



TOWER HAMLETS

Domestic Violence Homicide Review

Executive Summary

Death of Tina

Aged 43 years

Died: January 2021

Independent Panel Chair: Robin Jarman LL.B, MSt (Cantab)

Introduction	3-4
Contributors to the review	4
Agencies involved	5
The review panel members	5-7
Chair and author of the review	7-8
Terms of Reference	8-11
Summary Chronology	11-14
Key issues emerging	14-16
Conclusions	16-22
Lessons to be learnt	22-24
Recommendations	24-26

Introduction

This Domestic Homicide Review concerns the murder of Tina, a female of Thai nationality who had lived in the UK with her Romanian national husband since 2020. In September 2020, Tina and her husband Peter travelled from Thailand to the UK, moving into a multi-occupancy accommodation. They shared the address with four males of Romanian nationality. One of the males was Tom who Peter had first met in England during 2016.

In January 2021, concerns of a disturbance at the address were raised to Police. Officers attended and Tina was found in her room with laceration wounds to her head, neck and other blunt force injuries inflicted.

Tom was located nearby by the police. He had small cuts and lacerations to his back, arms, and hands as well as blood on his face. Tom was arrested for Murder. It was established that Peter had returned home from work, the previous afternoon, to find Tina and Tom together in the bedroom. After an argument ensued between Tina and Peter, Peter left, leaving Tina and Tom at the multi-occupancy address.

Tom was subsequently charged with Murder. A trial took place and he was found guilty of Manslaughter (Diminished Responsibility). He was sentenced to a hospital order under section 37 of the Mental Health Act with conditions under s41 due to the risk to the public. This condition means he can only be discharged with the secretary of state for justice agreement.

Following Tina's death, the case was initially reviewed by Tower Hamlets Community Safety Partnership (THCSP) and on the 10/02/2021 the THCSP Chair made the decision the case did not meet the criteria for a Domestic Homicide Review (DHR). On the 15/03/2021, the decision not to commission a DHR was notified to the Home Office. On the 20/10/2021 the Home Office, in the form of a letter from the former Home Secretary, responded with the view that a DHR should be commissioned.

In her letter the Home Secretary¹ explained her rationale as follows;

"DHRs offer a rare opportunity to understand the victim's life and it would be pertinent to conduct a review in order to independently review the circumstances which led to this death and ensure lessons are learned."

¹ The Rt Hon Priti Patel MP was Secretary of State for the Home Department between 24th July 2019 and 6th September 2022

- a) *A DHR would allow for the approach to migrant women and DA to be addressed as it is important to be alert to learning lessons involving this cohort. It would allow for any barriers to reporting incidences of DA to be addressed and to assess whether any of the learning from previous DHRs is applicable.*
- b) *Given the recent arrival of the couple in the UK, a DHR would allow for a greater understanding of how they might have found any information in respect to DA and accessing support and services upon arrival.*
- c) *A DHR for this case could give the opportunity to explore non-DA agency contact and address if any contact raised concerns around the incidence of DA.”*

In consequence, THCSP determined that a DHR was necessary and commissioned accordingly. Statutory agencies were duly notified of the requirement to identify and secure relevant material.

Contributors to the Review

This report has been compiled with the support of comprehensive Individual Management Reviews (IMRs) prepared by authors from the key agencies involved in this case and other relevant agency information, where IMRs have not been required. Each IMR author is independent of the victim, family of the victim and of management responsibility for the practitioners and professionals who have been involved in this case.

In support of the information received from agencies, from the outset of the review process, the author has sought to engage with Tina’s family and her husband Peter. Through the assistance of the Police Liaison Officer (PLO), letters of introduction were translated into Thai and Romanian language respectively and sent to them both. Following the lengthy criminal trial process further efforts were made by the author to engage their participation via the PLO. Understandably, the murder of Tina has significantly affected Tina’s family, husband and all those close to her. The author was informed via the PLO that Tina’s family and Peter did not wish to participate in the DHR. In consequence, through information gathered from the homicide investigation and criminal proceedings, information from family, friends, work colleagues and community have been obtained and are detailed within this report.

It should also be noted that prior to submission of this report the author made a further attempt to engage with the Thai family and Peter. The PLO strongly advised the author that in his opinion neither wished to be involved and they were attempting to move forward with their lives.

Agencies involved

The following agencies kindly assisted the review process.

- Babylon Healthcare Services Ltd
- Barts Health, NHS Trust
- Clinical Commissioning Group
- East London NHS Foundation Trust.
- London Metropolitan Police
- Tower Hamlets Council Senior VAWG lead
- Tower Hamlets GP Care Group
- Tower Hamlets Homes
- Solace Woman's Aid

The Review Panel Members

The following individuals and agencies comprise the DVHR panel or have acted in an advisory capacity to the panel and independent chair. The DHR panel met on six occasions, at the beginning of each meeting a picture of the deceased was shared with all panel members;

- At the first meeting, held on 13th December 2021, it was revealed by the police, that criminal proceedings were still pending with a likely trial date set in April 2022. Scoping information had been requested and was awaited.
- At the second meeting held on 9th February 2022, the relationship of the three people involved came under focus. This identified an urgent need for a meeting with the police investigation team.
- A meeting was held between the author and the Senior Investigating Officer. This took place on the 21st February 2022. It became clear that the police were in possession of vital salient information. An expected trial date had been set for 25th April 2022.

The author determined it was necessary to postpone the review process until resolution of the trial. A letter of explanation was sent to all panel members.

- Owing to a deterioration in the perpetrators mental health, the trial proceedings were delayed to allow for psychiatric reports.
- The trial took place between October and November 2022. Tom was found guilty of Manslaughter (Diminished Responsibility)
- On 14th December 2022, the third Panel Meeting was held. IMR's were reviewed and additional information requested. The author also conducted a personal visit and review of the police investigation papers in London.
- On 17th March 2023, the fourth panel Meeting was held. The IMR's were again reviewed and the additional information obtained was shared. It was agreed that a draft Report was to be completed and circulated in early April.
- On 18th April 2023, the fifth Panel Meeting was held. The draft report was discussed as well as consideration of the proposed Recommendations and Action Plan.
- On 31st May 2023, the sixth Panel meeting was held. The draft report was reviewed and Recommendations and Action Plan considered.

Name	Agency	Role
Robin Jarman	Sancus Solutions	Chair & Author
Menara Ahmed	Tower Hamlets Council	Senior VAWG Domestic Abuse and Hate Crime Manager
Kelly Hogben	Metropolitan Police Detective Sergeant	Specialist Crime Review Group
Chris Hahn	Tower Hamlets GP Care Groups	Interim lead named Nurse for Safeguarding Children
Dhriti Suresh-Eapen	Solace Woman's Aid	Service manager
Annabelle Farnsworth	Clinical Commissioning Group	Designated Professional for safeguarding Adults
Azad Odabashian	Metropolitan Police Detective Chief Inspector	Central East BCU – Public Protection

Clare Hughes	Barts Health, NHS Trust	Associate Director of Safeguarding
Marion Riley	Occupational Therapy	
Beverley Greenidge	Tower Hamlets Homes	Assistant Director of neighbourhoods, Tower Hamlets
Rose O’Gallavan	Solace Women’s Aid	
James Thomas	East London NHS Foundation Trust.	Named Professional for Adult Safeguarding (ELFT)
Sabeena Pheerangee	Named GP for Safeguarding Adults Adult Safeguarding NHS Tower Hamlets	Named GP for Safeguarding Adults
Kolshuma Begum		Tower Hamlets CVS
Daniel Rutland	Metropolitan Police Detective Superintendent	Central East BCU- Public Protection
Rachel Irvine	Health, Adult and Community Directorate	Adult Social Care

Author of the overview report

The Independent chair and overview author, Mr Robin Jarman, is provided by Sancus Solutions.

He is a retired senior police detective and former senior investigating officer. During 2001-2 as a member of Her Majesty’s Inspectorate of Constabularies, he conducted a review of Homicide Investigation across Northern Ireland. He was formerly the Head of the Criminal Justice Department of Hampshire Constabulary and following his police retirement served as the first Independent Deputy Police & Crime Commissioner for Hampshire where he led on all police and justice initiatives, including the chairing of the Local Criminal Justice Board sub-group on victim related issues. In 2015 his pioneering work with Project CARA, the first domestic violence randomised controlled trial (overseen by Cambridge University) attracted a national police innovation award for the policing of domestic violence. He also possesses extensive experience in partnership working.

Mr Jarman and Sancus Solutions have no connection with the Fenland Community Safety Partnership, other than the provision of case reviews.

Terms of reference for the review

The following terms of reference were agreed by the panel and subject of continuing review during the process.

1. To identify the best method for obtaining and analyzing relevant information, and over what period prior to the homicide to understand the most important issues to address in this review and ensure the learning from this specific homicide and surrounding circumstances is understood and systemic changes implemented. Whilst checking records, any other significant events or individuals that may help the review by providing information will be identified.
2. To identify the agencies and professionals that should constitute this Panel and those that should submit chronologies and Individual Management Reviews (IMR) and agree a timescale for completion
3. To understand and comply with the requirements of the criminal investigation, any misconduct investigation and the Inquest processes and identify any disclosure issues and how they shall be addressed, including arising from the publication of a report from this Panel.
4. To identify any relevant equality and diversity considerations arising from this case and, if so, what specialist advice or assistance may be required.
5. To identify whether the victims or perpetrator were subject to a Multi-Agency Risk Assessment Conference (MARAC) and whether perpetrator was subject to Multi-Agency Public Protection Arrangements (MAPPA) or a Domestic Violence Perpetrator Programme (DVPP) and, if so, identify the terms of a Memorandum of Understanding with respect to disclosure of the minutes of meetings.
6. To determine whether this case meets the criteria for a Serious Case Review, as defined in Working Together to Safeguard the Child 2018, if so, how it could be best managed within this review.
7. To determine whether this case meets the criteria for an Adult Case Review, within the provisions of s44 Care Act 2014, if so, how it could be best managed within this review and whether either victim or perpetrator(s) were 'an adult with care and support needs'

8. To establish whether family, friends or colleagues want to participate in the review. If so, ascertain whether they were aware of any abusive behaviour to the victim prior to the homicide (any disclosure; not time limited). In relation to the family members, whether they were aware if any abuse and of any barriers experienced in reporting abuse, or best practice that facilitated reporting it.
9. To identify how the review should take account of previous lessons learned in the London borough of Tower Hamlets and from relevant agencies and professionals working in other Local Authority areas.
10. To identify how people in London borough of Tower Hamlets gain access to advice on sexual and domestic abuse whether themselves subject of abuse or known to be happening to a friend, relative or work colleague [Research will be undertaken].
11. To keep these terms of reference under review to take advantage of any, as yet unidentified, sources of information or relevant individuals or organisations.

Panel considerations

1. Could improvement in any of the following have led to a different outcome for Tina, considering:
 - a) Communication and information sharing between services with regard to the safeguarding of adults and children
 - b) Communication within services
 - c) Communication and publicity to the general public and non-specialist services about the nature and prevalence of domestic abuse, and available local specialist services
2. Whether the work undertaken by services in this case are consistent with each organisation's:
 - a) Professional standards
 - b) Domestic abuse policy, procedures and protocols
3. The response of the relevant agencies to any referrals from the time Tina entered the country relating to her relationships with Peter and Tom. It will

seek to understand what decisions were taken and what actions were or were not carried out, or not, and establish the reasons. In particular, the following areas will be explored:

- a) Identification of the key opportunities for assessment, decision making and effective intervention in this case from the point of any first contact onwards with Tina, Peter and Tom
 - b) Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective.
 - c) Whether appropriate services were offered/provided, and/or relevant enquiries made in the light of any assessments made.
 - d) The quality of any risk assessments undertaken by each agency in respect of Tina.
4. Whether organisational thresholds for levels of intervention were set appropriately and/or applied correctly, in this case.
 5. Whether practices by all agencies were sensitive to the ethnic, cultural, linguistic and religious identity of the respective individuals and whether any specialist needs on the part of the subjects were explored, shared appropriately and recorded.
 6. Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and completed in a timely manner.
 7. Whether, any training or awareness raising requirements are identified to ensure a greater knowledge and understanding of domestic abuse processes and/or services.
 8. Identify how the resulting information and report should be managed prior to publication with family and friends and after the publication in the media.

Summary Chronology

Tina was born in Thailand and was one of four siblings. She had lived in Bangkok, Thailand with her family and worked as a Human Resources (HR) professional.

During her period at University, according to her sister, Tina suffered from acute stress disorder. Apparently, the condition came and went. Thereafter, Tina would take anti-depressant medication whilst in Thailand. Her sister described

Tina as 'kind-hearted, loved her family, well-loved by friends, liked to help others'. She also stated she was 'easily led and over-thinking but she had never been aggressive to anyone'

Tina first met Peter in 2016 whilst on holiday in England. Thereafter, their relationship continued to develop online, eventually leading to Peter moving to Thailand. They married in 2018. Shortly afterwards, Peter learnt that Tina was much older than he had been led to believe (there was 18yrs difference between them) and he also discovered that Tina suffered from mental illness (schizophrenia) which she took prescribed medication to control. Whilst in Thailand Peter also suffered from ill health (an ulcer) and struggled to find work. They moved to England in September 2020.

Accounts from the other residents of the multi-occupancy address stated that Tina and Peter had verbal arguments, however physical violence was never witnessed.

Whilst in the UK, around mid-November 2020, it is believed with a view to assisting her to conceive, Tina stopped taking her medication. On the 5th December 2020, Tina registered with Babylon GP at Hand an online GP service. She subsequently reported struggling to obtain an appointment with this online service.

On the morning of the 17th December 2020, following an argument between Tina and Peter they both attended the Royal London Hospital Emergency Department (RLH ED) seeking assistance. They attended on two separate occasions on the same day. During their first visit, Tina was assessed, given advice on how to access mental health support and then discharged. Within a short period of time (1-2hrs) they both re-attended RLH ED, they were then streamed (triaged) to the Community Mental health Team (CMHT). They both received separate mental health reviews and onward referrals were made.

During their assessment, medical staff noticed that there was strain between the couple. Tina stated she was keen to conceive and as a result had stopped taking her prescribed medication 4-5 weeks beforehand (mid-late November). It appeared this had resulted in her becoming unwell which in turn had impacted on her husband who reported he was feeling suicidal and overwhelmed. Importantly, during this visit, Peter also disclosed 'slapping his wife once'. This disclosure and the response of the relevant agencies is addressed in the report.

The couple left the hospital that day with clear guidance, several referrals and signposting to support services.

Tina was advised to register with a local GP but did not do so. However, she did contact her Pharmacist in Thailand. This was later confirmed by the police investigation. The Pharmacist details that in September 2020, Tina told them she was going to England and wanted to take the prescribed medication with her. She bought enough for 2-3 months. According to the Pharmacist, sometime in December 2020, Tina made contact requesting a repeat prescription and for them to be sent by post to her. The Pharmacist duly posted the prescription and Tina confirmed receipt in the New Year 2021. The Pharmacist detailed the drugs are used to treat psychotic and neurotic disorders.

Peter later stated, that he believed that Tina was taking her medication during the weeks before she was killed. It is not known in what quantities or frequency.

It is not known when the relationship between Tina and Tom first became an intimate physical affair.

Peter worked Monday to Saturday. He took jobs all around London. He finished work in the afternoon and called Tina to say he was coming home and asked her to prepare some food. On arrival at their flat, he went straight to his bedroom and discovered Tina and Tom together, they were naked. Peter had no prior suspicions and was devastated. A verbal argument ensued between Peter and Tina. Peter then left the address, leaving Tina and Tom.

At some point during that night Tom returned to Tina's bedroom and attacked her. She died from multiple lacerations to her head and neck and other blunt trauma injuries inflicted. In Tom's bedroom police found a clean meat cleaver on the bed and some nearby tissues with apparent blood on them. Whilst police were at the address Tom emerged naked from hiding in a communal bin shed at the bottom of the block of flats, he was arrested on suspicion of Murder by officers and after caution stated 'I'm sorry for what I have done'.

It should also be noted, that following the discovery of Tina's death, on the same day, police also tracked down and arrested Peter on suspicion of Tina's Murder. However, enquiries quickly established that he had been in a different geographic area of London when his wife was murdered. He was eliminated from the police investigation and thereafter, Peter was treated as a victim and witness in this case.

Peter first met Tom in 2016. They were both young Romanian nationals living in London and occasionally they enjoyed playing football together at a local park.

In September 2020, when Peter returned from Thailand they re-acquainted. Within a few weeks, a room became available in their flat and Tom moved in.

Tom was born in Romania. His parents separated when he was 4 years old and his father then moved to the UK. Tom has no siblings and there was no family history of mental illness.

In 2016, when Tom was 16 years old, he also moved to the UK, initially living with his father. Tom worked in the labouring/construction industry on self-employed short term contracts. He was not registered with a GP in the UK and was not on any form of medication. He maintained a good relationship with both his parents. Indeed, he visited his father, who also lived in London, just two days before the incident. His father did not notice anything unusual with his son's behaviour.

Peter found work in the labouring/construction industry which led to him being out of the flat during the day Monday to Saturday. Tom was not quite as focused and struggled to secure regular work. He spent many days in the shared flat with Tina for company, as she had not secured any work either. According to the other Romanian residents, the three of them spent a lot of their recreation time together, playing on PlayStation, watching films and sharing meals.

The Court Trial for Tom was initially scheduled for April 2022. Unfortunately, due to the deterioration of Tom's mental health, psychiatric reports were requested by the Court and the case was adjourned to October. Following detailed psychiatric assessment it was determined that Tom was 'fit to stand trial'.

The trial was eventually held over two months. Tom was found guilty of Manslaughter (Diminished Responsibility). Tom was found not guilty of Murder, by a majority verdict. However, Tom pleaded guilty to manslaughter by means of diminished responsibility. He was sentenced in February 2023 to a hospital order under section 37 of the Mental Health Act with conditions under s41 due to the risk to the public. This condition means he can only be discharged with the secretary of state for justice agreement.

According to UK police records, The International Crime Coordination Centre and Embassy of Romania, Tina, Peter and Tom were of good character and had no recorded convictions, reprimands or cautions.

There are no recorded domestic abuse reports with the Metropolitan Police involving Tina, Peter or Tom and no information gathered in the Homicide Investigation or within/outside the terms of reference period to suggest Tina was known to police as a victim of domestic abuse.

Tina entered the UK on a European Economic Area (EEA) Family Permit². An application for leave to remain on the European Union (EU) settlement scheme was made by Tina. This granted leave to remain until 10/11/2025. Peter and Tom, as EU nationals, were entitled to live and work in the UK³.

Key Emerging Issues

It is known that both Tina, Peter and Tom communicated in English language. This undoubtedly assisted their integration in the UK and enabled them to successfully live, secure paid work (Peter and Tom) and communicate with people they met and to access information online. However, it is important to clarify that their level of understanding the English language is not known and does not necessarily mean that they could fluently read, write, or understand English, nor does it mean that they could understand all process and policies in English.

Following their move to England, they moved into a multi-occupancy shared flat. Peter worked most days, Monday-Saturday leaving Tina at the flat. According to other residents they frequently witnessed a noisy verbal argument between Tina and Peter.

Tina had brought with her from Thailand prescribed anti-psychotic medication. Around mid-November she stopped taking her pills, it is later self-reported, to help her conceive. The independent evidence of, almost daily, verbal arguments must have been draining for them. The age and maturation differentials combined with the fact they were born in vastly different countries with differing cultural norms may also have contributed to their relationship issues.

On the 5th December 2020, Tina registered with Babylon GP at Hand an online NHS GP service. She disclosed at hospital on the 17th December 2020 that she had struggled to obtain an appointment with this online GP service.

² 1 European Economic Area (EEA) Family Permit – for non-EEA nationals to enter and leave the UK without restriction for 6 months for the purpose of joining EEA family members in the UK. This permit was replaced on 30/06/2021.

³ Free movement rights ended when the Brexit transition period expired on the 31st December 2020. EU citizens coming to the UK since January 2021 are subject to immigration controls.

Later enquiries established that Babylon GP at Hand confirmed her registration but had no record(s) of any attempt(s) by Tina to obtain an appointment.

On the 17th December 2020, following an argument, they jointly attended the RLH ED. This presented an opportunity for engagement with professionals and individual assessment of their needs. A review of ELFT mental health assessment state that there was no indication of urgent or imminent risks to either Tina or Peter.

In relation to domestic abuse, Tina made a disclosure of a decision to stop taking Olanzapine to aid conception as her husband had been asking her to start a family. The notes later record in slightly stronger terms that Tina was *“under pressure to conceive hence stopped taking Olanzapine against medical advice”*. It is not clear from the recording whether this was identified as a potential sign of domestic abuse. The notes also record an argument between Tina and her husband, contributing to their presentation to the Urgent Treatment Centre. The argument does not appear to have been described in terms that would be recognised as abusive.

Tina was referred to the CMHT which would have likely explored the reasons for her to stop taking Olanzapine. Due to the human error of CMHT team administrator, the referral was not uploaded to the clinical discussion log where new referrals are screened by Stepney and Wapping CMHT.

If Tina had been discussed, she would have likely been considered for an outpatient appointment with a Psychiatrist to review her medication or referred to the Perinatal Mental Health Team who may have been able to offer a one off session for pre-conception advice. Following this incident the Stepney and Wapping Operational Lead and Lead Administrator have created additional checks to ensure referrals are not missed and addressed in a timely manner.

Peter’s presentation did mention a previous incident of domestic abuse. A referral was planned to the carers centre but it is not clear from the records if her husband’s disclosure of previously hitting Tina was shared with the psychiatric liaison nurse that was seeing Tina and explored further with her. Tina did not describe the argument with Peter on 17th December 2020 or the general situation in terms that would give rise to significant concerns of imminent risk to her life. Moreover, there appears to have been no mention of the perpetrator (Tom) with the Mental Health Liaison Team. It may have been beneficial to explore and record domestic abuse concerns described by Peter with Tina further, which may have led to the completion of a DASH risk assessment,

referral to the local domestic abuse advocacy service, or an adult safeguarding referral. Peter was not referred to a perpetrators charity such as Respect.

During their attendance at the hospital there appears to have been no mention of the perpetrator (Tom) with the Mental Health Liaison Team so the risk Tom posed to Tina was not known and could not have been reasonably foreseen.

Conclusion

Tina

During mid-November it is believed that Tina had stopped taking anti-psychotic medication. However, on the 5th December 2020 she registered with an online GP service and subsequently claimed that she then struggled to obtain an appointment. The service concerned, namely, Babylon GP at Hand, confirmed her registration but has no record of any attempts by Tina to book an appointment.

Following her visit to RLH ED on the 17th December 2020, it is stated that a written notification of her attendance and reasons was sent to her GP. Again, Babylon GP at Hand state they never received such a notification. Later investigation with RLH electronic patient records (CRS) system revealed that the discharge letters for out-of-area GPs are printed and sent via the post. This is not a process that can be currently audited via their CRS. However, it can be observed that on this occasion, an administrative person did access the relevant records. Unfortunately, there is no hard evidence to confirm that the process was or was not followed.

It appears from her visit to the RLH, in terms of accessing relevant mental health assessment and medication, Tina was provided with suitable guidance and advice. However, she did not register with a local GP and instead arranged, via her pharmacist in Thailand for a repeat prescription that could last a year.

This possibly indicates either a difficulty with or reluctance to pursue the advised route of registering with a local UK GP. The fact that she was able to arrange for such a large quantity of prescribed medication to be sent to her from a pharmacist in Thailand is concerning. In consequence, there was no opportunity for a professional re-assessment to be undertaken of her current needs. The Thai pharmacist appears to have been content to accept the explanation that it was a repeat prescription.

In relation to the self-reported incidence of domestic abuse by Peter, future risks and support. It appears Peter was provided with several support options. However, it is acknowledged by ELFT that the opportunity to complete a DASH risk assessment did not occur. Given the potential seriousness of the threats Peter had verbalised, his current mental state and the ongoing relationship issues, such an assessment may have led to heightened awareness of possible risk(s) and further relevant engagement and support taking place. In addition, whilst advised of support options he was not actually referred to a perpetrator charity such as Respect.

From a review of ELFT records there was no indication of urgent or imminent risks. Whilst there was an error in processing the referral to Stepney and Wapping CMHT, it is not clear Tina would have met the threshold for their intervention or had been seen by the time of her death. Moreover, there appears to have been no mention of the perpetrator (Tom) with the Mental Health Liaison Team so the risk he posed to Tina was not known and could not have been reasonably foreseen.

Finally, we know that Tom had arrived in the country as a young 16year old. He did not register with a local GP and the universal services were unaware of his presence. The admitted failure to complete a Merlin report by the police, when he was 17 years old (detailed in the report), was a missed opportunity for further public service engagement.

Home Secretary's Keypoints

In consideration of the keypoints highlighted in the Home Secretary's letter;

A) A DHR would allow for the approach to migrant women and DA to be addressed as it is important to be alert to learning lessons involving this cohort. It would allow for any barriers to reporting incidences of DA to be addressed and to assess whether any of the learning from previous DHRs is applicable.

It is known that both Tina, Peter and Tom communicated in fluent English language. This undoubtedly assisted their integration in the UK and enabled them to successfully live, secure work (Peter and Tom) and communicate with people they met and to access information online. Of course, conversely, we do not know the level of their understanding of the English language.

Tina and Peter had frequent contact with her Thai family. It appears the verbal arguments they experienced were discussed by both of them with Tina's sister. From what Peter disclosed to professionals during their visit to the RLH, it appears that Peter was conscious that he was struggling to cope with his marital relationship. He was able to articulate his feelings and also self-disclosed that he had slapped Tina once.

In relation to Tina, she did not disclose this physical assault when questioned during the hospital visit. It is acknowledged that there are many barriers as to why people may not disclose being victims of abuse. On this occasion the reasons for this are not known.

It is not known when Tina's relationship with Tom became an intimate physical relationship. Tom was of previous good character and there was nothing known by external agencies which would have indicated that he represented a significant danger or risk to Tina.

B) Given the recent arrival of the couple in the UK, a DHR would allow for a greater understanding of how they might have found any information in respect to DA and accessing support and services upon arrival.

Tower Hamlets Council have an established VAWG Strategy, Delivery Plan and Partnership Boards. Tackling domestic abuse is a priority within the Council's Strategic Plan and Mayors Manifesto.

Tower Hamlets Council has appointed the leading domestic and sexual violence charity, Solace Women's Aid (TH SASS) to provide vital community support to anyone affected by domestic abuse in the borough. TH SASS is staffed by a team of independent domestic violence advocates, some of which are based at Poplar Job Centre and Tower Hamlets Housing Options.

TH SASS offers one to one specialist support to victims, providing them with information and advocacy to increase safety and meet a range of needs. This can include ongoing safety concerns, economic, emotional or housing support as well as reporting to the police or obtaining civil orders. Solace is the leading specialist charity in London working to end violence against women and girls. Last year, Solace provided life-saving support to over 27,000 women, children and young people, and men in the capital.

Solace Women's Aid also provide training to all relevant staff across GP surgeries Hospitals and other public agencies. In terms of marketing, a range of leaflets, in different languages is distributed widely.

A Tower Hamlets communication strategy for violence against women and girls (VAWG) and domestic violence has been produced. It is continually monitored and reviewed. In addition to the council website, numerous and ongoing public campaigns involving leaflets, posters, online screens, bus stand advertising etc have and are regularly commissioned.

In terms of support services that specialise in helping those from Black, Asian and Minority Ethnic Group backgrounds (BAME), a full list of relevant organisations, contact information and a description of their services is held on the Tower Hamlets website. Of particular relevance to this review is;

Praxis: Provides advice and support to vulnerable migrants and refugees in London. They operate a walk in advice service and they operate projects that seek to address the fundamental human rights of new migrants.

Refugee Council: Delivers a number of projects to refugees including two with a specific focus around domestic violence and sexual violence in refugee communities.

Asian Women's Resource Centre: The Harmful Practices helpline provides free, confidential, non-judgemental, and tailored guidance to women (16+) experiencing Harmful Practices and to professionals, who require guidance to support women in crisis.

The helpline is run by trained professionals. They provide advice and signposting information on Harmful practices including domestic abuse, sexual abuse, forced marriage, so called 'honour'-based violence, so called 'corrective' rape, female genital mutilation (FGM), caste discrimination, menstrual huts, acid attacks, faith-based abuse as well as other form of Harmful Practice.

In addition, the Tower Hamlets Council website has further extensive information embedded within the Violence against Women and Girls Service Directory page. This covers a broad range of related topics including;

- Emergency out of hours services
- Domestic abuse
- Stalking and harassment

- Female genital mutilation forced marriage and 'honour' based abuse
- Sexual abuse (including online sexual abuse)
- Prostitution
- Child sexual exploitation
- Trafficking
- Children and young people
- People with disabilities
- Older people
- Male victims/survivors
- Black, Asian and Minority Ethnic groups (BAME)
- LGBT+
- Perpetrators of abuse/ abusers
- Housing and accommodation
- Legal services
- Immigration
- Health and Mental health
- Drug and alcohol services
- Women's safety in public spaces

In addition, Tower Hamlets Council has recognised the vulnerability of new arrivals, especially migrants in their communities. A “Welcome to Tower Hamlets” booklet is available online and in hard copy format. It covers useful information such as:

1. Travelling around
2. Housing tips
3. Money information and advice
4. Education and childcare
5. Looking for Work
6. Health and Wellbeing
7. Getting involved in council decision making
8. Getting to know your community
9. Practical Tips for everyday life
10. Staying safe

Further to the above, The Welcome to Tower Hamlets programme, #welcome2TowerHamlets, is a new scheme funded by the Ministry of Housing and Communities and Local Government. It aims to support recent migrants to integrate into the community. People who have lived in the UK less than 10 years can take part in the programme. It is being delivered in partnership with

community organisations, including ELATT, the Bromley by Bow Centre and account3.

Welcome to Tower Hamlets offers migrants free ESOL classes (English Speakers of Other Languages), conversations clubs and volunteering opportunities. They have developed an information resource to help migrants integrate into the local community. They want to understand the changing needs of migrants so they can support them better.

Finally, whilst not exhaustive, the weblinks detailed below are also possible helpful connections for Romanian and Thai people moving into the Tower Hamlets area.

Praxis Community Projects for Migrants and Refugees
<https://www.praxis.org.uk>

And also Citizens Advice – to access support with EU registration/settlement status and CAB is local to residence - <https://www.eastendcab.org.uk/>

On victim and possible access to mental health support, Mind in Tower Hamlets - <https://www.mithn.org.uk/>

<https://londonbuddhistcentre.com/>

<https://www.samaggisamagom.com/> - Organisation for Thai students in the UK

<https://www.anglothaisociety.org/> run by white English people but clearly with strong Thai links.

<https://london.thaiembassy.org/en/index> - can change language to English at the top of the page

<https://www.wandsworth.gov.uk/leisure-and-culture/places-of-worship/all-places-of-worship-in-the-borough/the-buddhapadipa-temple/> - Thai temple in London though there are other Buddhist temples.

C) A DHR for this case could give the opportunity to explore non-DA agency contact and address if any contact raised concerns around the incidence of DA.

Whilst not involving the perpetrator, this review identified the visit to Royal London Hospital on the 17th December 2020 by Tina and Peter. During this visit Peter self-reported assaulting Tina.

Lessons learned/to be considered

Early access to Support Services

Given the potential cultural and language barriers it is suggested that the point of initial entry of migrants into the UK may offer an opportunity to market and communicate the existence of relevant support services. This could include the presence and availability of national services available to victims of domestic abuse.

New Patient Checks & Babylon GP at Hand Service

Tina successfully registered with this online GP service. However, she reported (during her visit to RLH ED) struggling to subsequently obtain an appointment. Babylon GP at Hand have no record(s) of any such attempt(s).

The point of initial GP registration offers an ideal opportunity for new patient checks, assessment and exploration of medical needs. Arguably, if at the point of initial GP registration the offer of a new patient check had been made, Tina may not have stopped taking her medication in mid-November, her mental health may not have deteriorated and the apparent strain in their marital relationship may not have worsened. She would probably not have needed to turn to Pharmacist in Thailand to access the relevant medication. There would also have been an opportunity to explore whether domestic abuse was a factor in their relationship and to subsequently inform and signpost Tina and Peter if that were deemed necessary.

This case highlights a potential problem regarding the commissioning of health service contracts, especially to those who offer an online service or pan-London arrangement. The provision of 'new patient checks' is believed to be a standard commissioning requirement for local GP practices across London Boroughs. However, it appears that the Babylon GP at Hand NHS commissioned service did not, at this time, offer a 'new patient' service.

In addition, the online GP service may also hinder or present concerns for a new patient who is invited by a GP to openly discuss 'online' personal mental health problems.

A further issue was also identified during this review with GP practices that fall beyond a certain geographic boundary from the RLH ED. On this occasion, following Tina's visit to RLH ED it is stated that a written notification of her

attendance and reasons was sent to her GP. Babylon GP at Hand state they never received such a notification.

Inter-Agency Communication

During this review process it has been discovered that Tina's attendance at UTC had not been communicated to her GP. The Cerner record keeping system used by the UTC will automatically send the discharge summary to the GP, should they be based in the Barts Health footprint. Where this is not the case, discharge summaries need to be sent manually and there is no record that this was done. The GP would therefore not have been unaware of Tina's request for Olanzapine and the advice given for Tina to request her GP refer her to the Community Mental Health Team for review of this. In light of this, GPCG will review their processes for communicating discharge summaries to GP's.

Domestic Violence Disclosure

It is not clear from the records if Peter's disclosure of previously hitting Tina was shared with the psychiatric liaison nurse that was seeing Tina and explored further with her. It may have been beneficial to explore and record domestic abuse concerns described by Peter with Tina further, which may have led to the completion of a DASH risk assessment, referral to the local domestic abuse advocacy service, or an adult safeguarding referral. The following plan has already been developed to address this issue.

A specific training session with the Tower Hamlets psychiatric liaison team will be held to ensure the team are fully aware of the lessons from the case and to improve their skills in completion of the DASH risk assessment.

It may have been beneficial to refer Tina to the Perinatal Mental Health Team to offer a one off session for pre-conception advice. The Psychiatric Liaison Team will be updated on all support offered by Perinatal Mental Health in the next safeguarding supervision.

In cases when a couple present jointly in crisis or the person with care and support needs and their carer, and the assessment is undertaken by two separate practitioners, it would be beneficial for both practitioners to discuss their assessment jointly to ensure any disclosures of a safeguarding nature are fully explored. This may have led to the completion of a DASH risk assessment, referral to the local domestic abuse advocacy service, or an adult safeguarding referral.

Recommendations

Local

1. In cases when a couple present jointly in crisis or the person with care and support needs and their carer, and the assessment is undertaken by two separate practitioners, it would be beneficial for both practitioners to discuss their assessment jointly to ensure any disclosures of a safeguarding nature are fully explored.

Action: This will be discussed with the Psychiatric Liaison Team in their next safeguarding supervision.

2. Stepney and Wapping CMHT acknowledged the processing error on their part, the referral should have been discussed in their clinical meeting which took place on 21/12/20.

Action: The following steps to prevent repeat incidents has already been commissioned:

- i) Tina's referral was sent to Stepney and Wapping CMHT email distribution list when it should have been sent to the CMHT generic email for the Stepney and Wapping CMHT administration team to process. One member of Stepney and Wapping CMHT Administration Team now monitors all emails received by the Stepney and Wapping CMHT email distribution list. They will then process and cascade the referral to Stepney and Wapping CMHT ABT for screening and for clinical discussion.
- ii) The triaging of a referral will continue to be recorded in the Stepney and Wapping CMHT ABT book, and staff in Stepney and Wapping CMHT ABT will cross reference this with Stepney and Wapping CMHT administration team in clinical meetings to ensure no referrals are missed.
- iii) Stepney and Wapping CMHT Operational Lead will ensure that other referring teams/key partners have the correct referrals route to ensure compliance with GDPR when sending sensitive and confidential referrals/information.
- iv) Stepney and Wapping CMHT have instigated multi-agency referral meetings three days a week, where external teams such as the Psychiatric Liaison team can attend to discuss any urgent or complex referrals.

3. RLH Emergency Department and THGPCG Urgent Treatment Centre to review, and strengthen where required, their process for communicating discharge summaries to GP's who operate online or beyond Tower Hamlets contracted areas.

4. Babylon GP at Hand review their initial registration processes with a view to improving their communication and identification of service needs, especially from newly registering migrants, thereby ensuring a consistent offer of a "new patient health check" .

Following consultation over this proposed recommendation, GP at Hand have recently provided the following update;

"In 2022-23, GP at Hand conducted an end-to-end review of our registration process. Our current registration process includes a "New Patient Questionnaire" which specifically offers patients the opportunity to notify the practice if they are were born overseas and / or have entered the UK recently after living abroad for a significant amount of time.

Through this new process we also seek to identify vulnerable cohorts such as veterans, carers, homeless individuals, or patients who are on multiple regularly prescribed medications and offer them a review with an appropriate clinician.

As of 2023 GP at Hand has also a registered as a 'Safe Surgery', underpinning our commitment to taking steps to tackle the barriers to healthcare faced by migrants and ensuring that a lack of ID, proof of address, immigration state or language are not barriers to patient registration".

National

5.With a view to ensuring that new patient health checks are consistently offered, NHS England review existing commissioning arrangements for NHS contracts, especially for those who offer an online service or pan-London geographic service.

Note: The following information, recently provided by GP at Hand, is relevant to this Recommendation;

"...NHS Health Checks are not commissioned as a core service under the General Medical Services (GMS) contract, and are instead locally commissioned

by the borough in which the patient resides. There was a nationwide pause on NHS health checks during the pandemic, however most local authorities have now resumed this service offer. Due to GP at Hand's London wide foot print we are facing a unique challenge in making these universally available to our patients, however we are now in constructive discussions with relevant boroughs with a view to facilitating those in the future”.

6. Home Office to consider introducing visible and sensitive information regarding domestic violence and relevant support services at all points of entry for migrants into the United Kingdom.