from South Africa and the two were very close. Peter noted that, on this occasion, he seemed overly friendly. He told him how much he loved him and that he knew how much he loved Daniel and Alicia too. Peter found this odd and told him to 'stop the Christmas love.'
- 2.3.23. At 5pm Mr Nkuna collected Mrs Nkuna from Kath's house and, as a family, they drove home stopping at a MacDonald's drive-through on the way. When they arrived home, Mrs Nkuna phoned Kath but she was out walking the dogs. James' girlfriend spoke with Mrs Nkuna and heard a snuffle. When she asked her what was wrong she said they were 'happy tears.' James' girlfriend said that she would get Kath to phone her back as soon as she got in. Whilst the message was passed, she could not return the call as she had no signal on her phone.
- 2.3.24. Later on that evening a neighbour heard a scream from Mrs Nkuna's house but assumed it was Alicia as it was not unusual for her to make such noises.
- 2.3.25. Between 7.45 and 8pm Mr Nkuna unexpectedly arrived back at Peter's house with Daniel and Alicia. He said that Mrs Nkuna had had a fall and he was taking her to hospital. He asked them to look after the children and handed over their clothes and medication. Peter did not see Mrs Nkuna nor did he notice whether there was anyone else in the car. After Mr Nkuna left, Peter tried to phone him but their calls went unanswered.
- 2.3.26. Around midnight, Automatic Number Plate Recognition detected Mr Nkuna's car heading to, and then driving around, the Gatwick area. There appeared to be no further movement until after 6am when the car was found to be heading back towards Village B.

- 2.3.27. At a quarter past eight on Christmas morning Mr Nkuna sent Peter a text asking him to call the police to his house and to tell Daniel and Alicia he loves them forever and asked for them to be looked after. Recognising that something was wrong Peter tried to call him back but, having received no reply, he drove round to Mr Nkuna's house.
- 2.3.28. On arrival Peter found Mrs Nkuna dead in bed and Mr Nkuna dead on the landing below the open loft hatch with fresh ligature marks around his neck and a belt by the side. It was clear he was dead. Peter called his wife who called the police and ambulance.
- 2.3.29. On a bedside table was a note giving some phone numbers of relatives, instructions as to where the children were and asking that they be told every day that their parents loved them.
- 2.3.30. After extensive forensic testing which identified paracetamol in both Mrs and Mr Nkuna's system and Mrs Nkuna's hyoid bone broken, this was eventually deemed to be a homicide. At the inquest in September 2015, the coroner returned verdicts that Mrs Nkuna had been unlawfully killed and Mr Nkuna had committed suicide. There being no other persons involved, that concluded the investigative and judicial processes.

2.4. Domestic Abuse Services in West Sussex

- 2.4.1. West Sussex County Council (WSCC) commissions a range of services to support victims of domestic violence who present in the county. This is overseen by the Domestic and Sexual Violence Strategic Board that comprises senior members of NHS Clinical Commissioning Group, Police, Probation, Crown Prosecution Service and Public Health as well as WSCC Domestic Violence commissioners. It is jointly chaired at a senior level by the Head of Safeguarding for WSCC and the Designated Nurse: Safeguarding Adults for Coastal West Sussex, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups (CCGs)
- 2.4.2. Amongst the services commissioned which would have been available to Mrs Nkuna during the period covered by this review are:
- 2.4.3. The Saturn Centre – a Sexual Assault Referral Centre based at Crawley Hospital but which covers the counties of West Sussex, East Sussex and the City of Brighton and Hove. This is a one-stop shop for victims of serious sexual assault that provides support at the point of crisis through to recovery. It combines the services of Police, 24/7 crisis support workers, support workers, Independent Sexual Violence Advisors (ISVAs) and counselling services. The centre opened in January 2009.
- 2.4.4. [WORTH Services](#) - an Independent Domestic Violence Advice (IDVA) Service supporting people affected by domestic abuse in West Sussex. They are available 7 days a week between 0900-1700hrs and contactable by published telephone numbers. They are based in two hospitals across the county and available to a further two hospitals, they take referrals from all agencies, victims as well as third party reports of abuse. They work to identify, assess and assist medium-high risk victims of abuse.

- 2.4.5. Stonham Outreach Service - Stonham Outreach Service works collaboratively with WORTH IDVA Services to provide seamless support to people affected by domestic abuse and to identify the most appropriate level of support. The Service provides different levels of support depending on victim needs and aspirations. Stonham outreach workers work 7 days a week, 9.00am-5.00pm. The service is available to people aged 16 and over who live in, work in, are visiting or relocating to West Sussex.
- 2.4.6. Lifecentre - specialises in counselling survivors of rape and sexual violation, whether this has been a recent incident or historical. They provide helpline support, an email and text helpline service for all age groups, run by trained volunteers. They offer face to face counselling, with professionally trained counsellors, to survivors, and to their supporters - close family members or friends - or partners of survivors affected relationally by sexual violation. They also provide information through their [Lifecentre website](#).

2.5. Analyses of Individual Management Reviews

- 2.5.1. The aim of this section is to analyse the response of services involved with Mrs and Mr Nkuna in the time period under review. It will look at the nature of the engagement reported, the recognition of the root cause of the issues presenting and the quality of the response or service provided.
- 2.5.2. There is always a risk in providing such analysis that the passage of time, the events that have ensued and the level of information now available that hindsight bias will become a factor. Clearly this is not helpful especially when it incorrectly presupposes that those providing a service would, or should, have had access to information that was not, or could not, have been reasonably available to them at the time. However, by examining the sequence of events from the perspective of all the agencies with whom Mrs and Mr Nkuna had contact it can be useful to predict what information agencies could have known had information sharing arrangements been different. Where that is the case comment will be made and any lessons learned identified.
- 2.5.3. The IMR authors are, where possible, all independent of the matters under review and have all provided as full account and as detailed analysis as possible, triangulating sources where possible and using their significant knowledge of their respective agency's policies, procedures and practices to draw inferences regarding the service provided and make judgements and recommendations regarding that.
- 2.5.4. Neither Mrs Nkuna nor Mr Nkuna disclosed to any agency that they were either a victim or perpetrator of domestic abuse relating to each other.

2.6. Information from Family and Friends

- 2.6.1. Mrs Nkuna's family describe a very intense and controlling relationship between her and Mr Nkuna. Mrs Nkuna's mother, Kath, had previously endured a similar relationship with Mrs Nkuna's father which, on one occasion, boiled over into physical violence. She is sure that Mrs Nkuna did not know about this until, while they were living in Cornwall after her mother and father separated, she showed her some of the divorce papers.

However, she believes that Mrs Nkuna was very aware of the oppressive atmosphere at home caused by her father's behaviour.

- 2.6.2. They report that Mrs and Mr Nkuna met in late 2007, while they were working as carers at the same nursing home. Initially they lived together in his flat in Horley but soon moved in with Kath. It was then that Kath realised the type of relationship the two had. She said that they would argue all the time, mainly about money and Mrs Nkuna's smoking. Kath regarded Mr Nkuna as very controlling and he would not want Mrs Nkuna to do anything without his specific blessing.
- 2.6.3. Mr Nkuna would keep her bank cards and, especially when they were living in Village B, would ensure that by restricting the money she had available she was unable to spend time with family or friends.
- 2.6.4. Kath was aware that Mr Nkuna may not be Daniel's father. She also knew that he may have been conceived through a rape by a former partner. Mrs Nkuna was adamant that she did not want to report this to the police or access support services. In any case Kath was unclear what support services were available but, even if she had known, she had wanted to respect her daughter's wishes. She was reassured that Mr Nkuna was prepared to bring Daniel up as his own despite him knowing the ambiguity over his paternity.
- 2.6.5. While the three were living at Kath's house they kept themselves to themselves in the single bedroom. When Mr Nkuna was at home, Kath would not see them at all and occasionally a whole week could go by without her seeing her grandson who was living just upstairs.
- 2.6.6. When they went to in 2009, this was to see family and to renew Mr Nkuna's visa which had expired. While they were there they married. Following Mrs Nkuna's return, she and Daniel remained living with Kath. When they spoke on the phone Mrs and Mr Nkuna would argue. Mr Nkuna would demand that she send money across to him and Mrs Nkuna would keep reminding him she did not have any.
- 2.6.7. Upon his eventual return in early 2011, on a two-year visa, he did not move back to Kath's house but to a bedsit in Horley. This was partly because Alicia had by now been born and the space was very cramped. While he was away Mrs Nkuna's father had died, Alicia had been diagnosed with cerebral palsy and Mrs Nkuna had stopped working due to her childcare responsibilities.
- 2.6.8. Following their move to Village A, Kath saw less of Mrs Nkuna and the children. Kath had by now fallen out with Mr Nkuna given his behaviour and the way he treated her daughter, however Mrs Nkuna would walk to see Kath from time to time. On one occasion she showed her bruising on her arm and said that Mr Nkuna had grabbed her. She did not make much of it and they did not discuss it as a domestic violence incident.
- 2.6.9. When Mr Nkuna left the home at the end of 2012, Kath describes Mrs Nkuna as being delighted as she no longer had to put up with his controlling and oppressive behaviour. This was in contrast to their presentation to

professionals who reported that she seemed desperate for Mr Nkuna to return while he said he wanted to remain estranged.

- 2.6.10. It was notable, the family commented that, despite them being separated, Mr Nkuna was anxious that Mrs Nkuna did not have the opportunity to disclose anything about him or their relationship to the outside world. Whilst he was not in a position to isolate her completely, certainly not while he was in South Africa, he ensured that he was at as many meetings with professionals as possible. It was this, not his desire to be a caring and present father, that ensured his presence according to the family.
- 2.6.11. Kath and James remain convinced that Mr Nkuna only returned to the family home in Village A when his two-year visa, that he had struggled to obtain in South Africa, was due to expire. They feel that his application for indefinite leave to remain would be stronger if he were to be seen living in a settled environment with his family. They noticed no marked improvement in the relationship.
- 2.6.12. Contrary to how it appeared to professionals, Kath and her son describe the relationship as taking a downward turn when they moved to Village B. Mr Nkuna was more able to isolate his wife given the travelling distances and they were less socially connected there.
- 2.6.13. Mr Nkuna had forbidden Kath from visiting the Village B house and, as far as possible, from seeing her grandchildren. Despite a reasonably friendly relationship with James, he too did not feel welcome at their house so stopped going round.
- 2.6.14. It was while they were at Village B that Mrs Nkuna showed Kath marks that she said were the result of Mr Nkuna burning her with the hot tip of a knife and a kettle lid. She said that he had not caused these injuries maliciously, rather that he was only playing.
- 2.6.15. Kath was very clear that Mrs Nkuna did not want to report any of these matters as domestic violence and she respected that. Her view was that Mrs Nkuna would not want to go behind Mr Nkuna's back by revealing anything about their relationship to outsiders. She was not aware of where she might go to obtain support in any case.
- 2.6.16. On one occasion, because of how upset Mrs Nkuna was, James and her stepfather said that they were going to go round to evict Mr Nkuna from the house. She panicked at this and pleaded with them not to. They heeded her wishes and did not go.
- 2.6.17. During a short visit from Mr Nkuna's mother, Mrs Nkuna fell out with her. She told Kath that she was constantly critical of how she performed her duties as a wife and a mother. Because of this her mother-in-law returned to South Africa earlier than planned.
- 2.6.18. On the Christmas Eve, the day before the deaths were discovered, Kath describes Mrs Nkuna as very happy and looking forward to a Chinese meal she said they were all planning. She had a couple of drinks, which she knew Mr Nkuna would not be happy with. Mr Nkuna did not come into the house when he came to collect her so she went outside to get in his car.

- 2.6.19. James was present when his then girlfriend answered Kath's phone to Mrs Nkuna. He said she kept telling her to calm down and remembers, after the call the 'happy tears' comment. Both he and Kath agree that is not a term she would use unless, perhaps, she was being compelled to say that to excuse real tears.
- 2.6.20. When they went to the house after the deaths they saw that, most unusually, Mrs Nkuna's tobacco, papers and lighter had not been taken out of her bag. This would normally be the first thing she did. Also they found it strange that the Christmas card James gave that day was displayed but Kath's was not. Both of these, they surmise, was due to something happening as soon as they arrived home that would prevent her from following her normal routines.
- 2.6.21. They noticed too that there were many unpaid bills and final demands in the house. They were sure that Mrs Nkuna would not have known about those as Mr Nkuna insisted on having control over all the finances.
- 2.6.22. Kath now looks after Daniel and Alicia. Alicia does not display any signs that she witnessed any form of violence or abuse but Daniel does. He often mocks a choking sound and becomes fixated when the family are going out fearing that they may not come back. He repeatedly asks for reassurance around this. The school have been spoken to by the Chair of this review and they have seen no similar signs.
- 2.6.23. In terms of their health, Kath was aware that Mr Nkuna was HIV positive but did not believe his account that he accidentally became infected during a car accident in South Africa. She said that Mrs Nkuna had not suffered from depression since they had moved back from Cornwall some eight years before the deaths. She was aware that her daughter was on anti depressants but thought that was due to the anxiety she suffered at the hands of Mr Nkuna

2.7. Individual Management Review – Riverside Surgery

- 2.7.1. Riverside Surgery is a general practice surgery situated on the southwest of central Horsham and serves roughly 7,600 patients living within a three-mile radius. It provides all core General Medical Services plus certain enhanced medical services. It has two GP partners, two salaried GPs, one Practice Nurse, one Health Care Assistant, a Practice Manager and eleven administration staff who hold various positions within the practice.
- 2.7.2. There was extensive difficulty in obtaining a response from the surgery to the request for this IMR. This related to the issues surrounding consent and confidentiality and also payment to the GP to compensate for the time taken to complete the report. As this issue could not be resolved with the surgery and the Local Medical Committee (LMC) in the short term, the clinical lead for safeguarding adults from the Clinical Commissioning Group reviewed the notes at the surgery and completed the IMR. To get to even that point took some five months and had a significant impact on the review.

- 2.7.3. Mrs Nkuna was registered with this surgery prior to the time period of this review and Daniel and Alicia since their birth. All three transferred to Village B surgery in March 2014. Mr Nkuna was never registered with Riverside.
- 2.7.4. Mrs Nkuna was seen many times throughout the period often relating to anxiety and depression. She was seen in 2008, 2012 and 2013 for this. While she admitted to stress at work and lack of social support she never gave any history of domestic violence during these consultations. It is not clear whether she was ever asked.
- 2.7.5. Although she was referred to Time to Talk (a talking therapy service commissioned in West Sussex by Sussex Community NHS Foundation Trust) on two occasions (September 2012 and November 2013), she did not engage with them to take up appointments. In line with their policies and standard practice, she was discharged following her lack of contact. There was another occasion, in January 2012, when the GP suggested that the Health Visitor consider a referral to Time to Talk. This conversation did take place with her but it never progressed to a referral. None of the failures to engage were ever questioned by any GP at subsequent appointments.
- 2.7.6. She had two pregnancies during the period under review (Daniel and Alicia) and, again, there were no disclosures regarding domestic violence made to maternity services nor were any safeguarding concerns about the children ever raised. During her first pregnancy she missed two antenatal scan appointments. This is a little unusual as, for most women, these scans would be considered a priority and not missed, or at least rescheduled rather than they not attend.
- 2.7.7. During an appointment for her son's asthma check up in 2011, she disclosed that her husband was HIV positive. She was signposted to the GUM (Genito-Urinary Medicine) clinic and the nurse informed the GP.
- 2.7.8. There is mention in the notes in August 2012 that 'Dad' (Mr Nkuna) had a liaison worker. There was no comment in the notes as to why but there was a request for the family to have more support. The GP who was contacted and wrote this in the notes was no longer working at the practice so there is no more information available than that.
- 2.7.9. In January 2013, Mrs Nkuna contacted the surgery to tell them that she had been assaulted by James. She was appropriately directed to attend the minor injuries unit for assessment. The subsequent notes from the minor injuries unit confirmed her claim to have been assaulted by James and that she had significant bruising and swelling to the head. There is nothing to indicate that she was offered domestic violence support information or signposted to WORTH by the surgery. The minor injuries unit completed a safeguarding children information sharing form and therefore would have considered the potential risk to the children. However there was no evidence that anyone from Children's Social Care contacted the GP surgery in response to this.
- 2.7.10. Although the details of the assault were in the letter from the minor injuries unit, this was not coded as domestic violence or an assault in her notes. There was no cross referencing to this event in the children's notes either, despite a safeguarding children information form being completed by the

minor injuries unit. There is nothing in the notes to show that the matter was discussed again in surgery and wasn't highlighted in her notes that she could be at risk of domestic violence.

- 2.7.11. In 2009 Daniel was apparently scalded with boiling water and taken to A&E. Mrs Nkuna said that she had been making up a bottle with hot water, shook the bottle without realizing that lid was not on properly. Kath is certain that it was Mr Nkuna, not Mrs Nkuna, who did this. There were no safeguarding concerns raised and Daniel was referred to Queen Victoria Hospital at East Grinstead for follow up treatment to the scalding. He was not brought to one routine appointment but this was rearranged and he was brought to an appointment at a later date.
- 2.7.12. In 2011 Daniel was reported to have fallen down the stairs in front of his mother. He was seen by A&E and, again no safeguarding concerns were raised. In 2012 Daniel had multiple hospital admissions with severe asthma, often following 999 calls to the home. On one occasion he was admitted to Intensive Care and required intubation.
- 2.7.13. Alicia has cerebral palsy and known developmental delay, and is under the care of the community paediatricians. However Mrs and Mr Nkuna had refused further investigation to try and find a diagnosis. They refused an MRI, chromosomal analysis and a metabolic screen in order to establish an underlying diagnosis for the developmental delay. There was no reason for this refusal in the Paediatrician's letter. Following the next clinic appointment Mrs Nkuna did agree for the blood tests, but not the MRI but there is no explanation as to why she changed her mind.

Analysis of Involvement

- 2.7.14. The difficulties and extensive delays in obtaining the Individual Management Review from this surgery became an unnecessary obstacle in completing the review and thus delivering the learning it revealed. The other two GP surgeries responded to the request for information in a reasonable time and without dispute, as have GP practices in other reviews undertaken by this chair. However, other than this position taken by Riverside Surgery, it does raise some important questions regarding clarity of process and responsibility.

Lessons Learned 1

- 2.7.15. There is a lack of clarity in primary care regarding their role in providing information and analysis to Domestic Homicide Reviews. This is not just around information sharing but also payment for time. This leads to delays in reviews and could lead to incomplete information being available.**

Recommendation 1

- 2.7.16. That the Coastal West Sussex, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups produce health specific guidance regarding Domestic Homicide Reviews and the need for information sharing, to supplement that available from the Home Office.**

- 2.7.17. While this family did not present with numerous concerns that may have raised suspicions that domestic violence was an ongoing feature, there may have been an opportunity to understand more about the pressures the family were under and why they required more support and therefore act accordingly.
- 2.7.18. It is puzzling, for example why neither Mrs Nkuna nor the children's notes were coded following the clear report of an episode of domestic violence perpetrated by James. Had this been carried out it could have led to more direct questioning around domestic violence in subsequent consultations when Mrs Nkuna presented again later in the year. It may have also prompted the practice to offer further support from domestic violence support organisations.

Lessons Learned 2

- 2.7.19. Knowledge around the scope and nature of domestic violence and abuse within primary care may be inadequate leading to professionals not recognising 'other family member' domestic incidents as requiring the same level of attention as those that occur between partners or former partners.**

Recommendation 2

- 2.7.20. That the Domestic and Sexual Violence Strategic Board ensure that all agencies review their domestic violence training to ensure that it clearly explains the definition and scope of domestic violence especially that it can be perpetrated by 'other family members.'**

Recommendation 3

- 2.7.21. That Coastal West Sussex, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups gain assurance from GP surgeries that they are aware of the importance to code any entries relating to domestic abuse on both the victims notes, and any dependent children.**
- 2.7.22. It is unclear why, when patients do not engage with services, such as Time to Talk, having been referred by their GP that at future appointments they are not spoken to about that. This seems like a missed opportunity to check on the wellbeing of patients and consider any barriers there may be to taking up treatment.

Lessons Learned 3

- 2.7.23. When patients do not take up referrals made to other services by GPs there may be no follow up or enquiry made to understand the reasons why. This can lead to conditions remaining untreated and therefore recurring. There is no specific recommendation around this but, as a practice observation, professionals should be alive to and aim to mitigate the ongoing risks that may prevail if referrals are not taken up.**

2.8. Individual Management Review – Village B Surgery

- 2.8.1. Village B Surgery is a general practice surgery situated, as its name suggests, in the town of Village B, which is about eight miles southwest of Horsham. It provides General Medical Services to around 13,000 patients. There are currently nine GP partners, an Executive Manager, six nurses, four Health Care Assistant/Phlebotomists, a Dispensary Manager plus other staff who hold various positions within the practice.
- 2.8.2. The IMR was written by the executive manager who drew on the patient records of Mrs Nkuna, Mr Nkuna, Daniel and Alicia. He is qualified, experienced and independent to the level that he meets the criteria to perform this role. Patient records show that Mrs Nkuna and the children were registered with the surgery in March 2014 and Mr Nkuna in April 2014. They remained so until Mrs and Mr Nkuna's death.
- 2.8.3. Mrs Nkuna had very little contact with the surgery, attending just three appointments for house dust allergy, seasonal influenza vaccination and lower back pain (the latter without any signs of trauma). She was open about her husband's health status but raised no issues regarding this or her relationship with him. At no time were there any indications that Mrs Nkuna was experiencing domestic abuse, nor any signs that would have prompted routine enquiry around this.
- 2.8.4. Mr Nkuna also had very little contact with the surgery, attending just once, in late November 2014, for anterior shin splints and low mood. In this single consultation he offered that his low mood was affected by his HIV positive health status and relationship issues, including arguing with his wife, specifically regarding his mother visiting recently. There is an indication in the notes that he had considered self-harming when things got bad. He was referred to Time to Talk regarding his low mood and it was suggested that he also contact Relate; a relationship counselling service. He did not reply to the 'opt in' letter from Time to Talk and there is no evidence to suggest that he followed up the advice to speak to Relate.
- 2.8.5. There was no opportunity to follow up Mr Nkuna's non engagement with Time to Talk as the surgery were notified just ten days before his death and he did not have any contact with them in that period. There is no mention in the notes whether the possibility of domestic violence was raised when he mentioned that he was arguing with his wife but, equally, no indication that it was a factor in the relationship.
- 2.8.6. Regarding Daniel and Alicia, they both had ongoing health problems; Daniel with asthma, allergies and severe global developmental delay and Alicia with cerebral palsy. These were subject of ongoing treatment and there were no issues of concern in their records during their time as patients that would be indicative of any problems at home nor any safeguarding matters.

Analysis of Involvement

- 2.8.7. The family were only registered at this surgery for a short time before Mrs and Mr Nkuna died. In that time, other than Mr Nkuna reporting low mood,

there were no presentations that could reasonably be indicative of domestic violence.

- 2.8.8. Mr Nkuna did not follow up the contact he received from Time to Talk but the two-week period allowed for this expired just ten days before the death. Even if it were to be expected that this should be questioned, perhaps at a future appointment with the GP, there were no subsequent appointments and no time to make such an enquiry.

2.9. Individual Management Review – Courtyard Surgery

- 2.9.1. Courtyard Surgery is a general practice surgery situated in Horsham and provides General Medical Services to its patients. It has four principal and one non-principal GP. In addition it has two practice nurses, a health visitor, a district nurse, a health care assistant, a community midwife and community psychiatric nurse attached to the practice. In support it has a practice manager, assistant practice manager and a reception team.
- 2.9.2. The Individual Management Review was written by one of the principal GPs who was not involved in care, is qualified and senior and therefore appropriate to carry out this role.
- 2.9.3. Only Mr Nkuna was registered with this surgery and he transferred to Village B Surgery in April 2014. He attended the surgery on only four occasions all with minor ailments of a minor viral or dermatological nature and once with a rheumatological problem.
- 2.9.4. There was nothing in any of the presentations or from any other sources that would have indicated that there were any relationship difficulties nor any domestic violence or abuse as a factor in Mr Nkuna's life. There was therefore no reasonable trigger for any routine enquiry to be made.

Analysis of Involvement

- 2.9.5. Given the lack of any relevant involvement with Mr Nkuna and that none of the other subjects of this review were patients at Courtyard Surgery, there is no analysis to make of the services provided.

2.10. Individual Management Review – Sussex Community NHS Foundation Trust.

- 2.10.1. Sussex Community NHS Foundation Trust are the main provider of community NHS health and care across West Sussex, Brighton & Hove and High Weald, Lewes and Havens area of East Sussex, a population of over a million people.
- 2.10.2. They provide a variety of services including community rehabilitation and support for people with a range of complex health needs and long-term conditions, community rapid response to assess and care for patients with urgent care needs, intermediate care, integrated discharge, health promotion, health visiting, and care for children with complex health needs.
- 2.10.3. They employ around 4,750 people including clinical and non-clinical professionals. Many work in multi-disciplinary teams combining a range of

specialisms and backgrounds and linking closely with health and social care partners to offer integrated, seamless services to patients.

- 2.10.4. The Individual Management Review was written by the head of adults and children safeguarding for the trust. She was independent of the care provided and is experienced and qualified to carry out such a role.
- 2.10.5. SCFT supported both Daniel and Alicia with a range of services due to their complex disabilities. They also provided health-visiting services and referred both Mrs and Mr Nkuna for talking therapies. The range of services offered and referrals were:
- Speech and Language Paediatric (Daniel and Alicia)
 - Paediatric Physiotherapists (Daniel and Alicia)
 - Consultant Community Paediatrician (Daniel and Alicia)
 - Health Visitor (Family)
 - Occupational Therapy (Daniel and Alicia)
 - Special School Nurse (Daniel and Alicia)
 - Paediatric Audiology (Alicia)
 - Geneticist (Daniel and Alicia)
 - Homestart (Family)
 - Children's Social Care (Family)
 - Time to Talk (Mrs and Mr Nkuna)
- 2.10.6. The full detail of relevant referrals and contacts is contained with the integrated chronology. A total number of 145 entries are logged in the chronology and the entries range from 25th November 2008 to 15th December 2014.
- 2.10.7. The family's first contact with SCFT professionals was a visit to the home by the Enhanced Health Visitor Service, as a family of concern, at a new birth visit. This was due to Daniel's premature birth, low birth weight and health conditions. During the pregnancy there were minimal antenatal care contacts with no indication of the reason why.
- 2.10.8. Mrs Nkuna was receptive to that health visitor visit. Both her and Mr Nkuna were staying in Mrs Nkuna's mother's house, sharing a single bed. They had a low income as Mrs Nkuna had not worked for a while or claimed any benefits. Mr Nkuna was working as a carer. Mrs and Mr Nkuna had been together for nine months and Mr Nkuna was regarded by professionals as supportive and wanting to be fully involved in Daniel's upbringing. They were receptive to advice on benefits and to the suggestion they visit the housing department to be listed for accommodation.
- 2.10.9. Following Daniel's admission to hospital for scalding following an accident with a feeding bottle, health visitors visited the house where they noted that Mrs and Mr Nkuna were working opposite shifts and Daniel seemed to be bonding closer with his father. The accident, Mrs Nkuna's back injury and the living conditions were discussed.
- 2.10.10. Over the coming months the health visitor checked on the housing application and noted that the family intended to travel to South Africa to visit Mr Nkuna's relatives, a trip they made at the end of 2009.

- 2.10.11. Following Alicia's birth in February 2010, while Mr Nkuna was still out of the country, Mrs Nkuna was struggling with tiredness and back pains. While she seemed keen to move into rented accommodation, as Mr Nkuna was out of the country, she delayed as she mentioned they may all move to South Africa.
- 2.10.12. This situation continued through most of 2010 and health visitors noted that conditions were becoming more and more challenging for Mrs Nkuna as she needed to go back to work but worried about Kath's ability to care for the children.
- 2.10.13. The housing situation was such that Mrs Nkuna and the two children continued to live in a single room and told professionals they did not venture downstairs because of the two dogs. This was not resolved throughout Mr Nkuna's time in South Africa.
- 2.10.14. After Mr Nkuna's return in early 2011, the health visitor recorded that efforts were still ongoing to rehouse the family, including a suggestion by a housing officer that Mrs Nkuna's mother make them homeless which may result in bed and breakfast accommodation as an interim measure. This would be in a bigger room than the one Mrs Nkuna and the children were currently occupying. This conversation is not included in housing records although the Housing Department are clear it should have been unless it was a general enquiry made without reference to a specific case or person. It is unknown how this discussion took place or whether Mrs Nkuna revealed she had an ongoing application being considered.
- 2.10.15. Following the eventual move into a house in Village A, the next month, the health visitor initially noted improvement in the family dynamic. However, in early 2012 Mrs Nkuna started to report experiencing difficulties going out and getting buses. She had expressed hope that Mr Nkuna's mother would get a visa to come to the UK and be able to help with the children.
- 2.10.16. After Daniel suffered a severe asthma attack in 2012 and they became concerned of the effect on Alicia of sharing a room, the health visitor reported that they were seeking new housing.
- 2.10.17. In September 2012, Mr Nkuna and Mrs Nkuna separated. The health visitor had been told just before that happened that Mr Nkuna had wished to remain in the family home, just not with Mrs Nkuna. However, it was he who left. The health visitor sought support from Fun and Breaks, a respite service, Homestart and suggested other strategies to help Mrs Nkuna cope.
- 2.10.18. Given the change in circumstances the risk and protective factors were re-assessed using the Brearley Model of Risk Assessment. Risks were noted as being Mrs Nkuna history of depression, Daniel having had accidents, Mrs Nkuna's reluctance to accept the children's disabilities, non-attendance at appointments, Mrs Nkuna's family not being able to support her and poor housing. Current risk factors were Mr Nkuna deciding to leave, social isolation and housing issues related to children's disabilities. The dangers were Daniel's asthma, Mrs Nkuna not being able to cope alone or access services and that her mental health may deteriorate. Strengths were that Daniel was at nursery, both children were well presented and that the

parents cooperated with professionals. It was at this time that the health visitor made a referral to Children's Social Care.

- 2.10.19. In October 2012 Mrs Nkuna, following the advice of her GP, spoke with her health visitor about panic attacks she was experiencing, that she was feeling very low and was feeling unable to leave the house.
- 2.10.20. Other than the referral to Time to Talk in November 2013, which Mrs Nkuna did not take up, much of SCFT's involvement between late 2012 and November 2014 was in addressing the disability needs of the children. On occasions they were not brought to appointments but, equally, the parents seemed able to challenge interventions or responses when they felt that they were not in the interests of their children.
- 2.10.21. The final contact was in late November 2014 when Mr Nkuna was referred to Time to Talk regarding his depression. However, when by mid-December he had not made any contact with them he was discharged.
- 2.10.22. Overall, the records indicate a range of medical, social and psychological concerns that may have impacted on the family's wellbeing. These include housing and economic difficulties, apparent instability of Mr Nkuna's immigration status, the complex disabilities of children, the parent's unstable relationship and Mrs Nkuna's inability to cope alone. With one member of the maternal family having once been violent towards Mrs Nkuna and a distant paternal family living in South Africa, the assessments indicated a level of social isolation.
- 2.10.23. Records provide no evidence that domestic abuse was reported or discussed. Mrs Nkuna twice did not take up referrals to Time to Talk; once in 2012 as a result of her reporting that Mr Nkuna had left her and again the following year where she said she was suffering from low mood but was in a good relationship with her husband. The Mrs Nkuna's standard test ([Edinburgh Post Natal Depression](#)) for post-natal depression was scored at 6 after Daniel's birth. Anything over 13 is considered to be depression.
- 2.10.24. Routine enquiries regarding domestic violence are normally made during the health visitor's initial assessment. There was no pre-birth visit for the victim due to her only attending two antenatal appointments, so the first engagement was with the Enhanced Health Visiting Service. There was no discussion with the victim alone prior to the birth of Daniel. There is detail of a range of concerns that have been discussed including housing, financial benefits, emotional health of the victim, Citizen Advice Bureau, nursery and school placements, support networks for the victims and with other services including children's service and hospital staff but not the possibility of domestic violence despite it being a required enquiry.
- 2.10.25. The numerous and varied services provided by or commissioned by SCFT did not highlight any actual or underlying concern that domestic violence and abuse were factors between Mrs and Mr Nkuna. What they did indicate however was a family under huge pressure and whose resilience to such pressure was varied but in the main low. The factors they experienced in terms of their housing, relationship and their own and the children's health problems were extra-ordinary.

Analysis of Involvement

- 2.10.26. One of the recurring factors that this review has identified is how frequently either Mrs or Mr Nkuna were not available for pre-arranged professionals' visits, did not engage with services they had been referred to or did not take the children to their appointment. As these episodes of non-engagement were dispersed across the system it was difficult, at the time, to identify patterns and then apply a reasonable degree of curiosity to the reasons why.
- 2.10.27. There is nothing to suggest that the reasons why these appointments were not kept were due to any attempt to hide from or keep the children away from professionals. However, with a family under such intense pressure, it could have been. As is often the case, there was no one 'holding the ring' on this family, therefore no-one who was in a position to remain alert to any issues of presentation, or in this case non-presentation, across services. Had there been they may have become curious when faced with these patterns, coupled with the known pressures and risks and the need for referrals to talking therapies. That may have given Mrs Nkuna space to reveal what was really going on in her life and then help sought.

Lessons Learned 4

- 2.10.28. Repeated episodes of patients either not attending or not brought to appointments across different services are not considered holistically, nor in the context of other pressures, as being symptoms that there may be domestic violence or other safeguarding concerns present.**

Recommendation 4

- 2.10.29. That the Coastal West Sussex, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups work with providers to ensure the training of professionals includes both that 'was not brought' may be a sign of non-engagement and an indication of risk together with raising the awareness of available pathways of support in cases of concern.**
- 2.10.30. There was only one full risk assessment completed in September 2012. There were increasing risks with the family as it is well evidenced the effects of having one disabled child has on the parents. Coupled with this, Mrs Nkuna had a history of difficulties socialising and of depression. There was also no recording of the planning of either pregnancy. A detailed risk assessment, regularly reviewed, may have brought the overall picture of the family situation to the forefront for the professional rather than just the detailed assessment and focus on the children.

Lessons Learned 5

- 2.10.31. There can be a tendency for practice to be underpinned by a single static risk assessment rather than that assessment being a continuous process with practice being modified as assessed risk changes.**

Recommendation 5

2.10.32. That Sussex Community NHS Foundation Trust Review the risk assessments used by therapists to consider the whole family risks especially when there are multiple children with disabilities.

2.10.33. It was noted in the SCFT IMR that Mrs Nkuna's engagement with antenatal services was unusually low. This meant there was no pre-birth visit and the first involvement was with the Enhanced Health Visiting Service. It is at the initial visit that the health visitor would normally ask a routine question around whether the mother was experiencing domestic violence. This would happen when the mother was alone with the health visitor. As no such initial visit occurred, this opportunity did not arise but no-one recognised this and therefore did not make the enquiry at a later time. The IMR author confirms that SCFT policy is now that the 'routine enquiry' question is mandatory in all paper and electronic records, not just those for initial pre-birth visits.

Recommendation 6

2.10.34. Sussex Community NHS Foundation Trust should audit Health Visiting and Enhanced Health Visiting cases to assure themselves that 'routine enquiries' into whether domestic abuse is a factor in clients' lives are made in line with their revised policy and expectations.

2.10.35. The Health Visitor, in other ways, was proactive where need arose. For example, following Daniel being scalded, she had a discussion to confirm, along with other sources, that this was not a non-accidental injury. Further she wrote two letters to housing to support the family in improving their housing conditions and to make amendments for the children. Other appropriate referrals and quests for support were made even if, in some cases, they were not taken up.

Good Practice Point 1

2.10.36. The Health Visiting service was very pro-active in seeking support for this family in many ways and helped them access services that they may have otherwise struggled with.

2.11. Individual Management Review – West Sussex County Council Children's Services.

2.11.1. West Sussex County Council Children's Services provide, among other services, statutory children's social care (CSC) to the under 18 population of West Sussex. There are 168,835 children in the county of which 2,746 have been assessed as being in need of a specialist children's service. 474 children are subject of a child protection plan and 639 are being looked after by the local authority. The full report is available [Ofsted website](#).

2.11.2. The Individual Management Review for CSC was completed by the Interim Head of Service of the Children's Disability Team who was not, during the period under review, responsible for the management of the case.

- 2.11.3. On the 21st September 2012, CSC received a referral from the Health Visitor regarding support for Mrs Nkuna arising from the children's additional needs as Mr Nkuna was leaving the family home. The health visitor was concerned that Mrs Nkuna would find it difficult to manage all of their appointments. She had a history of depression, was described as 'hard to engage' and did not proactively seek support from services such as Homestart. Mrs Nkuna was described as isolated and unable to use public transport on her own with the children. Mr Nkuna was viewed, by the health visitor, to be a protective factor and had greater insight into the children's needs and care.
- 2.11.4. Following some unsuccessful attempts to call Mrs Nkuna by telephone, contact was made on the 3rd October 2012 after Daniel had been admitted to hospital following a severe asthma attack. During his treatment CSC received a further referral for additional support from East Surrey Hospital. On the 16th October Mrs Nkuna told CSC she was unaware of the hospital referral and disclosed that she had reconciled with Mr Nkuna. She accepted that the initial assessment should go ahead and this progressed to a core assessment.
- 2.11.5. The children were considered well cared for by both parents. Mr Nkuna was found to be involved in their daily lives and care, despite working long hours, and Mrs Nkuna described him as a good and supportive father. The main concern was around emotional difficulties in Mrs and Mr Nkuna's relationship linked to Mr Nkuna wanting to end the marriage and Mrs Nkuna's distress at this. Mr Nkuna was still living in the home, sleeping on the sofa, and was paying the rent. Mr Nkuna told the social worker that he struggled with Mrs Nkuna's jealousy.
- 2.11.6. With the children being of dual heritage this was felt to have influenced their eventual separation. Mr Nkuna felt Mrs Nkuna did not understand/respect his culture while Mrs Nkuna felt it was that which affected how he related to her as a wife. She feared that he was being unfaithful and that he had already found another woman. The social worker advised they have relationship counselling. While Mrs Nkuna wanted this, Mr Nkuna declined it as he already had individual counselling, something he would not discuss further.
- 2.11.7. Mr Nkuna's main worry was that if he moved out, Mrs Nkuna would stop him seeing the children. Mr Nkuna was not named on Daniel's birth certificate - Mrs Nkuna said this was because at the time of his birth Mr Nkuna's visa had expired but also there was a question over the paternity. Mr Nkuna said that he felt this was an insult and he worried about Daniel's future. Mrs Nkuna declined the social work offer of extra support with Alicia's care.
- 2.11.8. During a home visit by the social worker at the end of October 2012, Mrs Nkuna said that she believed that the social worker was siding with Mr Nkuna as both were black. She also expressed distress that Mr Nkuna had announced that he was leaving. Mr Nkuna had told the social worker that Mrs Nkuna had told him to take the children with him.

- 2.11.9. Over the next three months, after Mr Nkuna had left, the social worker observed real efforts on the part of both parents to care for the children but a tangible stress and atmosphere between Mrs and Mr Nkuna over their marriage. Mrs Nkuna was desperate for Mr Nkuna to return home but he did not want to. In the December Mrs Nkuna revealed Daniel's unclear paternity. She said that she had been raped by a former partner, a colleague of both hers and Mr Nkuna's, but had not reported it to the police. She had, however, told Mr Nkuna who promised to bring up Daniel as his own child.
- 2.11.10. In December 2012, the assessment concluded that Alicia's needs were being met by her parents and some respite breaks/support were being pursued for Mrs Nkuna. There were worries around Mrs Nkuna's emotional response to Mr Nkuna's wish to remain separated from her and the impact on the children and their stability. Mrs Nkuna also had long-term depression and emotional issues. A Child in Need plan was developed to support Alicia's needs as a disabled child and offer Mrs Nkuna some respite from the demands of caring for two children with additional needs.
- 2.11.11. In a visit just before Christmas at which both parents were present, they had to be reminded that the focus was on Alicia's needs as they kept returning to their relationship issues. Mrs Nkuna became very distressed about Mr Nkuna's decision to leave, pleading with him to stay - this was in front of the children. They did not seem to appreciate that they may pick up on the negative emotions and upset. Mrs Nkuna continued to speak of her own distress and Mr Nkuna threatened to return to Africa as he could not cope any more. When Mr Nkuna left to collect Daniel the social worker once again brought up counselling as a potential solution.
- 2.11.12. Mrs Nkuna said that James would be staying over Christmas. However, just after New Year he assaulted while the children were in the house. This necessitated hospital treatment and a police investigation. Despite CSC being notified and some early efforts being made to arrange a visit to see the children, from the records, this didn't happen.
- 2.11.13. In March 2013, Mrs and Mr Nkuna reunited but the support for Alicia and a meeting to help Mr Nkuna clarify his immigration status were both cancelled by Mrs Nkuna. All Mrs Nkuna would accept was some help with babysitting.
- 2.11.14. Steps were then put in place to close the case as Mrs Nkuna was reporting that with Mr Nkuna having returned and the baby-sitting support being arranged, the marriage was back on track. The closure letter was eventually sent in August of that year and CSC had no further involvement.
- 2.11.15. During the contact CSC had with the family, there was no suggestion of domestic abuse involving Mrs and Mr Nkuna, however they had an emotionally intense relationship. The social worker was involved during a period where Mr Nkuna wished to (and did) leave the marriage while Mrs Nkuna wanted him to stay and appeared distressed by this. Mrs Nkuna discussed the detail of their relationship with the Social Worker, often with Mr Nkuna there. This included an occasion where she said he would not talk to her and gave her a 'strange look'. Mrs Nkuna stated that Mr Nkuna criticized everything and she walked on eggshells. Mrs Nkuna also said she

believed that Mr Nkuna was seeing another woman. Mr Nkuna said Mrs Nkuna was jealous, had sent him abusive texts and was always telling him what to do. The social worker observed at meetings that Mrs Nkuna would become emotional and distressed around Mr Nkuna wanting him back, and Mr Nkuna would find it too much and leave. The social worker advised counselling on a number of occasions. Mr Nkuna did not want to have couples counselling, Mrs Nkuna did not seem to want to pursue individual counselling.

Analysis of Involvement

- 2.11.16. While there were no obvious warning signs that there was domestic violence, there were signs of an intensity in the relationship and Mrs Nkuna's high level of dependence on Mr Nkuna. Further work could have been undertaken to establish the impact of the parent's relationship on the children and/ or any evidence of hidden harm. The features of this family could have resulted in some professional curiosity about how the relationship between the parents worked and what the impact was on the children.
- 2.11.17. It is important to consider children as part of a whole family system. Observations of the children's attachment to their mother and father may have given indications of trauma were it there. Social workers should use attachment knowledge and observe all children in the family when trying to gain an understanding of how a family functions and what needs are arising.
- 2.11.18. West Sussex Children's Services is, more recently, ensuring that practice is underpinned by the [Signs of Safety Framework](#) available on their website. Recording expectations are different now and it would be expected that the children voices would be evident on the file as well as chronologies and evidence of multi-agency working. Had the 'three houses'. direct work tools been completed with Daniel (Alicia was too young) it could have provided an insight into the potential risks in the family.

Lessons Learned 6

- 2.11.19. Considering the whole family dynamic, including using attachment knowledge to inform judgements around the children/ parent relationship, in the context of other pressures and problems being experienced can provide a greater insight into how a family functions and their needs.**

Recommendation 7

- 2.11.20. West Sussex County Council should continue to embed the Signs of Safety Framework, to drive up practice standards by ensuring the children's voices are heard, chronologies are on file and interventions are outcome focused and that Social Workers consider children in the whole family context and use attachment expertise to identify any signs of trauma.**

- 2.11.21. The social worker discussed relationship issues with Mrs Nkuna at length and over a period of time, both on her own and with Mr Nkuna. Mrs Nkuna called the social worker to discuss her feelings and concerns about the couple's relationship but did not disclose any abuse. What is not evident is whether Mrs Nkuna was ever asked whether she was experiencing domestic abuse in any form from Mr Nkuna. She discussed the abuse she witnessed as a child, the assault by James and the rape that may have resulted in the conception of Daniel, however.
- 2.11.22. Mrs Nkuna had sufficient awareness to identify abusive behaviours, however, a disincentive may have been the fear that disclosing any abusive behaviours by Mr Nkuna may cause her relationship to end. She was isolated, financially dependent, had a history of witnessing domestic violence in her own childhood and suffered domestic and sexual violence from others. The prospect of the end of their relationship had caused her significant distress. The costs, to her, of revealing any abuse she may have been suffering would have been higher than in discussing historical abuse by her father, sexual violence by a man she no longer saw and the assault by James. It could have been that a more enquiring, yet supportive approach in exploring whether Mr Nkuna was abusing her may have helped her reveal her current experiences.

Lessons Learned 7

- 2.11.23. There may be an assumption held by professionals that where people are able to disclose some incidents of abuse they will disclose all. This may not always be true as the perceived consequences of disclosure can vary according to context and alleged perpetrator.**

Recommendation 8

- 2.11.24. West Sussex County Council ensure steps are taken so that social workers and their managers are aware of the risks of hidden harm experienced by domestic violence victims and their children and therefore embed and support practice that demonstrates a high degree of professional curiosity.**
- 2.11.25. Mrs Nkuna disclosed how she had been raped by another man. She had not reported this to the police but had told Mr Nkuna at the time and, in 2012, told the social worker. It is said that she told the social worker that she did not want the police informed nor did she want any counselling. However, what is not clear is how deeply these options were explored nor whether any information was gathered to help assess whether the perpetrator of this rape presented any current or future risk to her or others or whether there might have been other victims.

Lessons Learned 8

- 2.11.26. There may be an inclination to accept a victim's personal views regarding disclosure of them having suffered a serious sexual assault as being absolute. Options such as third party referral and information about the many and varied supportive services available may, therefore not be discussed. This can impact on the**

wellbeing of the victim themselves as well the safety of others who may have contact with the alleged perpetrator.

Recommendation 9

2.11.27. Agencies should ensure that where professionals have disclosed to them reports of rape or serious sexual assaults they endeavour to inform the victim of all options available to them especially around reporting the matter to the police and availing themselves of counselling services. At the very least, where a victim is not inclined to report the matter to the police, agencies should make an anonymised [Third Party Report](#) through a victim support service.

2.11.28. The only clear incident of domestic abuse during the social worker's involvement was the assault on Mrs Nkuna by James, resulting in injury. The Police were called and investigated. The children were seen by police and an MOGP/1 (Child Come To Notice form) was submitted to CSC by the police. The Social Worker was told to visit within a week. One attempt was made but the Social Worker received no reply. No further efforts were made, specific to this matter, and it does not appear this was ever challenged by the manager. The GP surgery also report that no contact was made with them by CSC regarding this incident.

Lessons Learned 9

2.11.29. Verification by CSC managers that their directions have been followed up is less than robust potentially leaving children in situations where they may be subject to ongoing emotional abuse.

Recommendation 10

2.11.30. Measures should be put in place by Children's Social Care that children will always be seen in a timely manner and seen alone where they have directly or indirectly witnessed violence and managers should ensure that happens, especially when they have specifically directed that it should.

2.12. Individual Management Review – Horsham District Council Housing Services.

2.12.1. Horsham District Council (HDC) is responsible for ensuring the provision of social and affordable housing consequent to its duties under the Housing Act 1996. Its strategies and policies are published on [its website](#).

2.12.2. The IMR was written by the Director of Community Services for Horsham District Council whose seniority, qualifications render her qualified to undertake this function. She has overall responsibility for housing services but is not directly involved in its delivery.

2.12.3. The first housing application received from Mrs and Mr Nkuna was in August 2008. The reasons given for the application was that they were living with family and expecting first child. However, the application was closed in September 2009 as the full application form was not returned. HDC were

requiring a renewal application, as they had been on the register for approximately a year.

- 2.12.4. A further housing application was received in November 2009, the reasons given that they now had a child (Daniel), had another on the way and were still living with Mrs Nkuna's parents. Again, this application was closed in January 2010 as the information required to progress the application (proof of pregnancy and copies of birth certificate and wage slip) was not provided.
- 2.12.5. A third application was made in September 2010 as Mrs Nkuna now had two children Daniel and Alicia and was still living with her parents. Mr Nkuna was not listed on Mrs Nkuna application as he was still in South Africa. Kath recalls that Mrs Nkuna chose not to pursue this while her husband was in South Africa as she did not want to live alone.
- 2.12.6. This housing application was cancelled by housing when she moved into private rented accommodation (Village A) via a local private lettings agent. At this stage she was considered suitably housed and no longer required assistance. The housing authority did provide a tenancy deposit loan, but beyond that they were under no obligation to monitor this tenancy.
- 2.12.7. In August 2012 a further housing application was received as the family, ideally, required a three-bedroom property due to medical needs (Daniel's language and development problems, and Alicia's cerebral palsy).
- 2.12.8. Mrs Nkuna declined an offer of accommodation in Storrington with Saxon Weald in June 2013. as she considered the area too far from Horsham. As a result she revised her areas of choice, leaving out the villages to the south of the district.. However, in September 2013 Mrs Nkuna received a substantial sum of money, believed to be from her late father's estate. Horsham District Council identified a privately rented three bed property through their private lettings service in Village B. That tenancy started on 17th February 2014.
- 2.12.9. Four sustainment visits were carried out during the ten months between the tenancy starting and the deaths. These are routine and take place as standard practice for all privately rented properties supported by HDC. They are to ensure the property is being managed efficiently and any areas of concern are reported to appropriate parties.
- 2.12.10. These visits took place on 27th February, 22nd April, 1st July, and the 20th October. Each visit was undertaken by the Lettings Officer supported by an apprentice. On each occasion both Mrs and Mr Nkuna were present and they seemed happy and settled. It appears that both officers had full access to the house and were able to inspect it.
- 2.12.11. Any concerns raised during these visits related to property rather than financial or relationship matters. Tenants placed in HDC supported privately rented properties have the opportunity to engage with professionals more often than someone in general private rented accommodation given the frequency of visits. In this case however, there was no suggestion of domestic abuse or controlling behaviour and, as mentioned, the impression was that Mrs and Mr Nkuna were a happy family managing the challenges that come with two disabled children.

Analysis of Involvement

- 2.12.12. Mrs Nkuna made two applications, one in 2008 and one in 2009, which were turned down as the relevant supportive information was not provided.
- 2.12.13. In 2011 SCFT reported that Mrs Nkuna had called the Housing Department to discuss her needs. They report that she was told that there were no homes available on waiting list but that were she to be made homeless by Kath, housing would place her in Bed and Breakfast accommodation which could possibly be a larger room than she had at that time. This could well have been a general call for advice rather than linked to her status and application. In that case it would not be recorded.
- 2.12.14. However, it did seem that those applications that were successful were progressed appropriately, to the family's needs and the sustainment visits, all of which were carried out on time and in depth gave sufficient opportunity for the housing officers to identify any concern, including any outside their specialism.

Good Practice Point 2

2.12.15. The manner by which the Housing Sustainment Visits are carried out and the subsequent notes provide a good opportunity for risk to be identified unless, as in this case, it appears to be deliberately masked.

2.13. Individual Management Review – Sussex Police

- 2.13.1. Sussex Police provides policing services for the counties of West Sussex, East Sussex and the city of Brighton and Hove. Operational policing is delivered by Divisions that are configured to those areas. Sussex Police has a number of departments, some shared with Surrey Police, that are responsible for policing functions that, necessarily, transcend divisional and force boundaries. These departments have no line management of or responsibility for the divisions.
- 2.13.2. One such department is the Specialist Crime Directorate. The police Individual Management Review was undertaken by a former police officer attached to that department. She is independent of the matters under review and, as a recently retired detective, has the necessary skills and experience to undertake such reviews.
- 2.13.3. Sussex Police responded to the events that triggered this review. Surrey and Sussex Major Crime Team subsequently investigated the homicide through to the inquest.
- 2.13.4. Prior to the deaths of both Mrs and Mr Nkuna Sussex Police had had some contact with them in relation to reported crimes and calls to the police.
- 2.13.5. In October 2008 Mr Nkuna reported that his laptop computer had been stolen he having accidentally left it behind in a pub in Crawley. This matter was investigated and was subsequently filed as undetected.

- 2.13.6. In July 2011 Mr Nkuna reported that he had seen two men videoing his car in Horsham and thought it suspicious. This matter was investigated, was not resolved but was not believed to be connected with Mrs Nkuna or the family.
- 2.13.7. On 3rd January 2013, a neighbour of Mrs Nkuna called the police on her behalf as Mrs Nkuna had gone to her having been assaulted by James. Police responded and this was recorded and investigated as a domestic violence assault.
- 2.13.8. The circumstances were that Mrs Nkuna's brother, James, had been staying with her since the day before and had returned home drunk with his girlfriend. After the children had gone to bed he became verbally aggressive towards both Mrs Nkuna and his girlfriend. He pushed Mrs Nkuna onto sofa, and pulled her hair with both hands, shaking her head between his hands. She had injuries to her right middle finger, cut lip and a mark by her right eye. James resisted arrest and his girlfriend became obstructive to officers and she too was arrested and was subsequently cautioned for assaulting police. James was interviewed, he admitted assaulting his sister and damaging her property and he was subsequently released on Police bail for ABH and Criminal Damage.
- 2.13.9. A form MOGP1 (Child Coming To Notice Form) was completed giving details of the children, Alicia and Daniel, and the circumstances surrounding the incident. It stated that the children remained upstairs safe throughout. There is no mention of either of the children having special needs although they were both seen with only Alicia being spoken to. There was also no mention of the vulnerability of the children despite the suspect being their uncle and resident with them at that time. The MOGP1 was noted by the Child Protection Team and forwarded to Children's Social Care for their information.
- 2.13.10. There was nothing to indicate that Mrs Nkuna was advised to contact or referred to any specialist services who may have supported her following this incident.
- 2.13.11. A Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) form was completed and the risk was assessed as Standard. This assessment was regularly reviewed and remained unchanged.
- 2.13.12. On the 11th January 2013 Mrs Nkuna contacted the police and said that she wanted to drop the case against James.
- 2.13.13. On 1st February 2013, Mrs Nkuna was updated by police that James had failed to return on bail and that the police were trying to locate him. Devon and Cornwall Police were requested to assist as it was believed he and his girlfriend had moved there. There is no record to show what efforts were made to trace him by either Police Force. There is no apparent review of any risk he may pose to her or the children as a result of him failing to surrender.
- 2.13.14. It was not until the 9th February (eight days after he failed to answer his bail) that a statement was taken from Mrs Nkuna regarding her wishes. In this she said that she did not want to support a prosecution of James

however the police still intended to caution him for common assault and criminal damage.

- 2.13.15. On the 18th March 2013 Devon and Cornwall Police were again requested to try and locate James and the relevant caution forms were sent to them to deal with. They were unable to locate him and the matter was filed undetected on 7th July 2013, as the time limit for dealing with the Common Assault had been reached. Common Assault is a summary only offence and information must be laid within six months of the incident. Although this was being dealt with by way of caution, the same time limit applies.
- 2.13.16. On the 25th December 2014, police were called to Mrs and Mr Nkuna's address and found both dead, the circumstances of which led to this review.

Analysis of Involvement

- 2.13.17. The only relevant police contact with Mrs Nkuna and her family was the incident whereby she was assaulted by James. The incident was responded to effectively and the suspect, and his girlfriend, when she sought to obstruct the police, were arrested.
- 2.13.18. The MOGP1 form indicates that the children, who were in bed, were seen, Alicia was spoken to but their disabilities and any vulnerability was not recorded. This is curious as Alicia was the younger of the two children and was not then, and is not now, verbal. It is also unusual that the report did not record that both children had significant needs nor reflect the vulnerability from that and from the perpetrator living in the house.

Lessons Learned 10

- 2.13.19. When assessing the welfare of children at domestic violence incidents, police may not always do so thoroughly, thereby risking that vulnerabilities may not be fully recognised.**

Recommendation 11

- 2.13.20. That Sussex Police ensures that full consideration be given to the vulnerability and needs of children connected with domestic violence incidents, even though they may not be in the same room at the time. This comprehensive information must be shared with Children's Social Care to allow accurate and timely assessment of risk.**

- 2.13.21. The lack of any evidence that Mrs Nkuna was advised to contact or referred to any specialist services by the police is concerning. Often there may be one opportunity for agencies to recognise abuse that a person is suffering and, therefore, one chance to help them access support. That was missed on this occasion.

Lessons Learned 11

- 2.13.22. The police do not always refer victims for domestic violence to specialist support services, nor advise them to make contact themselves.**

Recommendation 12

2.13.23. That Sussex Police review its procedures to ensure that all domestic abuse victims that come to their attention are referred to or advised to make contact with specialist support services.

2.13.24. The subsequent investigation was not carried out expeditiously. Furthermore, the efforts to trace the perpetrator when he did not answer his bail do not appear robust. It took nearly a month from being told that Mrs Nkuna wanted to withdraw her support for a further statement to be taken from her. James failed to return on or around the 1st February 2013 yet there appears to be nothing on the file to indicate what efforts were made to trace him other than Devon and Cornwall being requested to become involved. That force were chased again on the 18th March 2013 but eventually the six month time limit expired and the matter had to be filed with no further action.

2.13.25. During this period, with James being at large, there was no evidence that this was considered in any risk assessment review. It certainly did not change the outcome of it.

Lessons Learned 12

2.13.26. The ongoing risk a perpetrator may pose to a victim of domestic violence may not always be recognised by the police leading to a lack of urgency in investigations and static risk assessments.

Recommendation 13

2.13.27. That Sussex Police ensure that domestic violence investigations are progressed expeditiously and, when the whereabouts of a suspect are unknown, robust measures are put in place to trace them while ensuring that any risk assessment of the victim or their family reflect their status.

2.13.28. The response to the call to report the finding of Mrs and Mr Nkuna's bodies was professional and appropriate as was the detailed and tenacious investigation that followed.

2.14. Individual Management Review – South East Coast Ambulance Service

2.14.1. South East Coast Ambulance Service NHS Foundation Trust (SECAMB) responds to 999 calls from the public and urgent calls from healthcare professionals. They cover a geographical area of 3,600 square miles comprising Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire.

2.14.2. The IMR was written by the Safeguarding Lead for SECAMB who has no responsibility for the services under review. She is sufficiently senior, experienced and independent to write such reports.

2.14.3. SECAMB had eight contacts in total with Mrs Nkuna and her family. One incident involved an ambulance response to Mrs Nkuna, six involved a

response to Daniel and the final contact was the incident where Mrs and Mr Nkuna were both found dead at their home address.

- 2.14.4. The first incident was on 28th October 2008 where an ambulance was dispatched to Mrs Nkuna who was described as being in labour. The response time was 5 minutes, and Mrs Nkuna was taken to East Surrey Hospital, arriving there approximately 45 minutes after the 999 call was made. This would have been the birth of Daniel.
- 2.14.5. The second call was on the 4th May 2009 and was to a six month old male (Daniel) who had sustained a hot water scald to his chest. The notes indicate that the lid from a feeding bottle had come off and the scald had been sustained as a result of this. The notes also identify that his mother was at scene and no concerns were noted. A community first responder (CFR) attended in under 4 minutes and commenced treatment and an ambulance arrived on scene approximately 2 minutes later. He was taken to Worthing hospital, arriving there 40 minutes after the call had been made.
- 2.14.6. The third call was on the 24th November 2010 to Daniel who was medically unwell. The call was triaged and allocated as suspected meningitis, however the record indicates that this was possibly a severe chest infection. An initial ambulance single response vehicle (SRV) arrived at the address in 31 minutes, which was outside the 19 minute response time indicated for a call of this nature. A transporting ambulance arrived approximately one hour later and Daniel was conveyed to hospital, arriving there approximately 1 hour and 40 minutes after the initial call was made.
- 2.14.7. The fourth call was on 6th November 2011 following Daniel falling from half-way up a flight of carpeted stairs. A single response paramedic attended and assessed Mrs. Nkuna who was observed acting normally. He had some slight swelling around his left eye but no other injuries noted, Mrs. and Mr. Nkuna said that they would take him to A&E for a check-up. All observations appear within normal ranges and there were no safeguarding concerns.
- 2.14.8. The fifth call was on 1st October 2012 when an ambulance was called to the home address as Daniel was described as wheezy and short of breath. A double paramedic crew attended and assessed him as having a chest infection. They made contact with the GP who was happy to see them straight away and that an asthma nurse appointment was also possible that afternoon.
- 2.14.9. Later that evening a further call was made to the home address as, again, Daniel was described as having difficulty breathing. A double technician crew and a community first responder attended the scene. Daniel was having a significant bi-lateral wheeze, distressed with an increased respiratory rate and a decreased oxygen saturation rate. He was treated to good effect with a nebuliser en-route to East Surrey hospital. The clinical notes state that he had started a course of antibiotics earlier in the day having seen his GP and having had a chest infection diagnosed. Calpol and Nurofen had been given prior to the ambulance being called.
- 2.14.10. The seventh call, on 31st August 2013, was also to Daniel and again, involved him being medically unwell with an uncontrollable temperature. The ambulance arrived on scene within 5 minutes. The record states that

Daniel had been seen by his GP the day before and that he had also been treated with antibiotics for a similar complaint approximately 2-3 weeks prior to this. The record notes that his father would be travelling to hospital with Daniel but he was not named. Daniel arrived at hospital an hour and 10 minutes after the 999 call was made.

- 2.14.11. The final call was 25th December 2014 and was received at 09:11. The call originated from the police as they had received the call from a man as he was concerned for the welfare of his friend. It transpired on attendance that both Mrs and Mr Nkuna were dead. This is the incident that led to this review.

Analysis of Involvement

- 2.14.12. SECAMB had intermittent contact with Mrs Nkuna and Daniel over the period covered within the terms of reference. None of the incidents described, nor the clinical or phone records indicated that there were any concerns of domestic violence. This includes any possible impact on the children.
- 2.14.13. The nature of the calls were varied and were predominantly regarding medical presentations. Four of the calls regarding Daniel appear to have been escalations of existing infections which had been previously seen by the family GP, indicating that appropriate medical advice and treatment was accessed by the family for their unwell child. The incidents in May 2009 and November 2011 appear to have been considered genuine accidents with help sought in a timely manner.
- 2.14.14. The calls made to SECAMB all resulted in the patients being taken to hospital or immediate primary care, indicating that calling 999 had been an appropriate course of action. With the exception of the third and last calls, each response time met nationally set targets for responding to emergency calls; ambulance trusts must reach 75% of all immediately life threatening calls within 8 minutes. The two occasions where there was a delay in response do not appear to have had a detrimental effect on the patient care and outcomes.
- 2.14.15. There are no specific learning points identified for SECAMB with regards to this case. Although there were several contacts with the family, no concerns were noted and there was no pattern of calls which could have been identified as an indicator of the domestic abuse taking place.

Section 3: Conclusions

3.1. Conclusions

- 3.1.1. The content of this section will address the terms of reference in the statutory guidance and will be organised to reflect the case specific terms of reference identified as part of the review.
- 3.1.2. **Whilst Mrs Nkuna had no known contact with any specialist domestic abuse agencies or services, the review will consider whether there was any history of domestic abuse involving Mrs Nkuna / Mr Nkuna and therefore whether there were any warning signs.**
- 3.1.3. Mrs Nkuna had been in extensive contact with universal and specialist services over the period of time under review. This related to her own health and support needs, those of her children, housing concerns and, on one occasion, the police.
- 3.1.4. Most of those services recognized that she and Mr Nkuna were living an unusually pressured existence. Both had health needs, their two children had developmental delay and one, Alicia, had cerebral palsy. Their relationship was seen as fractious to the outside world with Mr Nkuna staying over in South Africa for over a year while he tried to arrange a visa. He later left the family home for around four months as the relationship had broken down.
- 3.1.5. Their housing was less than ideal as they tried to start their family life living in one room. Their move to more suitable accommodation was delayed as they did not appear to have submitted the supporting evidence required by the Housing Department so, on two occasions, their application could not be progressed.
- 3.1.6. It was known among the family, and to Mr Nkuna, that their first born, Daniel, may well have been conceived as a result of Mrs Nkuna being raped by a former partner. This information was shared four years later with a social worker but, seemingly, to respect Mrs Nkuna's wishes, no further referral was made regarding this.
- 3.1.7. Mrs Nkuna once, during the period under review, came to the attention of agencies as being a victim of domestic violence. The perpetrator, in this case, was her brother. While the initial police response was effective, the subsequent investigation and the outcome of the referral into Children's Social Care was not. Efforts to trace James when he failed to answer his bail were perfunctory, risk was not reviewed and, despite being instructed to do so, the social worker did not make specific contact with Mrs Nkuna about this and therefore did not verify the welfare of the children.
- 3.1.8. On reflection various factors such as the intensity of the relationship, Mrs Nkuna's social isolation, her dependence on Mr Nkuna, their periodic inability to attend or fulfil appointments with professionals or respond to requests for information, together with the unusual pressures of living with two children with additional needs in inadequate accommodation, their own

health needs, Mrs Nkuna's history of witnessing domestic violence and experiencing a rape should have triggered some concerns.

- 3.1.9. Some of these factors were only known to single agencies. However some, when faced with specific concerns, missed opportunities to enquire deeper. Had they done so, in all likelihood the other impacting factors would have been shared. It is improbable that Mrs Nkuna would have disclosed that she was suffering from any kind of psychological or physical abuse from Mr Nkuna – she only shared that in the strictest confidence with Kath – but a fuller picture could have been gained by professionals being more curious.
- 3.1.10. None of these factors alone could be said to be indicative of domestic violence and abuse but could have highlighted a greater degree of risk. CSC and SCFT acknowledge that their assessments could have been deeper or a greater degree of inquisitiveness applied. SCFT have changed their systems accordingly by requiring that questions around domestic violence are included in all paper and electronic recording.
- 3.1.11. As is often the case, with families who do not present overt signs of violence and abuse but are well known to services, no one has a complete overview of what is happening for them. Had there been a lead professional 'holding the ring' on the case, perhaps their risks and vulnerabilities would have been seen in the round and a more bespoke package of care and support applied which may have revealed the harm she was suffering.
- 3.1.12. Whether family, friends or colleagues were aware of any abusive behaviour from the alleged perpetrator to the victim, prior to the homicide and what they did or did not do as a consequence.**
- 3.1.13. Many people in Mrs Nkuna's life recognized that her relationship with Mr Nkuna was difficult. Sometimes their cultural differences were regarded as creating conflict between them, sometimes the plethora of health issues and their housing problems were seen as catalysts to their occasional relationship breakdowns.
- 3.1.14. It seems the only person who was aware that Mrs Nkuna was being psychologically abused by Mr Nkuna was her mother. She recognised very similar behaviour from Mr Nkuna to that exhibited by her ex-husband, Mrs Nkuna's father. The financial control, the way by which Mr Nkuna tried to isolate Mrs Nkuna, the way he spoke to her and, latterly the marks on her body which she attributed to be grabbed or burned 'while he was playing' were all things that deeply concerned Kath. She also knew of the rape and the assault by her son on Mrs Nkuna.
- 3.1.15. Kath's single concern was the safety and welfare of her daughter and grandchildren. She had been through very similar experiences so was well placed to understand how Mrs Nkuna was feeling. She had conversations with her around accessing support. Mrs Nkuna was adamant that she did not want to tell anyone about what she was going through. There is some evidence, albeit refuted by Kath that Mrs Nkuna was in a very dark place when Mr Nkuna left. However, what the family do say is that she was terrified of doing anything behind Mr Nkuna's back. This was almost certainly the reason why she did not want to access help. It is entirely

understandable that Kath would want to respect her daughter's wishes, even if these were against her better judgement.

3.1.16. Whether there were any barriers or disincentives experienced or perceived by Mrs Nkuna or her family/ friends/colleagues in reporting any abuse including whether they knew how to report domestic abuse should they have wanted to and whether they knew what the outcomes of such reporting might be.

3.1.17. It was very apparent that Kath would have liked Mrs Nkuna to access support so that she could keep herself and her children safe and happy. The single reason why Kath did not seek support on her daughter's behalf was that Mrs Nkuna had expressly said that she did not want to go behind Mr Nkuna's back.

3.1.18. When asked, however, Kath did not know of any specialist services either Mrs Nkuna could access herself or that she could make a third-party report to. While this is not unusual, such lack of profile of services commissioned to support victims of domestic violence and abuse restricts the options people have, especially if they are apprehensive of the statutory services.

3.1.19. Mrs Nkuna had said that she wanted couple's counselling but Mr Nkuna declined. It appears that he was adamant about this. Both were referred for talking therapies, which may have lifted the lid on the abuse Mrs Nkuna was experiencing but neither responded to the request to 'opt in' and therefore were discharged from the service.

3.1.20. Following the two incidents of domestic and sexual violence that did come to the attention of the statutory services, no specialist support services were offered to Mrs Nkuna. Those agencies to whom the incidents were reported, the police and Children's Services, would have known the options available and could have been more supportive in helping Mrs Nkuna accessing them. It is not known whether these omissions dissuaded Mrs Nkuna from seeking help around her more ongoing abuse but they certainly appear to have been missed opportunities to engage her in the supportive services.

3.1.21. Whether more could be done in the locality to raise awareness or accessibility of services available to victims of domestic violence, their families, friends or perpetrators.

3.1.22. The lack of knowledge that Kath, and probably Mrs Nkuna, had of the services that were available to support victims of domestic violence is entirely in keeping with the findings of many Domestic Homicide Reviews, certainly in West Sussex.

3.1.23. In this case, Kath did discuss support options, in their broadest sense, with Mrs Nkuna but she was adamant that she did not want anyone outside of the two of them knowing about the abuse. Arguably, therefore, even if Kath had known about the services available she would not have persuaded Mrs Nkuna to contact them nor contacted them herself.

3.1.24. Mrs Nkuna was accessing various services regularly so would have been in buildings operated by those services. Otherwise she was regarded as

socially isolated. Therefore, for her and her family, it is possible that if the profile of specialist services available for victims were higher in the venues she would be routinely attending or better signposted she may have known more about them and may have sought to access them.

- 3.1.25. This is a very qualified position to take as all the indications are that she did not want any services to support her but the fact that Kath did not know about services may indicate that, with more knowledge of them, Mrs Nkuna may have felt differently.
- 3.1.26. This judgement is also not to say that there is no profile in premises operated by the statutory services. It is somewhat a Holy Grail to achieve universal knowledge and understanding of all the services available to domestic abuse victims let alone achieving confidence in them. However this does not mean that it should not be an aspiration.

Recommendation 14

3.1.27. That the Domestic and Sexual Violence Strategic Board works with all agencies to develop a wide reaching communication strategy that demonstrates the full nature of domestic abuse and the breadth of services available to those suffering.

- 3.1.28. Whether Mrs Nkuna had experienced abuse in previous relationships during the time period under review, and whether this experience impacted on her likelihood of seeking support in the months before she died.
- 3.1.29. The only incidence of domestic abuse in any of her previous relationships was the rape that may or may not have resulted in the conception of Daniel. This did not come to the attention of statutory services for four years and, at Mrs Nkuna's request, no further referral was made. Prior to that it seems that she only told Mr Nkuna and Kath. There is no evidence to suggest that they sought support, quite the contrary in fact. Kath says they did not.
- 3.1.30. Whether the lack of further support following the disclosure of the rape to Children's Social Care affected her decision not to seek support for the abuse from Mr Nkuna would be conjecture. It seems she did not want any outside intervention into what she was suffering but had she been persuaded then perhaps she would have had confidence in the services offered and availed herself of them.
- 3.1.31. The same point applies to the apparent lack of any referral to supportive services by the police following the assault on her by James. Had she been referred in to and accessed services following this incident, she may have been more confident to seek help for the abuse Mr Nkuna was inflicting on her.
- 3.1.32. The help that she was offered (talking therapies and couple's counselling) were not taken up by Mrs Nkuna.
- 3.1.33. Whether there were opportunities for professionals to 'routinely enquire' as to any domestic abuse or sexual violence experienced by the victim that were missed.**

- 3.1.34. There were several opportunities for professionals to be more professionally curious as to whether there was any domestic or sexual violence being experienced by the victim.
- 3.1.35. The health visitor, who otherwise seems to have provided an exemplary and attentive service, did not ask at any point whether Mr Nkuna was being abusive to her. The risks and issues were widely known but it seemed that this never led to a conversation about how the combination of these were manifesting themselves.
- 3.1.36. Children's Social Care were aware that Mrs Nkuna was isolated, financially dependent, had been assaulted by James, had a history of witnessing domestic violence and suffered sexual violence. They were also aware of the friction between Mrs and Mr Nkuna having witnessed and challenged it themselves. However, they too did not enquire of Mrs Nkuna whether she was suffering violence and/ or abuse from Mr Nkuna.
- 3.1.37. Riverside Surgery were informed that Mrs Nkuna had been assaulted by James and of the complexities in the family's life. They did not flag any of the family's records to indicate that there had been a domestic violence incident. Therefore, on future presentations, no information was available that would have allowed medical staff to enquire about Mrs Nkuna's wider experience of domestic violence.
- 3.1.38. Sussex Police investigated the assault on Mrs Nkuna by James as an incident in isolation. There is nothing to suggest that they took the opportunity to understand the bigger picture and enquire whether she was experiencing abuse from Mr Nkuna, especially as they might have easily discovered that he had recently left her.
- 3.1.39. Of course it cannot be said that had any of these opportunities been taken that Mrs Nkuna would have responded to them. However they were not and, sensitively put, she might have done.
- 3.1.40. Whether there were opportunities for professionals to refer any reports of domestic abuse or sexual violence experienced by the victim or committed by Mr Nkuna, the alleged perpetrator, (towards Mrs Nkuna or any other partner) to other agencies and whether those opportunities were taken.**
- 3.1.41. There were two opportunities for agencies to refer domestic or sexual violence to other agencies. Firstly the report of the rape that may have resulted in the conception of Daniel. This was disclosed to a social worker who was told by Mrs Nkuna that she did not want the police informed nor did she want any counselling services. The second, which falls outside of this term of reference as it does not relate to Mr Nkuna, was the assault by James.
- 3.1.42. In respect of the rape it would have been possible for the social worker to have made a third party anonymous referral to the police, notwithstanding that Mrs Nkuna did not want the matter formally reported. This would have allowed the police to assess any intelligence and potentially sought to protect any other vulnerable victims.

- 3.1.43. The lack of any referral to any supportive services for Mrs Nkuna herself following the assault by James (rather than the referral to CSC that was made) deprived those services of the opportunity to make a proactive approach to Mrs Nkuna through which they might have been able to understand and then support her regarding the abuse being inflicted on her by Mr Nkuna.
- 3.1.44. Whether there were opportunities for agency intervention in relation to domestic abuse regarding Mrs Nkuna, Mr Nkuna or the dependent children, Daniel and Alicia, that were missed or could have been improved.**
- 3.1.45. There were no overt reports or referrals regarding domestic abuse committed by Mr Nkuna on his wife, only by other parties. The missed opportunities and gaps regarding those, together with the lack of professional curiosity have been discussed previously. There is nothing therefore to add under this section.
- 3.1.46. Whether the homicide could have been accurately predicted and prevented.**
- 3.1.47. There was no evidence known by either the statutory services or the family that the nature of abuse was such that it could escalate to the level it did. Other than one mention of Mr Nkuna considering self-harm that was appropriately referred, no one reported knowing or suspecting that he fostered a suicidal ideation nor that he wanted to kill Mrs Nkuna.
- 3.1.48. Despite the learning identified from this review it would be unreasonable to link that to an inevitability or suspicion that the deaths would be a consequence. Therefore, the conclusion would be that the deaths were neither predictable nor preventable.
- 3.1.49. The review will give appropriate consideration to any equality and diversity issues that appear pertinent to the victim, perpetrator and dependent children e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.**
- 3.1.50. Mr Nkuna was black South African, whose first language was Tswana and Mrs. Nkuna was White British. Within health records, there were differences in the recording and sometimes no recognition to the cultural background of the family. The dual language was recorded on the paediatric speech and language case notes. However, in a copy of the acute hospital notes for Daniel, his ethnic group is recorded as White/Caribbean. In another it is Mixed Black/White.

Recommendation 15

- 3.1.51. That the Coastal West Sussex, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups seek further assurance from all providers that they are accurately recording the ethnicity of patients. This would help meet those needs as well as ensuring patients' cultural requirements are respected.**

- 3.1.52. Mr Nkuna told the Social Worker that Mrs. Nkuna did not understand or respect his culture, and Mrs. Nkuna said it impacted on his expectations of her as a wife. There is insufficient detail in the assessments and records to establish the impact of the cultural differences between the parents and their wider family and how this affected the parent's relationship and the children. There is also little detail of the children's identity and cultural needs.

Recommendation 16

- 3.1.53. That West Sussex County Council ensures that social care assessments and records take full consideration of the cultural needs and differences of service users to ensure that those are being met.**
- 3.1.54. The review will identify any training or awareness raising requirements that are necessary to ensure a greater knowledge and understanding of domestic abuse processes and / or services in West Sussex.**
- 3.1.55. Regarding this term of reference, these have been raised throughout the review and its conclusions and form part of the recommendations made.

Appendix A - Integrated Chronology

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
10/01/2008	Stressed at work, no suicidal intent. Been drinking at times over Xmas	Restarted on citalopram		Riverside Surgery	Mrs Nkuna
23/01/2008	Back at work, feeling better	Improvement		Riverside Surgery	Mrs Nkuna
16/04/2008	Pregnant, not sure of dates. Two consecutive partners	Referred for scan		Riverside Surgery	Mrs Nkuna
08/05/2008	Viable pregnancy 7/40 now - to see midwife	To see midwife		Riverside Surgery	Mrs Nkuna
08/05/2008	Staying with boyfriend (Mr Nkuna) in Horley but wants to stay registered at Riverside until decides where she wants to settle	Booking for delivery at ESH		Riverside Surgery	Mrs Nkuna
14/07/2008			Lead midwife to be ****	Riverside Surgery	Mrs Nkuna
07/08/2008	Housing Application	Housing application received as living with family and expecting first child	Application was closed 15/09/2009 as requested information was not provided.	HDC Housing	Mrs Nkuna/ Mr Nkuna
09/09/2008	Called to female (no name on file) stating she was experiencing heart racing and tingling arm.	Information not available on our system		SECAMB	

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
17/10/2008	Mr Nkuna reported that his laptop had been stolen having accidentally left it behind in a pub in Crawley. This matter was investigated and was subsequently filed as undetected.	Investigated under Crime Reference NC1/8956/08. Filed undetected.	Not linked to victim.	Sussex Police	Mr Nkuna
28/10/2008	Discharge letter	Delivery of male infant at 32/40	Mum discharged 1/11/08 but baby remained on special care.	Riverside Surgery	Mrs Nkuna
28/10/2008	Mrs Nkuna called stating she was experiencing labour pains.	Ambulance attended and Mrs Nkuna conveyed to East Surrey hospital		SECAMB	Mrs Nkuna
25/11/2008	Victim	HV offered Enhanced HV service as family of Concern and to review in one week.	Mrs Nkuna receptive to HV visit. Mrs Nkuna reported currently staying in mother's house, sharing single bed with Mr Nkuna. Mrs Nkuna reports low income as has not worked for a while or claimed any benefits. Mr Nkuna reported to be working as a carer. Mrs Nkuna reports they have been together for nine months and reported Mr Nkuna as supportive and wanting to raise Daniel with her. Mrs Nkuna reports good relationship with her mother who has Rheumatoid Arthritis. Mrs Nkuna reported to be receptive to advise on benefits and to suggestion to visit housing to go list for accommodation.	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
05/12/2008	Victim	HV invited to child health clinic in one week and home visit arranged for two weeks later.	Mrs Nkuna reported as receptive to HV visit, reported as feeling well, appearing positive, Edinburgh Post Natal Score 6. Mrs Nkuna reports seeing GP that day for possible bruising to Daniel's buttocks which appears to be a Mongolian blue spot. Mrs Nkuna reported that her and Mr Nkuna getting on well. Mrs Nkuna reports has applied for all relevant benefits.	SCT	Mrs Nkuna
22/12/2008	Victim	HV follow up appointment in two weeks.	Issues regarding hygiene and hand washing were discussed. Mrs Nkuna had not made Paediatric appointment and did not attend child health clinic.	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
14/01/2009	Victim and Mr Nkuna	HV recorded issues of superficial compliance by family. HV to contact family by telephone in a few days.	Mrs Nkuna seen with Mr Nkuna for only a few minutes as family going direct to GP for Daniel's second immunisations. Mr Nkuna seen bathing Daniel and affectionate interaction observed. Mrs Nkuna reported that she did not attend Horsham hospital when referred by the GP as had been unable to reschedule and has also not yet made paediatric appointment at East Surrey hospital. Not yet attended local child health clinic although has been requested to several times. Family advised that Daniel's health needs to be prioritised by family. Family also recorded as not addressing housing issues.	SCT	Mrs Nkuna/ Mr Nkuna
30/01/2009	Victim	Follow up appointment arranged for two weeks.	Mrs Nkuna asleep on HV's arrival and stated that she has not received message regarding visit. Mrs Nkuna reported as seeming receptive to contact from HV and that she had attended child health clinic the day before. Mrs Nkuna reported that she had received appointment for paediatrician for Daniel. Mrs Nkuna reported having made contact with two neighbours and receptive to idea of attending family centre locally. Edinburgh Post Natal Score 6.	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
23/02/2009	DNA Immunisations		Returned on 18/03/2009 and had them. Others appeared to have been given on time.	Riverside Surgery	Daniel
04/05/2009	History Feed bottle shaken and lid not on. Scald onto anterior chest of baby. Referred to East Grinstead. No other concerns noted in discharge letter/notes.	Scald to chest		Riverside Surgery	Daniel
04/05/2009	Call received stating that 6-month-old male had received a scald across his chest from hot water. Described as a large burn.	Ambulance attended and child (not named) conveyed to Worthing hospital.		SECAMB	Daniel
05/05/2009	Victim	HV to contacted following visit to East Grinstead for Daniel.	Mrs Nkuna seen downstairs in dressing gown, reports now working in care home, with Mr Nkuna working opposite shifts. Mrs Nkuna reports they are working hard to get a deposit for a property. Mrs Nkuna reported having back pain and finding it painful to sit, reports has seen GP but no treatment. Mrs Nkuna reported concerned regarding pain and when discussed reported worried about being pregnant as had taken pill incorrectly. He advices Mrs Nkuna to see GP again regarding pain and to complete further pregnancy test.	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
14/05/2009	Victim and Mr Nkuna	HV to contact at end of following week.	Both Mrs Nkuna and Mr Nkuna present at home visit in small bedroom upstairs, there was a kettle on the side. HV discussed safety in the room in view of Daniel and him beginning to move around in a few months. Mrs Nkuna reported was just going to work and Mr Nkuna was to look after Daniel. Mr Nkuna noted to be very quiet during visit - did not say anything. Appropriate handling of Daniel observed. Mrs Nkuna reported that Daniel likes his Dad and is very responsive but says that Daniel does not respond to her very much. HV encouraged Mrs Nkuna to play with Daniel, talk, repeat his sounds and sing rhymes. Mrs Nkuna reported that hospital had kept asking how burn had happened and it was upsetting that they kept asking. Mrs Nkuna reported that she did not think that hospital staff realised that they lived in such a small room with limited facilities. HV explained that this is a normal procedure to check that it is not a non accidental injury. HV also explained seriousness of this type of burn to a child of Daniel's age and that there will be scarring.	SCT	Mrs Nkuna/ Mr Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
15/06/2009			GP reported he had seen Daniel with Mr Nkuna as Daniel has an umbilical hernia. Burn was covered and parents reported not keen on plastic surgery for burn possibly removing skin form another part of his body.	SCT	Daniel
22/06/2009		HV left message requesting Mrs Nkuna to see Physiotherapist at child health clinic.		SCT	Mrs Nkuna
06/07/2009	Victim and Mr Nkuna	HV to support housing application and to see in four to six weeks	Visit took place in bedroom, very small space. Family report now on housing list - band C. Mrs Nkuna and Mr Nkuna recorded as not being very communicative, both working shifts in care home. Mrs Nkuna reported that her back getting better. Encouraged to attend groups with Daniel. Housing options were discussed.	SCT	Mrs Nkuna/ Mr Nkuna
27/07/2009	App made with midwife	Pregnant 6/40, not planned but keen to continue	App made with midwife	Riverside Surgery	Mrs Nkuna
06/08/2009		Pregnant EDD 25/3/2010	Booked for ESH	Riverside Surgery	Mrs Nkuna
07/08/2009	Victim	Significant Medical History	There is significant history of depression, feeling too agoraphobic to go out (09/08/2007), asthma and a smoker.	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
18/09/2009	Victim and Mr Nkuna	HV to see on return from South Africa.	Family report going to Mr Nkuna's parent's in South Africa. They report they have saved enough money for a deposit for a flat and hoping to move when they return. Mrs Nkuna can have a month away from work, but Daniel and Mr Nkuna may stay longer in South Africa. Both parents noted to be talkative and responsive to Daniel.	SCT	Mrs Nkuna/ Mr Nkuna
23/09/2009	12/40 travelling to South Africa with partner and baby son to stay in partner's parents house	Travel advice		Riverside Surgery	Mrs Nkuna
06/11/2009	Housing Application	Housing application received as now with child (son Daniel) and living with parents.	Application was closed 04/01/2010 as requested information was not provided.	HDC Housing	Mrs Nkuna/ Mr Nkuna
14/12/2009	DNA Plastics follow up		Planned follow up app - didn't attend. Did attend again on 08/03/2010	Riverside Surgery	Daniel
17/01/2010	Reduced fetal movements at 30/40 - referred to hospital but noted she had missed last two scans.	Referred to delivery suite		Riverside Surgery	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
05/02/2010	Victim	HV to write letter to housing when receives name of housing officer from Mrs Nkuna.	Mrs Nkuna reported she was pregnant - due in March. Mrs Nkuna reported not feeling particularly well - very tired with back problems. Reported not going to manage in one room as nowhere to put baby and only has travel cot and single bed in the room. Jut reported limited funds but has help from her mother. Mrs Nkuna reported using family centre and attending groups. HV advised Mrs Nkuna to contact housing in relation to pregnancy.	SCT	Mrs Nkuna
31/03/2010		Delivery of female infant	Baby born 41/40 by elective caesarean.	Riverside Surgery	Mrs Nkuna
14/04/2010	Victim	HV to write letter to housing when receives name of housing officer. HV visit in one week.	Mrs Nkuna had caesarean section and reports not moving well and reports cannot lift Daniel. Mother reported to be helping. Housing options discussed and Mrs Nkuna reports will be going to housing with birth certificate.	SCT	Mrs Nkuna
22/04/2010				SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
26/04/2010	Victim		Mrs Nkuna reported that she has been out a few times but is still unable to lift Daniel because he is so heavy but mother helping her. Mrs Nkuna reports would like to rent property but wants to be near her mother and will go to housing next week. Mr Nkuna reported to still be in South Africa and not likely to get to this country soon.	SCT	Mrs Nkuna
09/05/2010	Daniel	Burn detail and description of ethnicity	Medical detail of the burn incident. Described as Mixed Black/White.	SCT	Daniel
10/05/2010	Victim	HV visit arrange for following week	Mrs Nkuna reports wound still painful in bouts and very tired. Mrs Nkuna tries to rest in the afternoon in the afternoon.	SCT	Mrs Nkuna
02/06/2010	Discussed vaccines for baby - won't be fully covered and unable to have other imms as under 1 - advised to assess if needs to travel with baby so young.	Planning travel to South Africa with children		Riverside Surgery	Mrs Nkuna
21/07/2010	Alicia	summary of physical assessment	Detail of posture, Birth Weight 6lbs 9oz. C section and in SCBU.	SCT	Alicia
04/08/2010	Alicia	physio assessment	Describes movement, assessment, Mrs Nkuna and Daniel present.	SCT	Alicia
04/08/2010		HV left note with child health clinic details and request for family to contact HV	No reply to home visit.	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
17/08/2010	Victim	HV to visit in two weeks.	Mrs Nkuna reports that Mr Nkuna has not had permission to come to this country - visa not allowed. Mrs Nkuna reports unsure whether to get a rented property or to wait as may go to South Africa to live. Mrs Nkuna reports finding living in room very difficult but does not want to spend out on new property. Mrs Nkuna reports will be starting back to work in September. Mrs Nkuna's mother to look after children but Mrs Nkuna reported she did not think she would cope. Mrs Nkuna reported that she hoped immigration would make a decision soon.	SCT	Mrs Nkuna
18/08/2010	Housing Application	Housing application received, now with two children (Daniel and Alicia) and living with parents. Also now married to Mr Nkuna however he is not listed on Daniel's application as he was living elsewhere (Horley).	Made use of tenancy deposit loan to secure privately rented accommodation at Village A. £2000 loaned and fully repaid.	HDC Housing	Mrs Nkuna
19/08/2010	Professional	referral to Community Paediatrician by Paediatric physio.	Request for developmental assessment.	SCT	?

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
31/08/2010	Victim	Visit planned for 14.09.2010 (this visit was cancelled by Mrs Nkuna.	Mrs Nkuna reports that she has not heard anything with regard to Mr Nkuna's visa. Mrs Nkuna reported that she is going back to work and her mother will be looking after the children for the time being. Mrs Nkuna reported she was unsure what to do about housing. HV offered to help with housing application if required.	SCT	Mrs Nkuna
06/09/2010	Alicia	Request to see both children together	Letter stated mother may move to South Africa very soon. Request for both children to be seen together.	SCT	Alicia
30/09/2010	Alicia		Mrs Nkuna has seen Community Paediatrician who feels Alicia may have mild CP.	SCT	Alicia
04/10/2010	Victim	CNN to discuss meeting with HV.	Mrs Nkuna observed by Children's Community Nursery Nurse (CNN) to be visibly upset. Had seen paediatrician with Daniel and Alicia and has now looked up cerebral palsy on the internet at the Children and Family Centre. Mrs Nkuna reported that her Dad had died and that she had been to the funeral last week. Mrs Nkuna also reported that her mother was now unwell and would not be able to look after the children as much.	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
05/10/2010	Victim	HV agreed to write letter explaining situation re children and to approach GP as well.	Mrs Nkuna reported that her mother had been unwell and that her mother will not be able to cope well with looking after the children. Mrs Nkuna reported that she was worried about her job as she wants to continue working. Mrs Nkuna reported that Mr Nkuna still unable to get visa. Mrs Nkuna reported that she hopes that Mr Nkuna will come back and that they can get a rented property.	SCT	Mrs Nkuna
21/10/2010	Slow Development - Mongolian blue spots noted. Interestingly no mention of blue spots on 6/52 check			Riverside Surgery	Daniel
24/10/2010	Called to 2-year-old male with suspected meningitis - breathing problems and a rash.	Ambulance attended and child conveyed to East Surrey hospital		SECAMB	Daniel
27/10/2010	Alicia	physio assessment	Describes feeding difficulties.	SCT	Alicia
04/11/2010	Alicia	physio assessment	Mrs Nkuna had been unwell, detail of assessment.	SCT	Alicia
18/11/2010	Alicia	physio assessment	Mrs Nkuna attended clinic, detail of encouragement of play and how to support when sitting.	SCT	Alicia
01/12/2010	Alicia	rearrange visit	appointment cancelled due to weather.	SCT	Alicia
02/12/2010	Alicia	physio assessment	Mrs Nkuna reported taking Alicia to a chiropractor, feels it is helping.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
20/12/2010	Alicia	detailed medical assessment	Mrs Nkuna is under a lot of strain, living with her mother who has a cardiac condition. She is working and doing training, her partners is still in South Africa and there are problems obtaining a visa for him to travel to England.	SCT	Alicia
06/01/2011	Alicia	DNA	Mrs Nkuna phoned later to cancel appointment.	SCT	Alicia
12/01/2011	Alicia	DNA	Mrs Nkuna reported feeling unwell.	SCT	Alicia
19/01/2011	Alicia		Home visit: Alicia, Daniel and mum living in one room. Do not go downstairs 2 dogs and fire.	SCT	Alicia
27/01/2011	Alicia and Daniel	Results of joint home visit	Housing issues raised and the general and physical development needs. Suggests a Team around the Child Meeting with suggested dates.	SCT	Alicia/ Daniel
16/02/2011	Alicia	DNA		SCT	Alicia
24/03/2011	Alicia	physio assessment	Both parents attended, showed how to do flexion activities.	SCT	Alicia
20/04/2011	Alicia	physio assessment	Taken to chiropractor, reports improvement, sitting for longer.	SCT	Alicia
21/04/2011	Mentioned that husband has HIV. Contact details for GUM clinic given JD advised	In asthma clinic with son Daniel		Riverside Surgery	Mrs Nkuna
05/05/2011	Alicia	physio assessment DNA	DNA	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
21/05/2011	Victim	HV to discuss housing issues with housing officer	Mrs Nkuna reported that she is trying to get a rented property but feels she is refused because of racial issues. Mrs Nkuna reported that she is desperate to get out the current house to give the children space. Mrs Nkuna reports she will expand area where she is looking for housing but concerned she may not be able to get to her job, Mrs Nkuna also reported that she may look for housing in the area that Mr Nkuna is living Mrs Nkuna reported that her mother does not want her to attend groups in case they bring back germs.	SCT	Mrs Nkuna
21/05/2011			Housing Officer reported that there are no homes available on waiting list but that Mrs Nkuna could be made homeless by her mother and housing would place her in Bed and Breakfast accommodation would possibly be a larger room than she has now as it would be a family room.	SCT	Mrs Nkuna
21/05/2011	Victim		Information from discussion with housing given to housing. Mrs Nkuna reported that she will talk to her mother re writing a letter to housing.	SCT	Mrs Nkuna
07/06/2011	Alicia	physio assessment	Late for appointment, rebooked.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
08/06/2011	Daniel	Speech and Language Progress Letter	Daniel was not brought requesting a re-refer including parents level of concern and willingness to attend.	SCT	Daniel
30/06/2011	Commenced Tenancy	Commenced Tenancy Village A		HDC Housing	Mrs Nkuna/ Mr Nkuna
06/07/2011	Mr Nkuna reported that he had seen two men videoing his car in Horsham and thought it suspicious	NFA	Not linked to victim.	Sussex Police	Mr Nkuna
18/07/2011	Alicia	physio assessment	Came to appointment with Mr Nkuna and Daniel. Advised to continue with the exercises.	SCT	Alicia
20/07/2011	Daniel	details of medical assessment by consultant community Paediatrician	Parents offered a house to rent in Village A and awaiting paperwork to be completed. A CAF has been opened in view of the families difficulties. Daniel to be discussed at EYPR in November meeting.	SCT	Daniel
27/07/2011	Victim	HV visit arranged for 04.08.2010	Mrs Nkuna reported now living at new address. Mrs Nkuna when asked said she was not aware of Child Assessment Framework (CAF) for Daniel.	SCT	Mrs Nkuna
29/07/2011	Daniel	Language spoken at home	English and Tswana	SCT	Daniel
01/08/2011	Alicia	physio assessment	Came to appointment with Mr Nkuna and Daniel. Advised to continue with the exercises.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
04/08/2011	Daniel	Attendance to Minor Injury Clinic	Treated for facial swelling and rash.	SCT	Daniel
12/08/2011	Alicia	physio assessment	Came to appointment with Mr Nkuna and Daniel. Advised to continue with the exercises. Mr Nkuna now has full time job awaiting CRB and looking for nurseries.	SCT	Alicia
26/08/2011	Alicia	physio assessment	Came to appointment with Mr Nkuna and Daniel. Mum is taking to the chiropractor	SCT	Alicia
01/09/2011	Alicia	Grandmother now living in the family house	HV attempted: Grandmother now living in house, family have moved to broad bridge Heath.	SCT	Alicia
18/10/2011	Victim and Perpetrator	Offering a new appointment for Community Child Health Doctor	Unable to keep appointment on 18/10/2011, letter asking to ring and make another appointment for both Alicia and Daniel.	SCT	Mrs Nkuna/ Mr Nkuna
24/10/2011	Alicia	physio assessment	Sitting improved	SCT	Alicia
01/11/2011	Daniel	Speech and Language Progress Report	Daniel has significant expressive delay and overall general development delay.	SCT	Daniel
06/11/2011	Patient reported to have fallen down stairs whilst mum in front of him. Some swelling to right occiput and left eyebrow. Discharged with HI advice	Facial Injury		Riverside Surgery	Daniel

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
06/11/2011	call to home address (CW) at 12:52 following Daniel falling from half-way up a flight of carpeted stairs. A single response paramedic attended and assessed. Mrs Nkuna was observed acting a way normal for him, he had some slight swelling around his left eye but no other injuries noted		The parents said that they would take him to A&E for a check-up, (it is not possible to ascertain whether this happened from the notes we have) observations appear within normal ranges.	SECAMB	Daniel
07/11/2011		HV to visit family	Discussed at GP meeting that Daniel had fallen down the stairs and an ambulance had been called.	SCT	Daniel
11/11/2011	Victim and Mr Nkuna		Mrs Nkuna reported that she is not working now and that Mr Nkuna works full time. Report receiving Disability Living Allowance. Mrs Nkuna observed by HV to be looking well, house tidy and safety gates in situ. HV discussed with Mrs Nkuna Inglefield Manor school for Alicia and parents group and Mrs Nkuna agreed to look at website. HV encourages parents to attend for assessment particularly now Daniel will start school in 2013.	SCT	Mrs Nkuna/ Mr Nkuna
15/11/2011	Alicia	Summary of discussion	Parents and Daniel attended. Alicia was very vocal babbling and enjoying vocal play and getting a reaction from the adults present.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
25/11/2011	Alicia	physio assessment	Physio assessment	SCT	Alicia
30/12/2011	Alicia	physio assessment	Home visit Mr Nkuna reports doing regular exercises.	SCT	Alicia
08/01/2012	Imp - muscular, no indication in notes that this could have been from physical abuse	Rib pain		Riverside Surgery	Mrs Nkuna
10/01/2012	Feeling down and gets panicky. May need to speak to HV - if no joy - then ?refer TTT			Riverside Surgery	Mrs Nkuna
27/01/2012		HV visit arranged for 03.02.2012		SCT	Alicia
03/02/2012	Victim and Mrs Nkuna	HV to make referral to Homestart	Mrs Nkuna reported finding it very difficult to go out. Mrs Nkuna reports having panic attack when trying to use bus to get Daniel to nursery. Mrs Nkuna reports losing confidence but cannot drive yet. Mrs Nkuna reports she has had money from fathers estate and will use money for driving lessons. HV discussed Time to Talk sessions at Children's Centre but Mrs Nkuna reported she would not be able to attend because of travelling. Homestart volunteer discussed and HV to make referral.	SCT	Mrs Nkuna
02/03/2012	Alicia	physio assessment	Parents continue with exercises, detailed physio physical assessment.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
02/03/2012	Victim	HV to refer to Time to Talk.	Mrs Nkuna reported to be getting bus to nursery and finding it very difficult, hoping to start driving lessons soon. Mrs Nkuna reports would like referral to Time to Talk at hospital and will go when Mr Nkuna not at work. HV observed that Mrs Nkuna looks well today, mood good but still reporting panic attacks. Mrs Nkuna reports had six days away in Cape Town when mother-in-law helped with children and she is hoping that mother in law can get visa to help with the children. Mrs Nkuna reports she will ring the fun and breaks service for support and that she has not heard from Homestart.	SCT	Mrs Nkuna
02/04/2012	Alicia	wheelchair service request for buggy	Assessment for suitable buggy.	SCT	Alicia
11/04/2012	Alicia	physio assessment	Mrs Nkuna attended on her own, physio exercises.	SCT	Alicia
03/05/2012	Victim	DNA another appointment given	Children were not brought on 03/05/2012, given appointment 30/05/2012	SCT	Mrs Nkuna
17/05/2012	Daniel	Results of referral medical assessment	Allergy for peanut and tree nuts, does eat eggs, does not have diary. Father has allergy to seafood and certain tinned food; Mother has asthma and hay fever.	SCT	Daniel
30/05/2012	Alicia	physio assessment	Maybe appropriate for night splints.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
25/06/2012	Alicia	Hydrotherapy sessions	Maximum of 6 sessions offered and date of first session 06/07/2012	SCT	Alicia
25/06/2012		HV to offer visit	Discussed at GP meeting that Daniel had had respiratory arrest - asthma attack. Ambulance called. HV to offer follow up visit.	SCT	Daniel
25/06/2012			This gentleman was registered with the surgery under the address of *****, Village A, Horsham. The registration at the surgery started on 25th June 2012. During that time, he had minimal involvement with the surgery. He attended the surgery on 15/8/12, 7/3/13 and 4/4/13, all with minor ailments of a minor viral or dermatological nature. He also attended on 25/4/13 with a rheumatological problem.	Courtyard Surgery	Mr Nkuna
25/06/2012			There is no evidence of letters relating to domestic abuse, except for the letter dated 14 th October received by us from you, and also the prior letter we sent you regarding this case.	Courtyard Surgery	Mr Nkuna
25/06/2012			There are no documented comments from friends, colleagues or family relating to abusive behaviour.	Courtyard Surgery	Mr Nkuna
25/06/2012			There is no comment regarding the social situations for this man.	Courtyard Surgery	Mr Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
25/06/2012			There was no awareness to the surgery of any untoward domestic situation; therefore, there was little more that could have been done by us.	Courtyard Surgery	Mr Nkuna
25/06/2012			There was no comment about previous relationships in his notes.	Courtyard Surgery	Mr Nkuna
25/06/2012			We would not normally, unless there were to be a cue during a normal consultation he attended, probe further in to abuse or domestic violence potential.	Courtyard Surgery	Mr Nkuna
25/06/2012			As mentioned previously, there is no evidence of any social background history.	Courtyard Surgery	Mr Nkuna
25/06/2012			There was no indication from our perspective that any review was needed in relation to domestic abuse.	Courtyard Surgery	Mr Nkuna
25/06/2012			We had no indications from the notes here at the surgery as to any potential for homicide.	Courtyard Surgery	Mr Nkuna
28/06/2012	Alicia	physio assessment	Crawling, continue to work on balance on standing.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
28/06/2012	Victim and Mr Nkuna	HV to support Housing application if required	Mrs Nkuna reported that she feels better since Daniel was so unwell last week, Daniel now recovered. Family report concerned that house has worsened Daniels asthma. Discussed that family could apply for housing register. HV advised family to see CAB or housing support, Signpost re adaptations needed in future for disabled child. HV discussed local groups available and Mrs Nkuna not keen to attend with children. Mrs Nkuna reports not heard from Homestart but that she is coping better now.	SCT	Mrs Nkuna/ Mr Nkuna
23/07/2012	Housing Application				
26/07/2012	Alicia	physio assessment	Parents attended, now able to reach for toys	SCT	Alicia
01/08/2012		Housing application received as family ideally required a three-bedroom property due to medical needs. Daniel has language and development problems. Alicia has cerebral palsy.	Declined an offer of accommodation with Saxon Weald June 2013. Lump sum amount received of £58,993 on 12 September 2013(Daniel's housing officer at the time was under the impression that this was from her father). Identified a privately rented three-bed property through private lettings service Village B – tenancy started 17th February 2014.	HDC Housing	Mrs Nkuna/ Mr Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
03/08/2012	Advised to contact ***** - GP will discuss at PHCTM. No details of why family needed support or why dad had liaison worker.	GP to discuss at PHCTM		Riverside Surgery	Mrs Nkuna
14/08/2012	Victim and Mr Nkuna	HV to write letter to housing. HV to send family information on Fun and Breaks service and Springboard Support.	Volunteer from Nursery playing with the children. HV explained the statementing form to be completed for Daniel. Parents reports unsure if they will be asking for Daniel to attend Shelley School. Mrs Nkuna not interested in Daniel attending QEII School. Discussed that Daniel would need support to follow instructions and routines. Parents report that they have approached housing and are waiting for medical assessment, currently on Band D. Parents feel that that Alicia's night-time routines would be improved if Alicia had her own room.	SCT	Mrs Nkuna/ Mr Nkuna
15/08/2012	Alicia	Problems with hearing	Review of bilateral otitis media and glue ear	SCT	Alicia
21/08/2012		Joint visit provisionally arranged for HV and specialist Nurse to family on 30.08.2012	Specialist Nurse reported that Mr Nkuna had seen his consultant and has been getting very tired which could impact on his ability to cope. Specialist Nurse visited the family and was concerned how the family were coping.	SCT	Mr Nkuna
12/09/2012	Daniel	medical review	Is being followed up by Speech and Language Team	SCT	Daniel

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
13/09/2012	Alicia	physio assessment	Both parents did not communicate, subdued.	SCT	Alicia
14/09/2012	Victim	HV to liaise with specialist nurse. HV to refer to Homestart and liaise with nursery	Mrs Nkuna reported that Mr Nkuna at work. Mrs Nkuna stated that Mr Nkuna does not want their relationship to continue but he would like to stay in house but not with Mrs Nkuna. Mrs Nkuna said they have discussed relationship counselling but Mr Nkuna is not interested. Also, Mrs Nkuna has spoken to her mother-in-law but Mr Nkuna will not. Mrs Nkuna reports that she feels Mr Nkuna may listen to specialist nurse and asked HV to liaise with her. HV discussed support network for Mrs Nkuna if Mr Nkuna not around. HV gave Mrs Nkuna fun and breaks referral form and agreed to re-contact Homestart. Mrs Nkuna reports that she is on Band B for housing but does not know what that means and if she will be moved.	SCT	Mrs Nkuna
16/09/2012	Victim	HV to request GP appointment for Mrs Nkuna	Mrs Nkuna reported to HV	SCT	Mrs Nkuna
16/09/2012	Victim	HV to request GP appointment for Mrs Nkuna	Mrs Nkuna reported to HV very unhappy and tearful as Mr Nkuna is leaving her. Mrs Nkuna reporting having had GP appointment last week which HV had recommended because of Mrs Nkuna's mmd. HV to request further GP appointment.	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
17/09/2012	Daniel	Dad's views on diagnosis	Both parents meet therapist at the nursery. Dad said he is not sure if Daniel is similar to someone with ASD (Autistic Spectrum Disorder).	SCT	Daniel
17/09/2012	Has thought about OD but thought of children stopped her. Depressed mood, split from partner/husband. Wants marriage counselling and antidepressants. Plan for TTT and review in 2 weeks. Info about relate supplied			Riverside Surgery	Mrs Nkuna
17/09/2012		Partner of 5 years left her. Two disabled children. Husband South African.	No indication of any history of domestic violence.	Riverside Surgery	Mrs Nkuna
18/09/2012	Victim (failure to engage)	Screened by 2 staff, patient not present	Step 2 patient appears to be in a crisis situation given her husband has just recently left her. Suitable interventions are watchful waiting, exploring support networks and support from or signpost to carers service.	SCT	Mrs Nkuna
18/09/2012	Victim	Requested contact to TTT	Letter inviting to make contact with TTT within 2 weeks	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
18/09/2012	Victim (views recorded)	Appointment for TTT Depression and Relationship Problems ticked RHQ-9 (depression) score 17	Primary diagnosis is marital problems and subsequent depression. Partner/husband of 5 years has decided to leave her. Husband is South African and has a visa only on a spouse basis according to Mrs Nkuna. 2 disabled children, these are a protective factor as Mrs Nkuna has thoughts of taking an OD and her children are what she said have stopped her. Low appetite, struggling to get off to sleep, feels she has failed. Wanted relationship counselling, directed to Relate, but also she seems depressed beyond what one might expect at marriage relationship, Mrs Nkuna keen to have AD I suggest Time to Talk, she feels this would be useful to cover issues in a structured way.	SCT	Mrs Nkuna
19/09/2012	Victim		Op in letter sent	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
19/09/2012	Alicia and Daniel	Risk and Protective factors	<p>Risk: Mrs Nkuna history or depression, Daniel has had accidents, Mrs Nkuna reluctance to accept children's disabilities, non-attendance at appointments, Mrs Nkuna family not supportive, poor housing.</p> <p>Current risk factors: partner has decided to leave, social isolation, housing issues related to children's disabilities.</p> <p>Dangers: Daniel asthma, Mrs Nkuna will not cope alone, Mrs Nkuna will not access services and Mrs Nkuna mental health ill deteriorate.</p> <p>Strengths: Daniel is at nursery, children are well presented, parents cooperate with professionals.</p>	SCT	Alicia/ Daniel

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
21/09/2012		Initial Assessment to be undertaken by CDT Social Worker, *****	Referral from Health Visitor ***** for support for Mrs Nkuna with the children's additional needs as their father was leaving the family home. Alicia aged 2 has physical disabilities, Daniel age 3 has allergies and asthma. The health visitor was concerned that Mrs Nkuna would find it difficult to manage all of their appointments. Mrs Nkuna also had a history of depression and was described as "hard to engage" and did not proactively seek support from services such as Homestart. Mrs Nkuna was described as isolated and unable to use public transport on her own with the children. Mr Nkuna was viewed by the health visitor to have been a protective factor and had greater insight into the children's needs and care.	WSCC CSC	Family
21/09/2012	Alicia was referred to children's access point child disability service	Support and advice offered to the family. Evident the couple in crisis in their relationship and alleged perpetrator threatened to leave victim. Victim suffering from depression.	Linked to victim alleged perpetrator and the children Alicia and Daniel. See section 5.4 to 5.9 of DHR IMR.	Sussex Police	Alicia
26/09/2012	Daniel	details of assessment from SALT	Views of the parents were noted, they had not visited any schools or come to any conclusion about his future schooling.	SCT	Daniel

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
26/09/2012	Daniel	Report summarising a number of assessments and visits	Parents invited to SALT parent information and training sessions May 2012 , they did not attend. Re-invited October 2012. Therapist wrote only able to observe communications skills in English and not able to assess or observe on communication skills in Tswana.	SCT	Daniel
27/09/2012			Left message for Mrs Nkuna to call to arrange assessment.	WSCC CSC	Mrs Nkuna
28/09/2012			Left message for Mrs Nkuna to call to arrange assessment.	WSCC CSC	Mrs Nkuna
01/10/2012	call to the home address at 14:21 to Mrs Nkuna described as wheezy and short of breath. A double paramedic crew attended and assessed the patient as having a chest infection.		They made contact with the GP who was happy to see them straight away and that an asthma nurse appointment was also possible to have that afternoon.	SECAMB	Daniel

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
01/10/2012	2nd call to the home address at 20:44 to Mrs Nkuna described as having difficulty breathing. A double technician crew and a community first responder attended scene. Mrs Nkuna is described as having a significant bi-lateral wheeze, distressed with an increased respiratory rate and a decreased oxygen saturation rate.		He was treated with a nebuliser (to good effect) en-route to hospital (East Surrey). The clinical notes state that he had started a course of antibiotics earlier in the day following seeing his GP and having a chest infection diagnosed. Calpol and Nurofen had been given prior to the ambulance being called.	SECAMB	Daniel
02/10/2012	Multiple admissions with asthma in 2012 - often 999 and required intubation Oct 2012			Riverside Surgery	Daniel
03/10/2012	Mrs Nkuna - Yes	Start assessment work once home again - Mrs Nkuna to re-contact	Mrs Nkuna was in hospital with Daniel (severe asthma) – It was agreed that the assessment would be postponed until they were back home. Mrs Nkuna stated that she would have liked support for Alicia in particular.	WSCC CSC	Daniel
04/10/2012	Victim	discharged	Discharge letter sent.	SCT	Mrs Nkuna
04/10/2012	Victim	discharged	Discharge letter referring to letter sent on 18/09/2012. Advised to contact GP to discuss another referral.	SCT	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
04/10/2012		Informed that Daniel in hospital so IA not started		WSCC CSC	Daniel
04/10/2012	Letter from counselling team		Didn't see GP for follow up and didn't engage with counselling service.	Riverside Surgery	Mrs Nkuna
11/10/2012		Initial Assessment to be restarted	Referral for support with the children's additional needs as their mother Mrs Nkuna is now a lone parent to them (she had told staff Mr Nkuna had left the family).	WSCC CSC	Family
16/10/2012	Mrs Nkuna - Yes	Initial Assessment to progress with family	Mrs Nkuna said she was unaware of the Hospital referral, and all is okay - she and Mr Nkuna had reconciled. Agreed with SW to go ahead with the assessment of Alicia's disability needs, with a view to identifying suitable support services for her.	WSCC CSC	Family

<p>22/10/2012</p>	<p>Mrs Nkuna, Mr Nkuna - Yes Alicia, Daniel</p>	<p>IA progressed to Core Assessment. SW advises parents consider joint counselling</p>	<p>Children considered well cared for by both parents. Mr Nkuna was very involved in their daily lives and care, despite working long hours. Mrs Nkuna said Mr Nkuna was a good and supportive father. Main concern was around emotional difficulties in parents' relationship linked to Mr Nkuna wanting to end the marriage and Mrs Nkuna's distress at this. Mr Nkuna was still living in the home, sleeping on the sofa, and was paying the rent. Mr Nkuna told the social worker that he struggled with Mrs Nkuna's jealousy. Mr Nkuna had been married before, and Mrs Nkuna said he had left that marriage too. The children are dual heritage - Mr Nkuna has Black African background, Mrs Nkuna has White British. This also influenced their separation - Mr Nkuna felt Mrs Nkuna did not understand/respect his culture. Mrs Nkuna felt it affected how he related to her as a wife and feared that he was being unfaithful and that he had already found another woman. The social worker advised relationship counselling - Mr Nkuna declined this as he already had individual counselling (would not discuss further). Mr Nkuna's main worry was that if he moved out, Mrs Nkuna would stop him seeing the children. Mr Nkuna was not named on Daniel's birth certificate - Mrs</p>	<p>WSCC CSC</p>	<p>Family</p>
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Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
			Nkuna said this was because at the time of Daniel's birth Mr Nkuna's visa had expired, Mr Nkuna however felt this was an insult and worried about Daniel's future. Mrs Nkuna declined the social work offer of extra support with Alicia's care.		
23/10/2012	Family Subject to Initial Assessment	Ongoing support for the family from Social Services.	This led to Core Assessment episode that was started on 26/10/2012 and signed off on 11/12/2012.	Sussex Police	Family
25/10/2012	Victim	Meeting with Staff Nurse arranged	Mrs Nkuna reported that she wanted to speak to HV. HV not available. Mrs Nkuna did not want to leave message and requested she speak to someone face to face.	SCT	Mrs Nkuna

25/10/2012	Victim	Staff Nurse to ask HV to contact family	<p>Mrs Nkuna reports that she been suffering from panic attacks for some times now over the last few months. Mrs Nkuna reports that they appear to be getting worse and impacting on her life now. Mrs Nkuna said that she had been to the GP about it but that GP had told her to speak to the HV. Mrs Nkuna reports that she is struggling to go out of the house now that she is worrying about having a panic attack when she is out and that she does not like this as she wants to get out with the children. HV asked how she feels in herself when she does not feel anxious or panicky. Mrs Nkuna then broke down crying, saying that she did not feel good at all, feeling low. Reports that Mr Nkuna is supportive with the children when he is not working but has been struggling with Mrs Nkuna when she has been having her panic attacks, not really knowing what to say or how to help her with them. Mrs Nkuna reports that she does not see her own mother very much as her mother has fallen out with Mr Nkuna so she only visits when he is at work. Mrs Nkuna reports that when her mother is there, she only talks about herself and never asks how Mrs Nkuna is. When asked about other support around her such as friends Mrs Nkuna reported she tries to go to groups</p>	SCT	Mrs Nkuna
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Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
			<p>and asks other mums if they want to come around or get together, they all say no and she feels this is personal and nobody wants to be friendly with her when she tries. Staff Nurse discussed with Mrs Nkuna that she would let HV know of conversation and ask HV to contact Mrs Nkuna as she knows family well and to offer further help and support. Mrs Nkuna reported that family were going to South Africa on the 9th February 2012 for two weeks to stay with Dad's family as they have not met Alicia.</p>		
<p>29/10/2012</p>	<p>Mr Nkuna - Yes</p>	<p>Core assessment continues. SW arranges to visit home following day.</p>	<p>Mr Nkuna told the social worker that he planned to move out of the family home, and that Mrs Nkuna had told him to take the children with him. A home visit was arranged by the social worker.</p>	<p>WSCC CSC</p>	<p>Family</p>

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
30/10/2012	Mrs Nkuna, Mr Nkuna - Yes Alicia, Daniel	Core assessment continues. SW advises Mrs Nkuna seeks medical advice and counselling support for herself.	Mrs Nkuna was initially upset that Mr Nkuna had called the social worker. She felt that the social worker had "sided with" Mr Nkuna as both black. The social worker - SW discussed her involvement being around the children's needs. Mrs Nkuna became very distressed about Mr Nkuna's decision to leave, pleading with him to stay - this was in front of the children. The social worker tried to calm Mrs Nkuna and re-focus on the children's experience. Mr Nkuna left the house and the social worker spoke alone with Mrs Nkuna, advised her to seek medical advice and counselling support for herself.	WSCC CSC	Family
07/11/2012	Alicia	Physio assessment	Came to the appointment with Mr Nkuna and Daniel	SCT	Alicia
09/11/2012	Feeling anxious, HV aware.	Small dose of citalopram		Riverside Surgery	Mrs Nkuna
14/11/2012	Daniel	General developmental delay and significant delay I his receptive and expressive language	Proposed statement (has peanut allergy and asthma)	SCT	Daniel
15/11/2012	Alicia	physio assessment	Attended with both parents. Mrs Nkuna reports parents have split up	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
20/11/2012	Mrs Nkuna - Yes	Core assessment continues. Mrs Nkuna has seen GP and is taking anti-depressant medication	Mrs Nkuna told the social worker that Mr Nkuna had left but he is maintaining contact with the children. Mrs Nkuna felt very upset, particularly as she believed he had been seeing someone else – she reported to have found a hotel receipt and stated that he hid his phone from her. Mrs Nkuna now prescribed anti-depressants by GP.	WSCC CSC	Family

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
21/11/2012	Mrs Nkuna, Mr Nkuna - Yes Alicia, Daniel	CA continues	Mr Nkuna remains very involved with the children; he was described as a very hands-on father – He reportedly spent time playing with the children as well as doing practical care tasks. Emotional warmth was observed by both parents towards children and from them to their parents. However, the home atmosphere was fraught with tension due to Mr Nkuna wanting to end the marriage and Mrs Nkuna wanting to stay in the marriage. Mr Nkuna had a spousal visa. Mrs Nkuna said that Mr Nkuna knew that this could be revoked now he has left Mrs Nkuna and that he would return to Ghana. The social worker commented that Mrs Nkuna had experienced depression over a long period and said she found it difficult to make friends. Mrs Nkuna had relied on Mr Nkuna to support her social, emotional and physical needs. However, he found this a responsibility and did not want to deal with this anymore. Support with children further discussed.	WSCC CSC	Family
23/11/2012		Referral made for support worker match		WSCC CSC	Family

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
23/11/2012	Mrs Nkuna - Yes	Core assessment continues	Mrs Nkuna felt emotionally stronger and more positive, she thought that Mr Nkuna would/will come back. Discussed Homestart referral being made.	WSCC CSC	Family
04/12/2012			There were no volunteers available, Jill agreed to let the social worker when this changes - Jill had spoken to Mrs Nkuna also.	WSCC CSC	Family

05/12/2012	Mrs Nkuna- Yes, Alicia	Core assessment continues. SW made home visit following T/C. SW advised Mrs Nkuna to have a paternity test for Daniel, also to continue to seek support for herself including counselling.	Mrs Nkuna called the social worker and was feeling emotional about Xmas. Mr Nkuna was to have care of the children resulting in Mrs Nkuna being alone over Xmas. The social worker did a home visit. Mrs Nkuna's background and further personal issues were discussed. Mrs Nkuna said her own childhood had not been idyllic, she and her brother had to flee with their mother due to domestic violence from their father (she had witnessed this abuse). Mrs Nkuna also described her mother not being emotionally available to her – rarely hugging her or telling her she loved her. Mrs Nkuna also told the social worker that Daniel's paternity was unclear. When Mr Nkuna returned to Africa, she had seen another South African man (a colleague of them both) and he had raped her. She did not tell the Police but did tell Mr Nkuna, and he said he would accept Daniel as his child regardless. Mrs Nkuna did not put Mr Nkuna's name on the birth certificate however, which has been a problem between them ever since. Discussed having a paternity test. The social worker commented that Mrs Nkuna was responding to the anti-depressant medication, her presentation was better and she was adjusting to her situation and seeking support.	WSSC CSC	Family
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Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
06/12/2012	Mr Nkuna - Yes. Mrs Nkuna - Yes	Core assessment continues. SW arranges to visit Mr Nkuna – Mrs Nkuna later informs she will also be there	Mr Nkuna was seeking advice on supporting the family financially and thinking of increasing his working hours. Mr Nkuna reported that Mrs Nkuna was always telling him what to do. SW agreed to meet Wednesday. Mrs Nkuna sent a text to the social worker saying she also planned to be at the meeting on Wednesday.	WSCC CSC	Family
12/12/2012		CA completed and progressed to CIN Plan	The assessment concluded that Alicia’s needs are being met by her parents, she was also attending Springboard and was due to start at xxx School. Some respite breaks/support were being pursued for Mrs Nkuna. There were worries are around Mrs Nkuna’s emotional response to Mr Nkuna’s wish to separate from her and the impact on the children and their stability. Jut also had long-term depression and emotional issues and there was a query over Daniel’s paternity. The Child in need plan was be developed to support Alicia’s needs as a disabled child and offer Mrs Nkuna some respite from the demands of caring for two children with additional needs.	WSCC CSC	Family
12/12/2012	Mrs Nkuna - Yes		Mrs Nkuna cancelled the social work visit as the family can’t make it.	WSCC CSC	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
13/12/2012	Alicia	Physio assessment	Mr Nkuna attended on his own exercises discussed and assessment.	SCT	Alicia
13/12/2012	Mrs Nkuna- Yes	SW visit rearranged. SW advises parents agree timetable for Mr Nkuna's visits	Mrs Nkuna said that it had been tense between her and Mr Nkuna - he hadn't been talking to her, she wasn't sure if he hated her and she reported that he had given her a strange look once. Mrs Nkuna was distressed, she told the social worker that Mr Nkuna was late coming to bathe the children and his phone was off. The social worker discussed having a timetable agreed between them for Mr Nkuna's visits to the children. Mrs Nkuna told the social worker that Mr Nkuna was working more hours, and that she wanted him back. Mrs Nkuna described how Mr Nkuna constantly criticised her and how she was walking on eggshells when he was in the home as she didn't want to do anything to upset him.	WSCC CSC	Family
14/12/2012	Alicia	application for a walker	K Walker Quest 88 requested, risk assessment form included.	SCT	Alicia

<p>19/12/2012</p>	<p>Mrs Nkuna and Mr Nkuna- Yes. Alicia</p>	<p>SW advised on parents agreeing a 'rota' for sharing children's' care tasks; advised Mrs Nkuna to seek counselling; Mrs Nkuna confirmed she children are not HIV positive, but Mr Nkuna is and sees a counsellor related to this</p>	<p>The social worker visited to discuss the core assessment and the child in need plan and arrangements for the children. However Mrs Nkuna and Mr Nkuna became focussed on their relationship issues. Mrs Nkuna said he criticised everything and she walks on eggshells; Mr Nkuna said she calls him constantly, has accused him of having another relationship and sends him abusive texts. The social worker reminded the parents that Alicia was there, and although her comprehension level was perhaps not clear she would pick up on their emotions and upset. The social worker reported that Mrs Nkuna dominated the conversation, putting herself down and saying how much she loves and needs Mr Nkuna. He said she was like this all the time and he felt like giving up and going back to Africa. Discussed how he would lose contact with the children, but he said he found Mrs Nkuna impossible to deal with. Mr Nkuna then left to collect Daniel. The social worker talked alone with Mrs Nkuna and again urged her to seek counselling support, and asked about previous suggestion of couples counselling that Mr Nkuna had refused. Mrs Nkuna said he saw a counsellor himself as he was sick. When the social worker asked whether she meant he had HIV and she said yes. The social worker</p>	<p>WSCC CSC</p>	<p>Family</p>
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Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
			asked if Mrs Nkuna and the children had been tested – she said yes and all three clear. Mrs Nkuna told the social worker that her brother would be staying with her for the Xmas period.		
03/01/2013		Police called by Mrs Nkuna's neighbour on her behalf - violence reported from Mrs Nkuna's brother James.	James had been staying with Mrs Nkuna, he had been drinking in London that day and returned with his girlfriend. After the children were in bed, he became verbally aggressive to Mrs Nkuna and GF, later physically assaulting Mrs Nkuna by pushing her, pulling her hair and shaking her head between his hands - she sustained a mark to her eye. She sought help from a neighbour, who called the Police, and they attended. No further concerns from Police, children were safe, James left.	WSCC CSC	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
03/01/2013	Neighbour of the victim called police on her behalf as she had gone to her address after being assaulted by her brother.	Recorded as a Domestic Violence Assault under Crime Reference WH1/000830/13. Brother had been staying with Mrs Nkuna since 02/01/2013 and had returned home on 03/01/13 with his girlfriend After the children had gone to bed brother became more verbally aggressive towards both the victim and his girlfriend and assaulted the victim who sustained injuries to her right middle finger, cut lip and a mark by her right eye. He also damaged property. Brother arrested and girlfriend arrested for obstructing/assaulting officers (Cautioned). Victim subsequently withdrew complaint. Brother not traced within time scales and therefore NFA and filed undetected.	MOGP1 was completed giving details of the children Alicia and Daniel, the circumstances surrounding the commission of the offences and also states that the children remained upstairs safe throughout. There is no mention of either of the children having special needs although they were both seen with only Alicia being spoken to. Therefore, there is no mention of the vulnerability of the children given that the suspect was their uncle and resident in the same home at that time. DASH form completed and the risk was assessed as Standard. The DV Supervisor for the Division regularly reviewed the assessment. See Sections 5.10 to 5.17 of the DHR IMR.	Sussex Police	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
04/01/2013	Patient reports assaulted by brother last night. Held her head by her hair and shook her head. O/E Firm swellings to bilateral parietal areas. Faint bruising to lateral corner right eye. Safeguarding children information sharing form completed. Discharged, fracture review. Note - she called GP surgery first and advised them she had been assaulted by her brother. They advised her to attend the UTC. Nil in Daniel's notes relating to this episode.	Head Injury and fracture of right base distal phalanx		Riverside Surgery	Mrs Nkuna
07/01/2013	Mrs Nkuna – not recorded	SW visit arranged for 9th January	The manager discussed the MOGP with the allocated social worker and instructed that a visit should be arranged for that week.	WSCC CSC	Family
09/01/2013	Mrs Nkuna - Yes	SW visit to be rearranged	The social worker arrived for home visit, but no reply. Mrs Nkuna later sent a text to explain that the doorbell was not working and she had been in the garden.	WSCC CSC	Mrs Nkuna
14/01/2013		Support package agreed for 4 hours per week	Carer to support Alicia's stimulation and social development, as well as offer short breaks to Mrs Nkuna.	WSCC CSC	Family
21/01/2013	Alicia	Like to go ahead with MRI		SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
22/01/2013		CIN Plan approved	As well as carer to support Alicia's development and offer short breaks to Mrs Nkuna, as above, plan also included addressing Mrs Nkuna's emotional strength (counselling) and issue of social isolation (Homestart).	WSCC CSC	Alicia
22/01/2013			Left message on Mrs Nkuna's mobile.	WSCC CSC	Mrs Nkuna
25/01/2013	Daniel	Statement revised as now at Manor Green Primary School	Parents selected a school and SEN statement adjusted.	SCT	Daniel
25/01/2013		Referral for agency carers	Referral accepted - carers to be identified to work with Alicia.	WSCC CSC	Alicia
06/02/2013	Alicia	Outcomes of review	skills at about 12 months development at the age of 3 years old.	SCT	Alicia
06/02/2013			Left message on Mrs Nkuna's mobile.	WSCC CSC	Mrs Nkuna
08/02/2013	Mrs Nkuna, children see - Yes	SW visit to be arranged to Mrs Nkuna and Mr Nkuna, to include discussion about immigration issues	Alicia observed to be well, happy, progressing in her development. Mrs Nkuna presenting as positive about managing the separation from Mr Nkuna, although this is still an issue for her. Discussed the social worker visiting Mrs Nkuna and Mr Nkuna soon, to include discussion of immigration issue for Mr Nkuna.	WSCC CSC	Family

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
12/02/2013	Mrs Nkuna - Yes	Mrs Nkuna says Mr Nkuna does not want to meet with SW and discuss immigration issues	Mrs Nkuna was tearful. She and Mr Nkuna had discussed their relationship together last night in great detail, including the good aspects of it, which had caused her to feel confused about whether they could get back together. Mr Nkuna had told her what had gone wrong for him in the relationship, including some of the hurtful things she had said to him. Also, she told the social worker that they discussed the fact that she had been speaking with a male friend to get a reaction from Mr Nkuna. Mrs Nkuna told the social worker that Mr Nkuna had also threatened to inform the alleged father of Daniel, that he could be the father, despite the fact that Mrs Nkuna had described this as rape. By the end of the call with the social worker, Mrs Nkuna had calmed down. Mrs Nkuna said Mr Nkuna does not want to talk about the immigration issue as planned on the 14th February.	WSCC CSC	Family
01/03/2013	Attending for Depo (contraceptive injection)	Attending for depo provera	Has got back together with husband.	Riverside Surgery	Mrs Nkuna
04/03/2013	Daniel	General developmental delay	To attend Manor Green Primary School, final statement.	SCT	Daniel

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
13/03/2013		Support for Alicia not wanted by Mrs Nkuna	Mrs Nkuna told the care provider that she had understood the carers role was to enable Mrs Nkuna and Mr Nkuna some quality time together. Mr Nkuna had also returned to live in the family home and had lodged an application with the Immigration department for Indefinite leave to remain Mrs Nkuna also stated that she no longer required support for Alicia.	WSCC CSC	Alicia
13/03/2013	Mrs Nkuna - Yes		Discussed domiciliary agency care for Alicia, which Mrs Nkuna said was no longer needed - Mr Nkuna is back in the home, and they would only like someone to babysit Alicia and Daniel now and then so they can go out together as a couple.	WSCC CSC	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
21/03/2013	Mrs Nkuna, Mr Nkuna - Yes Alicia, Daniel	CIN Review held. CIN Review held. Parents reunited; no longer needing/wanting services other than babysitting - FAB discussed, further review of situation within 3 months	Mrs Nkuna and Mr Nkuna have reunited and he is back living in the family home. The social worker asked whether this was planned as a permanent move. The social worker was aware Mr Nkuna's spousal visa expired in March and he may have had to return to Ghana. Mr Nkuna told the social worker that he wanted to be in the home to assist with the children and had agreed to give the marriage another chance. Mrs Nkuna confirmed that the paperwork for the visa extension had been sent to the Home Office a few weeks ago. Mrs Nkuna confirmed that agency care for Alicia was no longer needed, she would like a babysitting-type service now and then however so that she and Mr Nkuna can go out together – The social worker agreed to send information on alternative services e.g. Fun And Breaks. Both children seen and spoken to during visit – Alicia engaged happily.	WSSC CSC	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
16/04/2013	Mrs Nkuna - Yes	Mrs Nkuna does not need/want further CDT involvement – closure discussed	Mrs Nkuna still feels no additional support services needed for Alicia, who is attending nursery and xxx school 5 days per week. Mrs Nkuna and Mr Nkuna's marriage is back on track - she sounded happy and confident; said she had started driving lessons. Does not feel any further involvement required - agreed to close to Child Disability Team.	WSCC CSC	Alicia
22/04/2013		Final SW visit arranged	Message left arranging last/closing visit for 26/04/2013.	WSCC CSC	Alicia
24/04/2013	Daniel	Problem: severe global development delay	Discharged from Child development centre after being reviewed by Consultant Community Paediatrician.	SCT	Daniel
26/04/2013	Daniel	Attendance to Minor Injury Clinic	Treated for heat rash, cold-like symptoms.	SCT	Daniel
26/04/2013	Mrs Nkuna - Yes	SW visit postponed – rearranged for 3 rd May	Mrs Nkuna cancelled visit as she is with Mr Nkuna at the hospital - he is having blood tests as has a problem with his glands. The visit was rescheduled visit for the following Friday.	WSCC CSC	Family
03/05/2013			SW visit has not been recorded, planned for this date and closure went ahead.	WSCC CSC	Family
09/05/2013	Alicia	physio assessment	Attended with both parents and Daniel. Physio physical assessment.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
21/05/2013	Alicia	request for information	Letter requesting information from physiotherapist as parents have chosen the xxx school (school for parents).	SCT	Alicia
24/05/2013	Daniel	Allergies dairy (no mention of peanut)	Mother had relationship problems with father. At the moment they are together. Mrs Nkuna may have a learning problem but not identified in the past.	SCT	Daniel
30/05/2013		Referral for sitter match for the family		WSCC CSC	Family
06/06/2013	Victim and Perpetrator	Rearrange visit	Alicia was not brought to appointment 21 May 2013.	SCT	Mrs Nkuna/ Mr Nkuna
07/06/2013	Alicia	physio assessment	Physio assessment.	SCT	Alicia
25/06/2013		Case Closure completed	Closure Record episode written.	WSCC CSC	Family
29/06/2013	Alicia	Specific advice on functional ability	Detail of aims of physio provision, prevent muscle contracture, improve posture, facilitate independent walking, strengthen weak muscles, monitor position.	SCT	Alicia
17/07/2013	Daniel	Detail of allergies	Detail of allergies: severe allergy to peanut (Epipen) and has a nut, dairy and egg free diet.	SCT	Daniel
29/07/2013	Parents don't want MRI, chromosomal analysis or metabolic screen. No reasons given in letter			Riverside Surgery	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
15/08/2013	Alicia	Outcomes of review	Skills at about 12.5 months development at the age of 3.5 years old.	SCT	Alicia
20/08/2013	Mrs Nkuna no views	Case closure letter to the family	Case closure letter sent to the family.	WSCC CSC	Family
27/08/2013	Victim and Perpetrator	Proposed statement of special educational needs	6-part statement	SCT	Mrs Nkuna/ Mr Nkuna
30/09/2013	Alicia	physio assessment	Equipment request	SCT	Alicia
04/11/2013	Low mood and anxiety, referred to TTT - letter says good relationship with husband but he works shifts and she is socially isolated. Difficult to make friends. Mother unwell and mental health hx.			Riverside Surgery	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
05/11/2013	Victim (views recorded)	Appointment for TTT Depression and Relationship Problems ticked RHQ-9 (depression) score 13. Yes to previously received counselling, psychological therapy (no letters available)	Chronic history of low mood, previous episodes of depression. Stopped taking medication a year ago when feeling better. In last few months, symptoms have returned, especially last month. Lives with husband and 2 disabled children. Not currently working. Good relationship with husband, he works shifts, she is socially isolated. Has difficulty making friends, due to low self-esteem and some social anxiety. Mother also unwell and has mental health diagnosed. Mrs Nkuna wants to manage symptoms and improve social life. Some suicidal ideation; sure she will not act as cares for children.	SCT	Mrs Nkuna
06/11/2013	Victim	Requested contact to TTT	Request to make contact within 2 weeks.	SCT	Mrs Nkuna
06/11/2013	Victim		Extended history of low mood. For step 3 assessment, counselling or CBT.	SCT	Mrs Nkuna
07/11/2013	Victim	Requested contact to TTT	Letter inviting to phone TTT to organise a date and time.	SCT	Mrs Nkuna
07/11/2013	Victim		Opt in letter sent	SCT	Mrs Nkuna
12/11/2013	Alicia	physio assessment	Parents phoned to cancel appointment.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
22/11/2013	Victim	Failure to engage	Discharge letter sent. Discharge planning and referrals.	SCT	Mrs Nkuna
22/11/2013	Victim	Discharged	Discharge letter referring to letter sent on 06/11/2013. Advice to contact GP to discuss another referral.	SCT	Mrs Nkuna
22/11/2013	Letter from counselling team	Didn't engage with TTT		Riverside Surgery	Mrs Nkuna
25/11/2013	Professional	Equipment	Agreement for Wal-WC1C W1 Kayewalker Quest 88 Ltd.	SCT	?
11/12/2013	Alicia	Physio assessment	Parents attended; they are unhappy about the treatment they have received from xxx School for Parents. Mrs Nkuna stated he overheard parents discussing Alicia's loudness.	SCT	Alicia
13/12/2013	Victim	Proposed statement of special educational needs identifying 4 limb cerebral palsy and severe developmental delay.	Letter from SEN Team with Alicia's proposed statement of need.	SCT	Mrs Nkuna
17/12/2013	Alicia	Physio assessment	Visit to Nursery for assessment, Alicia unwell and did not attend.	SCT	Alicia
18/12/2013	Alicia	Physio assessment	Seen at home.	SCT	Alicia
14/01/2014	Mum gave permission for other investigations but not MRI			Riverside Surgery	Alicia
20/01/2014	Alicia	Outcomes of review	No evidence of increase in tone, suggests MRI for neurological presentation.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
20/01/2014	Alicia	Request for appointment	To date parents have been resistant to carry out investigations but now have agreed to chromosomal analysis on Alicia.	SCT	Alicia
05/02/2014	Alicia	Dad request for more help	Dad was unhappy about the statement report, he felt it reflected negatively on family and nursery. Dad felt detailing on visits the family had missed and not the one's SALT had missed was unfair. Dad would be happy with more support at home and more support with signing.	SCT	Alicia
11/02/2014	Victim	Notification of new home address	from 17.02.2014 moving to *****, Village B.	SCT	Mrs Nkuna
17/02/2014	Commenced Tenancy	Commenced Tenancy Village B		HDC Housing	Mrs Nkuna/ Mr Nkuna
27/02/2014	Sustainment Visit		Housing and maintenance issues discussed. No other concerns identified.	HDC Housing	Mrs Nkuna/ Mr Nkuna
05/03/2014	Patient registered with Village B Surgery	Patient registered with surgery.		Village B Surgery	Daniel
10/03/2014	Patient registered with Village B Surgery	Patient registered with surgery.		Village B Surgery	Alicia
10/03/2014	Patient registered with Village B Surgery	Patient registered with surgery.		Village B Surgery	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
10/03/2014	Care ended at Riverside		Entry in notes to say family moving to Village B Feb 14.	Riverside Surgery	Mrs Nkuna
13/03/2014	GP consultation with Dr *****	Patient attended re: House Dust Allergy. Consultation notes: came in as h/o dust mite allergy, just moved house and flared nasal sx. usual repeats added to list. Husband has HIV - enquired re reg check last done 4yrs ago when pregnant with youngest, uses protection - will look into and discuss asd. Cigarette smoker 10 /day. Referral to smoking cessation advisor - Horsham district wellbeing. Medication Review & Diary entry for next review 09/0914.	No issues raised or obvious.	Village B Surgery	Mrs Nkuna
01/04/2014	Patient registered with Village B Surgery	Patient registered with surgery.		Village B Surgery	Mr Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
03/04/2014	Medication request from patient.	<p>Medication Issue: Citalopram 10mg tablets One To Be Taken Each Day 28 tablet</p> <p>Hyoscine butylbromide 10mg tablets One To Be Taken Three Times A Day As Required 84 tablet</p> <p>Sterimar 31.8% isotonic nasal spray (Church & Dwight UK Ltd) 1 spray to each nostril twice a day 50 ml</p> <p>Citalopram 10mg tablets One To Be Taken Each Day 28 tablet</p> <p>Hyoscine butylbromide 10mg tablets One To Be Taken Three Times A Day As Required 84 tablet</p> <p>Sterimar 31.8% isotonic nasal spray (Church & Dwight UK Ltd) 1 spray to each nostril twice a day 50 ml.</p>		Village B Surgery	Mrs Nkuna
11/04/2014	Lifestyle data taken from paper notes by Mrs *****.	<p>Alcohol consumption 2 units/week.</p> <p>Cigarette smoker 10/day</p> <p>GPPAQ physical activity index: moderately active.</p>	Nothing of concern detailed.	Village B Surgery	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
11/04/2014	Clinical data taken from paper notes by Mr *****.	Minor past problems: Acute exacerbation of asthma 12/05/1994 Significant past problems: Myringotomy and insertion of long-term grommet bilateral 17/06/1999, Mixed anxiety and depressive disorder 09/08/2007; Obstetric history 2010, Closed fracture finger distal phalanx 04/06/2013; House dust allergy 13/03/14 Active Problems: Asthmas 03/09/1996.		Village B Surgery	Mrs Nkuna
22/04/2014	Sustainment Visit		Housing and maintenance issues discussed. No other concerns identified.	HDC Housing	Mrs Nkuna/ Mr Nkuna
28/04/2014	Patient's notes summarised and key notes added to our clinical system by Mrs *****		Only significant note was that patient was HIV+. Alert added to records.	Village B Surgery	Mr Nkuna
28/04/2014	Patient's notes summarised and key notes added to our clinical system by Mrs *****		Only significant notes were that patient was asthmatic, allergic to peanuts and also suffered from Global Development Delay.	Village B Surgery	Daniel
28/04/2014	Patient's notes summarised and key notes added to our clinical system by Mr *****		Only significant notes was that patient has congenital cerebral palsy.	Village B Surgery	Alicia
28/04/2014	Alicia	Physio assessment	Visit planned at nursery, Alicia off sick.	SCT	Alicia

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
19/05/2014	Alicia	Physio assessment	seen at nursery, encouraged to mobilised.	SCT	Alicia
01/07/2014	Sustainment Visit		Housing and maintenance issues discussed. No other concerns identified.	HDC Housing	Mrs Nkuna/ Mr Nkuna
09/07/2014	Alicia	Physio assessment	seen at nursery, encouraged to mobilised.	SCT	Alicia
07/08/2014	Alicia	Outcomes of review	increase tone in left arm, commencing at Manor Green School. Severe developmental delay of unknown aetiology but genetic caused is suspected as brother has similar problems.	SCT	Alicia
11/09/2014	Daniel	Detail of allergies and changes	Spoke to Mrs Nkuna on phone no longer egg and diary free diet.	SCT	Daniel
16/09/2014	Invite letter re: asthma clinic from Mr *****	Administration letter inviting patient for Asthma review.		Village B Surgery	Mrs Nkuna
01/10/2014	Daniel	Change of name	Legal change of name to Nkuna.	SCT	Daniel
20/10/2014	Sustainment Visit		Housing and maintenance issues discussed. No other concerns identified.	HDC Housing	Mrs Nkuna/ Mr Nkuna
21/10/2014	Alicia	Commenced at Little Acorns in September 2014		SCT	Alicia
22/10/2014	Daniel	Change of surname	School nurse informed by the class teacher that Daniels surname has been changed by deed poll to Nkuna.	SCT	Daniel

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
04/11/2014	Alicia	Physio assessment	Seen at school, full assessment.	SCT	Alicia
11/11/2014	Alicia	Physio assessment	Seen at school, full assessment.	SCT	Alicia
12/11/2014	Nurse consultation with Mrs *****	Seasonal flu vaccination as patient asthmatic.		Village B Surgery	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
20/11/2014	GP consultation with Dr *****	<p>Consultation notes. History: unwell 1w, low back pain, loin pain, suprabubic pain, some pain left thigh and buttock. no trauma. h/o IBS. BO reg no change, no urinary symptoms. LMP 2wks ago, short and then started light bleeding yesterday, uses condoms. partner HIV reduced appetite 2 children. 1 SVD aged 6, 1 LSCS aged 4. Examination: well. abdo soft, sl suprapubic tenderness. tender mid lumbar area. SLR to 80 bilat. gait normal. chest clear</p> <p>O/E - tympanic temperature 36.1 degrees C • SpO2 - Oxygen saturation at periphery 98 % • O/E - pulse rate 90 beats/min • O/E - blood pressure reading 123/70 mmHg • Urinalysis = no abnormality • Urine pregnancy test negative. Comment: d/w pt. vague symptoms. agree wait and see if settles over next wk. but review inb or sooner if worse in meantime pcm and fluids. Test Request: Microbiology - Uring - Unknown Specimen.</p>	No issues raised or apparent. Last contact by patient with Village B surgery.	Village B Surgery	Mrs Nkuna
21/11/2014	Test result reviewed by Dr *****	Urine culture normal, no action.		Village B Surgery	Mrs Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
24/11/2014	GP Consultation with Dr ***** (first and only in person contact with the surgery)	<p>Consultation notes: Problem 1 = Anterior shin splints. History = runs a lot and plays football on astro turf, has pain both anterior shins after, also after running. No deformity. Comment = good footwear, warm up/down, avoid too strenuous activity, avoid running on road/rest.</p> <p>Problem 2 = Low Mood (first). History = low mood, is HIV+ve, under Redhill. relationship issues, arguing with wife. 2 children. flat, not enjoying things, works as a carer - finds this helpful. thoughts self harm when things bad does have access to counsellor at Redhill main ppt factor is arguments with his wife - ppt by his mother coming over recently. Comment = refer to time to talk. given info on relate - advised to contact them. Lifestyle. pt no keen on meds - also care as can interfere with his meds. See in 3-4 weeks.</p>	<p>Patient referred to Time to Talk community mental health team 27/11/14: Referral detailed presenting problem as Depression, Long term Health Condition & Relationship Problems. Additional information given: Patient married and relationship issues – arguing – pt low, depressed. Has HIV +ve access to clinic at ESH, mood has been low for some time, not keen on medication, wants to discuss issues around long-term health condition. Quietly spoken and reserved at GP appt. given relate information. Works as carer and finding this difficult. Patient's Goals given as: improve self confidence, self help for mood/depression.</p>	Village B Surgery	Mr Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
27/11/2014	Mr Nkuna	RHQ-9 (depression) score NOT COMPLETED	Primary diagnosis Depression. Patients presenting problems: depression, long term health condition and relationship problems. Patient married, relationship issues, arguing, pt low, depressed. Has HIV +ve access to clinic in ESH, mood low for some time, not keen on medication, wants to discuss issues about long term condition. Quietly spoken and reserved at GP appointment. Works as a carer & finding it difficult. Risk (self harm, suicide, domestic violence: No - had thoughts of self harm. Has access to counsellor at ESH clinic Previous counselling: initially when diagnosed. Given info on Relate to support relationship.	SCT	Mr Nkuna
01/12/2014	Mr Nkuna	Opt In letter sent	Opt in letter sent, next expected contact within 14 days.	SCT	Mr Nkuna
01/12/2014	Mr Nkuna	Requested contact TTT	Letter inviting to phone TTT to organise a date and time. 3 questionnaires enclosed.	SCT	Mr Nkuna
15/12/2014	Letter from Time to Talk	Letter confirms that patient had failed to respond to Time to Talk appointment opt-in letter.		Village B Surgery	Mr Nkuna
15/12/2014	Mr Nkuna	Failure to engage	No telephone opt-in received; patient discharged back to the referrer.	SCT	Mr Nkuna

Date	Contact with Victim/Deceased/Child	Response and/or outcome	Comment (regarding outcome and assessment of service)	Agency completing	Subject
25/12/2014	Call received from 'informant' stating he thinks both parties are deceased. Ambulance attended 09.22, left scene 10:11.		Notes state that both parties were deceased when paramedics arrived.	SECAMB	Mrs Nkuna/ Mr Nkuna
25/12/2014	Call from informant having attended the address as a result of receiving a text from Mr Nkuna at 08:30hrs that day. Found victim and alleged perpetrator. Confirmed that the two children had stayed at his home the night before.	Emergency services attended *****, Village B as a result of the 999 call from informant who had received a text from the alleged perpetrator earlier that morning. Victim and alleged perpetrator were declared deceased. Investigation commenced into the deaths under Operation Redgate.	The text message to x said '. so sorry could u pls cal the police 2 come to my place... <i>address deleted</i> ...tell my kids I love them forever. Give them to the police. I love u <i>name deleted</i> '. Shortly afterwards, the informant attempted to call Mr Nkuna - however his calls are unsuccessful. The informant went to the address and found the couple. The victim was found lying in the marital bed and the alleged perpetrator was found on the landing lying on top of a bag. There was a note left, which was initially believed to be a suicide note by the officers and ambulance crew in attendance. It read 'Please take care of our lovely kids. We love them and please tell them every day. Daddy and Mummy xxx Our wish was not to take them to a care home Sorry guys kids are here and safe.	Sussex Police	Mrs Nkuna/ Mr Nkuna

Appendix B - Lessons Learned

Lessons Learned 1

There is a lack of clarity in primary care regarding their role in providing information and analysis to Domestic Homicide Reviews. This is not just around information sharing but also payment for time. This leads to delays in reviews and could lead to incomplete information being available.

Lessons Learned 2

Knowledge around the scope and nature of domestic violence and abuse within primary care may be inadequate leading to professionals not recognising 'other family member' domestic incidents as requiring the same level of attention as those that occur between partners or former partners.

Lessons Learned 3

When patients do not take up referrals made to other services by GPs there may be no follow up or enquiry made to understand the reasons why. This can lead to conditions remaining untreated and therefore recurring. There is no specific recommendation around this but, as a practice observation, professionals should be alive to and aim to mitigate the ongoing risks that may prevail if referrals are not taken up.

Lessons Learned 4

Repeated episodes of patients either not attending or not brought to appointments across different services are not considered holistically, nor in the context of other pressures, as being symptoms that there may be domestic violence or other safeguarding concerns present.

Lessons Learned 5

There can be a tendency for practice to be underpinned by a single static risk assessment rather than that assessment being a continuous process with practice being modified as assessed risk changes.

Lessons Learned 6

Considering the whole family dynamic, including using attachment knowledge to inform judgements around the children/ parent relationship, in the context of other pressures and problems being experienced can provide a greater insight into how a family functions and their needs.

Lessons Learned 7

There may be an assumption held by professionals that where people are able to disclose some incidents of abuse they will disclose all. This may not always be true as

the perceived consequences of disclosure can vary according to context and alleged perpetrator.

Lessons Learned 8

There may be an inclination to accept a victim's personal views regarding disclosure of them having suffered a serious sexual assault as being absolute. Options such as third party referral and information about the many and varied supportive services available may, therefore not be discussed. This can impact on the wellbeing of the victim themselves as well the safety of others who may have contact with the alleged perpetrator.

Lessons Learned 9

Verification by CSC managers that their directions have been followed up is less than robust potentially leaving children in situations where they may be subject to ongoing emotional abuse.

Lessons Learned 10

When assessing the welfare of children at domestic violence incidents, police may not always do so thoroughly, thereby risking that vulnerabilities may not be fully recognised.

Lessons Learned 11

The police do not always refer victims for domestic violence to specialist support services, nor advise them to make contact themselves.

Lessons Learned 12

The ongoing risk a perpetrator may pose to a victim of domestic violence may not always be recognised by the police leading to a lack of urgency in investigations and static risk assessments.

Appendix C - Recommendations

Recommendation 1

That the Coastal West Sussex, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups produce health specific guidance regarding Domestic Homicide Reviews and the need for information sharing, to supplement that available from the Home Office.

Recommendation 2

That the Domestic and Sexual Violence Strategic Board ensure that all agencies review their domestic violence training to ensure that it clearly explains the definition and scope of domestic violence especially that it can be perpetrated by 'other family members.'

Recommendation 3

That Coastal West Sussex, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups gain assurance from GP surgeries that they are aware of the importance to code any entries relating to domestic abuse on both the victims notes, and any dependent children.

Recommendation 4

That the Coastal West Sussex, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups work with providers to ensure the training of professionals includes both that 'was not brought' may be a sign of non-engagement and an indication of risk together with raising the awareness of available pathways of support in cases of concern.

Recommendation 5

That Sussex Community NHS Foundation Trust Review the risk assessments used by therapists to consider the whole family risks especially when there are multiple children with disabilities.

Recommendation 6

Sussex Community NHS Foundation Trust should audit Health Visiting and Enhanced Health Visiting cases to assure themselves that 'routine enquiries' into whether domestic abuse is a factor in clients' lives are made in line with their revised policy and expectations.

Recommendation 7

West Sussex County Council should continue to embed the Signs of Safety Framework, to drive up practice standards by ensuring the children's voices are heard, chronologies are on file and interventions are outcome focused and that Social Workers consider children in the whole family context and use attachment expertise to identify any signs of trauma.

Recommendation 8

West Sussex County Council ensure steps are taken so that social workers and their managers are aware of the risks of hidden harm experienced by domestic violence victims and their children and therefore embed and support practice that demonstrates a high degree of professional curiosity.

Recommendation 9

Agencies should ensure that where professionals have disclosed to them reports of rape or serious sexual assaults they endeavour to inform the victim of all options available to them especially around reporting the matter to the police and availing themselves of counselling services. At the very least, where a victim is not inclined to report the matter to the police, agencies should make an anonymised Third Party Report through a victim support service.

Recommendation 10

Measures should be put in place by Children's Social Care that children will always be seen in a timely manner and seen alone where they have directly or indirectly witnessed violence and managers should ensure that happens, especially when they have specifically directed that it should.

Recommendation 11

That Sussex Police ensures that full consideration be given to the vulnerability and needs of children connected with domestic violence incidents, even though they may not be in the same room at the time. This comprehensive information must be shared with Children's Social Care to allow accurate and timely assessment of risk.

Recommendation 12

That Sussex Police review its procedures to ensure that all domestic abuse victims that come to their attention are referred to or advised to make contact with specialist support services.

Recommendation 13

That Sussex Police ensure that domestic violence investigations are progressed expeditiously and, when the whereabouts of a suspect are unknown, robust measures are put in place to trace them while ensuring that any risk assessment of the victim or their family reflect their status.

Recommendation 14

That the Domestic and Sexual Violence Strategic Board works with all agencies to develop a wide reaching communication strategy that demonstrates the full nature of domestic abuse and the breadth of services available to those suffering.

Recommendation 15

That the Coastal West Sussex, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups seek further assurance from all providers that they are accurately recording the ethnicity of patients. This would help meet those needs as well as ensuring patients' cultural requirements are respected.

Recommendation 16

That West Sussex County Council ensures that social care assessments and records take full consideration of the cultural needs and differences of service users to ensure that those are being met.

Appendix D - Good Practice

Good Practice Point 1

The Health Visiting service was very pro-active in seeking support for this family in many ways and helped them access services that they may have otherwise struggled with.

Good Practice Point 2

The manner by which the Housing Sustainment Visits are carried out and the subsequent notes provide a good opportunity for risk to be identified unless, as in this case, it appears to be deliberately masked.