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The Experience of Bereaved Family Members Contact with Greater Manchester Police during the Investigation into Homicide and Sudden Death

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I look forward to seeing how the experiences shared and detailed in this report will assist GMP to design and deliver a new training programme focused on the service they provide to families bereaved by homicide and sudden death in Greater Manchester.

1. Background

To inform the development of a Victim Focus Training Programme for detectives, GMP commissioned Dr Michelle Wright, MMU Department of Psychology, to carry out interviews with family members bereaved by homicide and sudden unexpected death to capture their views and experiences of their contact with GMP.

With the exception of a few notable studies (Victim Support, 2006; Casey, 2011; Mueller-Johnson and Lanskey, 2014), there exists little UK research on the views and experiences of families bereaved by a violent or sudden death. In Casey's (2011) research on the needs of families bereaved by homicide, she commented how within the criminal justice system bereaved relatives have "little voice, little influence and little power" (pg 6). This research is the first to be commissioned by a police force in England to capture and learn from bereaved family members' experiences to inform the service provided by the police.

The research was formally commissioned in March 2015 and following ethical approval from MMU Ethics Committee, in-depth interviews were conducted with 20 family members to explore their views on what GMP did well, what could have been dealt with better and what recommendations could be made for future practice. This report provides a summary of their views and experiences.

2. Research Aims and Methods

The research had two main aims:

1. To capture the views and experiences of bereaved family members contact with GMP.
2. To identify key themes from family members' experiences to assist GMP's design and development of a Victim Focused Detective Training Programme.

GMP liaised with Victim Support prior to the research commencing. Victim Support were supportive of the project. GMP shared with them details of the family members from 35 investigations over the last 7 years that they had identified to be invited to participate in the research. This was to check whether any of the family members were currently experiencing a difficult time or where in their view an approach may have a disproportionately negative effect. Victim Support provided contact details for a further two families who they thought would be suitable to be interviewed and direct contact was made with these two families.

For each case, the Investigating Officer (IO) or Family Liaison Officer (FLO) contacted the family member who was the point of contact during the investigation to ask whether they would

be interested in participating in the research. Family members were provided with a personalised invitation/information sheet that clearly detailed the nature of the project and were given 2 weeks to decide whether they wished to participate. If they agreed to participate, their contact details were passed on to Dr Michelle Wright and arrangements were made for the interview. The research followed British Psychological Society (BPS) Ethical Guidelines and was approved by MMU Ethics Committee.

Twenty family members agreed to be interviewed providing views on the investigation into the violent or sudden unexpected death of 12 individuals. GMP had investigated all but one of the deaths in the last 9 years, with most taking place in 2013 (See Table 1 for further details). Thirteen face-to-face semi-structured interviews were carried out with the nominated family members during April-July 2015. In seven interviews, a family member was interviewed alone and two or more family members were interviewed together in six interviews. For one investigation, the parents of a homicide victim were interviewed separately. The circumstances in which the death occurred was not explored unless the interviewee felt it was directly relevant to their experience of their contact with GMP (see Appendix for Interview Schedule).

The interviews were all carried out by Dr Michelle Wright and took place at a time and location convenient for the interviewees. The majority of the interviews took place at the interviewee's home address. The average length of the interviews was 70 minutes. All but one of the interviews were audio-recorded. The interviews were transcribed verbatim, coded and subjected to thematic analysis.

The research findings are based on a small sample of homicides and sudden deaths investigated by GMP. The findings do not purport to be representative of all bereaved family members experience of their contact with GMP. The core aim of qualitative research is to explore individuals' experiences and views in detail. The interviewees' accounts provide a unique, in-depth insight into their experience of contact with GMP following a sudden or violent death. Commissioning a Psychologist from MMU to carry out the interviews ensured academic rigour and independent assessment of the views of nominated bereaved families.

Table 1 Interview Details

	Relationship to Victim	Investigation Type	Year	Verdict Outcome	Interview Location
1	Mum and Dad	Homicide	2006	Manslaughter	Victim Support Office
2	Sisters x3	Homicide	2011	Murder	Home
3	Wife	Special Procedure Investigation	2011	Death by natural causes	Home
4	Wife	Homicide	2008	Manslaughter - diminished responsibility	Home
5	Dad	Homicide	2013	Murder	Home
6	Mum				University
7	Mum and Dad	Sudden death of child	2012	Death by misadventure	University
8	Daughter	Homicide	2013	Murder	University
9	Mum and Dad	Sudden death of child	2014	Death by natural causes	Home
10	Mum	Homicide	2013	Manslaughter	Police station
11	Mum and Dad	Homicide	1996	Murder	Home
12	Dad and Step-Mum	Homicide	2012	Murder	Home
13	Mum	Special Procedure Investigation	2013	Death by non-dependent use of drugs	Home

3. Key Findings

The key findings of the interviews with 20 bereaved family members are outlined focusing on what they experienced as supportive, what in their view could have been better and recommendations for future practice based on their experience of their contact with GMP.

3.1 Initial Stage of the Investigation: First Contact

For many of those interviewed, the investigation into their family member's death was their first contact with GMP. Contact during the initial stage of the investigation differed according to the circumstances of the death; some family members were present when their family member died, some arrived at the crime scene, at hospital, received a phone call from officers, or officers visited them at their home address. Thereby covering a range of ways in which family members have first contact with police during the initial stage of an investigation. Interviewees provided vivid accounts of being told their loved one had died, with their initial contact with GMP creating a lasting impression.

Where individuals were transferred to hospital to receive treatment, family members reported how the officers present were respectful and gave them space to spend time with their loved one.

> *"I did notice him in the background, he kept a respectful distance away, he had a lanyard around his neck which had GMP on it so I knew he was a police officer and I knew he was observing probably and doing what they need to do" (Dad, Interview 9).*

> *"They put someone at the bed but it wasn't intrusive…they stepped back for that time in there. That was good" (Mum, Interview 10).*

3.1.1 Notification of Death: When, Where, What and How Family Members are Informed

Being informed of the death of a loved one is the start of an extremely distressing time. It is therefore essential that family members are notified of a death in a compassionate manner. The family members' experiences are summarised in terms of when, where, what and how they were notified of a death by GMP officers during the initial stage of an investigation.

When Told

Timing is of great significance, understandably, family members want to be informed as soon as possible, and therefore speed of communication is crucial. A concern expressed by some family members was the delay in being informed. In one case, there was a considerable delay, the victim's wife was taken to a police station and not informed that her husband had been murdered until the Family Liaison Officer (FLO) arrived. As she explains:

"He said please tell me what happened, and was trying to take a statement off me, that was when I lost it. I said I've spent 5 hours in this police station, the last 3 hours I've given statements, even did the bloody sketch of the road map and you know all that. If it comes to learning I think that is my big point because it took 5 hours for them to tell me" (Wife, Interview 4).

Other family members expressed their view on the time taken to locate and contact them, noting that the media had already begun reporting on the incident prior to them being contacted by GMP.

"I think there could have been a lot more done to find people sooner, a lot sooner. Because I think my ex-wife, (Victim's) mum, was told around quarter to 12, by the time they contacted me it was around two hours later" (Dad, Interview 12).

"The news was breaking on national Sky news and BBC news, the danger is we could have found out something had happened" (Step-Mum, Interview 12).

"It happened at 12pm and it was on the news. We felt we were the last to know. It took them a long time to find me, which was appalling" (Daughter, Interview 8).

In another case, parents received a phone call in the early hours of the morning from the police, but they received little information about who was calling and why, other than it was in relation to their son. The caller asked for their address and told them that officers would be with them shortly. As Mum explains:

"We couldn't re-trace the telephone number so we didn't know who the call had come from so we just sat and waited" (Mum, Interview 13).

After waiting for three hours, they contacted local police forces in a search for further information and then with the help of a family friend who worked for another police force, they received contact details for the hospital where their son had been admitted.

Where Told

Where family members were informed varied depending on the circumstance of each case. Where family members first contact with GMP was via phone, some expressed the view that consideration should have been given to where they were at the time of receiving the call. Arrangements to meet or collect them were recommended.

"The police were involved extremely early on and they knew what was happening. Now, they were told where I worked, and I think it should have been the case that the police should have come and picked me up.
I shouldn't have been made to find my own way [to the hospital] because it wasn't just a normal situation and they knew how serious it were" (Mum, Interview 7).

"My first contact about (Daughter) was over the phone. Which for me, I've criticised him for doing it but it was a process, it wasn't that person. I think, for me GMP knew where I was, knew where I worked, there was a lot of other things they could have done rather than I'm driving home and told on the phone" (Dad, Interview 12).

The location where some family members first met officers during the initial stage of the investigation was deemed unsuitable.

> *"It felt like a cell, everything was grey, plastic chairs. Not a nice environment, not where you would put a family member, it's where you would put a suspect"*
> *(Wife, Interview 4).*

> *"I was just thrown into meeting the police in an environment that was really alien to me and uncomfortable to me" (Step-Mum, Interview 12).*

In one case, Mum arrived at hospital having been informed her child had been admitted with breathing difficulties and was not met by police on arrival.

> *"They should have been there waiting for me at reception when I walked in, to take me to another room. Between them and the hospital, they shouldn't have let me walk in to see what I saw that day. It's not right that I saw what I did" (Mum, Interview 7).*

What and How Told

When and where a family member is informed will be unique to the circumstances of each case, what information they are told and most importantly how this information is conveyed are key features of the notification of a death by the police that can have a lasting impact on family members. With the exception of one case, family members were informed in a sensitive and compassionate manner. Family members commented on the humanity and kindness of the first officers they met. Officers were described as "respectful", "sympathetic" and "caring".

> "*They treated us with respect and were nice warm people"*
> *(Mum and Dad, Interview 1).*

> *"How they spoke to you and treated you that was understanding.*
> *They were very sympathetic and they wasn't sharp or curt or anything like that"*
> *(Wife, Interview 3).*

Family members formed a view of the officers and how the investigation was being handled based on their attitude and demeanour. In one case, the first contact was a negative experience. As Mum explains:

> *"On first impressions it was professional sympathy extended but not sincere sympathy extended. I felt that it was the attitude and maybe I could say you know in the past I've just thought anyone dying from drug-related incidents well you know it's self-inflicted but this was our son.*
> *The attitude was it is a drug-related death you know let's just get this done and dusted. I wasn't impressed with them.*
> *I felt that initially because of the circumstances, it wasn't a murder, it wasn't an accident, it was a deliberate use of recreational drugs that he was dismissed as a nobody and there wasn't any feelings or any care" (Mum, Interview 13).*

Views of the officers family members first had contact with provided the foundation for their overall experience of their contact with GMP and emphasised the importance of ensuring initial contact is empathetic and not judgemental. The family members' experiences convey the

importance of when, where, what and how they are informed of the death of their loved one. When and how were considered of crucial importance, they wanted to be informed as quickly as possible, be told sensitively and treated with compassion.

Being Told What Happens Next

After being notified of the death of their loved one, some family members described a sense of not knowing what would happen next. In some instances, there was mixed communication or a lack of information provided by officers.

> *"The only thing that was not good there was we said "when can we see him?" and they said later and then obviously because of the forensics thing you can't actually. But from the start they said we could see him later. So that was a bit of a mistake" (Dad, Interview 5).*

> *"We just didn't know what to do initially, they said we needed to be close I think in case they needed us. We were torn between well how long… we'd had no contact with the police, we had no idea what was going to happen and what could happen" (Mum, Interview 13).*

The family members' experiences highlight the importance of officers present during the initial stage providing as much information as they can on the investigative procedures that will commence and likely timescales.

3.1.2 Viewing the Deceased: The Need to See and Touch their Loved One

Following notification of the death, family members expressed their wish to see their loved one. Being able to see and touch the person who has died is an important part of the grieving process. Family members described the significance of spending time with their loved one and saying goodbye. At this stage, there was a need for clear and consistent information about when and where they would be able to see their loved one and whether they would be able to touch, kiss and hold them. Officers informed some family members that they were unable to do this either because of the extent of the victim's injuries or for investigative purposes.

Where family members were prevented from seeing and/or touching their loved one, they expressed a deep sense of regret at not being able to do so. One family member contrasted the experience of saying goodbye to her brother who had been murdered to relatives that had died naturally, as she was unable to kiss or touch him at the mortuary. She explained:

> *"When we went to identify him, we couldn't kiss him goodbye. Whereas like when mum and dad went, we could touch them and kiss them goodbye. That made it worse. That took it away from us that we couldn't say goodbye" (Sisters, Interview 2).*

One family member was given conflicting information, which caused additional distress. She was first informed that she would be able to touch her husband when she visited him at the mortuary and then when collected that morning was told by the FLO that she would not be permitted to touch him. Then when she went into the mortuary, a different FLO encouraged her to kiss her husband as she had wished to. She explained how:

> *"I really wasn't impressed, I was quite shocked. There was a lot of mental preparation" (Wife, Interview 4).*

The manner in which family members were informed about whether they could view and touch their loved one was significant. As one family member described:

> *"It was explained to us that you can hold [Son], you can say goodbye to him, you can kiss him, cuddle him, talk to him, unfortunately you can't be alone with him and we understood that. It didn't affect how devastated we were, we were going to cry whether that person was in the room or not" (Mum and Dad, Interview 9).*

In one case, this was not handled sensitively. As Mum explains the officer at the hospital said:

> *"He's in the next room you can see him but you mustn't touch him.*
> *I'll never forgive them for that. He is the scene of a police enquiry or words to that effect, which was absolute.. I can only say bullshit because they didn't do anything.*
> *All I hear is "You can't touch him" and I think why? He wasn't murdered.*
> *We should have been left alone with him just for a few minutes to hug him and so what if I did touch him? They can take my DNA you know they can take my hair, if it was murder I could understand" (Mum, Interview 13).*

This Mum's experience was identical to those detailed in the Victim Support (2006) report whereby relatives reported their distress at being prevented from touching their loved one to preserve forensic evidence. In the current research, family members recalled in detail this extremely traumatic time, the long-lasting impact on them at not being able to say goodbye in the way that they wished to was palpable. Paying due regard to the families wishes, ways to maximise the possibility that they can see and where possible touch their loved one should be given full consideration by the IO/SIO. Where for evidential reasons it is not possible for family members to touch their loved one this needs to be explained to them with care and sensitivity.

3.2 The Investigation Phase

Family members expressed great satisfaction with how GMP investigated the death. Terms used to describe how the investigation was carried out included "professional", "faultless" and "prompt".

The following sections detail family members' experiences during the investigation phase, which includes their views on how they were treated, their contact and interaction with the FLO and the provision of information throughout the course of the investigation.

In a case involving the sudden death of a child, the parents reflected on how they would have liked to have been given time together to take in the fact that their child had died prior to being interviewed by the Investigating Officer and Paediatrician. As Mum explained:

> *"It was just at that point in time it was just too soon, we had just literally come out from seeing (Daughter) even if we had just had an hour to sit there and get our head straight. I understand why they have to do it, because I know things go wrong and people do things to children, and it's not nice. But in the situation we were in, some thought should have been given to the fact that we hadn't seen each other for the past 4 hours and we'd known separately for 4 hours (Mum and Dad, Interview 7).*

There was an understanding of police practice and procedure that parents may need to be prevented from talking to each other, however having the timing explained and being given some space to be together would have been helpful for them at this time.

> *"I do think maybe if they had just explained this has to be done, we have to do this today, but go and sit in that room and have half an hour together and just get your heads around things. Even if things happen and they don't want parents talking to each other because they are coming up with stories or whatever, in those situations put an officer in the room with them.*
> *I wouldn't have minded if there was me and him in a room and an officer stood there just to stop anything like that being talked about. All we wanted was just to talk to each other and we couldn't, because we were literally being moved from one room to another to another" (Mum, Interview 7).*

3.2.1 The Role of the Family Liaison Officer (FLO)

All acknowledged the invaluable role of the FLO describing them as "outstanding" "fantastic" "brilliant" and a "credit to the job". Family members understood the role of the FLO was to gather information for the investigation, to provide information to the family and facilitate access to support services. Family members expressed how they had great confidence in their FLO, trusted them and had an open and honest relationship.

> *"Within seconds, I trusted him. He was very confident and he told me what to expect. He gave me really sound advice like everybody would want you to do things but you do what you want to do for yourself. He said don't worry if you can't sleep, eat and even if your menstrual cycle plays up. For a man to say that to a woman, I found that amazing, courageous, but also very open and honest and I thought this man is not messing around, he is telling it straight like it is. He said, I will never lie to you but there might be times when I can't give you information because of the investigation but I will promise I will never lie to you. Fantastic. This man knows what he's talking about, giving me a timeline, expectation management of what's going to happen over the next few days and that we will be in touch. He left me feeling warm and confident that things are happening and that the police are doing their job" (Wife, Interview 4).*

> *"We had a pretty straight up honest relationship. I don't think they lied to me, they never misled me but then again I knew what I wanted as well" (Mum, Interview 10).*

> *"They made you feel at ease, they explained everything. They had a caring attitude" (Mum, Interview 1).*

Family members valued having a dedicated person throughout the duration of the investigation. They reported how the FLO kept them informed about how the investigation was progressing and was always contactable.

> *"It's been good to have someone the whole way through rather than chopping and changing" (Mum, Interview 7).*

> *"We had their personal numbers and could ring any time, day and night" (Dad Interview 1).*

> *"I always knew they were only a call away which felt really like 24/7" (Wife, Interview 4).*

Allocation of FLO's

A learning point raised regarding the allocation of FLO's was the need to consider the dynamics of the family. In one of the homicide investigations, the dynamics of the family had not been fully considered. In this case, the family was split and the family members interviewed expressed their view that the other parent had received more contact and support from the FLO's dedicated to the family.

> "*There were two FLO's and two families really, but you have got two FLO's supporting one person and nobody supporting the other half of that family.*
> *It felt very much like [Mum] had FLO's and we were just left to our own devices.*
> *And whilst she was getting taken everywhere and looked after we were kind of yeah crack on" (Dad and Step-Mum, Interview 12).*

This led to Dad and Step-Mum feeling that their views were not being taken into account and that they were not included in decision-making processes. Their explanation for the difference in service they felt they received from the FLO's was:

> *"Around the assumption that women are more emotional and men can just get on with it and do it" (Dad and Step-Mum, Interview 12).*

When they had contact with the FLO's on their own at their home address and during the trial, they described them as "really good". The FLO Coordinator was also responsive to their feedback when they shared their views with them. They concluded that:

> *"Had we had had our own FLO's or the FLO's had been split, one for each side of the family we would have had a much more positive experience" (Dad and Step-Mum, Interview 12).*

Some family members commented on the changeover of FLO's during the early stages of the investigation and that it was unclear to them why a new FLO had been assigned. Explaining the rationale for any change in FLO's would therefore be useful.

Family members commented on the importance of them being able to get along with the FLO with personality compatibility considered a key factor. A couple of family members reported how they had experienced a 'personality clash' with the first FLO allocated to them.

"I just think they had a very different style, I think that is what it was about. I can imagine the first one, [FLO A], appealing to a lot of people, she was very warm and friendly, but, I don't know, she was a bit too much for me. Whereas [FLO B] was just a bit more thoughtful and quiet and not offering her opinions on every single thing.
I do think it is probably a style thing and I'm sure there'll be all sorts of FLO's with all sorts of personalities and styles and maybe they need to try and match them up"
(Mum, Interview 6).

Another family member commented on how the FLO's were paired together:

"[FLO C] on one hand who was very matter of fact and this is how it's going to work and then you have got [FLO D] who is very similar but then she is a bit more adept to oh they've got emotions as well. So they worked very, very well together and the fact that we had two completely opposite personalities but they knew how to deal with us as a team. It's fantastic how they managed to pair them like they did"
(Mum, Interview 7).

While the overall experiences with the FLO's were positive, one family member questioned what would happen if they were assigned an FLO who they did not get along with.

"I do think that, if you don't get a very good one or you get one that you don't really get on with, that could cause problems further down the line. So, I don't know, you know no one ever asked us are you getting on ok? Are you happy? It is just you and them. They are your contact with the police" (Mum, Interview 6).

Based on family members' observations it would be useful to consider how and to who family members would provide feedback to if they had any concerns regarding the FLO.

Communication with FLO's

The information received from the FLO's was described as "thorough". In one case, however, it was felt that too much information was provided by the FLO.

"I got the impression sometimes quick to say things without necessarily thinking what the ramifications of what's said, so perhaps saying something, the impression I got, of saying what you might want to hear rather than what is actually the full facts"
(Dad, Interview 5).

"I think some of the information we were told did not turn out to be relevant, which caused some unnecessary kind of speculation about what might have happened.
It is just too much theories or even I'm not sure if it's official theories as part of the investigation or whether it's the FLO's own theories really" (Mum, Interview 6).

To assist family members to understand the information being conveyed, in one homicide investigation an email was sent after each meeting:

"Clarifying this is what was discussed today, this is where we are up to, and this is what is going on. So every time we had a meeting it was clarified in email after to me because a lot of it you don't take in, you don't, it just goes over your head"
(Mum, Interview 10).

Support Received from FLO's

The main support received from the FLO's was provision of details about the investigation and regular updates on how it was progressing. As one family member explained:

> *"It was good that we had the FLO's there because for the first few weeks they stage managed you, they just put you, told you where you needed to be and what you needed to do because you don't have a clue" (Step-Mum, Interview 12).*

In addition, family members referred to the practical and in some cases emotional support provided. One family member credited the FLO with saving her life as they referred her to Victim Support Counselling Services. In the case of a sudden child death, Dad described how the first response officer "went above and beyond" his duty as he remained in contact with him and his wife over the weekend following their son's sudden death.

> *"It was only through [Officer's] humanity that we did get through that weekend. GMP were the only ones that were there for us if I'm being totally honest" (Dad, Interview 9).*

From the accounts given, it was clear how the support provided by FLO's during the most difficult time of their lives led family members to hold FLO's in high regard.

> *"They came as police officers but left like family. Amazing. They got us through it. They were fantastic and I know they come up with families that probably give them grief, you do see it on the news and all that. They do what they do. They are angels. They are angels who come from nowhere and they just hit your heart, they really do, every one of them" (Sister, Interview 2).*

3.2.2 Communication and Provision of Information during the Investigation

Central to family members' views on how the death was investigated was regular contact and communication.

> *"GMP were there for us. Any questions we had, they were answering them there and then. They were just so supportive" (Dad, Interview 1).*

> *"The support and co-operation of GMP was excellent. In terms of the human approach that is the key thing, how you deal with people whoever they are. And certainly in our case they were very good at that" (Dad, Interview 5).*

However, in the two special procedure investigations (SPIs), family members experienced a lack of communication and updates about how the investigation was progressing. In one case, the inquest was delayed due to the untimely submission of the police report to the Coroner and in the second case a lack of investigation into the circumstances of the death during the early stages and contact with the family led to them making a formal complaint to the IPCC.

> *"Somebody shouldn't have to write a letter of complaint to be noticed especially in circumstances as tragic as we've experienced. It wasn't our fault our son died in Manchester and they had the responsibility to investigate" (Mum, Interview 13).*

In this particular case, once an IO was assigned and the family's concerns were addressed their contact and experience with GMP improved.

Meeting the SIO

Being kept up-to-date on the progress of the investigation through regular updates was a key factor in family members overall positive view on how GMP investigated the death. Meeting the SIO was deemed significant and gave families confidence in how the death was being investigated.

> *"We were pleased that he came around….very competent, very professional, you felt like the investigation was in safe hands" (Mum, Interview 6).*

> *"It was really good that they took the time to come and meet us, making themselves known at that stage was really important because we have got quite a good relationship with [Senior Officer].*
> *Having that person there on that first day showed that it mattered"*
> *(Dad and Step-Mum, Interview 12).*

> *"You can tell that they were putting their heart and soul into it" (Mum, Interview 1).*

> "*[IO] made an appointment to come down and see us at the house. I was expecting him to come with a colleague and he came on his own. And I have to say I commend him and he went up in my estimation a lot. Because I thought I wouldn't have wanted to have been in his shoes knowing with the communication how angry we had become, to have to come in and sit and face us on his own" (Mum, Interview 13).*

In addition to meeting the SIO, some family members also met officers from the investigation team during the course of the investigation, which they found informative and helped them understand the work being carried out to identify and apprehend the offender.

In two investigations, family members did not meet the SIO prior to the trial. The explanation given for one was the quick timescale of 4 weeks from the offender being charged to the plea hearing. In the other case, the family member expressed how:

> *"We met the SIO for the first time at court. It would have been nice to meet him before. I think we should meet before Court. Get introduced before Court and get background to who they are. It was too much information to take in at once"*
> *(Daughter, Interview 8).*

As family members reported receiving regular updates on the progress of the investigation, they felt that they did not need to make many requests for information. In one homicide investigation, the parents explained how they asked for full details of how their daughter had been killed:

> *"I said well I want to know what he did to her. And they said no you don't. And I said yes I do. No you don't. Why do you want to know? Well I said I know everything about her life so why shouldn't I know about her death.*

We said the pair of us, if a family is strong enough to ask the question then they are strong enough to know the answer and you must never lie to them, you must always tell them the truth because it always comes out. It comes out at the trial. And there's nothing worse" (Mum and Dad Interview 11).

One point raised was how information is conveyed to family members beyond the next of kin. In two homicide investigations, parents were informed first and then they had to tell their children and/or their partners.

"The police would want to give you some information but they would only give it to [Dad] and [Mum] first. So [Dad] and [Mum] would sit and be given the information and then we would all get wheeled in and get given the same information.
It was like when you went to meet the Senior Investigating Officer to get told what had basically happened on the day, we, me and [Mum's] partner and I'm not sure whether [Victim's partner] as well. We had to sit outside of a room that basically had a glass wall so we could see. So I could see [Dad] being told what had happened to [Daughter] but I couldn't be there and I had to then get it second hand from [Dad] when he came out of there. So I am not getting the clear picture of what has happened. I'm getting what's happened from someone who's just heard something that's affected them really emotionally, so they are not hearing that accurately" (Step-Mum, Interview 12).

In another case, a family member wondered whether the police could have been more proactive in explaining the investigation into the murder of her son to their teenage children.

"They weren't proactive in talking to the kids on their own. I can't recall any occasion where they did that, because I think they probably just think that's our job which to an extent is. But when you are going through what you are going through, I think some more proactive help with speaking to the kids might have been helpful perhaps" (Mum, Interview 6).

The Use of Police Terminology

Overall, family members described how officers spoke to them with care and respect, a few, however, mentioned the use of police terminology when referring to their loved one or when explaining investigative processes.

"Sometimes the terminology that they use when they are in your house or at the hospital, well not really the hospital as I didn't really see them, if they nip out of the room, or are on the phone, or speaking to each other. Sometimes they refer to your son or daughter as evidence and that is really like… errrr you know.. and I know that is how they talk and you can hear them say.. just maybe sometimes, the terminology, the work terminology comes over and I know it is not meant and that is how they speak at work but it is like that is your child" (Mum, Interview 10).

In one case, where the victim's family members worked within the Criminal Justice System they thought that they had been spoken to differently and that an assumption had been made by officers that they would understand police processes and terminology.

"For some reason there seemed to be this expectation because we both worked in the Criminal Justice System that we'd understand everything that was going on and we didn't need any explanation.
There was a lot of "well you'll know that".

The FLO called and said, "They've released the body", which is not good.
It would be interesting to know what they said to my ex-wife "You can come and see [Daughter] now". But with us it was "you know what I mean" "You know what I'm talking about". Because you are in uniform they have got this connection"
(Dad Interview 12).

Retention and Disposal of Tissue Samples and/or Organs

Following a post-mortem examination, the police and/or coroner will retain tissue samples and/or organs. In order to ensure material is disposed in compliance with the requirements of the Human Tissue Act (2004) the deceased's next of kin will be asked what should happen to the retained material when it is no longer required. This process needs to be handled in a considerate manner.

An example was given whereby a family member was informed about tissue samples by the FLO in their car on a car park in the middle of Manchester before a meeting with paramedics who had provided medical assistance to his daughter before she died.

"[FLO] said so can you have a look at them and decide what you want to do with these samples and sign it. A piece of paper, a letter which explained what it is - nail clippings and [Daughter's] hair and…
So rather than it be in a police station or somewhere where it is explained properly.
You are thinking this is your daughter, this is your loved one and this is like, we took nail clippings from her, we took her stomach contents and things like that and it's almost clinical but you've got to… what do you want to do with them? Do you want them? No. Do you want them? No. Multiple choice, do you want that? What do you want to do with that? Sign that. Right see ya" (Dad, Interview 12).

In another case, the victim's mum was visited at home by the FLO's and asked to sign paperwork regarding tissue samples that had been taken. The form referred to the removal of her son's brain, as she explains this caused her considerable worry.

"So it was left let me speak to the Coroner, let me speak and clarify what we are signing for. So I am left thinking I have buried him without his brain and somebody has told me they were going to put it back in. Then they came back to me and said it's not, it's actually pieces and slides that you are signing for but for that to be unclear. I have now buried him and then I get a thing to sign and say release of his brain and I said no he's had it put back in hasn't he? That was upsetting. Yes. That got a bit confusing
I still have that unnervey feeling that they haven't and it is in a box on a shelf somewhere. I've never chased that up. I've never actually signed anything or got anything back" (Mum, Interview 10).

In a SPI, parents were contacted by the Coroner's Office which having not been notified that samples had been taken at the post-mortem, found receiving the call *"traumatic and completely unexpected" (Mum, Interview 13).*

Based on the family members' experiences it is recommended that consideration be given to how information about the taking of and retention and disposal of tissue samples and/or

organs is conveyed to family members. Receiving full information about the post-mortem procedure, material retained and options for disposal will enable questions to be answered as soon as possible and reduce the possibility of causing further anguish and distress.

In SPIs, family members need to be informed that they will receive a copy of the post mortem report as they reported receiving this in the post without any warning.

> *"We then had the autopsy report. I don't know if anyone is responsible or whether it's just the norm that that comes through the post, It was just awful but a lot of it we didn't really understand because it was technical" (Mum, Interview 13).*

This was in contrast to the investigations into the sudden death of a child where arrangements were made for the Investigating Officer and/or Paediatrician to meet with the parents and explain the findings of the post mortem, which was considered informative and helpful.

> *"They were really good and they arranged to come and see us and they brought the Paediatrician with them.*
> *So [SIO] brought him with them to explain exactly what had happened in the post-mortem, what they found and if we had any questions, they knew that the Paediatrician would be able to answer them more thoroughly than the police would. So that was a good thing" (Mum, Interview 7).*

Return of Personal Belongings

One family member raised the issue of the messy condition in which their house was left following a search and forensic examination of the crime scene. She also expressed concern that she had not been provided with any information about what items had been seized from the property.

> *"I didn't have a clue what they had taken from the house, I only found out months later when I requested stuff back. You should be given a list as I still don't know if we've had everything back" (Daughter, Interview 8).*

In another case, there was a delay in the return of the deceased's personal belongings, which the family had to chase up.

> *"It felt like a momentous task to just get that stuff back" (Mum, Interview 13).*

Media Management

Family members reported that officers helped them manage media interest and any intrusion from reporters. In one investigation, the victim's Mum was advised not to share certain pictures of her son on social media. While she understood why this advice was given by the FLO, she disagreed and refused to follow police advice on this. As she explained:

> *"They did tell me how to deal with the press, not to speak to the press, anything that needed to be released would go through the police press office and if we were having any problems with them as they were putting cards through doors and things and they dealt with that and guided us with that. What we should do, what we should say, what we shouldn't say, what pictures should be released, you know what should be going on with them.*

The only thing I didn't like with that is that they said maybe it would be better, because [Son] did Thai Boxing, they did say to me maybe it would be better if the press, if you took the pictures of him in his fighting stuff down. I didn't like that. I said no I'm not doing that, [Son] is what he was, that was a sport that was in a ring. I am not ashamed of that and I refused to take that down. I don't care if the press get it or not. So the things like that they were doing it for the best I understand why they were saying that because it was going to Court and they could paint [Son] out to be a thug, this, that and the other. So they were saying it in the best interests but I didn't like that bit where they were saying like change what he was, well I weren't going to do that" (Mum, Interview 10).

Concern was also raised about the reporting in a police press statement that the offender had handed himself in at a police station and had shown remorse for his actions. The victim's Mum later found out that officers had in fact called the offender to inform him that they had an eyewitness and that it was in his best interest to come to the police station. This led Mum to question the accuracy of the police press statement:

"So I didn't think that side was a true reflection of what was going on what was being said to the press" (Mum, Interview 10).

In a number of cases, the family members noted the swiftness with which the offender was identified and apprehended and commended the work of the investigation team.

"Couldn't fault the police at all. Every one of them was professional.
They finished the actual murder investigation within a week.
The only thing they had to wait for was the forensic evidence.
We couldn't have wished for it to go any better" (Mum and Dad, Interview 11).

Well, the speed that they arrested [Offender] was within a short space of time, incredible, the level of work involved in identifying him" (Dad, Interview 5).

"Within a week of it happening they charged them all.
So for them to do that, that was amazing" (Sister, Interview 2).

3.3 Experience during the Trial

Dissatisfaction was expressed regarding delays with the trial and the sentencing outcome, which family members acknowledged were aspects out of GMP's remit and control.

Reception and Seating Arrangements at Court

Not all family members were met at court by officers, which caused them some distress.

At Magistrates Court: *"I took a friend and sat in court. I had no officers with me. I panicked - what if his family turn up?" (Daughter, Interview 8).*

Some family members commented on the reception and seating arrangements within the court, which led to them encountering the defendant's family, which caused considerable unease.

"We realised we were actually stood with all his [Defendant's] family, no police officers there, no separation…so that was really horrible the fact that we were not met on that day…and we were left with all his [Defendant's] family waiting to go into court" (Mum, Interview 10).

"They were sat behind us and we were like.. they shouldn't be sat behind us. So we started to panic, get a bit nervous" (Sister, Interview 2).

This was however quickly resolved when the family members spoke to the court usher and the defendant's family were moved to the public gallery.

FLO Support during the Trial

The FLO's continued to provide support to family members during the trial. This included assisting with travel arrangements to get family members to and from the court and accompanying them in the courtroom throughout the duration of the trial. In one case, where the family member decided not to attend the trial the FLO attended on her behalf and provided daily updates which was greatly appreciated.

Trial Process and Sentencing Outcome

Disclosure of details not previously known to the victim's family at the trial occurred in two cases and caused great angst. These experiences highlighted the need for family members to be updated prior to the trial about the evidence being presented as part of the prosecution case to prevent them from hearing details for the first time at the trial.

While family members prepared a Victim Personal Statement detailing the impact of the death of their loved one, disappointment was expressed as more information was provided on behalf of the defendant than the victim at the sentencing stage.

The sentence received by the defendant was a further source of frustration in some cases. The sentencing outcome for defendants convicted of manslaughter were viewed by family members as lenient and were described as an "insult".

3.4 Sources of Support

When asked what sources of support they had found helpful, family members referred to their FLO and the support and investigative information provided throughout the duration of the investigation, as well as the practical and emotional support received from Victim Support, Bereavement Counselling and their informal support network of family and friends.

When the FLO exited, family members reported feeling alone. One described how they:

> *"Felt like a little boat pushed out to sea and you are on your own and you relied on that support and it kept you going" (Mum, Interview 1).*

Another explained the emotional impact of not being in contact with the FLO's any longer:

> *"When stopped all the dealings with them, we felt like crying, we felt they have left us" (Sister, Interview 2).*

This sense of loneliness following regular contact with the FLO's highlights the need for support mechanisms to be in place with victims' services following the closure of the case.

Victim Support

Many family members referred to the practical support provided by Victim Support, which they deemed useful. The extent to which the service provided by Victim Support was utilised varied according to individual needs. Some family members reported not wanting their "hand held" and wanted information and facts which only the FLO could provide. While variations in views were expressed, the value of facilitating bereaved family members contact with Victim Support services during the early stages of an investigation was acknowledged and it is recommended that this be carried out to ensure that family members are aware of the specialist services available so that their practical and emotional needs are met.

Some family members reported that they were not aware of what support services were available to them. Both sets of parents whose child died suddenly explained the need for specialist support and the value of being able to speak to other parents who had been through a similar experience. Ways in which the police can signpost bereaved relatives to specialist and victims' support services would be useful to consider.

Charity and Fundraising Activity

Many of the family members interviewed had set up a charity in memory of their loved one or engaged in fundraising activities. The establishment of a legacy for their loved one gave family members something positive to focus on and kept them active. Many of the family members had continued contact with GMP following the closure of the case through their charity and fundraising work.

3.5 Overall Views on Contact with GMP

Overall, the family members' experience of their contact with GMP during the investigation into homicide and sudden death was overwhelmingly positive.

> *"The overall experience with GMP has been great. I have probably focused on the little niggly negatives actually" (Mum, Interview 6).*

When asked what recommendations they would make for future practice two responded:

> *"We cannot recommend anything because it was done 110%. It could not have been done better" (Mum and Dad, Interview 1).*

> *"I can't think of anything, they were just 100%. They can't do any more than what they are doing now. If they deal with every family like how they've dealt with us then there is nothing else they can change" (Sister, Interview 2).*

In the words of another family member just some *"little things could do with tweaking" (Mum, Interview 10).*

3.6 Summary of Recommendations for Future Practice made by Family Members

1. For first response officers to show compassion.
2. Regular contact and updates on progress in SPIs.
3. If the bereaved family live outside of Greater Manchester regular contact to be provided via telephone and links facilitated with the family's local police force to ensure the family are being fully supported.
4. To consider the dynamics of the family and make sure FLO's are assigned appropriately.
5. To have a dedicated FLO department with a specifically trained full-time FLO team available.
6. For FLO's and SIO's to be proactive in talking to other family members including children.
7. To give parents some time together to grieve before being interviewed.
8. To facilitate family members contact with Victim Support during the early stages of the investigation.
9. To be able to meet the SIO prior to the trial.
10. To consider how property is returned to the family and provide details of all items seized so that the return of items can be checked.
11. To signpost specialist bereavement services.
12. To consider how and where family members are informed about the retention and disposal of human tissue samples.
13. To consider bereaved family member's reception and seating at Court to avoid contact with the defendant's family.

4. Areas for Future Research

1. Further research is needed to explore the views and experiences of the service provided during SPIs due to the lack of contact, communication and updates on progress found in this study.
2. For most of the interviewees, the investigation into the death of their family member was their first contact with GMP and their overall experience was reported as positive. None expressed negative attitudes towards the police. Not all individuals hold such views, some lack trust and confidence in the police; some may be non-cooperative during an investigation and may have had for other reasons less than positive contact with the police. It is therefore recommended that future research on the service provided by the police to family members bereaved by homicide and sudden unexpected death consider ways to widen the research invitation process so that initial contact with families is not just made via the police SIO/IO/FLO to try and capture a wider range of views and experiences.

5. Concluding Comments

Overall, the bereaved family members' experience of their contact with GMP was positive. The service provided by GMP was described as professional. FLO's were singled out for high praise with interviewees detailing their invaluable role and support provided. It was, therefore, evident that the FLO role clearly met their expectations and needs, with the exception of one case where the family lived outside of the GMP area and received minimal contact from their FLO.

In comparison to the findings of previous research (Muller-Johnson and Lanskey, 2014; Casey, 2011; Victim Support, 2006), the family members interviewed in the current study reported a more positive interaction and experience with the police. Clearly, the development of professional practice and specialist training for investigators over the years has led to an improved service. However, what was clear was the importance of the interpersonal skills and humanity of individual officers dealing with bereaved family members during the most difficult of times.

It is recommended that the focus for future training and practice should be on the initial stage of an investigation as this was the point at which bereaved family members reported some less positive experiences. When, where and how they were notified of the death of their loved one was key. On some occasions, the FLO allocated to the family within the first few hours was not always the officer that remained with them throughout the duration of the investigation.

Interviewees expressed how grateful they were for that early support but the reason for the change in FLO at a later stage in the investigation was not always clear to them. This can be easily rectified by ensuring an explanation is provided when there is a need to allocate a different FLO. In relation to SPIs, it is recommended that the level of contact and communication be considered, as family members experienced a lack of information and regular updates on progress during these types of investigation. For both homicide and sudden unexpected deaths, signposting local specialist support and victims' services available for emotional and practical support would be useful to provide during the initial stages of an investigation.

In conclusion, the majority of bereaved family members held the service provided by GMP officers in high regard. As one interviewee expressed:

"GMP were extremely professional and courteous and respectful at all times. I believe that they went above and beyond the call of duty and I believe that even though in such tragic circumstances our dealings with them were as positive as they could be" (Dad, Interview 9).

If GMP strive to achieve this level of service during the investigation of every death that necessitates a police investigation in Greater Manchester then bereaved family members will feel supported and fully informed.

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7. Appendix: Interview Schedule

Introduction

Introduce self and outline the aims of the research and interview. Go through the consent form.

Some information about you and your relationship to the deceased

- Please can you tell me a little bit about yourself and your relationship to [name of deceased]?

Prior contact with GMP

- Prior to [name's] death had you ever had any contact with GMP?
    - If yes – please can you describe your experience of this prior contact?

I would now like to ask you some questions about your experience of your contact and interaction with GMP from the point at which you were first notified of [name's] death, through to the investigation stage and the inquest/trial. Please take your time to answer the questions and let me know if you would like to take a break at any point.

First Contact

- Please can you tell me how you were first notified of [name's] death?
- Can you describe when and where you first had contact with GMP?
- How would you describe your first contact with the IO/SIO/FLO/any other officers you were in contact with?
- Overall, what are your views on your experience of your first contact with GMP?

During the Investigation

- Please can you describe your interaction with the IO/SIO/FLO/any other officers you were in contact with during the investigation?
- During the investigation, how would you describe the information that you received from GMP?
- Did you make any requests to GMP for information?
    - If yes? How were these requests for information dealt with?
- How would you describe your overall experience of your contact with GMP during the investigation stage?
- Overall, what is your view on how GMP investigated the death/killing of [name]?

Trial Process – For Homicide Cases only

- How were you kept informed about the progress of the case to trial?
- How would you describe your contact with GMP during the trial process?
- How would you describe the role of your FLO during the trial process?

Family Liaison Officer – For Homicide Cases only

- Throughout the duration of the investigation and trial process how would you describe your contact and interaction with your FLO?

For cases where there was a coronial inquest

- How were you informed about the inquest?
- What contact did you have with GMP prior to/during the inquest? After the inquest?
- How would you describe your contact with GMP during and after the inquest?

Following Closure of the Case

- Following the closure of the case [trial/inquest outcome] what happened?
- Has there been any contact with GMP since the case was closed?

Support

- Have you received any aftercare?
- In terms of support for bereaved relatives, what kinds of support do you consider helpful and why?

Examples of GMP good practice

- Based on your contact with GMP during the investigation what aspects would you suggest were experienced as positive, respectful, empathetic and helpful?

Recommendations for GMP based on experience

- Based on your experience of your contact with GMP, what recommendations would you make for future police practice?

Additional Comments

- Are there any further comments you would like to make?

Thank for time and go through debrief information sheet.