



# **Safer West Sussex Partnership**

## **Domestic Homicide Review into the deaths of Adult A, Child 1 & Child 2, and Adult B (All of whom died in March 2020)**

### **Executive summary**

**Independent Chair & report author: Kevin Ball**

Final Version – amended following Home Office feedback –  
March 2024

## **Personal statement from family**

"Adult A was one of the kindest people you could ever wish to meet, she was loving, thoughtful, caring, loyal, funny, always with a smile on her face and a loud giggle.

Adult A's biggest achievement in life was Child 1 and Child 2, and she doted on her children. Adult A was a wonderful mother, fantastic sister, adoring daughter, doting auntie and loyal and devoted friend.

Anyone that met Adult A couldn't forget her or not have been touched by her in some way. She really was one in a million and I take comfort from the fact that I was lucky enough to have her firmly by my side as my twin sister and best friend for 40 years.

Child 1 was a beautiful angelic little girl, and always looked so delicate with the most stunning features. When she was very small, she was quite timid however, she had really come in to her own, she was a right chatter box and had a little inner strength when she wanted it which was great to see, she loved having a cuddle, holding hands, dancing and chatting. She had a wonderful sense of humour and would brighten everyone's day.

Child 2 on the other hand had cheekiness written all over her. She had the 'Adult A frown' to a tee and was always either smiling or frowning as well having the family curly crazy hair, she was definitely naturally a little bit more confident and happier saying no! It was difficult to get Child 2 to sit still and she definitely had a mischievous streak to her.

Both children were an absolute delight and a credit to Adult A. They got on so well together and shared a very strong bond.

Losing Adult A, Child 1 & Child 2 has shattered our lives and we still cannot comprehend why or how this happened and how with no warning Adult B was capable of such a monstrous, cruel and cowardly act. The devastation that has been left behind is immeasurable and there is a hole in our hearts that will never ever be filled. We miss them every single day and will never get over the loss of our three beautiful family members with their whole life in front of them. We will however be forever grateful for the time we did have with them and feel blessed that we were lucky enough to have them as our family.

Adult A and I always said we couldn't live without each other so her loss to me, and those of her beautiful children is still incomprehensible but we will ensure their memories live on.

We hope that from this DHR there will be some significant changes to gun licencing reforms, as we strongly believe if Adult B wasn't handed a gun licence so easily, despite numerous red flags that Adult A, Child 1 & Child 2 may still have been here today."

Written by the twin sister to Adult A and Auntie to Child 1 & Child 2.

## **1. The Review process:**

- 1.1 This summary outlines the process undertaken by the Safer West Sussex Partnership Domestic Homicide Review Panel in reviewing the homicide – suicide (or familicide) of a family comprising two adults and two young children, all of whom died, by gunshot, in March 2020. This review was conducted under section 9 of the Domestic Violence, Crime & Victims Act 2004.
- 1.2 Family members have confirmed that they wish for the individual adults and children to being referred to as Adult A, Adult B, Child 1 and Child 2. Given the circumstances of the deaths, there was a Police investigation, but not a criminal trial. A Coroner’s Inquest concluded that Adult A, Child 1 and Child 2 were unlawfully killed and that Adult B, as the perpetrator, died by suicide.
- 1.3 The sudden and unexpected death of any individual family member can be a shocking and traumatic experience for anyone closely connected; in this case, the sudden and unexpected death of an entire family has had a profound impact on close members of the extended family but also the small number of professionals that were in contact with them.
- 1.4 Members of both Adult A and Adult B’s family have described how impossible it is to comprehend what has happened, the loss of loved ones and how events have '*... destroyed the family ... and left a raw and constantly agonising gap ...*'. Since the tragic events of March 2020, both sides of the family have engaged – as well as can be expected – in due process to try to find answers, or clues, about what might have led to Adult B killing his family, and then himself. Their commitment and resolve in the face of traumatic and adverse circumstances is to be commended. Representatives of the family, from both maternal and paternal sides, have been fully involved in helping shape this review; the Independent Chair is extremely grateful for their insights and contributions at such a difficult time. It is hoped that the review will go some way in helping family members, but also influence learning and change to local and national policies and reduce the likelihood of similar future awful tragedies occurring.

## **2. Contributors to the review:**

- 2.1 All agencies that had, or might have had, contact with members of the family were contacted in June 2020 to ask for preliminary information. This included over 18 separate agencies or service types that may have offered services.
- 2.2 From this original list and early contact, seven agencies were asked to submit Individual Management Reports (IMRs). This included;
  - Sussex Police
  - Primary Care (GP Practice)
  - Portsmouth Hospital University NHS Trust
  - Western Sussex Hospitals NHS Trust
  - Sussex Community NHS Foundation Trust
  - West Sussex County Council Early Help Services
  - West Sussex County Council Education Services (School & Nursery)

### 3. The Review Panel members:

3.1 A Review Panel was established, and comprised of the following agency representation;

**Table 1: Membership of the Review Panel**

<b>Name</b>	<b>Agency</b>	<b>Role</b>
Kevin Ball	Independent Consultant	Chair & report author
Emma Fawell	West Sussex County Council, Communities Directorate	Violence Reduction Unit Lead & representing Safer West Sussex Partnership Business Unit
Jane Wooderson (later replaced by Helen Upton)	Sussex Police	Detective Sergeant, Strategic Safeguarding Team
Gill Field	Clinical Commissioning Group	Designated Nurse Adult Safeguarding Sussex CCGs
Georgina Colenutt	Sussex Community NHS Foundation Trust	Named Nurse Safeguarding Children
Catherine Mead	Portsmouth Hospitals NHS Trust	Lead Nurse for Safeguarding Adults
Jo Tomlinson	Clinical Commissioning Group	Assistant Head of Safeguarding children & Designated Nurse
Gail Addison	Western Sussex Hospitals NHS Foundation Trust	Midwifery Matron
Philippa Gibson	WSCC Adult Services	Senior Commissioning Manager: Substance Misuse Services
Richard Austin-Hakin (later replaced by Sophie Carter)	WSCC Children's Services	Service Manager Quality Assurance Team Head of Safeguarding
Janina Francis (later replaced by Katie Bennett)	WSCC Early Help Service representing the children's Nursery	Delivery Team Manager
Jez Prior	WSCC Safeguarding in Education representing the children's school	Safeguarding in Education Manager
Katherine Wadbrook	Change, Grow, Live Substance Misuse Services	Service Manager Young People & Families, Change Grow Live, West Sussex Drug & Alcohol Wellbeing Network
Sharon Howard	Safe in Sussex: local specialist domestic abuse service	Chief Executive Officer

- 3.2 Members of the Review Panel were independent of having any direct case management role or responsibility.
- 3.3 Due to the process of Police investigation, the impact of Covid-19, and the timing of the Inquest, initial scoping and the first Review Panel was not held until August 2020. This initial Review Panel agreed the terms of reference and lines of enquiry, provided the opportunity to begin gathering additional information, and confirmed arrangements for involving family members. This included the opportunity for Review Panel members but also family members to see, and respond to, draft versions of the DHR report. The review proceeded as far as possible, until being paused due to the Inquest being rescheduled to take place in July 2022. A final Review Panel was held in August 2022, at which a representative from Adult A's family attended. The final report was agreed by the Safer West Sussex Partnership in September 2022. The final report has been shared with family members from both sides of the family.

#### **4. Author of the overview report:**

- 4.1 The Chair of the Safer West Sussex Partnership appointed Kevin Ball as the Independent Chair and report author for this Domestic Homicide Review. He is an experienced Chair and report author, notably of cases involving the harm or death of children, but also more recently Domestic Homicide Reviews. He has a background in social work, and over 30 years of experience working across children's services ranging from statutory social work and management (operational & strategic) to inspection, Government Adviser, NSPCC Consultant and independent consultant; having worked for a local authority, regulatory body, central Government and the NSPCC. Over his career, he has acquired a body of knowledge about domestic abuse through direct case work, case reviews and audit, and research and training, which supports his work as a Chair and reviewer of Domestic Homicide Reviews. During his career, he has worked in a multi-agency and partnership context and has a thorough understanding about the expectations, challenges and strengths of working across complex multi-agency systems in the field of public protection. In the last 10 years he has specifically focused on supporting statutory partnerships identify learning from critical or serious incidents and consider improvement action. He has contributed to the production of Quality Markers for Serious Case Reviews, developed by the Social Care Institute for Excellence & the NSPCC – which are directly transferable and applicable to the conduct of Domestic Homicide Reviews. He has completed the Home Office on-line training for Domestic Homicide Reviews and the Chair training course provided by Advocacy after Fatal Domestic Abuse (AAFDA). He has no association with any agencies involved and is not a member of the Safer West Sussex Partnership. He held the role of interim Head of Safeguarding for West Sussex County Council Children's Services until November 2018 before leaving this employed role, and then became a fully independent Consultant. The Safer West Sussex Partnership were satisfied that there was no conflict of interest.

#### **5. Terms of Reference and lines of enquiry for the review:**

- 5.1 Those agencies providing Individual Management Reviews were asked to consider the following lines of enquiry as part of the terms of reference:

- a) Each agency's involvement with all members of the family from January 2013 to March 2020
- b) Information sharing between professionals & agencies that came into contact with any member of the family.
- c) The identification, assessment and response to any information that indicated any risk of harm. In particular;
  - Mental health issues
  - Domestic abuse
  - Drug &/or alcohol misuse
  - The combined impact of gun ownership alongside any knowledge about mental health issues and/or knowledge of alcohol/drug misuse
- d) Whether contact by agencies was consistent with professional standards, policies and procedures.
- e) Consideration whether any agencies openly & actively promoted their services with a view to preventing harm.
- f) The quality & effectiveness of safeguarding training provided to professionals that had contact with the family.
- g) Consideration of any ethnic, cultural, linguistic issues & religious identity & special needs for the family.
- h) Other potential contributory factors: Organisational change, and the impact of Covid-19.
- i) Any concerns amongst family / friends / colleagues or within the community.

## **6. Summary chronology:**

- 6.1 Adult A and Adult B had been in a relationship for 13 years. Both were of white British heritage with English as their first language. Family members from both the maternal and paternal side of the extended family have provided very similar descriptions of Adult A and Adult B as a couple – inasmuch as there had been no cause for concern or worry about the quality of the relationship between the two and that neither side of the extended family knew of any violence or abuse in their relationship. One member of the family stated that it would have been difficult to imagine Adult B ever getting angry, and that Adult A always shared and communicated with others if there were things on her mind. Extended family members commented on how connected they felt to both Adult A and Adult B and that family life and events never seemed hidden.
- 6.2 Adult B has been described by family members as '*... having a fantastic childhood ...loving towards Adult A ... but a quiet character and closed book ...we had no indication of any inner turmoil he was experiencing or of any issues that might provoke events ... we all thought they were a strong family ...*'. As an adolescent Adult B had some struggles, notably around his identity and appearance, plus experienced some bullying which is likely to have contributed to some initial emotional and mental health difficulties. Adult B was a self-employed builder.

- 6.3 Adult A has been described by family as '*...having a happy childhood ... lots of friends as school and being very popular ... really enjoying dancing and having a great sense of humour ... [being a] loving, warm and laid-back person, with a warm smile and personality and who did not have a bad word to say ...having an infectious laugh ...*'. Adult A never mentioned to close family members Adult B having any mental health problems, and never talked about having money difficulties. Adult A worked as a legal secretary. The couple were described as '*always seemed happy in one another's company ... a match made in heaven ...*'.
- 6.4 Both Adult A and Adult B have been described as adoring their two children, and the family have been characterised as happy and united. Child 1, aged 4½ years has been described by a member of the extended family as '*... angelic, compliant, beautiful and a nice natured ...*'. The school she attended described her as a child that '*... became a lovely chatty, friendly child who had friends right across the age range. .. with a wonderful sense of humour and would often brighten up the day for the staff with a creative and cheeky response to questions or instructions ... Child 1 obviously loved school and was a real ray of sunshine with a positive and increasingly outgoing approach to school life ...*'. Child 2, aged 2½ years has been described as '*... cheeky and the mischievous one ...naturally more confident ... loved cuddles when reading a book ...*'. The Nursery that Child 2 attended, and which Child 1 had also attended prior to going to school, had no concerns about either child; both were always presented as clean, tidy and smartly dressed. Their attendance at Nursery or school was good and nothing more than routine childhood illnesses, minor ailments and accidents/injuries that might occur at their respective developmental stages were noted throughout their attendance.
- 6.5 Adult B attended his GP Practice on a number of occasions between 1994 and 2013 with anxiety and depression for which he was prescribed medication. Evidence of depressive episodes were noted as occurring in February 1994, May 1996, October 2002 – May 2003, and November 2013. Records show that on three separate occasions, in 1996, 2003 and 2013, Adult B was prescribed anti-depressant medication. In 2013 Adult B revealed to his GP drinking alcohol heavily alongside suffering with depression. Records from hospital relating to a tooth extraction in 2009 indicate Adult B disclosed using cocaine some months earlier and ecstasy one year earlier.
- 6.6 Records indicate Adult A (supported by Adult B) attended all ante-natal appointments in respect of both pregnancies; nothing remarkable occurred and there was no information which suggested domestic abuse was a feature of the relationship. Throughout the children's lives, Health Visiting Services did not identify any risks of vulnerabilities for either child. Similarly, the children's nursery and school had no concerns whatsoever about the children or their contact and engagement with the parents.
- 6.7 In September 2015 Adult B made a firearms application to own a shotgun to Hampshire Constabulary Licensing Department. When asked about previous convictions, current medical conditions and whether he had ever received treatment for depression of any other kind of mental health condition, none were disclosed. On

further questioning, an old Caution, plus some mental health difficulties were disclosed by Adult B. In March 2016 the Firearms Enquiry Officer suggested that if issued a certificate, Adult B should receive a Warning Letter for non-disclosure of medical and criminal history and that a GP reference should be obtained.

- 6.8 In June 2016 a letter from the GP surgery regarding Adult B was received by the Firearms Licensing Department. This letter stated *'Adult B was treated for depression in 2003 and 2013. He had 3 months' worth of treatment in 2003 with antidepressants and one month of antidepressants in 2013. He is not currently on any treatment. When I last saw him on 5 February 2016 his health was good both physically and mentally. I am not aware of any impairment currently that would affect him being in possession of a firearm ...'*. A box was ticked by the GP in the form stating that there were no concerns about Adult B being issued with a firearm certificate. Later in June the Police Firearm's Licensing Departments 'Manager's Determination' at that time recorded *'Warning Letter to be issued as detailed above. Insufficient to refuse at this stage'*.
- 6.9 In July 2016 Hampshire Firearms Licensing Department issued a letter to Adult B explaining that a decision to grant the shotgun certificate had been made, but that given the initial non-disclosure of medical information and previous Caution the letter contained a warning that failing to comply with the conditions of the certificate would result in revocation. Also in July 2016, and then again in August 2016, email notifications were sent from Hampshire Firearms Licensing Department to Sussex Police Licensing Unit explaining that Adult B was in the process of applying for a shotgun licence and that he had a new address. It explained that Hampshire Constabulary had granted the licence but before inspecting the security and providing the shotgun certificate to Adult B, along with the prepared Warning Letter, he had moved address. On the 26<sup>th</sup> July 2016 the GP Practice added a read code to Adult B's electronic records stating *'has firearms license'*. (Read codes are an electronic coding system widely used by GP Practices and NHS which support coding of specific issues relevant to the patient). The use of a read code by the GP Practice was based on Home Office guidance (2016) in place at the time available to GPs: Guide on Firearms Licensing Law, April 2016, p.262, Home Office: *'... An encoded reminder should be placed on the GP record to indicate that the patient is a firearm or shotgun certificate holder ...'*.
- 6.10 In August 2016, a member of Sussex Police Firearms Licensing Unit completed a home visit and noted *'... no issues drink / drugs disclosed ...'* with a form being signed by Adult B. Some handwritten notes also appear on the record of that home visit which state *'... Hampshire did not issue shotgun certificate – see notes on their file – they were happy to issue with Warning Letter re disclosures – are we doing same with warning letter ...'*. This is followed up in September 2016 by the Sussex Police Firearms Licensing Unit making a decision, having reviewed the case, for words of advice to be given to Adult B on personal delivery of the certificate rather than a letter of warning being served. A handwritten note on the memo also states *'... delivered with further words of advice given ...'*, suggestive of this happening.

- 6.11 In March 2017 Adult B made an application to Sussex Police wanting to extend his license from a shotgun certificate to also include a firearms license<sup>1</sup> to allow him to shoot other quarry on suitable land<sup>2</sup>. On this new application, Adult B listed under 'Part C Offences', '*... drunk and stole bicycle 2003 ...*'; when asked about current relevant medical conditions, none was disclosed. In response to this application Sussex Police issued a letter to the GP Practice requesting factual information and asking about any concerns. In response to the letter issued by Sussex Police, the GP Practice responded in March 2017 '*... Thank you for your letter regarding the grant or renewal of a firearm / shotgun certificate for Adult B. I can confirm I have added the firearm reminder Code to the patient's medical record. In relation to your request for further information, the practice does not have the capacity to complete the work requested. Please note that this response means the Police should not draw the inference that the General Practitioner has no concerns about issuing a firearm / shotgun licence to this patient ...*'. There was no further scrutiny about this.
- 6.12 In April 2017 the GP Practice updated its local procedures about the role of the GP and firearms applications based on Local Medical Council<sup>3</sup> (LMC) Guidance (Surrey and Sussex) which had been published on the 22<sup>nd</sup> March 2017.
- 6.13 On the 6<sup>th</sup> June 2017 the read code on the GP Practice records that was added in July 2016 was deactivated, based on the revised LMC guidance issued and 'marked in error'.
- 6.14 In July 2017 the revised, and coterminous (shotgun and firearms) certificate was issued to Adult B. This was valid from 25/07/2016 to 24/07/2021 – a five-year period.
- 6.15 In December 2017 Adult B disclosed cocaine use to the GP which had resulted in a problem with his nostril but that he had stopped using it one week ago. This prompted

---

<sup>1</sup> The following definitions apply based on the Home Office User guide to Statistics on firearm and shotgun certificates, England and Wales: **a) Firearm** - According to the 1968 Act, a firearm means a lethal barrelled weapon of any description from which any shot, bullet or other missile with a kinetic energy of more than one joule at the muzzle of the weapon can be discharged. It includes any prohibited weapon, any component part of such a weapon and any accessory to such a weapon designed or adapted to diminish the noise or flash caused by the firing of the weapon, **b) Shotgun** – A smooth-bore gun (not being an air gun) which: (i) has a barrel not less than 24 inches in length and does not have any barrel with a bore exceeding 2 inches in diameter; (ii) either has no magazine or has a non-detachable magazine incapable of holding more than two cartridges; and (iii) is not a revolver gun. Other smooth-bore guns may require a firearm certificate. It is, with certain statutory exceptions, an offence for a person to possess, purchase, or acquire any shotgun without holding a shotgun certificate. A shotgun uses shotgun cartridges containing lead shot as ammunition and is typically used for clay pigeon shooting or for the control of vermin. **Coterminous certificate** – A coterminous certificate can be issued to allow the certificate holder's firearm and shotgun certificates to expire on the same day. Only shotgun certificates can have their expiry date changed to be aligned with a firearm certificate. Bringing the certificates into line with one another reduces fees for the certificate holder and reduces the burden on police firearms licensing teams.

<sup>2</sup> 'Quarry' is the general term for live animals (including birds) that can be shot over land. In this context 'land' means an area that has been judged suitable. The use of different types of weapons i.e., shotgun or firearm, to kill quarry is determined by its ability to achieve a humane kill within a safe space and distance.

<sup>3</sup> The British Medical Association's website provides a description of Local Medical Councils, as a local elected representative committee of NHS GPs.

a referral being made by the GP to the Ear, Nose & Throat specialist at Portsmouth Hospital University NHS Trust. The outcome of the referral was a day surgical procedure on Adult B to remove a lesion. During the assessment appointment, prior to surgery, Adult B detailed having a sore nostril for two to three years, being an intermittent smoker for 22 years, and a recreational cocaine user '*... once a week for a few years ... currently he now uses his cocaine once every few weeks to a few months ...*'. The letter back to the GP about Adult B from the Hospital Consultant following surgery noted '*... history of long-term cocaine use, but he has now stopped ... due to chronic cocaine abuse the blood supply to this region [nasal area] may be reduced ...*'<sup>4</sup>. Adult B had no further contact with the Hospital and was discharged. There was no further probing about this matter nor scrutiny.

- 6.16 In September 2019 revised guidance was issued to GPs by the British Medical Association (BMA) advising to use read codes in electronic medical records to flag patients being a licensed gun holder. The electronic system used by the GP Practice does not allow a search of an individual patient records to identify which read codes had been deactivated. It was therefore not possible to identify those patients who held gun certificates retrospectively.
- 6.17 Police examination of social media messaging highlighted some tensions in the adult relationship. The most recent was between February and early March 2020, indicative of the couple possibly considering needing a short break from one another, but then making up, with one comment '*... let's not argue in front of the children ...*'. One message in January 2020 mentioned Adult A asking Adult B '*why are you so angry with me?*' and another in March 2020 with Adult A stating '*I am getting out of your way as I can see you are angry*'; neither of these messages received a written reply from Adult B, and there is no information in the social media messaging about what might have caused him to be angry. Other messages dating back to 2019 where Adult A expressed concerns about the relationship; comments being '*I really want us to make more effort for each other*' and that Adult A missed '*how we used to be when we enjoyed each other's company, and it doesn't feel natural when we are together anymore*'. Messages were also found where Adult A expressed concern about Adult B's alcohol and drug consumption on a number of occasions. The most recent messages were pre the Covid-19 pandemic restrictions, and contained no hint of anger, threat or aggression. All of the messages, recent and more historic, should be seen in the context of several thousand other messages which had been examined by the Police suggesting nothing other than a loving, caring couple, devoted parents, and supportive of one another.
- 6.18 In March 2020, Adult A and Adult B made a joint application for life insurance. Some financial pressures and short-term debts have been confirmed, to the approximate sum of £20,000, along with property investment commitments and mortgages. However, it appears that this sum and arrangements for mortgage payments were offset by sound and financial arrangements, as well as predicted income; there was no obvious indication that their financial commitments would not be met.

---

<sup>4</sup> Submission from Portsmouth Hospital University NHS Trust.

- 6.19 On the 20<sup>th</sup> March 2020 national lockdown restrictions due to Covid-19 were imposed. Information provided by family highlight that Adult B had concerns about being able to obtain building materials to complete work booked. During the early days of lockdown restrictions, the family were out walking, taking photos and posting them on social media, and there was no indication of any undue stress or difficulty.
- 6.20 Around this period of time, Adult B made contact with an associate on two separate occasions asking if he knew of anyone that could provide him with cocaine. The associate replied by saying he did not have such contacts and neither did any of his friends. Review by the Police of Adult B's phone did not reveal any identifiable pattern to him previously seeking drugs.
- 6.21 Just days before the national lockdown, Adult B purchased a semi-automatic shotgun from a licensed gun dealer. Prior to this, based on the license certificate records, Adult B had sold three weapons in March 2019.
- 6.22 The school which Child 1 attended partially closed, due to Covid-19, in the last full week of March 2020. As Child 1 was not a child of a designated key worker, or classed as a vulnerable child, in line with [national guidance](#) Child 1 was not able to attend school given the national restrictions in place. Over the next six days of lockdown, up until their deaths at the end of March 2020, the school had no reason to speak with the parents.
- 6.23 Tragically, on the 29<sup>th</sup> March Adult A, Adult B, Child 1, Child 2 and the dog were found deceased at their family home having died of gunshot; forensic analysis has confirmed that Adult B was the last to die, and took his own life. Adult B was 43 years, Adult A was 41 years, Child 1 was 4½ years and Child 2 ½ years of age. No information was found which might assist our understanding about motive.

## **7. Key issues arising from the review:**

- 7.1 The following key issues arise from this review:
- The partial sharing of all relevant information by the GP to the Police when asked about medical/health information.
  - The honesty and integrity of the individual applying for the gun license being open to question; but with very limited probing and professional curiosity being exercised by Firearms Licensing Officers within two Police authorities<sup>5</sup>.
  - The inconsistency of approach between two different Police authorities in responding to issues of non-disclosure of relevant information by an applicant.
  - Aspects of the guidance for gun licensing being open to interpretation, and therefore potentially a different level of weight and emphasis being given to certain critical issues.
  - The importance of GP digital read/marker coding systems, but also the challenges they present for GPs being consistent in their usage.
  - The likelihood of personal circumstances for the licensed gun holder changing, potentially for the worse, within the current 5-year gun license period, and this not being brought to the attention of the Police authority.
  - The potential harmful impact of recreational drug use, on individuals but also children.

---

<sup>5</sup> The term Police authorities is used throughout this report as a generic term to refer to the different institutions in England & Wales that have a statutory responsibility for gun licensing.

- The often-hidden nature of emotional and mental health difficulties.
- The disastrous, monumental and permanent impact on extended family members and those people that knew family members following such a tragic incident.

## **8. Conclusions:**

- 8.1 This Domestic Homicide Review has examined the contact and involvement of professionals and agencies with all four members of a family, who died in March 2020 as a result of gunshot by the licensed gun holder, who then took his own life. The review has benefitted from the contributions of all agencies and professionals that came into contact with family members, a Review Panel, and members of the close extended family, from both the maternal and paternal sides. Members of the extended family are left not knowing the motives for events and have suffered an indescribable loss under shocking and traumatic circumstances.
- 8.2 Incidents of familicide – the murder and suicide within a nuclear family – are rare. Data from other homicides and case reviews confirms that mental ill health, drug use, relationship difficulties and stress are often cited as contributory factors to such tragedies. The review has identified that the licensed gun holder suffered with episodic mental health difficulties, some of which were treated with medication, and others not. It has also learnt that recreational cocaine use was a feature. The licensed gun holder had used cocaine recreationally for a number of years; to the point that he required specialist medical intervention to treat a problem created by the drug use. The issues identified do not lend themselves to helping with predictability, but rather point to contributory elements of risk and vulnerability. Importantly, these issues alone, do not explain the tragic outcome but point towards underlying causes, which can exacerbate behaviours.
- 8.3 The review has examined the process of gun licensing and noted that there are a small number of deaths each year connected to licensed gun holders; however, in the vast majority of cases, licensed gun holders behave responsibly and do not represent a danger to themselves or others. In this respect, the effectiveness of the gun licensing procedure is viewed as largely successful.
- 8.4 The review has found that the guidance issued to GPs, but also Police authorities, was somewhat open to interpretation and localised discretion. This is particularly so in respect of the Police and GPs forming a mutual and confident understanding about terms used such as ‘unsound mind’, ‘intemperate habits, and ‘emotional instability’. This discretion did, and can still, create vulnerability in the effectiveness of the vetting process. More probing and professional curiosity about relevant issues was needed.
- 8.5 In this case, not all information was shared with the Police at the point of initial application for a gun license. Later, upon a further application for a coterminous shotgun and firearms license, no new information was provided. Also, and importantly, the applicant did not disclose at this point – which he could have done – a chronic drug use, which some months later, required specialist medical intervention. However, even if information had been shared it could not have predicted events as they occurred and the issues that have subsequently been uncovered would not necessarily have been a bar to a gun license being issued. Systems and processes in place to assist GPs with

the identification of risk factors remains unreliable, as does the capacity and best efforts of individuals to share any new information which may come to light.

- 8.6 The review has captured a number of learning points, which range from there needing to be greater professional curiosity by Police and health professionals about dishonesty and integrity, as well as the origins, impact and risk of recreational drug use on other household members. It has also highlighted the need to improve systems, policy expectations and processes with sharing information between the GP and the Police. The need to raise awareness, in general, about the unpredictable and negative impact of recreational drug use is also a strong learning point.
- 8.7 The Independent Chair would like to thank members of both sides of the family for their contributions to the review, their patience in seeing the process through, and their wish to seek some positive greater change out of a personal tragedy.

## **9. Lessons to be learned:**

- 9.1 Based on analysis of chronological information, the submission of information and research, the contribution of family members, findings from the Police investigation and the Inquest, there are a number of points captured that translate into lessons to be learnt from this tragedy. These are set out below and are based on the circumstances of the case, but also the gun licensing guidance that was in place at the time. Where appropriate to do so, reference has been added to any changes brought in by the revised Home Office guidance (November 2021) in order to assist with consideration about the learning (and potential need for improvement).
- 9.2 1. Data sourced from the Home Office indicates that the overall number of homicides caused by licensed gun holders is relatively low and remains at a more or less stable level. Whilst each homicide reflects a tragedy, it suggests that in the vast majority of instances, the process for vetting and monitoring licensed gun holders works effectively and those licensed gun holders do not represent a danger to either themselves or others.
- 9.3 2. In cases of familicide, serious harm or death of children, and homicide, there are a number of common contributory risk factors; these include, mental ill health, drug and alcohol use and misuse, stressful life events and intimate partner conflict. In this case, there were known mental health difficulties, drug and alcohol misuse and some stress associated with life events. There was no known domestic abuse. However, and importantly, the presence of these risk factors does not mean that events could have been predicted at-all and do not explain the reason why Adult B committed the act of killing his children and partner, and then taking his own life. There were no obvious signs or triggers which can confidently be interpreted as escalating Adult B's behaviour, prompting him to plan, and follow through an egregious act. This makes predictability and preventability almost impossible.
- 9.4 3. Concerns about the rigour and effectiveness of gun licensing have previously been identified (albeit prior to Adult B's application but which is likely to have influenced the production of the 2016 Home Office licensing guidance). In a [September 2015 report by HMIC](#), inconsistencies were identified in the way different Police authorities interpreted guidance, but also undertook key activities such as; home visiting; the use

of referees; assessing the medical suitability of applicants coupled with the challenges faced in completing this assessment due to the working protocols for GPs; and the use of risk assessments by Police to assess on-going risks. Whilst it is not the remit of this DHR to evaluate the impact and progress of the nine recommendations made for Chief Police Officers and the six recommendations to the Home Office of that 2015 HMIC report, it is worth noting one of the concluding statements in that report, which reflects a similar aspiration and desire expressed by the family of those that have died in this case '*... Notwithstanding our concerns and criticism of those who are responsible for establishing, maintaining and following the current licensing arrangements, it is only right that we state clearly and unequivocally that the vast majority of decisions concerning the grant, renewal, refusal and revocation of firearm licences are correct. Those decisions help to keep the public safe while allowing those who have a legitimate wish to hold a firearm or a shotgun to do so. ... However, no-one should be satisfied with "the vast majority": given the nature of the threat, the aim of all forces, those who oversee them and those who design the policy to regulate them must be that every decision taken is the right one. With the risks that are inherent in the possession of lethal weapons, nothing short of that goal is acceptable ...*'. Given the shocking nature of this case of familicide, it seems the aspiration stated in 2015, needs to remain to avoid the likelihood of recurrence. Following the shootings in Plymouth in August 2021 where a Certificate holder shot and killed five people and injured two others before fatally shooting himself, the action taken by the Home Office of setting up the Firearms Policy Unit reflects a desire to support effective firearms controls and ensure arrangements are tightened.

- 9.5 4. From a procedural perspective, the process for Adult B obtaining his gun licenses was broadly in accordance with guidance issued to the Police and GPs at the time. Nonetheless, learning has been captured from a number of points in the procedure of applying and being licensed to hold a gun, which indicated the need for guidance to be further strengthened.
- The sharing of all relevant and historical information by the GP to the Police at the point of Adult B's initial application needed to be stronger and more effective i.e., sharing Adult B's alcohol misuse and all of his mental health episodes. There appears to be no standard template for Police authorities to use to assist with this process.
  - If GPs are to be viewed as a critical contributor to the licensing process they must be kept informed on the status of the individual's application. GPs should be informed of the outcome of a license application, whether successful or not, so that patient records can be marked accordingly and not solely based on an initial application being made and information being sought. This should also apply to renewals so that GPs can maintain up to date patient records.
  - The handover of application process from one Police authority to another represented a risk period, allowing a different approach to be used by the receiving Police authority i.e., issuing a Warning Letter versus words of advice – neither of which have any basis from within Home Office guidance. There is an argument that the applicant should be expected to make a new application to the new home Police authority, and that in future transfers of applications should be removed as an option, thereby eliminating the period of potential risk.

- Despite them having no basis from within Home Office guidance, the use of Warning Letters and words of advice may not be effective as a way of advising, putting on notice, or penalising applicants. Warning Letters are inconsistently used by Police authorities; in this case, Hampshire Constabulary did use them, where-as Sussex Police had chosen not to.
- If information that had not been initially disclosed, as required, is then later discovered through lateral vetting processes and subsequently confirmed as true by the applicant, there is an argument that the application should be terminated as it calls into question the applicant's honesty, integrity and suitability to own a lethal weapon.
- The role of the Firearms Enquiry Officer (FEO) has been seen to be important to determining the quality of the process. As detailed earlier, Home Office data reveals that there were 156,033 firearm certificates on issue, 548,521 shotgun certificates on issue, and 565,929 people held a firearm and/or a shotgun certificate, in England and Wales. Each new application or renewal requires the time of a Firearms Enquiry Officer and represents a significant workload for the Police. The Inquest into this case heard from three separate Police authorities which highlighted that all have different structures, levels of resourcing and training for the FEO role, and not all have completed specialist investigation training – something that would support their ability to exercise professional curiosity, probe and be thorough and consistent in their approach to assessing risk. In this case, Adult B's apparent dishonesty and deceit would have benefitted from more interrogation and curiosity (see point 11).
- A neutral response by the GP to information requests by the Police should not be accepted as an endorsement of suitability and further information should be gathered, rather than inferences made. Despite not receiving any information from the GP, the issuing of a coterminal license was successful; highlighting assumptions were made. In situations where a GP is unable, or unwilling, to provide information following a request by the Police in respect of a firearms application, the application should not proceed until sufficient information has been gathered in order to allow an assessment and judgement made about suitability. The use of a 21-day time frame for the GP to respond to a Police request, with the possibility of inferences taken from a failure to reply, is inherently risky. This 21-day period has been removed from the revised Home Office guidance (2021) and is no longer an option. [Current BMA guidance](#) to GPs has been revised to state '*... you should respond to the letter within 21 days. Failure to respond could put you at professional risk ...*'.
- The use of GP read codes or alerts is not always reliable given the imprecise nature of database flags, the absence of reliable software to facilitate surveillance and cross reference read codes with areas of concern; they are also discretionary and not enforced. Read codes can be applied inconsistently by GPs and any assumption that that can provide assurance that a relevant issue or problem will be flagged to the GP viewing the patient records is misplaced. The Police should not rely on the use of a read code used by a GP to flag the patient is a licensed gun holder, or view it as a way for the GP to monitor the patient. Areas of concern, or risk factors, may only come to the GPs attention if disclosed by the patient; recreational drug use, low mood, or mental health difficulties, may often remain hidden for long periods of time. The

mechanism for GPs to alert Police authorities about whether an individual presents a danger, as outlined in the BMA guidance (2022), is completely reliant on self-reporting by the patient to the GP. As of July 2022, a new digital firearm marker system has been introduced for GPs which is designed to provide GPs with an aide memoire identifying those patients who are licensed gun holders and where there may be a problem issue. Whilst it is understood that there are some initial implementation problems with this software (in part with compatibility with the five different electronic database systems used by GPs across England and Wales), the principle behind its development appears sound and it will offer GPs a tool to assist them in their duties to safeguarding their patient's welfare, as well as the general duty to public safety and the possible commission of a serious crime.

- A five-year time period, for which a gun license may be held, is too long without any form of update or refresh or relevant information. Individual circumstances, health and welfare may change significantly during this timeframe and the system/procedure in place at the time, did not robustly allow for any changes to be communicated to the relevant Police authority, thereby potentially prompting a review of suitability. Adult B's disclosure of cocaine usage to the GP, referral to a specialist and subsequent treatment reflects one example of such a change within a five-year period, which was not communicated or picked up by Sussex Police.
- The approach taken by Police authorities to non-disclosure of information or factors which may call an applicant's honesty or integrity into question is inconsistent and subjective; consequently, this can lead to risk assessments being limited and open to interpretation. This was evidenced by information given at the Inquest from three different Police authorities (Hampshire, Sussex & Thames Valley).
- The process for obtaining references does not appear to be robust enough. The Review Panel has learnt that referees are contacted by phone for a verbal reference, with no standardised template letter or documentation being sent. By implication, this relies on the quality of the human interaction over the phone to discuss and gauge a) how well the referee knows the applicant, b) that the referee understands precisely the implications to public safety of providing a reference to enable the applicant to possess a lethal weapon i.e., in giving false or misleading information, c) there being no trail of accountability should there be a serious incident in which the character or history of the applicant is questioned. The use of verbal references does not appear to correspond with Sections 10.11. – 10.15 of the Home Office guidance (2016) and is a vulnerability in the 2021 guidance.

9.6 5. Despite the points outlined in number 3 & 4 above, it is impossible to know whether this would have raised greater professional concern and resulted in a different course of action. However, Sussex Police have advised during the process of gathering information for this review and their investigations<sup>6</sup> '*... that even if Adult B's 2016*

---

<sup>6</sup> Sussex Police requested a Peer Review, undertaken by an independent Firearms Licensing Manager from a neighbouring Police force to ascertain whether Adult B's gun certificates were appropriately issued and identify any relevant areas of learning. This was undertaken to add an independent perspective, ensure openness and transparency.

*application had been refused on the grounds of failing to disclose information, neither his known medical history nor his Caution would in all probability prevented him from being successful in regard to a second application ...'.* This is a concern. This appears to suggest there is a presumption to grant a license where there is insufficient evidence to reject an application. From a lay perspective, considering the Human Rights Act 1998, Article 2 (right to life), versus the Home Office licensing guidance it seems that one might be at odds with the other in terms of what might be in the public interest. It reinforces the importance of fully and thoroughly assessing any pre-disposing risk or vulnerability factors in an applicant's life, as well as situational risks, which may increase danger to self or others – as a means of mitigating against any risks.

- 9.7 6. Learning from a previous tragedy is relevant to the previous point. A Regulation 28 Notice to prevent future deaths was served by HM Senior Coroner, Mr Travers, on Surrey Police in July 2019. This direction followed the inquest into the deaths of Christine and Lucy Lee who were murdered by John Lowe in Waverley, Surrey. This report states that prior to the issue of a firearms licence, the responsible department should be aware of all medical conditions from which an applicant is suffering and the relevance of each medical condition to the application. It was a considered view that this can only be achieved with support from a medical professional due to lack of medical training for licensing staff, and as a result of this direction Surrey Police carried out a full review of processes and policies, prioritising public safety, and making the verification of medical information by such a professional a requirement prior to the grant or renewal of a license. As a result of Surrey and Sussex Firearms licensing becoming a combined unit in 2011, it was decided that as a force Sussex Police would also adopt the same approach as Surrey, based on their review and findings. This was enacted from the 1st January 2020 and the same approach has now been adopted by 22 other Police authorities nationally. The decision to apply this recommendation to new grants and renewals only in Surrey and Sussex and not all existing license holders was a considered decision based on the following factors:
- There are over 45,000 licence holders in Sussex and Surrey. The requirement to process 45,000 GP reports in any one year would overwhelm capability of the department and divert the team from intelligence and threat-based activity. Surrey and Sussex are embarking on an automated filing system for Licensing but currently the system is manual.
  - The request of 45,000 GP reports was likely to be resisted by the Local Medical Council who state "GPs are not bound by law by the police statutory guidance".
  - GPs should have placed enduring markers on existing licence holders at our request and as such should be notifying their concerns on a case-by-case basis. Sussex and Surrey have previously sent the medical proforma requesting this to GPs after the issue of each licence.
  - License holders coming to attention for offences are reviewed through a daily download from the Police National Computer. Police are also currently building a daily download report from vulnerability forms submitted through any agency that shares intelligence with Sussex and Surrey through the Single Combined Assessment of Risk Form (SCARF). This is wider than GPs and will be reported at a lower level such as before

seeking treatment for a mental health issue. The final solution is due to go live but is delayed awaiting a daily digital download from the Home Office which own the National Firearms Licencing Management system. This would allow for names of people coming to attention locally to be compared against the national database of license holders.

- Although there is no automatic search for a licence holder in the MASH<sup>7</sup> referral process, the Firearms Licensing Unit are currently in dialogue to incorporate the flagging of gun ownership into SCARF<sup>8</sup>/MASH referrals. The command-and-control system utilised by police call handlers, should alert attending officers of relevant firearms licensing information for the incident location or nearby. It is then officer's professional responsibility to check risks and consider any potential safeguarding issues. In addition, Sussex Police Domestic Abuse Policy 516/2019 states: '*... For all Domestic Incidents DASH graded High and Medium risk, police officers must look to seize and remove all licensed firearms (including shotguns) and any certificates. This is to ensure no preventable harm is caused by the potential misuse of firearms or shotguns. ... In Standard risk cases, common sense should prevail and if the completion of the DASH<sup>9</sup> provides a standard risk because, the decision not to remove any firearms must be based on the severity of the incident and the rationale documented. ... Where the decision is made not to seize firearms and certificates then the Duty Inspector must be informed and sanction the decision ...*'. These measures provide a level of reassurance, but also that further steps are actively being taken to mitigate against further risk of harm.

- 9.8 7. In addition to the above steps being taken by the Sussex Police, the Review Panel has advised that locally, in West Sussex, GPs are increasingly being provided with SCARF notifications. Whilst this is a relatively new initiative and not consistently applied there are signs that it, allied with the introduction of a Family Safeguarding Model<sup>10</sup> being explored for use in West Sussex, will assist a greater consistency as will the development of there being an additional health professional located in the MASH. Services exist for those concerned about, or experiencing domestic abuse (employees, customers, colleagues, relatives or friends) and include Worth Services and [Safe in Sussex](#).
- 9.9 8. Adult B experienced periodic episodes of depression, or low mood, over a number of years. Whilst this does not automatically indicate a risk of self-harm; nor does it signify he would present a risk to his partner or children. Although he clearly did seek help on a number of occasions, it is unclear whether he always sought help for these difficulties given the persisting nature of them over a number of years. It does highlight the

---

<sup>7</sup> MASH – Multi-agency Safeguarding Hub, a model for working that brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children and young people more effectively.

<sup>8</sup> SCARF - Single Combined Assessment of Risk Form that enables Police officers and staff to raise concerns and observations in relation to the needs and vulnerability of individuals.

<sup>9</sup> DASH - Domestic Abuse, Stalking, Harassment and Honour based violence Assessment Tool is a risk assessment tool used by the Police when called to incidents of domestic abuse.

<sup>10</sup> Family Safeguarding Model - The intervention supports a whole-system change to a local authority's child protection approach for children up to adolescence, focusing on supporting the needs of children and adults in order that children can safely remain within their families. [What Works for Children's Social Care](#)

importance of seeking the right support at the right time. Societal expectations and traditional gender roles have meant that men are less likely to discuss or reach out for support compared to women<sup>11</sup> and further public awareness raising is needed. In West Sussex, there are a number of avenues of support that are accessible in respect of mental health or drug and alcohol use if people were looking for help and support. These include: [MenWalkTalk](#), [Preventing Suicide in Sussex](#), MIND, [Sussex Mental Healthline](#).

- 9.10 9. The use of recreational drugs in this case is a worry; more widely, the prevalence also is of concern. It can have a negative and unpredictable impact on numerous aspects of life, including mental health, mood, and behaviour. Not only does this highlight the importance for those individuals who use recreational drugs on a regular basis to seek help and support to reduce their usage, but also a need to raise awareness about the unpredictable nature of some drugs on behaviour and health. Discussion with individuals who use drugs recreationally, should always include a preventative offer or signposting for further support and advice. All professionals coming in contact with parents that are known drug users can consider this; whether this is, for example, Health Visitors conducting home visits and advising about children's incidental exposure to drugs through contact with surfaces, school staff noticing changes in a child's behaviour or presentation, and being curious about the origins of this, or health professionals such as GPs or hospital staff, thinking beyond the adult in front of them and exploring their adult's parenting responsibilities. For health discipline professionals this accords with the aspirations set out in [Making Every Contact Count \(MECC\)](#). There are services available to support those affected or concerned, and include: [Drinkaware](#), Change Grow Live.
- 9.11 10. The need to exercise professional curiosity is important. This translates into asking questions beyond the immediate presenting issue and having the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value; in this case the problem with Adult B's nasal area caused by chronic cocaine use, and exercising curiosity about further prevention, but also whether other people in Adult B's immediate network may be affected. Additional curiosity can help reduce over-optimism – in this case the weekly and chronic use of cocaine to it being stopped without apparent difficulty. Although it is recognised that exercising professional curiosity may sit outside of the core remit of a medical consultation, the importance of forming a holistic view should not be under-stated. In this case, it is argued that it would have been entirely reasonable for both the GP and the hospital Consultant to ask Adult B whether his partner used cocaine to the same level he did, whether he had any children, and what impact the drug use may have on them. As an example, applying three different styles of thinking<sup>12</sup> to the consultation can be considered as a way of exercising professional curiosity; firstly, a knowledge based approach – providing Adult B with information about the harmful effects of misusing cocaine based on the extensive findings of research and using this to open a discussion, secondly, a skill

---

<sup>11</sup> Mentalhealth.org.uk

<sup>12</sup> Managing the risks of organisational accidents, Reason, J., 1977, Ashgate.

based approach – asking open questions which elicit new information such as *'do you have a family, and what effect does your drug use have on them'* and *'how can we help you reduce your drug use ...'*, and finally, a rule based approach – by advising that if you believe someone is suffering abuse or neglect or may be at risk, there are certain procedures that have to be followed and it would help to discuss this (this would link with safeguarding policies and procedures and the possibility of an internal consultation with the safeguarding lead, who could then advise or assist with making a section 47<sup>13</sup> or section 42<sup>14</sup> referral). Again, the presence of trade-offs is recognised; busy people working in demanding environments forced to make and prioritise their actions.

- 9.12 11. This issue of dishonesty or deceit and integrity cannot be ignored. Information obtained from the Police also points to an earlier episode of possible dishonesty or deceit in respect of disclosing mental health difficulties and a Caution; although at the time, it was accepted that these issues had not been remembered by Adult B or recognised as relevant. The matter was compounded when Adult B advised that he had not completed the form, but Adult A had on his behalf, and she would not have known about the previous mental health difficulties or Caution – family members confirmed that the handwriting on the form was that of Adult B's. If Adult B knowingly withheld this information, either because he felt he knew better, or did not want it to be in the open, this raises questions about integrity and judgement. Therefore, whether inadvertent, or dishonest or deceit Adult B's integrity could have been questioned at the time, and there could have been greater probing, scrutiny and curiosity about his account of events. The issue in question would not necessarily have been Adult B's previous Caution or mental health difficulties (as these would not necessarily bar one from being issued with a license) but the failure to disclose them. It is also evident from the application for life insurance in 2020, that questions were specifically asked about health-related matters which were relevant to Adult B and for which it would have been appropriate for him to provide information about. Information was not provided.
- 9.13 Given this information, it does highlight that although policy and procedure may be followed and professionals may apply best efforts, if an individual wishes to withhold (intentionally or unintentionally) it is possible. However, given the critical nature of decision making about someone being licensed to hold a lethal weapon, it is important (but also justified) that the greatest levels of probing and scrutiny are applied. Additionally, it is not unreasonable to suggest that all professionals involved in the process of decision making have their work scrutinised and quality assured in order to test professional judgements made.

---

<sup>13</sup> Section 47, Children Act 1989, can be used by a local authority, where they (b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare

<sup>14</sup> Section 42, Care Act 2014, can be used where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) - (a) has needs for care and support (whether or not the authority is meeting any of those needs), (b) is experiencing, or is at risk of, abuse or neglect, and (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

9.14 This particular case spotlights the wider extent of undeclared conditions at the point of gun license applications. Data supplied by the Single Point of Contact for the National Police Chief’s Council for the national Firearms & Explosives Licensing Working Group highlights that undeclared conditions is not an insignificant issue.

**Table 2: Data regarding suicides and declared / undeclared conditions**

Year	Total suicides with a licensed weapon	Relevant medical condition declared	Relevant medical condition undeclared	Other i.e., domestic, drugs, financial, criminal investigation
2015	38	3% (1)	23% (9)	8% (3)
2016	34	15% (5)	26% (9)	9% (3)
2017	14	-	43% (6)	7% (1)
2018	23	9% (2)	22% (5)	13% (3)
2019	28	7% (2)	22% (6)	14% (4)
2020	36	11% (4)	39% (14)	17% (6)
2021	28	4% (1)	32% (9)	14% (4)
2022	15	7% (1)	13% (2)	

NB: Data supplied by Police authorities in England & Wales. Figures are only as accurate as the information supplied to FELWG.

NB: Data supplied to the DHR via the Single Point of Contact, as of 22/07/2022

9.15 On the basis of the data outlined above, there is a persuasive argument to improve the overall process for checking suitability at the point of initial application as well as renewal, but also to strengthen the quality and rigour of probing and scrutiny exercised by Firearms Licensing Officers in all Police authorities.

9.16 During the lifetime of this DHR taking place new Home Office guidance was issued in November 2021<sup>15</sup>. It is worth noting that this is statutory guidance as opposed to previous guidance issued which was advisory; therefore, it is hoped that the increased status of the revised guidance will promote greater consistency in the licensing

<sup>15</sup> FIREARMS LICENSING: Statutory Guidance for Chief Officers of Police, undated on the guidance but known to be November 2021, Home Office.

process. Nevertheless, there are areas where greater consistency may be possible, and these are considered below as recommendations.

## **10. Recommendations**

- 10.1 As part of the reporting process for this review, those agencies that have contributed have identified actions for themselves and these are contained in their own single agency action plan. Responsibility for implementing, embedding and monitoring these remains with each agency. The following additional recommendations arise out of this review. In making these recommendations, the Chair is mindful of the revised (and now statutory) licensing guidance introduced in November 2021 and the changes made. Further opportunities to strengthen arrangements are recommended below.
- 10.2 Recommendation 1: As an interim step, local GPs, via the Primary Care Bulletin and GP Practice Safeguarding Leads were sent a reminder 2020 about the importance of following guidance issued by the British Medical Association in respect of the gun licensing process. This process should be repeated given the new Home Office gun licensing guidance that has been published. A further reminder should therefore be issued via GP Practice Safeguarding Leads at the point of this report being published, or any new guidance being issued by either the Home Office or the British Medical Association.
- 10.3 Recommendation 2: The findings of this review in relation to the recreational use of drugs and mental health issues, should be shared with the West Sussex Safeguarding Children Partnership and the Adults Safeguarding Board in order to raise awareness about the possible unintended harmful effects on children, when a parent uses drugs on a recreational basis. The report should also be shared with each of the respective Learning & Development Sub-Groups.
- 10.4 Recommendation 3: The findings of this review in relation to the recreational drug use and mental health issues should be shared with the West Sussex Combating Drugs Partnership, which brings together relevant organisations and individuals, both to co-ordinate activity to reduce drug and alcohol related harm in West Sussex and to have proactive oversight of local implementation of [From harm to hope: A 10-year drugs plan to cut crime and save lives – \(GOV.UK\)](#).
- 10.5 Recommendation 4: The Safer West Sussex Partnership should work with relevant statutory agencies, local third sector organisations, as well as other local strategic partnerships to examine methods and activities that reach into local communities and which encourage adult males to seek support about emotional or mental health worries.
- 10.6 Recommendation 5: As well as this report being submitted to the Home Office, this report should also be submitted to the Child Safeguarding Practice Review Panel (who are aware of the DHR taking place) once quality assured by the Home Office, given the nature of how the children died. This is with a view to assisting them in gathering any relevant information and learning in regard to improvements that might be needed to strengthen the child safeguarding system, especially in respect of the findings about

recreational drug use by the parent; which may be a finding emerging from other reviews being undertaken by Children's Safeguarding Partnerships in England.

- 10.7 Recommendation 6: Health professionals who are in contact with people reporting alcohol/drug use to consider the impact of substance misuse on the whole family. Learning from this review to be shared with the Safeguarding Adults National Network (SANN), the National Network of Designated Health Professionals and the (NNDHP) and the South East Designate Nurse Forums (Chaired by NHSE) to enable learning to be shared widely in regards to the impact of substance misuse on the whole family and improve workforce skills in relation to alcohol and drug use and the implications for safeguarding.
- 10.8 Recommendation 7: The Safer West Sussex Partnership request that the national Lead for firearms licensing in the National Police Chiefs Council (Firearms & Explosives Licensing Working Group) should review current policy permitting the use of Warnings by Police authorities during the lifetime of any individual holding a gun license, or applying for one (whether written or verbal) and consider removing this as an option. Instead, it should be replaced with an application or renewal being refused or revoked if information comes to light that may indicate dishonesty, deceit, risk or danger to the public.
- 10.9 Recommendation 8: The current timescale of holding a gun license for 5 years without any form of updating information, monitoring or refreshing of holder's circumstances, should be reviewed - it is too long. The Safer West Sussex Partnership request that the Home Office, in collaboration with Police authorities and the British Medical Association, should work towards creating an annual system whereby licensed gun holders should verify their suitability to own a gun. Any system introduced should not only be consistently applied across all applicable jurisdictions, but its effectiveness evaluated. Home Office guidance should be amended to reflect these changes. The applicant or licensee should be required to pay a processing fee that allows full costs to be recovered.
- 10.10 Recommendation 9: Currently, there does not appear to be a standard template issued for Police authorities seeking references for someone applying for a gun license. The Safer West Sussex Partnership request that the national Lead for firearms licensing in the National Police Chiefs Council (Firearms & Explosives Licensing Working Group) should develop a standard letter template that covers the relevant issues, and this should be issued to all Police authorities.
- 10.11 Recommendation 10: Linked to recommendation 9, the Safer West Sussex Partnership request that the Home Office should revise the gun licensing guidance to state that all Police Licensing authorities, when seeking references for an applicant, should make it clear to referees the responsibility they have to supporting public safety. This should include a statement which refers to the public safety consequences of failing to disclose relevant information which may indicate unsuitability. All referees should be formally written to when seeking a reference, with a standard template document for them to return which specifically addresses the relevant issues, as already outlined in licensing guidance, about intemperate habits and unsound mind, and risk factors such as drug and alcohol use, domestic abuse and mental health difficulties. Telephone follow up

should take place on a random basis, but not be seen as the main method for obtaining references.

- 10.12 Recommendation 11: There does not appear to be a standard template issued for Police authorities seeking information from GPs for someone applying for a gun license, thereby allowing local variation. The Safer West Sussex Partnership request that the national Lead for firearms licensing in the National Police Chiefs Council (Firearms & Explosives Licensing Working Group) should work with the British Medical Association to develop a standard letter template that covers the above issues, and this should be issued to all Police authorities.
- 10.13 Recommendation 12: Linked to recommendation 11, the Safer West Sussex Partnership request that the Home Office should revise the gun licensing guidance to state that all Police Licensing authorities, when seeking health/medical information about an applicant, should be sent a standard proforma for GPs to complete. The proforma should not only include standard personal details, but specifically request information about any relevant issues (past or current) which may indicate unsuitability i.e., drug/alcohol use, domestic abuse, child abuse, mental health difficulties, acute stress as a result of trauma, suicidal or self-harm thoughts, degenerative diseases or conditions, personality disorder, terminal illness, life changing event e.g., loss of limb or serious car accident. Reference to any relevant issues should include dates, treatment/care, and monitoring.
- 10.14 Recommendation 13: The Safer West Sussex Partnership request that the Home Office should revise the gun licensing guidance to make it not possible for first time applicants to transfer their application to another Police authority mid-way through the process if the applicant has decided to move home address, thereby reducing the likelihood of a different approach being taken by Police authorities and promoting continuity.
- 10.15 Recommendation 14: The Safer West Sussex Partnership request that the Home Office should revise the statutory guidance to reflect the need to keep GPs informed about the outcome of a license application.
- 10.16 Recommendation 15: The Safer West Sussex Partnership request that the national Lead for firearms licensing in the National Police Chiefs Council (Firearms & Explosives Licensing Working Group) should support the development of a standard risk assessment template that assists Firearms Enquiry Officers in every Police authority to probe, exercise professional curiosity, and critically analyse information in order to then evaluate risk. The use of such a risk assessment should be piloted, refined, and then issued to all Police authorities with an expectation that each new applicant or current licensed gun holder will have a completed risk assessment held on their records and amended as necessary upon the receipt of new and relevant information.
- 10.17 Recommendation 16: The Safer West Sussex Partnership request that the College of Policing should re-evaluate the current skillset requirements relating to the [Firearms Enquiry Officers role](#), from the Competency & Values Framework, and whether being at level 1 is sufficient. This is specifically in respect of the 'we critically analyse' behavioural aspect, given the areas that need to be considered in the section of 'suitability checks' as set out in the 2021 Firearms Licensing Guidance. Consideration

should be given to this particular skillset be raised to level 2, which seems to have the requisite behaviours needed to probe and exercise professional curiosity, notably 'I ask incisive questions to test out facts and assumptions, questioning and challenging the information provided when necessary'.

10.18 Recommendation 17: The Safer West Sussex Partnership request that the Home Office should revise the gun licensing guidance to strengthen the wording in the section about 'suitability checks' to specifically include a statement 'and any other information which, when considered as a whole, raises questions about the applicant's integrity and overall suitability to own a gun. Where an applicant is found to have been deliberately dishonest or knowingly or recklessly made a false statement, the application process should be terminated'. The issue of integrity should have similar explicit weight and importance to that of dishonesty.