TOWER HAMLETS

Domestic Violence Homicide Review

Overview report

Death of Tina

Aged 43 years

Died: January 2021

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

Preface

First and foremost the Tower Hamlets Community Safety Partnership and the Review Panel wish to express their deepest sympathy to the husband, family and friends of the deceased.

In accordance with national legislation and guidance this review has been conducted with sensitivity and transparency with a view to ensuring that any good practice or lessons learnt are identified, promulgated and acted upon in a timely manner in order to improve relevant services and constructively contribute towards the prevention of future tragic incidents.

In addition, with a view to protecting the anonymity of the people involved, pseudonyms, selected by the author, have been used.

Section One – Introduction

1.Introduction

1.1 This Domestic Violence 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.

1.2 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.

1.3 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.

1.4 It was quickly established that the previous afternoon Peter had returned home from work to find Tina and Tom naked together in their bedroom. An argument ensued between Tina and Peter, Peter then left leaving Tina and Tom at the multi-occupancy address.

1.5 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 on suspicion of Murder.

1.6 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.

1.7 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 agreement of the secretary of state for justice.

Tina

1.8 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.

1.9 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. 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'.

1.10 In 2004, whilst at University in Thailand Tina met John, a male student, who became her partner. On successful completion of their studies, they married. In 2010, they divorced but according to John there were no quarrels or violence within their relationship. After the divorce they remained friends and kept in contact with each other via online messages and telephone. In fact, the last communication was the day before Tina's death when she messaged him saying "I am depressed".

1.11 In August 2016, Tina visited the UK as a tourist with her mother. During this visit Tina met Peter who was working at their hotel. They became friends and following her return to Thailand maintained an online relationship. In December 2018, Peter moved to Bangkok. They married in February 2019.

Peter

1.12 Peter described his relationship with Tina as 'amazing' until they married. He details, whilst in Thailand, that he discovered Tina was considerably older than he had been led to believe (18years older than him) and that she also suffered from a mental illness, specifically, schizophrenia, for which she took prescribed medication.

1.13 Whilst in Thailand Peter also became ill and struggled to find work. They decided to move to England in September 2020.

1.14 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.

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

1.16 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.

1.17 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.

1.18 Peter found work in the labouring/construction industry which led to him being out of the shared 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.

1.19 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.

1.20 Tina entered the UK on a European Economic Area (EAA) Family Permit[1]. 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 UK[2].

2. Timescales for completion

[1] 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.

[2] 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.

2.1 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 Violence Homicide Review (DVHR). On the 15/03/2021, the decision not to commission a DVHR 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 DVHR should be commissioned.

2.2 In her letter the Home Secretary[3] 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.

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*."

2.3 In consequence, THCSP determined that a DVHR was necessary in accordance with the 2016 Home Office statutory guidance for multi-agency domestic violence homicide reviews. Statutory agencies were duly notified of the requirement to identify and secure relevant material.

2.4 This led to the Independent Chair and author, Mr Robin Jarman, being appointed.

2.5 The DVHR panel met on six occasions, at the beginning of each meeting a picture of the deceased was shared with all panel members;

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

- 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 during the Autumn of 2022. Tom was found guilty of Manslaughter (Diminished Responsibility).
- On 14th December 2022, the third Panel Meeting was held. IMRs were reviewed and additional information requested. The author also conducted a review of the police investigation papers in London.
- On 17th March 2023, the fourth panel Meeting was held. The IMRs 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.

3. Confidentiality

3.1 The findings of this review are confidential. Information is available only to participating officers/professionals, their line managers and the respective agencies commissioning professionals. The report has included pseudonyms where necessary to protect the identity of the individual(s) involved, these were selected by the author.

3.2 The review is owned by the Tower Hamlets Community Safety Partnership.

4. Terms of Reference

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 (IMRs) 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 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'

7. 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 of any abuse and of any barriers experienced in reporting abuse, or best practice that facilitated reporting it.

8. 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.

9. To identify how people in the 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].

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 regards 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 is 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, 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.

5 Methodology

5.1 This overview report has been produced with the support of completed IMRs prepared by authors from the key agencies involved in this case and other relevant agency information. Each IMR author is independent of the victim and family of the victim, and of management responsibility for practitioners and professionals, who have been involved in this case.

5.2 The overview author has also fulfilled a dual role and has chaired the panel meetings in respect of this domestic violence homicide review process. This is recognised as good practice and has ensured a continuity of guidance and context for the review. There have been a number of useful professional discussions arising and the panel meetings have been referenced and minutes taken appropriately for transparency. The author has made himself available for contact by professionals involved in this review throughout the duration of the review process.

5.3 It is important to clarify that this review is not about who is culpable, but how we learn to prevent such tragic events in the future.

6. Involvement of family, friends, work colleagues and community

6.1 In support of the information received from agencies, from the outset of this 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.

6.2 Following the lengthy criminal trial process further efforts were made by the author to engage their participation. Understandably the murder of Tina has significantly affected Tina's family, husband and all those close to her. The

author has been informed through the PLO that Tina's family and Peter have declined to participate in the DHR.

6.3 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.

6.4 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.

7. Contributors to the review

7.1 The following agencies have contributed to the review: Each of the agency authors is independent of any involvement in the case including management or supervisory responsibility for the practitioners involved. The review panel has extended requests to the relevant services and agencies within the other areas.

7.2 The following individuals and agencies comprise the DVHR panel or have acted in an advisory capacity to the panel and independent chair.

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

8 Panel Chair and author of the overview report

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

8.2 Mr Jarman 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 serious crime investigation and partnership working.

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

9. Details of any parallel reviews

9.1 No other reviews were discovered of relevant note.

10. Equality and diversity

10.1 Tina was a female Thai national. Her first language was Thai but she spoke fluent English and this was the language she used with Peter.

10.2 From the Homicide Investigation it was established that Tina was of Buddhist background and Peter is of Christian background, however, neither attended a place of worship on a regular basis or were particularly invested in religion.

10.3 From the homicide investigation, Tina's medical records were obtained from Thailand. Medical records show diagnosis recorded as Schizophrenia in 2017. Medication was prescribed.

10.4 The author is satisfied that the IMR authors and the DHR Panel have addressed, where appropriate, the protected characteristics under the Equality Act 2010 and in accordance with the terms of reference. Specific comment is made accordingly within the report narrative where appropriate in respect of those characteristics which are,

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex

- Sexual orientation

10.5 It is evident that age is a characteristic factor in this case. It appears Tina did not disclose her true age to Peter until she was married to him. He details, whilst in Thailand, that he discovered Tina was considerably older than he had been led to believe, a difference of 18 years. Similarly, Tom, the perpetrator, was 24 years younger than Tina (see overview and analysis section below).

10.6 When considering the circumstance of Tina's death, it is more usual for females to be killed by male partners. Between March 2017 and March 2019 data from the Home Office Homicide shows that over three-quarters of victims of domestic homicide were female (77% 274 victims). Whilst over the last 10 years, there was an average of 80 female victims a year killed by a partner or ex-partner.

10.7 A recent report[4] presenting key information from data provided by 108 Domestic Homicide reviews which were assessed through the Home Office quality assurance process from October 2020 to the end of September 2021. Researchers found that 77% of the victims were female and 23% were male. For perpetrators, 89% were male and 10% female. In terms of victim profiles, of particular relevance, it was found that 58% of victims had vulnerabilities. One third of the vulnerabilities was mental ill-health.

10.8 Of particular relevance to this case, the same report also found 68% of perpetrators were identified as having a vulnerability with mental ill health being the most common.

10.9 In terms of ethnicity the same report found a victim total of 9% were Asian or Asian British. A perpetrator total of 9% was also found in the non-British White cohort.

10.10 In terms of nationality, for victims, 90% were British, 5% were from other European countries and 6% were from other nations. The nationality of perpetrators was similar: 88% were British, 6% were from other European countries and 7% were from other nations.

11. Dissemination

[4] Published June 2022: Home Office Quantitative Analysis of Domestic Homicide Reviews October 2020 – September 2021

11.1 A copy of the report will be disseminated to all agencies identified as being involved in the case, as listed in section 7, for consideration of their involvement and appropriate reflection and action. The report will also be shared with Tower Hamlets Community Safety Partnership. An anonymised version of the report will be published on the Tower Hamlets Community Safety webpage which can be found on the website of Tower Hamlets Council.

12. Background

12.1 As previously stated Tina and Peter moved from Thailand to England in September 2020. She was murdered in January 2021, just five months later.

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

12.3 During the police investigation it was also established that both Peter and Tina made several telephone calls to Tina's sister in Thailand informing her of arguments held between them.

12.4 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.

12.5 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.

12.6 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 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 later in this report. The couple left the hospital that day with clear guidance, several referrals and signposting to support services.

12.7 Tina was advised to register with a local GP but did not do so. However, she did contact her Pharmacist in Thailand.

12.8 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.

12.10 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 confirmed that the drugs are used to treat psychotic and neurotic disorders.

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

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

12.13 Peter worked Monday to Saturday. He took jobs all around London. His job in January 2021 was preparing doors for painting.

12.14 Peter 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.

12.15 According to other residents in the flat, during this argument, Tom was holding onto Peter’s arm and saying that he didn’t want to do it and he should wait. Peter told Tina to ring her family in Thailand and tell them what had happened. She made this call in his presence and admitted that she had been with another man. Shortly afterwards, Peter left the apartment alone.

12.16 At some point during that night Tom returned to Tina’s bedroom and attacked her.

13. The Homicide Investigation

13.1 At 08:17hours the morning after Peter had discovered Tina with Tom, police were called to the multi-occupancy flat by one of the Romanian male residents at the address. Through a Romanian interpreter the caller stated that at about 04:00 hours there had been a disturbance at the location. They spoke of a couple and 'the guy has cut his wife'.

13.2 Police arrived on scene at 08:29 hours forcing entry to the room rented by Peter and Tina. They found Tina unconscious on the floor.

13.3 The London Ambulance Service (LAS) arrived a few minutes later and continued performing CPR. At 08:44 hours the Helicopter Emergency Medical Service (HEMS) attended and at 08:51 hours the HEMS doctor pronounced Tina's life extinct.

13.4 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 a communal bin shed area 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'.

13.5 Tom had small cuts and lacerations to his back, arms, and hands, as well as blood on his face. He was conveyed to a Police Custody Suite where he became violent and attacked officers. He stated that he had taken cocaine and spice.

13.6 Tom was assessed by a doctor at the police station. Tom made it clear he did not want to engage with the doctor. He did not have any apparent physical injuries. He informed the doctor that he had consumed cocaine and spice the evening before he was arrested. Tom appeared to be anxious, disorientated and not to know what was happening. He appeared to be under the influence of psychoactive substances. The doctor thought him unfit for interview at that time.

13.7 A blood sample taken from Tom was later tested for toxins, none were detected.

13.8 Later the same day Tom was medically assessed again, he was found to be alert, orientated and well. He was displaying no symptoms of mental health disorder. He was fit to be detained and for interview without an appropriate adult.

13.9 Tom was interviewed under caution on two occasions with a solicitor and a Romanian interpreter. He answered no comment or remained silent throughout the interviews.

13.10 Tom was later charged with Murder.

13.11 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'.

13.12 The trial was eventually held in the Autumn of 2022. 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 agreement of the secretary of state for justice.

14. Police Chronology

14.1 Outside of the Terms of Reference period the London Metropolitan Police have identified four related contacts. These are detailed as follows;

14.2 08/06/2019 - Tom was present at an address where a female reported she had been assaulted by her ex-partner (not Tom). Tom was spoken to by officers. No statements were taken from witnesses at the address as it was recorded that all parties were 'under the influence of alcohol'. It is recorded that the female did not wish to pursue the matter, and due to insufficient evidence, No Further Action (NFA) was taken by police.

14.3 Subsequent analysis by the police panel member of this review observed the following points. It should be noted that the female and ex-partner

involved in the domestic incident are unrelated to the parties subject to this review. There is no information recorded regarding Tom's association with the female and her ex-partner. It is recorded that the female had stated she had moved to the address with 'all parties' at the address. However, the address recorded for Tom differs to the incident location.

14.4 There is no recording on the IT system CRIS report around vulnerability/welfare or safeguarding considerations for Tom who was a 17 year old child. MPS MERLIN and Domestic Abuse Policies detail that 'a child is anyone who has not yet reached their 18th Birthday'. The Policies provide guidance advising a 'MERLIN is created when a safeguarding concern has been identified for any individual, child or adult'.

14.5 Upon the review of the incident, information is not recorded to detail how Tom knows the adults at the address, the fact that he is consuming alcohol under age with these adults and a domestic incident has occurred is also not mentioned as a safeguarding children concern. Consideration of these factors should have been made with assessment of safeguarding recorded. Although MERLIN policy details 'no safeguarding concerns, no MERLIN' is required, it is important to note that MPS DA Policy instructs a MERLIN must be completed where a child is present at a DA incident. MPS DA Policy states: 'Where children are present or known to be present in the household regardless of whether they saw the incident or not, this would include domestic abuse cases where children are asleep in adjoining rooms, or away from the location at the time of incident or if there are child contact issues and where the victim is pregnant, a MERLIN Pre-assessment checklist (PAC) must be completed by the reporting officer or other nominated officer. Where it is identified that a PAC has not been completed then the supervising officer will direct the reporting officer or other nominated officer to do so, on identifying the omission. Supervisors within CMUs or Safeguard units should not put away a DA CRIS report unless a MERLIN PAC has been completed and referenced on the report'.

14.6 When considering a recommendation in regards to this, it was identified that the Central East Basic Command Unit (CE BCU) have recently implemented a local quality assurance process to monitor and ensure officers are taking

appropriate action/reporting, and focusing on the welfare/voice of the child when attending DA Incidents. This process involves dip-sampling Body Worn Video (BWV) Footage of attending/reporting officers. Any identification of failures to adhere to College of Policing principles and MPS DA Policy will be acted upon with a flag to the Dedicated Inspection Team (DIT), debrief and necessary rectification with the attending/reporting Officer and supervisors. Wider learning will also be disseminated through team/unit email circulation.

14.7 06/03/2020 - Police were called to an address where a member of public reported a group of males were acting in an anti-social manner. When officers arrived, there were three males outside. All three males were searched under Section 60 Criminal Justice and Public Order Act 1984. Tom was one of the males present and appeared to be smoking a cannabis joint. When he was searched, a small bag of cannabis was found. Tom was issued with a Community Resolution and words of advice given.

14.8 03/06/2020 - Police were on foot patrol around the Burnt Oak, Edgware area, when they came across four males and a female. Tom was one of the males present. He appeared to be smoking a cannabis joint and the smell of cannabis was present. A search was conducted under Section 23 Misuse of Drugs Act 1971. Nothing was found and NFA was taken by police.

14.9 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.

15 Medical Chronology

Tina

15.1 Tina arrived in the UK in September 2020 and died in January 2021. In consequence, there is little footprint of relevant medical history held in the UK. During the police investigation into her homicide, it became known that Tina had suffered from mental illness which had been diagnosed in Thailand as schizophrenia. She took prescribed medication in Thailand which she brought with her to the UK.

15.2 Around mid-November, it is self-reported that Tina threw her medication away. Apparently, this was done with a view to possibly assisting her to conceive.

15.3 On the 5th December 2020, Tina registered online with Babylon GP at Hand service which is an online NHS GP practice. In doing so she provided her name and address. However, apart from registering, it appears Tina did not actually ever consult with GP at Hand.

15.4 A subsequent enquiry confirmed that they held no information as to the patient's past medical history, medication history or any letter/written correspondence.

15.5 Tina's GP registration became relevant to this review when it was discovered that both Tina and Peter had attended the Royal London Hospital Emergency Department (RLH ED) on the 17th December 2020. During this visit Tina stated that she had struggled to obtain an appointment with Babylon GP at Hand.

15.6 As stated above, Babylon GP at Hand have no record of any attempt(s) by Tina to obtain an appointment.

15.7 Following further investigation, Babylon GP at Hand also confirmed that they did not receive any written correspondence from either Tower Hamlets GP Care Group (THGPCG) Urgent Treatment Centre (UTC) or RLH ED regarding her attendances on the 17th December 2020.

Royal London Hospital Emergency Department (RLH ED) & Urgent Treatment Centre (UTC)

15.8 On arrival at RLH ED on the 17th December 2020 Tina was initially triaged (streamed). A decision was then made as to the most appropriate place for treatment. Following assessment it was assessed she met the criteria to be seen at the Urgent Treatment Centre (UTC). It should be noted that the UTC is located within the RLH estate but is a different organisation.

15.9 The UTC, based on site at the RLH is a GP led service which opened in August 2019. UTCs were introduced as part of the NHS long term plan to reduce pressure from Emergency Departments. The UTC provides non-life-threatening care for people visiting or residing in the borough of Tower Hamlets. The UTC can be accessed via NHS 111 or walk in via the Emergency Department.

15.10 Tina was streamed to the UTC by the Royal London Hospital Emergency Department (ED) following her attendance requesting a prescription for Olanzapine. Tina was seen by a GP. She reported that she started taking it when living in Thailand around 10 years ago. She started taking it for an unclear cause reporting that she took diet pills and then needed to start Olanzapine.

15.11 Tina had previously informed the ED streamer that she had been diagnosed with schizophrenia in Thailand in Sept 2020. She denied any hallucinations or feeling suicidal.

15.12 Tina reported being currently registered with Babylon GP practice however she could not get an appointment.

15.13 The GP attempted to take a psychiatric history including current symptoms, however, Tina was unable to clearly provide one and was only able to explain about the diet pills.

15.14 The GP assessed that Tina was not at risk to herself or others and was assessed as not meeting the threshold for assessment by the Psychiatric Liaison Service.

15.15 The GP advised Tina to register with a local GP. Tina was provided with the details of her nearest GP Practice. She was advised that once registered, to make a request for a referral to the Community Mental Health Team as this would be a more appropriate service to restart her on the anti-psychotic medication.

15.16 Tina was also advised to present again to ED should her psychiatric symptoms worsen.

15.17 Importantly, following subsequent enquiries by panel members, it has since been established, contrary to expectations, that the hospital discharge letter was not sent from UTC to Tina's GP.

15.18 Tina left the UTC. A short time later she returned with her husband to RLH ED. She was seen again and, on this occasion, referred for mental health assessment. It should be noted that Tina was cleared from a physical/medical point of view before she was seen by the mental health worker.

Mental Health Liaison Team

15.19 East London NHS Foundation Trust (ELFT) provides mental health, community health, primary care and specialist services across seven boroughs (City of London, Hackney, Tower Hamlets, Newham, Luton, Bedford and Central Bedfordshire). ELFT services include Mental Health Liaison services within acute hospitals which are managed by other NHS trusts, for example the Royal London Hospital is managed Barts Health NHS Trust but the Mental Health Liaison Team is provided by ELFT.

15.20 The Tower Hamlets Mental Health Liaison Team provides mental health assessments to people of all ages (16+) in Tower Hamlets. The service will assess patients who attend the A&E department at the Royal London Hospital, and also provide mental health assessment to inpatients at The Royal London Hospital and Mile End Hospital. The multi-disciplinary team combines expertise in adult and older people's mental health to provide assessment, treatment and management of mental health problems including anxiety, depression, dementia, schizophrenia and any other mental health or psychological problem in a ward setting or in the A&E department.

15.21 Community mental health teams (CMHTs) are multi-disciplinary teams focusing on the care of people with severe and enduring mental health problems. The teams provide early assessment, comprehensive programmes of treatment, and continuing care for clients. The objective is to reduce relapse of illness, reduce admissions to hospital, to enable people to remain at home and improve their quality of life.

15.22 On the second occasion, Tina presented to RLH ED, managed by Barts Health NHS Trust, jointly with her husband. She was reviewed by a mental health nurse from the Mental Health Liaison Team provided by ELFT within the RLH ED department. The notes completed by the practitioner provided the background of the presentation and the reason for the referral:

15.23 *"Thai female who came to A&E with her husband. Apparently, both booked into A&E, husband was referred to mental health for suicidal ideation. Tina was referred to UTC* [Urgent Treatment Centre] *and when she was seen there, she requested to be re-started on Olanzapine. She explained that she was taking it in Thailand and stopped it 4weeks ago. Tina was discharged from UTC with advice to register with a local GP & to return to A&E if psychotic*

symptoms resurface (which were not obvious today). Tina represented to A&E within minutes of discharge from UTC, this time asking to stop smoking. She also expressed being worried that her husband was smoking cigarettes. Referral was made to Mental Health Liaison …".

15.24 The mental health practitioner recorded that Tina described an incident that led to her and her husband's presentation at the RLH A&E Department on the 17th December 2020. Tina stated that she had turned off their alarm clock because she wanted her husband to sleep a bit longer, but when he woke up, they had an argument as he was late for work. Tina stated that her husband made a phone call to his employer to explain that he was running late but was told not to come in. Tina stated that her husband lost his job due to this. Her husband was working as a painter and decorator for a friend. She advised that following the argument they both started crying and her husband expressed feeling helpless and expressed suicidal thought in the context of the above situation. Following this they both presented to the RLH ED.

15.25 The mental health practitioner completed the initial assessment, including mental state examination, as per the routine practice, and noted that Tina reported feeling low in mood for the previous four to six weeks with constant worrying and poor sleep. Tina stated that she was worried that her husband might be using illicit substances, but was unable to give rationale for this concern. Tina expressed concern that her husband was not taking any steps to stop smoking cigarettes and that she was convinced he was discussing their marital issues with his Romanian friends. Tina stated that her worry that he was discussing their marital problems made her *"suspicious of him"* and she felt like she *"wanted to be with her husband at all times"*.

15.26 The mental health practitioner took a social history from Tina which included information about her childhood, education and how she met her husband. Tina stated that she and her husband were sharing a 4 bedroomed flat with 7 other people. Tina stated that since arriving in the UK, her husband was asking her to start a family, so she decided to stop taking Olanzapine and also agreed with her husband they would both stop smoking cigarettes.

15.27 Tina struggled to explain to the mental health practitioner why she had been previously prescribed Olanzapine, which is an anti-psychotic medication. She advised that she was taking 10mg for the past 10 years. It was noted that from her accounts she used to have ECT (Electro Convulsive Therapy) in the

past, however her psychiatric history remained unclear at the point of the assessment.

15.28 The mental health practitioner undertaking an assessment noted their impression as *"early signs of relapse in mental state; low mood, poor sleep, tearful, suspicious of her husband and feeling less able to cope. Increased stress, feels under pressure to conceive hence stopped taking Olanzapine against medical advice. Showing moderate signs of depression. No risk to self or others identified".*

15.29 The mental health practitioner formulated the following care/discharge plan with Tina:

1. Printed a list of GPs in E1 post code area and encouraged Tina to register with one of the GP practices in the area as she was registered with the online GPs practice;
2. Tower Hamlets Crisis Line card (with contact details) was provided to Tina and she was advised she can call when she is in crisis;
3. Referral to Stepney and Wapping CMHT;
4. Booked in for follow up clinic with the Psychiatric Liaison Team on 22/12/20 at 10:30am.

15.30 A senior practitioner from Stepney and Wapping CMHT acknowledged the email with the referral from RLH Mental Health Liaison Hospital for Tina and advised that it will be discussed in the clinical meeting on Monday 20th December 2020.

15.31 The Stepney and Wapping Senior Mental Health Nurse Practitioner triaged the referral in Assessment and Brief Treatment Team (ABT). This was then recorded in the Stepney and Wapping CMHT ABT book as part of the screening process to enable the Administration Team to upload onto the CMHT clinical discussion spreadsheet, for further discussion at the Stepney and Wapping CMHT clinical multi-disciplinary team meeting on 21.12.20.

15.32 However, this referral, in error, was not added to the Stepney and Wapping CMHT clinical multi- disciplinary team meeting on 21.12.20. As a result, Stepney and Wapping CMHT never discussed Tina's referral and no further actions were taken by the team**.**

15.33 On the 22nd December 2020, the mental health practitioner from RLH Mental Health Liaison Team attempted to contact Tina, however there was no response over the phone and there was no facility to leave a voicemail.

15.34 A further attempt was made on the same day and Tina answered the phone. She sounded surprised to be getting the call and stated that she was worried as she thought that it was an emergency call about her husband. She seemed to forget about the telephone follow-up call. She advised she felt fine and that she had been managing by keeping herself distracted by listening to music, watching films, anything to help her relax and feel better. She stated that she felt a lot better and that there was no need to worry about her mental health. The mental health practitioner noted that Tina seemed very guarded and reluctant to talk at length, but was calm and coherent. She confirmed that she was not taking Olanzapine, but was ensuring that she was eating well and keeping well hydrated. She stated that she felt confident that she could request help and support in an emergency situation.

15.35 There was no plan for any further input from the Mental Health Crisis Clinic which is part of the Mental Health Liaison Team at RLH.

Medical Chronology

Peter

15.37 As stated, on the 17th December 2020, both Tina and Peter attended the Royal London Hospital Emergency Department.

Royal London Hospital Emergency Department

15.38 Peter reported feeling suicidal for the past 2 weeks and feeling low about life in general.

ELFT - Mental Health Liaison Team

15.39 Peter was then reviewed by a mental health nurse from the Mental Health Liaison Team provided by ELFT within the RLH ED. The notes completed by the practitioner provided the background of the presentation and the reason for the referral:

15.40 *"presented at the A&E to support his wife who suffers with schizophrenia, she has not been compliant with her medication and her mental health was deteriorating. He was very worried and stressed about his wife*

situation; he recently lost two uncles to Covid-19 related illness back in Romania. He felt overwhelmed, distraught, very negative and flat".

15.41 The mental health practitioner completed the initial assessment, as per routine practice, and noted that Peter reported that he used to get *"angry and frustrated with the issues going on in his life"* and he was *"afraid that he might hurt his wife one day".* Peter stated that he was unable to control his anger and he admitted that he *"slapped his wife once".* He provided narrative that *"it was more painful for him than it was for her".* Peter stated that he punched himself hard on the right eye on the morning on the 17 December 2020. The mental health practitioner noted that a bruise was visible and there were bruises to his hands.

15.42 The mental health practitioner obtained a personal history from Peter who advised that he lived with his wife in a shared apartment in East London and he reported that *"their living arrangements were very good".*

15.43 The impression of the assessing practitioner was that there was no acute evidence of deterioration of Peter's mental health; he was not acutely unwell. The discharge plan agreed with Peter was:

1) Tower Hamlets Crisis Line contact details provided;
2) Peter will self-refer to the primary care talking therapy IAPT and was provided with the contact number;
3) Referral to be made to the Carer Centre;
4) Referral to be made to the Together Café;
5) Peter to register with the GP on 18th December 2020 following which the letter to the GP would be sent by the Mental Health Liaison Team.

Medical Chronology

Tom

15.44 During the police investigation it was established that Tom (19yrs old) had not registered with a GP in England. He was not on any medication and there was no history of mental illness within his family.

15.45 Following his arrest and on arrival in police custody he stated that he had taken cocaine and spice prior to the offence. However, toxicology results found no toxins present in his blood. He subsequently refuted this statement and stated that he had smoked a joint of cannabis.

15.46 As described in the police chronology section (above) prior police incidents also indicate involvement with cannabis.

15.47 Following his arrest, whilst in police custody, he attended RLH ED and was treated for minor injuries to his hands. His mental health was not an issue of concern during this visit.

16. Overview & Analysis

16.1 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.

16.2 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.

16.3 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 have contributed to their relationship issues.

16.4 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.

16.5 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.

16.6 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.

16.7 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.

16.8 A review of ELFT mental health assessment state that there was no indication of urgent or imminent risks to either Tina or Peter.

16.9 In relation to potential 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 medical notes later record in slightly stronger terms that Tina was "*under pressure to conceive hence stopped taking Olanzapine against medical advice"*. It is unclear if she felt coerced into coming off her medication. It is not clear from the medical notes whether this was identified as a potential sign of domestic abuse. However, on discharge from the hospital she was encouraged to register with a local GP in order to access a new prescription. 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.

16.10 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.

16.11 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.

16.12 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 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 perpetrator's charity such as Respect.

16.13 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.

16.14 It is evident that age is a characteristic factor in this case. It appears Tina did not disclose her true age to Peter until she was married to him. He details, whilst in Thailand, that he discovered Tina was considerably older than he had been led to believe, a difference of 18 years. Similarly, Tom, the perpetrator, was 24 years younger than Tina. International research into age discrepancy and the risk of intimate partner homicide[5] which examined national data from across the USA and Canada identified that the risk is considerably elevated for couples with a large discrepancy between their ages. They found where the man is at least 16 years older than the woman or the woman is at least 10 years older than the man. This risk pattern occurs regardless of whether the man or the woman was the homicide offender.

16.15 Recent research conducted by Jane Monckton Smith[6] into dangerous relationships and how they end in murder led to the creation of the eight-stage Homicide Timeline, laying out identifiable stages in which coercive relationships can escalate to murder. However, in this case, it appears the intimate relationship between Tina and Tom had only just begun and there Is no available evidence supporting prior coercive controlling behaviour by Tom.

Conclusions

Tina

16.16 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,

[5] N. Breitman, T Shackleford, C.R , Block. Couple Age Discrepancy and Risk of Intimate Partner Homicide Violence and Victims, Volume 19, Number 3, June 2004

[6] J,Monckton Smith: In Control dangerous Relationships and How They End in Murder Bloomsbury 2021

confirmed her registration but has no record of any attempts by Tina to book an appointment.

16.17 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**.**

16.18 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.

16.19 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.

16.20 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.

16.21 From a review of ELFT records there was no indication of urgent or imminent risks. While 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 with the Mental Health Liaison Team so the risk he posed to Tina was not known and could not have been reasonably known.

16.22 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, was a missed opportunity for further public service engagement.

17. Home Secretary's Key points

17.1 In consideration of the key points 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.*

17.2 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.

17.3 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 hit Tina once.

17.4 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.

17.5 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.*

17.6 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.

17.7 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.

17.8 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.

17.9 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.

17.10 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.

17.11 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.

17.12 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;

17.13 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.

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

17.15 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.

17.16 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 forms of Harmful Practice.

17.17 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

17.18 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

17.19 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.

17.20 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.

17.21 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.

17.22 *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*.

17.23 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.

17.24 In addition, as mentioned above, when Tom was 17years old, he was found by police to be present at an address when an adult couple, not connected to this review, initially reported domestic abuse.

18. Lessons learned/to be considered

Early access to a health check & Support Services

18.1 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.

Babylon GP at Hand Service

18.2 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).

18.3 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 Pharmacists 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 this 'new patient' service.

18.4 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.

18.5 Finally, a further issue was 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

18.6 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

18.7 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.

18.8 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.

18.9 It may have been beneficial to refer Tina to the Perinatal Mental Health Team to offer a one-off session for pre-conception advice.

18.10 The Psychiatric Liaison Team will be updated on all support offered by Perinatal Mental Health in the next safeguarding supervision.

18.11 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.

19. 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 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 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;

"The Panel may be aware that 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.

Domestic Homicide Review Action Plan - Tina

CSP	Scope of recommendation (organisation/local/national)	Action to take	Lead Role	Key milestones achieved in enacting the recommendation	Target Date	Completion date and outcome
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.	ELFT	This will be discussed with the Psychiatric Liaison Team in their next safeguarding supervision.	ELFT	Discussion with Psychiatric Liaison took place	July 2023	July 2023. Improved safeguarding practice in place and improved communication between practitioners.
2.Stepney and Wapping address the administrative processing error	Stepney and Wapping CMHT	The following steps to prevent repeat incidents has already been commissioned: **a)**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	Stepney and Wapping CMHT	Training and awareness for staff System change whereby Administration Team monitor all emails received	May 2023	Complete May 2023 Improved triage system in place to ensure improved safeguarding

		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. **b)**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. **c)**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. **d)**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.	RLH Emergency Department and THGPCG Urgent Treatment Centre	We are currently exploring a solution. We currently use 2 systems to record patients consultations. One system is unable to automatically send discharge summaries to GP surgeries outside the Tower Hamlets area. Our NHS software provider has configured Adastra to interface both systems for automatic sending to all areas within London. Discharge summaries out of London will need to be sent manually.	Safeguarding Lead and Service Manager	We are in communication with Adastra who have completed the configuration to interface both systems. We are awaiting a date to roll out user training	Mid-September 2023	The overall change will ensure that all London Borough patient discharge summaries will be electronically communicated to online or out of Tower Hamlets GPs
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" .	Babylon Healthcare Services Ltd	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	Babylon Healthcare Services Ltd	Conduct end to end review of registration process. New Patient Questionnaire to be developed. Register as a Safe Surgery	June 2023	Complete June 2023 Improved communication and identification of new patients/migrants health needs/risks. Earlier intervention

		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 veter ans, 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". "The Panel may be aware that 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				and support for new patients.

		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".				
5. **National** 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.	NHS England	CSP to send report and recommendation to NHS England for exploration.	CSP/VAWG Team	Send report to NHS England requesting exploration and response to recommendation.	October 2023	TBC
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.	UK Government Home Office	CSP to send report and recommendation to Home Office for exploration.	CSP/VAWG Team	Send report to NHS England requesting exploration and response to recommendation.	October 2023	TBC

Home Office

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Menara Ahmed
Tower Hamlets Council Town Hall
160 Whitechapel Road
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26th June 2024

Dear Menara,

Thank you for resubmitting the report (Tina) for Tower Hamlets Community Safety Partnership to the Home Office Quality Assurance (QA) Panel. The report was reassessed in June 2024.

The QA Panel were pleased that significant attempts were made to engage with Tina's family and that letters of communication were written in the language of Tina's family. The Panel were also pleased to see the inclusion of representation from the local Women's Aid service.

The QA Panel noted that most of the issues raised in the previous feedback letter following the first submission have now been addressed.

The view of the Home Office is that the DHR may now be published.

Once completed the Home Office would be grateful if you could provide us with a digital copy of the revised final version of the report with all finalised attachments and appendices and the weblink to the site where the report will be published. Please ensure this letter is published alongside the report.

Please send the digital copy and weblink to DHREnquiries@homeoffice.gov.uk. This is for our own records for future analysis to go towards highlighting best practice and to inform public policy.

The DHR report including the executive summary and action plan should be converted to a PDF document and be smaller than 20 MB in size; this final Home Office QA Panel feedback letter should be attached to the end of the report as an annex; and the DHR Action Plan should be added to the report as an annex. This should include all implementation updates and note that the action plan is a live document and subject to change as outcomes are delivered.

Please also send a digital copy to the Domestic Abuse Commissioner at DHR@domesticabusecommissioner.independent.gov.uk

On behalf of the QA Panel, I would like to thank you, the report chair and author, and other colleagues for the considerable work that you have put into this review.

Yours sincerely,

Home Office DHR Quality Assurance Panel