DOMESTIC HOMICIDE REVIEW
EXECUTIVE SUMMARY

Case of Adult Alice
Death June 2021
Hertfordshire Community Safety Partnership

Abbreviations

ACEs	**Adverse Childhood Experiences**
ASC	**Adult Social Care**
CLCH	**Central London Community Health**
CBT	**Cognitive Behaviour Therapy**
CPS	**Crown Prosecution Service**
CRHTT	**Crisis Resolution Home Treatment Team**
CSP	**Community Safety Partnership**
DA	**Domestic Abuse**
DASH	**DA, Stalking, Harassment, Honour based Abuse**
DVIP	**Domestic Violence Intervention Programme**
ED	**Emergency Department**
GBV	**Gender-Based Violence**
HTT	**Home Treatment Team**
HCC	**Hertfordshire County Council**
IAPT	**Improving Access to Psychological Therapies**
IMR	**Individual Management Review**

IRER	**Interpersonal Relationship and Emotional Regulation**
LAS	**London Ambulance Service**
MHA	**Mental Health Act**
MPS	**Metropolitan Police Service**
URT	**Urgent Response Team**
VAWG	**Violence Against Women & Girls**
WDP	**Westminster Drug Programme**

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Executive Summary

1. This Executive Summary of a Domestic Homicide Review (DHR) hereinafter referred to as 'the Review', examines agency responses and support given to Alice (not her real name), a resident in Hertfordshire prior to her death, which took place in June 2021 resulting from an attack in her home by her son Neil. The matter came to light following an emergency call from neighbours. Pseudonyms have been used in this report and detailed elsewhere.

2. In addition to agency involvement, the Review also examined the past to identify any relevant background or activity before the homicide, whether support was accessed within the community and whether there were any individual or structural barriers denying or preventing the relevant parties from accessing support. By taking an holistic approach the Review sought to identify learning and effective solutions to support making the future safer.

3. The Review considered agencies involvement with Alice and Neil from the beginning or the first contact with statutory agencies up to the discovery of Alice's body in June 2021. The Review has included relevant facts from their earlier life.

4. These events led to the commencement of this Review, which was commissioned by Hertfordshire County Council (HCC) on behalf of Hertsmere Community Safety Partnership (CSP). HCC coordinate DHRs on behalf of Hertfordshire's 10 CSPs. The inaugural Panel meeting was held on 15 December 2021 and there have been 5 subsequent meetings of the Panel to consider the circumstances of Alice's death.

5. The key purpose for undertaking this Review was to:

a) establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

b) identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;

c) apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate;

d) prevent domestic abuse (DA) and homicide and improve service responses for all DV and abuse victims and their children by developing a coordinated multi-agency approach to ensure that DA is identified and responded to effectively at the earliest opportunity;

e) contribute to a better understanding of the nature of DV and abuse;

and

f) highlight good practice.

6. One of the operating principles of this Review has been to be guided by compassion, empathy, and transparency with Alice's 'voice' and that of her extended family at the heart of the process.

The Review Process

7. HCC, in accordance with the Home Office's December 2016 '*Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews*' (the statutory guidance) commissioned this Review on receiving notification of this domestic homicide on 21 June 2021. The Home Office were notified of the decision in writing on 6 July 2021 and once the procurement process was completed, an Independent Chair (the Chair) was appointed. HCC commissioned the Chair for this Review.

8. The Home Office guidance states that a review should be completed within six months of the initial decision to establish one. It is recognised by all agencies that such a timeline is of notable challenge. That said, fundamentally it is important that local agencies have individual and multi-agency learning reviews and implement the lessons quick time without waiting for a DHR to be conducted and its report published.

9. The first Panel meeting was held on 15 December 2021 to ensure agencies could attend. There was a delay to holding this inaugural Panel meeting as the criminal justice proceedings had not concluded until late November 2021.

10. To maintain anonymity, the various individual parties referred to in this Review have been provided with alternative identities, also known as pseudonyms. The use of pseudonyms also supports and empowers individuals to participate in such Reviews:

- Victim - Alice
- Perpetrator - Neil
- Victim's brother - Keegan
- Victim's sister 1 - Tracy
- Victim's sister 2 - Sharon
- Perpetrator's former partner - Sarah
- Victim's former husband and perpetrator's father - Jonas
- Victim's Neighbour - Ingrid
- Victim's Step-Father - Peter
- Victim's best friend - Joe
- Victim's best friend's son - Jodey
- Sarah's former partner - Harry

11. Details of confidentiality, disclosure and dissemination were discussed and agreed, between the Domestic Homicide Review Panel (the Panel) members during the inaugural Panel meeting on 15 December 2021.

12. The findings of this review are confidential until it has been approved for publication by the Home Office.

13. The victim, a white female, was aged 63 years of age at the date of her tragic death.

14. The perpetrator was a white male aged 31 years at the time.

15. The approach adopted was to seek Individual Management Reviews (IMRs) from all organisations and agencies that had contact with Alice and Neil after they had provided chronologies detailing contact. It was also considered helpful to involve those agencies that could have had a bearing on the circumstances of this case, even if they had not been previously aware of the main individuals involved. Details of those agencies providing IMRs and chronologies are outlined below. Once the chronologies and IMRs were provided, Panel Members were invited to review them all individually, and then confidentially discuss the contents at Panel Meetings. This became an iterative process where further questions and issues were then explored.

16. The DHR Chair has been the point of contact with Alice's family through their Victim Support Homicide Service caseworkers via letter and email. The DHR Chair contacted Alice's surviving three siblings Tracy, Sharon and Keegan who declined to participate in the review. The DHR Chair has also contacted Alice's best friend Joe and his son Jodey as well as Alice's neighbour Ingrid for this Review and they all too declined to participation with the review.

17. Alice's stepfather, Peter, contacted the CSP via his Victim Support caseworker to express his desire to be involved with this DHR but later declined. Contact was re-established with him through his caseworker resulting in Peter and another member of the family reading the content of this Report and providing their feedback.

18. The DHR Panel was unable to identify the occupation and employment status of Alice. There was no evidence presented that she employed at the time.

19. The DHR Chair invited Neil to meet through his mental health clinician. Neil did not wish to be involved and engage with the DHR process; a view shared by his consultant psychiatrist.

20. The DHR Chair wrote to Jonas to ask whether he wished to be involved in this DHR and no response was received.

21. The DHR Reviewers were thankful that they have been able to undertake a detailed interview with Neil's former partner Sarah (para 1.8).

Contributors to the Review

22. The following agencies contributed to this Review:

Agency	**Contribution**
Hertfordshire Police	Chronology and IMR Letter
Metropolitan Police Service	Chronology and IMR Letter
Royal Free London NHS Foundation Trust (including UCLH)	Chronology and IMR

Barnet, Enfield & Haringey Mental Health NHS Trust	Chronology and IMR
Central London Community HealthCare NHS Trust	Chronology and IMR
East and North Hertfordshire NHS Trust	Chronology and IMR
Hertfordshire Partnership NHS Foundation Trust	Chronology and IMR
Victim's GP (Barnet)	Chronology and IMR
Perpetrator's GP (Barnet)	Chronology and IMR
East of England Ambulance Service NHS Trust	Chronology and Letter
London Ambulance Service (LAS) NHS Trust	Engagement Report and IMR
Hertsmere Borough Council/ Hertfordshire County Council	Provision of information
Solace Women's Aid	Chronology and IMR
Crown Prosecution Service (CPS)	Chronology and IMR
London Borough of Barnet	IMR

The Review Panel Members

23. The list of the Members of the Panel who oversaw this Review is fully outlined below:

Sajida Bijle	Chief Executive, Hertsmere Borough Council
Vicky Boxer	Senior Social Worker, Spectrum CGL
Sian Carter-Jones	Head of Safeguarding, Barnet, Enfield & Haringey Mental Health NHS Trust
Betsy Lau-Robinson MBE	Head of Safeguarding Adults, mental Capacity Act and Prevent at University College Hospital NHS Trust
Sarah Corrigan	Children's Safeguarding Lead, E&N Herts Hospital NHS Trust
Katie Dawtry	Development Manager, DA, HCC
Rebecca d'Cruze	Safeguarding Specialist Practitioner for Children, East of England Ambulance Service
Keith Dodd	Head of Adult Safeguarding, Hertfordshire County Council
Stephenie Evis	Named Nurse for Adult Safeguarding Hertfordshire and West Essex Integrated Care Board (ICB)
Clare Griffiths	Deputy Head of Service, Hertfordshire DPU, NPS
Catherine McArevey	Specialist Safeguarding Practitioner, Hertfordshire Partnership NHS Foundation Trust

Elaine Joyce	Safeguarding Duty Worker (Paramedic), East of England Ambulance Service
Valerie Kane	Community Safety Manager, Hertsmere Borough Council
Sam Khanna	Detective Chief Inspector, Hertfordshire Constabulary
Clare Matier	Detective Inspector, Hertfordshire Constabulary
Amar Patel	Acting Detective Inspector, Metropolitan Police Service
Michael McInerney	Detective Sergeant, Metropolitan Police Service (MPS) Homicide and Serious Crime Review Team
Neelam Sarkaria (Chair)	DHR Independent Chair & Report Writer
Gerry Campbell	Independent Reviewer and Report Writer
Helen Swarbrick	Head of Safeguarding, Royal Free London NHS Foundation Trust
Nicky Vellacott	Named Nurse for Safeguarding Adults & Children, Central London Community Health Trust
Graeme Walsingham	Detective Chief Inspector, Hertfordshire Constabulary
Dawn Bailey	West Hertfordshire Hospital Trust
Dr Hannah Bartlett	GP
Naomi Bignell	Hertfordshire Community Health Trust
Tracey Cooper	Head of Adult Safeguarding Herts Valleys and East & North Herts CCGs
Enda Gallagher	Named Nurse Adult Safeguarding East & North Herts Hospital NHS Trust
Mohammed Shofiuzzaman	Royal Free London NHS Foundation Trust
Caroline Sweeney	Barnet, Enfield & Haringey Mental Health NHS Trust Solace Women's Aid
Jayne Wilkes	Senior Crown Prosecutor, London North, Crown Prosecution Service
Heather Wilson	Designated Professional for Adult Safeguarding, North Central London Integrated Care Board

24. The Panel were reminded of their role including the need to maintain independence and confidentiality at each meeting.

The Panel met on … occasions.

Authors of Overview Report

25. The Panel was chaired by the DHR Review Chair, Neelam Sarkaria. Neelam is an expert consultant on the rule of law, criminal justice sector reform, Gender-Based Violence (GBV), equality and diversity, and gender mainstreaming in the UK and internationally cross several continents working with UN agencies and international development organisations. Neelam has expertise in gender equality as former Chair and of the Association of Women Barristers and the Bar Council of England and Wales Equality, Diversity and Social Inclusion Committee. She now sits as a part-time Tribunal Judge and regulatory Chair. Neelam was independent and had no connections with any of the individuals or agencies who form part of this Review. There were no conflicts of interest.

26. Neelam was supported Gerry Campbell; a former Metropolitan Police Service Detective Chief Superintendent with 37 years' experience of dealing with Community Safety and Public Protection matters with a focus on Violence Against Women and Girls (VAWG) including DA and the management of offenders. Since leaving the Police Service he has been employed as a Strategic Programme Lead for VAWG with a London Council and as the Chair and Director of Strategy for a Charity supporting South Asian women disowned by their families. In addition, Gerry is an advisor to UK National and International organisations including the UN entities UN Women and UN IOM. Gerry was independent and had no connections with any of the individuals or agencies who form part of this Review. There were no conflicts of interest.

27. Neelam and Gerry are referred to as the DHR Reviewers in this Report.

28. The criminal investigation and the criminal justice proceedings against Neil and on the death of Alice have now all concluded. The HM Coroner's Court Inquest was opened and a decision was subsequently taken not to proceed with the inquest; it is assumed, in light of the criminal trial's outcome.

29. A parallel NHS Board Level Review has been conducted and a final report was submitted on 5 April 2022 with recommendations and learning for the Barnet, Enfield and Haringey NHS Trust.

Terms of Reference for the Review

30. The full terms of reference are included in Appendix 1. The Key Lines of Enquiry identified for this Review include:

- What signs or signals were present that could indicate that Alice was experiencing DA, or any other abusive behaviour from Neil? What was the power and control dynamic? Was there a cultural and/or religious aspect to this dynamic? Were there any cultural or religious issues or practices which may have led to Alice being exposed to the risk of violence or abuse by Neil.

- What was your agency's response to effectively assessing, identifying and planning to meet Alice's needs and what opportunities were missed to identify risk(s) faced by them? What individual and / or structural barriers affected this if any? Consider if culture and/or religion affected this in anyway?

- Did your agency effectively identify Neil's ongoing needs? What plans were arranged to meet his short-long term needs?

- Was Neil receiving a coordinated level of service and how was this influenced by any potential cultural, religious and/or language barriers?

- Did your agency identify whether those living with Neil required support from public authorities and/or voluntary sector? What individual and / or structural barriers affected this if any? Identify any potential cultural, religious and language barriers in your agency's delivery of services (if any).

- How well did your agency "see beyond" the immediate sphere of professional and legal requirements – including statutory duty, in the provision of your services? Was any action limited by policy and / or practice?

- For professionals working with Alice and Neil what were the signs and signals that could indicate there was DA including coercive control towards other family members or anyone else?

- Give examples of any good work that your agency has undertaken in promoting support for marginalized communities particularly women by raising awareness, preventing and/or tackling DA and equipping them to access support services? How does your agency assess the effectiveness of this work?

- Further to the previous point, what works well (and why) and what could have been improved by your agency's approaches and responses?

Summary Chronology

31. In June 2021, Alice a resident of Hertfordshire, was attacked and stabbed to death inside her home by her now convicted son, Neil. As highlighted previously, the tragic incident came to light following an emergency call at 12.39pm from a neighbour to reports that a woman could be heard screaming. Upon the arrival of the Police, smoke could be seen coming from the kitchen. The Police Officers forced entry to the property and found Alice lying on the lounge floor with stab wounds, whilst her son Neil was found in the smoke-filled kitchen covered in blood and with the gas hob turned on. Neil was also found strangling the family pet dog too. The Police Officers made the scene safe as best they could whilst the Fire Brigade and Ambulance Services were called too. Despite the medical support that she received, tragically, Alice was pronounced dead at the scene. Neil was arrested on suspicion of murder.

The Chronology for this Review is as follows:

Date	Agency	Relevant event, significant details of contact, including whether the victim was seen/ wishes and feelings sought and recorded

13/08/2002	**MPS**	Police attended the home address of ALICE and her then husband JONAS after an allegation of assault. On Police arrival, ALICE had left with the couple's child (details not provided). JONAS explained he suffered from diabetes and had low blood sugar levels, which made him agitated. As a result, he had an argument with ALICE, and had lashed out at her unaware of whether he had made contact. ALICE later corroborated the account provided, and also stating that JONAS had not previously been violent towards her. The were in attendance to assist Jonas. No allegations were made and the case was closed. Research conducted did not reveal any history of DA recorded by the MPS.
07/01/2015	**GP 1**	**NEIL** attendance: Generalised Anxiety Disorder review. He disclosed parents getting divorced and that he was back with his ex- girlfriend. Using cannabis. GP discussed medication, on waiting list for therapy, and offered referral for BDAS.
12/01/2015	**IAPT**	**NEIL** Letter from Improving Access to Psychological Therapies (IAPT) summary of treatment plan.
25/01/2015	**GP 1**	**NEIL** Attendance for review. Described as "Coping". Stopped cannabis 2 weeks before and relationship with girlfriend calmer; she is drinking less. Still awaiting group therapy, doing web-based Cognitive Behaviour Therapy (CBT). GP encouraged continuing cannabis avoidance and discussed focussing on one thing at a time.
25/01/2015	**Solace (DVIPP)**	**NEIL** attended Domestic Violence Intervention Programme (DVIP) group contributing that there had been "too much" understanding talk and closeness from his ex-partner after his violence. He was able to see this as his way of talking him down but at the time he had thought it meant everything was ok.
28/01/2015	**GP 1**	**NEIL** attendance. Generalised Anxiety Disorder review. Awaiting IAPT small group therapy. Smoking cannabis most days with his mother. Discussed and encouraged to see BDAS regarding drug use.
10/03/2015	**GP 2**	**NEIL** attendance. Reporting problems sleeping and vivid dreams since stopping cannabis. Short term zopiclone given to help sleep.
11/03/2015	**UCLH**	**ALICE** seen in Hepatology outpatient clinic for ongoing treatment of Hep C. ALICE history of low mood, heavy alcohol intake and frequent drug use. Further outpatient appointment for continued treatment.
30/03/2015	**GP 1**	**NEIL** attendance. Doing well with stopping cannabis and drinking reduced. Reporting issues with anger. Seeing IAPT but also to contact Mind for Anger Management.
08/04/2015	**Solace**	**NEIL** transferred to a group in Waterloo (London). Solace called and left a voicemail for SARAH to alert her to this change.
13/05/2015	**UCLH**	**ALICE** seen in Hepatology outpatient clinic. Referral to Royal Free Hospital for ongoing treatment and support with new medication.
05/06/2015	**IAPT**	**NEIL** Letter closing referral and summarising group work attended.
20/07/2015	**GP 3**	**NEIL** Attended pre-holiday regarding medical issue.
20/08/2015	**UCLH**	**ALICE** seen in Hepatology outpatient clinic. ALICE has commenced a course of treatment at the RFH with new medication. Treatment for 12 weeks. RFH will review at week 2, 4, 8 and 12 in clinic with blood tests. Further outpatient appointment.
03/09/2015	**GP 1**	**ALICE** attendance for dermatology. Told GP she found living with her son's (NEIL) outbursts difficult. She said she wasn't stressed or depressed by this. GP noted she was on the verge of tears at one point. Mental State Examination was normal.
04/09/2015	**MPS**	NEIL's partner SARAH called Police stating that NEIL would not allow her to leave the property. On Police arrival it was alleged that NEIL's partner returned home (ALICE's address) intoxicated. An argument ensued between NEIL and SARAH as he had been woken up. ALICE entered the couple's room and separated them suggesting that NEIL should leave the house to give his partner an opportunity to gather some belongings and spend the rest of the night at a local hotel, which was agreed. On arrival of officers, no allegations were made and no injuries identified. NEIL was not present and not spoken to by officers. SARAH declined to answer any **DA, Stalking, Harassment, Honour based Abuse** DVIP'DASH' risk assessment questions and left the property. Research revealed there were no previous Police recorded DA incidents. Recorded as a 'non-crime' domestic incident.
16/09/2015	**GP4**	**NEIL attendance.** Doing well. Relationship better. Smoking cessation advice.

22/09/2015 & 22/10/2015	**RFH**	**ALICE RFH** outpatient appointment
27/10/2015	**GP 5**	**NEIL** attendance. Attended about anger "years of intense rage. He has attacked girlfriend and mother. Loses any concern about consequences when he is in this state. He self identifies that abandonment and betrayal trigger this response. Afterwards he feels guilt, shame and regret." Also using cannabis mixed with tobacco daily. Mental State Examination normal. Advised IAPT or private.
17/11/2015	**RFH**	**ALICE** Regular appointment.
23/11/2015	**Solace**	**NEIL** assessed as appropriate for DVIP perpetrator group and placed on a waiting list.
25/11/2015		**ALICE** outpatient appointment discharged.
04/01/2016	**Solace**	**NEIL** attended first DVIP group and stated he was there because his last relationship had seen him being violent and abusive. Following the attachment demonstration, he was the only one to respond with his reaction. Talked about how scared he used to get as a child when his father would have diabetic seizures and start behaving erratically.
11/01/2016	**Solace**	**NEIL** attended DVIP group. Another positive session contributing well. Talked about problems with his parents growing up and the lack of boundaries which as a child was “cool” but actually wasn’t good for children.
18/01/2016	**Solace**	**NEIL** attended DVIP group. Contributed to discussions following role-plays, including recognition that minimising and blaming are done in part to protect the ego and are lies told to one's self to make self feel better. Gave a very powerful disclosure of worst violence with no self-justifying and describing slapping (with resultant bruises to back of neck), verbal abuse and "garrotting" her with a blanket until she went red (his words).
20/01/2016	**GP 1**	**ALICE** attendance. "Lives at home with son aged 25. Son continually puts her down telling her she is useless (because she can't get a job), ugly, calls her ”your stepfather's slut” (she was abused sexually by stepfather from age 10). Husband left unexpectedly Dec 2014 for another woman; husband was equally abusive over many years marriage. Says she feels controlled by son having to do his bidding and feels useless and worthless. Cries every day. Wakes up feeling sad. She hides her feelings from son and friends. Feels ashamed. No ethyl alcohol or ethanol. No drugs. Def no risk DSH: I asked her and she says no as son needs her. Feels abused. Medication Citalopram. Examination: Dress/ behaviour normal. Speech normal. No thought disorder. No DSH ideation. Affect not depressed but tearful. Comment Abusive home situation. Depressed. RV 2 weeks" (sic). Referred to Barnet IAPT.
25/01/2016	**MPS**	Called to an incident – believed assault committed by NEIL against his ex-partner’s current partner. On arrival, NEIL and another male were found with injuries, however neither wished to explain what had happened and no witnesses were identified. Both men were arrested on suspicion of assault.
26/01/2016	**MPS**	**From 25/01/2016.** Both suspects were in custody. Police sought charging advice from CPS Direct for NEIL (Wounding and Affray) and HARRY (Affray). Case not treated as DA by Police or CPS. Prosecutor discussed the case with OIC and agreed that both suspects should be bailed pending further enquiries regarding an identified eyewitness. Both suspects released on bail pending further lines of enquiry set out in a CPS action plan
27/01/2016	**Solace**	**DVIPP**. Advisor call with SARAH (ex-partner of NEIL). SARAH stated there was a major incident the day before between NEIL and SARAH's new boyfriend. However, SARAH couldn't speak as she was working. Asked for a call back another time.
01/02/2016	**Solace**	**DVIPP.** NEIL attended DVIP group with black eyes. He said he had been "goaded" by ex-partner’s new partner into going to her home - which he recognised was wrong thing to have done - where he was "set upon" by him. Said he felt guilty about this further violence in her life and needs to pull back.

02/02/2016	**MPS**	Following NEIL's arrest for wounding, he sent an email to his ex-partner explaining he was sorry that he had attended her address and for the incident that took place. The message was passed to Police via a solicitor as NEIL was in breach of his bail condition not to contact his ex-partner. NEIL was warned by the Police about his behaviour. No further action taken.
02/02/2016	**GP 1**	**NEIL** attendance. Review. Describes his situation as no better but no worse. No deliberate self-harm ideation. Medication reviewed.
08/02/2016	**Solace**	**DVIPP. NEIL** attended the DVIP group. Said he had been asked by the Police from last week's incident whether he "would ever harm" his ex-partner. Had said he wouldn't in future but that he had in the past and was now worried his honesty might be used against him. Described as being less actively engaged than in previous weeks.
19/02/2016	**CPS**	MPS submitted a request for pre-charge advice to the CPS for offences of affray and causing GBH said to have taken place on 25/01/2016. An action plan was set by the Prosecutor for the Police to seek a further statement from a witness.
19/02/2016	**MPS**	Police investigator submits results of Action Plan from 26/1/16 consultation to the CPS Direct Case Management System requesting further charging decision.
22/02/2016	**Solace**	**DVIPP. NEIL** attended DVIP group. Seems to be moving somewhat backwards into a position of less accountability for his behaviour, perhaps from fear that he might be charged regarding the fight he had with his ex-partner's new boyfriend, and whether his past violence towards her will be brought up.
25/02/2016	**CPS**	**CPS** - The case was re-submitted by the MPS and a decision was taken by the Prosecutor that the evidential stage of the Code for Crown Prosecutors was not met in respect of any offence.
29/02/2016	**Solace**	**DVIPP. NEIL** attended DVIP group. Appears his fears of a conviction ruining his life are declining and now appears to be backing away from the initial willingness to be accountable with which he started the programme. Contributed well to discussions about physical signals and how SARAH would know he was angry, including sulkiness, facial expressions and tone of voice. Initially laughed at a statement about being nasty when denied sex but stopped suddenly when he gauged SARAH's reaction. Came across as insincere engagement after that.
02/03/2016	**GP 6**	**NEIL** attendance. Psychiatry referral agreed. Would like diagnosis of Borderline Personality Disorder which would be helpful to him. Discussed this won't change his treatment. "Good insight". Taking SSRIs and diazepam as prescribed. Dose reviewed. Referred to Community MHT.
03/03/2016	**GP (London Practice)**	**NEIL** attendance. Referral with concerns relating to management of his anxiety disorder and question of borderline personality disorder. Referral states that he is attending support group for DV and is on bail for GBH. Referral to BEHMHT.
07/03/2016	**Solace**	**DVIPP. NEIL** attended DVIP group. Still trying to establish whether he will be able to continue if re-bailed, or whether he will be eligible for building better relationships programme. Made some contributions but talking less and less each week. No telephone contact with SARAH as she does not want any updates. Hearing about anything related to NEIL makes her feel upset.
14/03/2016	**Solace**	**DVIPP. NEIL** attended DVIP when asked for an example of someone or something he'd had to let go, he said that his dad (JONAS) had been endlessly abusive to his mum (ALICE) and then, on Boxing Day, had vanished from the home. Later found out JONAS had resumed relationship with a woman he'd had affair with when NEIL was 12 and was wanting the house sold as part of divorce.
18/03/2016	**LBB**	**Social Care Direct (NEIL**) received a telephone call from IAPT counsellor to report some concerns about ALICE. Reports ALICE's history of being physically and sexually abused. Counsellor concerned she lives with her son NEIL (early 20s) and he is allegedly verbally and psychologically abusing ALICE as well as thrown objects at her. Arguments happen every few days in relation to the property as ALICE's ex-husband (JONAS) wants to sell the property but NEIL does not want this to happen. Counsellor reflects his worry about ALICE's safety. ALICE's ex-husband physically abused her due to his unmanaged diabetes. It was reported that ALICE was sexually abused by her step-father and this was many years ago. Case passed to Urgent

		Response Team (URT) as a safeguarding concern. Safeguarding concern form completed.
19/03/2016	**MHT**	**ALICE referral received from IAPT**. She presented with symptoms of severe depression. Complex history and very traumatic experience, yet, she has received no treatment or help throughout the years. Triaged by mental health team.
23/03/2016	**GP 6**	**NEIL** attendance: "Charges have been dropped, massive relief". New job in dog grooming. medication reviewed. Mental state examination normal. Mental health appointment letter copied to Practice and an appointment made for 8/04/2016.
23/03/2016	**BEHMHT**	ALICE. Appointment letter sent after team failed to make telephone contact. Appointment scheduled for 11/4/16 with Community psychiatric nurse. Appointment with CMHT offered.
29/03/2016	**LBB**	**URT** worker undertakes the following telephone contacts: -Counselling Service. Service able to disclose that they do not have the name of the son (NEIL) on record. -Mental Health Service in Barnet to gather information on NEIL. **-**London GP Practice and Safeguarding concerns are discussed. There as an agreement to prioritise referral to MHT. - attempts telephone contact to ALICE on her mobile phone and landline. No answers. Voicemail message left requesting contact on mobile. No voicemail on landline due to security.
29/03/2016	**GP 3**	**NEIL.** Contact from Barnet Social Services, Asked to prioritise mental health referral due to safeguarding issues at home. Letter sent to BEH.
29/03/2016	**LBB**	**Adults Social Care.** -Referral made by GP on 03/03/16 for NEIL stating suffering Generalised Anxiety Disorder. Case currently sitting with Non-Urgent Assessment Team NEIL has an appointment to be assessed on 09/05/16. - Duty GP spoken to. Updated with details of Safeguarding alert. Agreed to prioritise referral to MHT. -telephone calls to ALICE on her mobile and landline numbers. No Replies.
30/03/2016	**LBB**	**Adults Social Care** Email authority for the case Transfer to Locality, which takes place the same day to North Locality Team.
04/04/2016	**IAPT**	**ALICE.** Safeguarding referral sent to the local authority by IAPT. The safeguarding referral detailed concerns regarding ALICEs son verbally and psychologically abusing ALICE. It was documented that there have been occasions whereby he has thrown objects at her as well. Referral stated that there were arguments every few days. IAPT counsellor advises that he is worried about ALICE's safety - unsure as to whether the Police have been called out before. Safeguarding not processed due to refusal from ALICE.
07/04/2016	**BEHMHT**	GP letter received requesting that NEIL appointment be prioritised due to safeguarding referral sent to local authority for ALICE.
08/04/2016	**LBB**	Safeguarding referral from Counsellor received. Referral is passed on to the North Locality Team.
08/04/2016	**IAPT**	**ALICE** Letter from Mind Matters Barnet.

16/04/2016	**BEHMHT**	**NEIL.** Initial assessment by Doctor and Community Psychiatric nurse. Impression and diagnosis, substance related mood and behavioural disorder, on the background of underlying adjustment disorder with mixed disturbance of emotions. The suicidal risk low and others are medium. Plan: Start Olanzapine 5 mg as mood stablizer, cipramil 40 mg od ,diazepam 2.5 mg PRN and stop after 2 weeks. Continue with private therapist. Advised to address his tendency substance misuse. Have emergency no, discharge. closed to team.
21/04/2016	**BEHMHT**	**ALICE** was assessed by the Barnet Assessment service. She reported childhood sexual and physical abuse, and DA in her previous marriage. ALICE reported that a safeguarding referral was made for her regarding violence from her son, and her son is having counselling around his anger. She said there was an improvement. ALICE agreed for a referral to Network for help with her self-esteem and confidence and Sangam for counselling for her history of abuse. She was also given information on Citalopram on assessment, which no changes are recommended. Referral sent to the Network for counselling around self-esteem.
21/04/2016	**BEHMHT**	**ALICE** Letter from BEHMHT regarding Care Plan.
28/04/2016	**BEHMHT**	**ALICE** Letter from BEHMHT regarding Mental Health Assessment.
29/04/2016	**LBB**	**LBB**. Referral is received from BEHMHT for ALICE for needs assessment. The referrer mentions "[ALICE's]'history of abusive relationships and difficult marriage which also involved alcohol misuse. ALICE is now divorcing, her adult son is at home and she is struggling with practical issues around selling the family home, and she has low confidence which appears to be holding her back. She spends a great deal of time worrying about her son and future and does not appear to want to want to address her own issues at this time". Referral is passed on to the Network team which forms part of the Mental Health Service in LBB.
17/05/2016	**LBB**	**ALICE** sent two appointment letters by the Network to attend for a needs assessment.
17/05/2016	**LBB**	**ALICE** Copy of letter from The Network.
17/05/2016	**GP1**	**ALICE** attendance. Attended for radiology results. GP notes feeling less tearful, has been referred on by IAPT. Awaiting divorce. Mental State Examination normal
18/05/2016	**BEHMHT**	**NEIL** Mental Health Assessment letter - discharged from BEHMHT after assessment.
03/06/2016	**BEHMHT**	**ALICE** attended her meeting in the Network which was very short as ALICE expressed that she does not need the service now, she is doing much better and her difficulties were due to personal circumstances and worry about her 26-year-old son. Her son is now doing better, has a new girlfriend works and she is sorting out her personal affairs. Plan to discuss at clinical assessment meeting, close referral, inform the referrer and GP. Closed to the Network.
06/06/2016	**GP2**	**NEIL** Doesn't want to start medication recommended by psychiatrist. To continue current medication-SSRIs and Diazepam PRN.
10/06/2016	**LBB**	**ALICE.** An appointment is held by the Network and decision is made to close the referral of 29/04/2016. Closure letter dated 10/06/2016 is sent to ALICE's home address.
18/01/2017	**GP 1**	**ALICE.** Attended for repeat SSRI prescription. Mental State Examination NAD.
20/01/2017	**UCLH**	**ALICE** contacted team for further support as not been able to get further hepatitis assessment at RFH. Further outpatient appointment.
02/02/2017	**UCLH**	**ALICE** seen in Hepatology outpatient clinic after 2 years as treatment was handed over to RFH. ALICE to continue to be under regular surveillance every six months with an ultrasound scan and blood tests to screen for complications of cirrhosis. Further ultrasound scan and blood tests in June prior to appointment in July. Further outpatient appointment.
13/02/2017	**LBB**	**Adults Social Care** emailed to Safeguarding team from Client Case Management System Concern form completed.

13/02/2017	**LBB**	Locality worker contacts ALICE to discuss safeguarding concerns. ALICE informs her son is now working and situation is stable. ALICE does not feel at risk from her son. She is going through a divorce with her husband which may cause more friction, however ALICE is able to raise her concerns with the appropriate agencies if necessary. ALICE does not want a Safeguarding enquiry to be pursued. Number provided if the situation changes. Details noted.
13/02/2017	**LBB**	**Adults Social Care** request telephone call to ALICE to check that there are no outstanding issues in relation to previously concerns raised about physical and emotional abuse from son. Action for duty Social Worker.
13/02/2017	**LBB**	**Adults Social Care** NFA in relation to Safeguarding. There are no current concerns about behaviour of son and further enquiry is not required.
17/02/2017	**GP 6**	**NEIL** History of Generalised Anxiety Disorder. Seeing clinical psychologist privately. Arrested end Jan on suspicion of GBH, altercation with ex GF's new partner. History of DV - attending support group. Stopped smoking, reduced cannabis, buying diazepam online, taking since arrest. Concerned about Borderline Personality Disorder. "Good insight into own mental health, tries to use CBT strategies". Bought notes from his psychologist to go through with GP. Medication reviewed and appointment for 2 weeks to discuss psych referral.
29/03/2017	**Chase Farm Hospital**	**ALICE** outpatient appointment.
June 2017-Jan 2018	**GP 2**	**ALICE.** Attendances for medical investigations and treatment.
10/07/2017	**CLCH**	**ALICE** Referral into Adult MSK for Physiotherapy: Osteoarthritis Left wrist. Awaiting triage.
11/07/2017	**CLCH**	**ALICE** Practice appointment.
20/07/2017	**Chase Farm Hospital**	ALICE outpatient appointment Chase Farm Hospital.
23/08/2017	**Chase Farm Hospital**	ALICE outpatient appointment Chase Farm Hospital.
19/09/2017	**UCLH**	**ALICE** seen in Hepatology outpatient clinic. ALICE generally feels well and has no concerns. She is aware that she will need ongoing monitoring as her Fibroscan does indicate cirrhosis of her liver.
12/10/2017	**CLCH**	ALICE sent letter by MSK physiotherapy requesting ALICE to contact Edgware Community Hospital to make an appointment.
25/10/2017	**CLCH**	Clinic letter sent confirming MSK appointment on 9/11/2021.
09/11/2017	**CLCH**	**ALICE** did not attend appointment.
10/11/2017	**CLCH**	**ALICE** Clinic letter sent from MSK physiotherapy for appointment on 27/12/2017.
14/11/2017	**CLCH**	**ALICE** Clinic letter sent cancelling appointment on 27/12/2017 and rearranging for 3/1/2018.
03/01/2018	**CLCH**	**ALICE** seen in clinic for physiotherapy assessment. Self-management advice and strategies provided. ALICE discharged from MSK service.
01/02/2018	**UCLH**	**ALICE** seen in Hepatology outpatient clinic. Her most recent ultrasound scan on 13 September shows a fatty liver but no liver lesions and a possible stone in the left kidney measuring 2mm.Ongoing treatment. Further outpatient appointment.
19/06/2018	**GP 3**	**GP3** Attended asking for referral to mental health wants advice from a "personality disorder specialist" Problems still persisting "full of angst. Private psychologist is prohibitively expensive. Says he takes his anger out on his mother. Sometimes hates himself and think about burden on his mother. Buying diazepam/alprazolam online. Stopped SSRI 3 months before. Lives with his mother and dogs, gets angry at the animals but his mother

		bears the brunt of his anger. Said he has destroyed property by punching the walls, "mother protects him". Still using cannabis. Propranolol prescribed for anxiety. Referral to mental health link work service.
20/06/2018	**BEHMHT**	**NEIL referred by GP** to BEHMHT due to interpersonal relationship/persistent violent behaviour. Had a private psychologist and had short course of CBT with IAPT. Has had previous episodes of fights and assaulted an ex-girlfriend's boyfriend with a screwdriver causing him permanent scarring. Also violent towards his mother and threw boot at her and she bears the brunt of his anger but mother protects him and he has never been prosecuted. Recently feeling angry towards animals. He has destroyed property, punched walls. Plan for Link worker to complete tel. review in view of his risk to others. To explore Safeguarding concerns due to violence to mother and check if GP has made a referral for this. Referral to Locality Team to be considered for medical review and psychological assessment.
16/07/2018	**BEHMHT**	**NEIL telephone review** carried out. Plan: 1.NEIL declined engagement with Westminster Drug Project (WDP) at present as denied current illicit substance use. 2.Case to be referred to East Locality Team for discussion in the first instance due to his current presentation, risk to others and difficulty managing his symptoms. Felt it would not be unreasonable to explore possibility of psychiatric assessment and psychological review. 3.NEIL to be referred to the Network for better management of his symptoms, controlling his emotions and response to situations he does not find favourable and psycho-education and anger management problems. Referral to Network for support for better management of his symptoms. Referral for psychiatric review for diagnostic assessment with Dr S with additional staff member due to anger issues.
16/07/2018	**GP 3**	**NEIL** still not heard from mental health. Mother finding it hard at home, no physical violence. Verbal aggression and doors slammed. GP chasing link worker. Crisis team details given.
16/07/2018	**GP3**	**NEIL** Link worker responded, contacting him that week. Suggested referral to WDP and safeguarding referral for mother. GP arranged for mother to attend to discuss safeguarding. She assured on phone she doesn't feel in physical danger but "gets scared".
17/07/2018	**GP 3**	**ALICE** Attended re stress and depression. Described her son as "fragile" and herself as fragile. Said she had problems with son and ex-husband [JONAS] over the house. No physical aggression but verbal aggression. Asked for help for her son, said she felt there was nothing else the GP could do. She said her father committed suicide when she was 16. Difficult relationship with her ex-husband who has left. Requested a new anti-depressant. GP asked her about safeguarding referral, she became tearful and said she didn't want a referral only help for her son. GP discussed keeping her safe and she said she didn't feel in danger, living circumstances were just difficult.
19/07/2018	**GP 3**	**NEIL** Discussed referral to WDP for cannabis use. Referral declined.
07/08/2018	**BEHMHT**	**NEIL.** Seen on his own and history noted. Managed to get his history degree from LSE. However he still have tendency to lash out, mainly when he feel bad about himself" broken inside". Feeling empty. Preoccupied with his physical appearance. Lacking confidence, find difficult to express his opinion. Gets sensitive, some ideas of reference, people are laughing at him ," unable to make relations. Sleep and energy reasonably good. Stopped cannabis for nearly 5 weeks and stopped Skunk gradually. Bing alcohol socially. Death wishes, no active suicidal thoughts. Gets out bursts of anger and irritability .Find difficult to enjoy anything. Been threating towards his mother and once hit her with a boot this was in June. Regrets his actions, did show remorse. Also been abusive toward a friend. Current medication: None, stopped end of March been on it for years because he felt it was not working. Still lives at home with his mother she is 60, been for holiday to Greece did not enjoy it. Not in

		relationship for the last year. Started to join a team for events photography but not regular. Still do p/t in the grooming shop gets on well with the owner. No financial worries. Has tendency to spend money on holidays and things that he does not need. MSE: Casually but smartly dressed slim man with fashionable ponytail, polite ,coherent ,relevant low self-esteem have tendency to get angry, uptight and irritable easily, some sensitive ideas of reference, death wishes but no active suicidal thoughts. Attention and concentration are within normal range, adequate insight IMP; The overall features is that of emotional dysregulation with marked irritably and impulsive behaviour possible underlying affective disorder to consider EUPD. The suicidal risks and other are low to medium. Plan to start Lamotrogine 25 mg bd ,side effects discussed ,refer to psychologist for would like to have DBT.
07/08/2018	**BEHMHT**	**NEIL** letter, Mental health assessment.
09/08/2018	**GP3**	**GP3** Attended for review. Said she felt better on new SSRI. No thoughts of deliberate self-harm. Situation at home still difficult but she can handle it better. Offered mental health referral, declined. Given self-referral information for IAPT. She said she will feel better once her son is better.
14/08/2018	**BEHMHT**	**NEIL BEHMHT** appointment letter for the Network.
20/08/2018	**LBB**	**Adult Social Care** Contact/Referral (Adult)
20/08/2018	**LBB**	Referral from Barnet Link Working Team (BEH) for NEIL received due to difficulty managing his emotions and poor response to situations with anger issues. Referral informs about NEIL' history of violence to mother and her ex-boyfriend. He has been referred to East Locality Mental Health Team for medical review. He denied any current suicidal thoughts or any plan or intent and was able to guarantee his safety and identified his family as his protective factor. In view of his symptoms, the referrer feels that he would benefit from the Network service's input at this time. Referral is passed onto The Network team.
29/08/2018	**UCLH**	**ALICE** seen in Hepatology outpatient clinic. Referral to Gastro team done. Letter to GP with medical update. Letter also stated that unfortunately, ALICE is heading for a divorce and having a problem with her son who has got borderline personality disorder which is clearly making her life quite stressful. She was recently started on some antidepressants to manage her low moods. Further outpatient appointment.
11/09/2018	**BEHMHT**	T/c received from **NEIL to BEHMHT** stating that he had an argument with his mother, he lost his temper and pushed her mother on the floor. He said that he saw his therapist yesterday who advised him to inform his care team about the incident. NEIL said that he needs advice from his care team as to how he can get subsidy for accommodation. NEIL was advised to contact Barnet Adult East Locality Team.
11/09/2018	**BEHMHT**	**NEIL called BEMHT** to report that he saw his private Therapist yesterday, where he disclosed an incident and was advised to inform the team. NEIL reported that the incident happened last week Thursday, he got home, mother [ALICE] was drunk and they had an argument, he then pushed mother. She fell hit her head on the floor and passed out, he then called the ambulance as she was not responding to him. Reported that she came around in about a minute or two and asked him to cancel the ambulance which he did. At this point he helped her up, she presented as unsteady on her feet and disorientated, she later settled and has been fine, mother has an appointment to see her GP this morning. Staff asked NEIL if this type of incident had happened before. Worker read in the notes that GP saw mother and was advised by the Link worker to raise a safeguarding in July 2018. NEIL confirmed that it is not the first time, that he grew up in an abusive environment with alcoholic parents and that has made he an aggressive person especially towards mother when she is drunk. Worker spoke to mother to clarify and get collateral information, she confirmed that an incident happened but was not so bad; she was minimising it. She then told me that she has to go to see her GP now and unable to continue our conversation, reassured me she would disclose the incident to her GP. Expressed concern to both NEIL and mother that they cancelled the ambulance, she ought to have been seen and checked. NEIL confirmed that he has appointment with the Network tomorrow and is looking forward to getting help with anger management. NEIL denies having suicidal thoughts, intent or plan, no thoughts of harm to self or others, went on to say

		that he does not want to harm his mother and is at this point looking into moving out to live on his own.
11/09/2018	**GP 4**	**ALICE** Attended as she had been pushed by her son a week before. "He had been upset by her drinking". She tripped over a ball and hit the floor. Her son said she had been unconscious for a few minutes, but she told him not to call an ambulance. Discussed her concerns over son's mental health. Discussed option of calling Police if she feels at risk.
17/09/2018	**Network**	**NEIL** initial appointment. Areas explored in which NEIL would like to work on include violent outbursts; 0-100 without warning; low self-esteem; isolation; not establishing good relationships.6 individual sessions offered.
17/09/2018	**LBB**	**Barnet Wellbeing Hub** a new referral sent with concerns over an incident of physical violence from ALICE's son taken place 2 and 1/2 weeks prior to the referral date where ALICE was under the influence of alcohol she was pushed over by her son. She fell and hurt her chin and was knocked unconscious for a short time. Her son called 999 but when ALICE regained consciousness she cancelled the call to 999 stating she was fine. Case is passed onto the Urgent Response Team (URT) for screening.
17/09/2018	**LBB**	**LBB** Assessment of needs is being carried out by the Network and care and support plan created. NEIL agreed to attend 6 individual sessions to address his difficulties in managing his angry outbursts.
17/09/2018	**LBB**	**Adult Social Care** Reports of physical/verbal abuse. Safeguarding concern sent to URT. T/C from Barnet Wellbeing Hub.
17/09/2018	**LBB**	**ASC** Called ALICE to add further information regarding referral that has been raised. Son has not physically abused her but he has thrown items at her and once a shoe hit her. Telephone call from Barnet Wellbeing Hub.
18/09/2018	**LBB**	**ASC** REFERRAL REASON Reports of physical/verbal abuse. Referrer concerned for client's [ALICE's] welfare due to mental health issues of her son. Case allocated to URT worker to establish ALICE's safety, conduct further screening to ascertain whether this referral meets the threshold for further safeguarding input or requires other intervention. Safeguarding allocated in URT.
18/09/2018	**LBB**	**ASC** Welfare check T/C made to ALICE who informed that she is safe and OK and is not under any further threat from her son. Home Visit (H/V) booked for 12pm on 19/09/2018. Welfare check / safeguarding H/V appointment booked for 12pm on 19/09/18.
18/09/2018	**LBB**	A welfare telephone call made to ALICE who informed that she is safe and OK and is not under any further threat from her son. Home visit is booked for 12pm 19/09/2018.
19/09/2018	**LBB**	**ASC** met with ALICE at home. Introduced and the reason for visit. [ALICE] related that NEIL is her only child and lives with her in the family home; NEIL is a graduate of LSE and works part time; NEIL experiences Borderline Personality Disorder and Generalized Anxiety Disorder and is known to the mental health services; she struggles to contain her alcohol consumption and level and this is a source of concern for NEIL; NEIL has had reasons in the past to worry about her alcohol habit and they have had discussions about this; she has just divorced and is going through the motion of selling the family home and this has impacted on her wellbeing including increased alcohol consumption level; she has reduced her alcohol consumption intake and working towards further reduction; on the day in question, she agreed that she had a few glasses of wine too many with a neighbour and her speech was slurred and this infuriated NEIL and he gave her a nudge and she tripped and hit her head against a dog feed tray and was slightly bruised and NEIL called 999 and she was attended to and she declined to go to the hospital; NEIL' action was not borne out of malice and their relationship has since returned to normal and they are working on their mother /son relationship; NEIL is equally receiving therapy from the mental health service; she does not have any social care needs and is independently mobile; and she will want the safeguarding concerns information gathering process to be terminated. CONCLUSION AND RECOMMMENDATION: ALICE is able to clearly express her wishes, she has capacity to make decisions regarding safeguarding concerns and

		has put a protection plan in place by working towards a better relationship with her son and managing her alcohol consumption. In view of the foregoing, I will recommend a termination of the safeguarding concerns information gathering process. NFA to URT.
20/09/2018	**LBB**	LBB ASC does not have care and support needs and has taken appropriate actions to address the underlying factors which contributed to her being pushed by her son. The concern of physical abuse by ALICE's son does not meet the criteria for section 42 enquiry, and she has also expressed the desire for the safeguarding concern to be terminated. Consequently, no further action into concern agreed. ALICE is able to take required measures to safeguarding herself from abuse of her son. Safeguarding Adults - Outcome: NFA into Concern Agreed.
19/09/2018	**BEHMHT**	Joint case meeting ALICE BEHMHT held to discuss incident when ALICE was pushed by her son, NEIL, whilst she was drunk. ALICE fell, hit her head and became unconscious. ALICE's son, NEIL called the paramedics but ALICE cancelled when she regained consciousness. She reported that he hit her in the past. ALICE has been referred to National Association for People Abused in Childhood and Barnet carers centre for care provided for son who has mental health issues and in the process of getting a diagnosis. Safeguarding referral made to Local authority.
19/09/2018	**LBB**	**LBB** Home Visit takes place. ALICE talks about her family life, her struggles with alcohol consumption and it being a concern for her son NEIL. She has just divorced and is going through the motion of selling the family home and this having an impact on her wellbeing. She informs that she has reduced her alcohol consumption intake and working towards further reduction. Discussion progresses onto the day of physical aggression from her son. ALICE informs that on that day she had a few glasses of wine too many with a neighbour and her speech was slurred and this infuriated NEIL and he gave her a nudge and she tripped and hit her head against a dog feed tray and was slightly bruised. NEIL called 999 and she was attended to and she declined to go to the hospital. Since then ALICE and her son have been working towards a better relationship with her son and managing her alcohol consumption. She informs that NEIL is receiving therapy from the mental health service. She informs that she does not have any needs for care and support and that she is independently mobile. ALICE is assessed as being able to clearly express her wishes, she has capacity to make decisions regarding safeguarding concern. She asks the safeguarding concerns to be closed. Following meeting with ALICE a decision is made to close the safeguarding concern with the rationale that ALICE does not have care and support needs, she has taken appropriate actions to address the underlying factors which contributed to her being pushed by her son. ALICE is able to take required measures to safeguarding herself from abuse of her so.
21/09/2018	**UCLH**	**ALICE** OGD done under Gastro team. Further outpatient appointment.
24/09/2018	**BEHMHT**	**ALICE** Telephone Call made to the local authority Safeguarding team to follow up on referral made. Barnet local authority reported that a home visit was carried out by social care staff and that the case was closed due to the finding of the home assessment.
27/09/2018	**UCLH**	**ALICE** OGD results came back clear, will continue to be monitored via outpatient clinic. No more episodes in records or notes at UCH. Further outpatient appointment

01/10/2018	**BEHMHT**	**NEIL** Attended therapy appointment where NEIL discussed scenarios in childhood that had caused him distress. NEIL informed therapist he would see Psychiatrist for further assessment and attend a further 5 sessions.
03/10/2018	**GP 4**	**NEIL** Low Mood. Requesting to start clinical trial SSRIs at Imperial.
09/10/2018	**BEHMHT**	**NEIL** re-assessed by Doctor and psychologist. No change made to diagnosis. Further psychological assessment for consideration of psychological therapy.
10/10/2018	**BEHMHT**	**NEIL** letter, Mental Health Review
15/10/2018	**BEHMHT**	**NEIL** Appointment at Network for support for managing emotions.
23/10/2018	**BEHMHT**	**NEIL** Appointment at Network for support for managing emotions. (6 offered in total)
12/11/2018	**BEHMHT**	**NEIL BEH** letter, discharge from the Network. Awaiting psychology appointment
13/11/2018	**BEHMHT**	**NEIL** RECOMMENDATIONS Having completed six individual sessions at The Network recognised that the work in hand now, is to put into practice the skills, knowledge and tools. Suggested that if there is an opportunity for NEIL and ALICE to be seen by psychology together it could be helpful to both. Having followed up your “opt in” for psychology, I received confirmation on 11.11.18 that you will be offered an initial appointment in January 2019.
13/11/2018	**LBB**	**LBB** Review of care and support plan agreed with NEIL in Sept 2018. NEIL reports that he has learnt much about himself and how he can manage his emotions better. he is fully aware that for change to happen he needs to practice the skills he has learnt. NEIL is awaiting an appointment with Psychology. NEIL will be referred back to his GP and he is awaiting an appointment from Psychology
13/11/2018	**LBB**	**LBB ASC** Discharge Summary-NEIL 12.11.18.
29/01/2019	**BEHMHT**	**NEIL BEHMHT** Barnet East Locality Team Psychology – Assessment. 1st Appointment Springwell Centre. NEIL attended assessment appointment, came a few minutes late due to difficulty in parking the car, did call to alert. NEIL was seen together with assistant psychologist SP, asked NEIL before the meeting if he was in agreement with this he said yes. NEIL said he's still struggling with the same sort of issues that he reported in the past, feeling quite irritable, angry at times and then at times exploding other times withdrawing or numbing himself. He did say he has stopped completely using cannabis, since the time he reported previously. He also has obtained his driving license, in fact he drove himself today. NEIL was quite anxious at the start of the session, talking fast. When pointed this to him he acknowledged and started to feel [calmer]. He gave an example of a car that was parked in private bay where he is due to park and he felt angry, he wanted to do something about it, in the end and with the help of a friend he wrote a note that he put on the windscreen and took the valve caps from the tyres. He still is living with his mother and still finds it stressful at times, they get into each other's nerves. He hopes to get a job and then be able to move to his own place. He has started looking for work, he wants now to work in Media. He has had a couple of interviews but got nothing yet. He struggles with regulating his emotions and with interpersonal relations. Discussed with him these as two main points of difficulties for him. No evidence of risk. Plan: 2nd Appt on Thurs 14th Feb 12pm.
14/02/2019	**BEHMHT**	**NEIL BEHMHT** Barnet East Locality Team. Psychology – Assessment. 2nd Appointment Springwell Centre. NEIL attended our last assessment appointment, came on time. Discussed how he felt regarding our previous meeting, NEIL stated that he feels it was helpful the discussion about his difficulties and he is interested in accessing the **Interpersonal Relationship and Emotional Regulation** (IRER) Group as it seemed a suitable treatment for him at this moment. Discussed further how the group works and how it can help. Discussed waiting times and how he can make use of reviews appointments if needed. At the moment he feels stable and is happy to wait for treatment. No evidence of current risk. Plan : To refer NEIL to the IRER Group in Psychology Hub.

14/02/2019	**GP5**	**ALICE GP5** Attended for "low mood". Asking to restart SSRIs. Alcohol 10 units a week. Occasional cannabis. No active suicidal ideation made a suicide attempt aged 13-"issues at home". Previously had talking therapy. Son is being seen by Wellbeing hub. Says she is still going through divorce after 4 years. Plan to restart medication and contact GP urgently if she feels worse.
26/02/2019	**BEHMHT**	**BEHMHT** NEIL's mother (ALICE) called the network and said that she was wanting to know if therapist was able to write a supporting letter for her solicitor (in relation to her divorce) stating that NEIL was not able to live on his own. ALICE handed the phone to NEIL saying that because of confidentiality she was aware that he would need to be spoken to directly. NEIL explained that ALICE was wanting to evidence that she would need to continue supporting NEIL at home because of his mental health. NEIL informed that the previous entry had been read where he says how he wants to move out of the family home. This he agreed too and really didn't know why his mother was going down this road. Neil informed that a letter could not be written and that his ambition to strive towards living independently was suppported when he is in a financial position to do so.
26/03/2019	**GP 4**	**ALICE GP4** Attended for medical letter for her divorce.
20/05/2019	**BEHMHT**	**NEIL BEH** letter psychology treatment summary. Referred to interpersonal relations and emotional regulation group within psychology hub.
29/05/2019	**BEHMHT**	**NEIL BEHMHT** psychology assessment report sent to NEIL and copied into GP Initial Formulation: "As we discussed your struggle with emotional regulation and interpersonal relations, this seems to be in the context of personality disorder and long-standing traumatic experiences whilst you were growing up. It is significant the distress these difficulties bring you, although you keep a positive outlook and want to change things around. It was courageous of you to seek help and to engage with our service, with the Network and other resources. I do believe that you will find the treatment we discussed helpful, as the aim of this group is to help in understanding some of your difficulties but also to effect changes as you request i.e. to learn how to regulate your emotions". "It was remarkable how insightful you are regarding your difficulties and how you were able to articulate them. However, as we discussed insight is not enough and the group will allow you to experience your insights in the context of actual interpersonal relations with other group members and also to challenge your current understanding of your issues. As discussed this group is not diagnostically orientated, focusing more on the issues at hand. I hope you find the group experience helpful and useful". "Plan: As we discussed and agreed I have referred you to the IRER group in the Psychology Hub. You are now on the waiting list and as soon as you reach the top of the list you will be invited to a first review appointment. Should you need any further help you are welcome to contact us"
27/06/2019	**GP 7**	**NEIL GP7** Requesting diazepam for flight to Abu Dhabi for a temp job. Says he gets anxious and has taken before, bought it online. GP offered Propanolol, declined "agitated on refusal" GP apologised explained they'd prefer he sees a doctor who he has seen before. Appointment booked with previous GP.
01/07/2019	**GP 3**	**NEIL GP3** Attended as booked for diazepam request. On waiting list for Group Therapy Seeing a private counsellor monthly. Says no longer using cannabis or any drugs, last use June 2018 "feeling a little overwhelmed". Explained BEH letter from psychiatrist had advised against Diazepam. Discussed regular medication such as sertraline, declined.
07/01/2019	**LBB**	**NEIL. ASC** Adult Assessments; Barnet Consent to Information Sharing; Adult Signature Form; Person Copy of Support Plan Letter; Review of Care and Support Plan
07/01/2019	**LBB**	**NEIL LBB** Care and Support Plan.
02/08/2019	**BEHMHT**	**NEIL BEHMHT** Waiting list letter sent stating 'We are aware that you are currently waiting for a psychological intervention with the Barnet Psychology Hub. If you would like to be offered a review appointment while you are waiting, please contact the team on 0208 702 4394, and let us know if you would prefer this to be a tel. or face-to-face discussion with one of our clinicians".

11/09/2019	**GP 6**	**ALICE GP6** GP attendance for health concern described herself as in the middle of a five-year divorce that was very difficult. Says son has mental health issues which causes problems at home. She has been picking at her arms. Requested new anti-depressant.
25/09/2019	**GP 6**	**ALICE GP6** Attended for review. Feeling better, had been to court but said she handled it better. Review booked for 1 month.
02/10/2019 & 25/11/2019	**BEHMHT**	**NEIL** letter offering review appointment whilst on waiting list.
28/10/2019	**RFH**	**KB** outpatient appointment.
25/11/2019	**BEHMHT**	**NEIL BEHMHT** 2nd Waiting list letter sent stating 'We are aware that you are currently waiting for a psychological intervention with the Barnet Psychology Hub. If you would like to be offered a review appointment while you are waiting, please contact the team on 0208 702 4394'.
02/03/2020	**CLCH**	**CLCH ALICE** Tel. consultation regarding scan results and treatment required. ALICE discharged.
30/04/2020	**BEHMHT**	**NEIL BEHMHT** Letter sent regarding the Provision of Interpersonal Regulation and Emotional Regulation (IRER) group therapy stating 'I am writing to you as we are aware you have been waiting for some time for provision of psychological therapy through the Barnet Psychology Hub. As you might be aware as part of our Trust's plan to manage the COVID 19 virus, we have been advised to reduce and stop our non- urgent patients' visits. Therefore, I am writing to inform you that there will be a further delay in you being seen for psychological therapy. At present we are unable to estimate the length of the delay; however we shall endeavour to see you as soon as we can'.
04/05/2020	**BEHMHT**	**NEIL BEH** letter - delays due to Covid 19 - given crisis team details. Still on waiting list.
23/07/2020	**BEHMET**	**NEIL BEHMHT** Barnet Psychology hub – T/C to discuss group IRER. NEIL reported face to face group – will stay on list for next round. Bit better than has been at worst, feeling optimistic. No self-harm and suicidal thoughts – have moments, dark/suicidal thoughts, sleeping, no plans. Ok with email correspondence and weekly wellbeing emails.
01/10/2020 -01/2021	**GP 7**	**ALICE GP7** Tel. and F2F appointments for hip pain. Referrals made.
12/10/2020	**RFH**	**ALICE RFH** X-Ray pelvis (GP request)
26/10/2020	**BEHMHT**	**NEIL BEHMHT** opt in letter sent. Call from NEIL informing team he would still like to remain on the waiting list for Interpersonal Regulation and Emotional Regulation (IRER) group therapy.
26/10/2020	**BEHMHT**	**NEIL BEH** letter to be discharged from waiting list unless he requests to stay on it.
28/10/2020	**RFH**	**NEIL RFH** clinical drug trial for Covid vaccine.
05/11/2020	**CLCH**	**ALICE CLCH** Referral received from GP for physiotherapy for hip complaint. Clinic letter sent requesting ALICE to contact physiotherapist service for tel. consultation.
17/11/2020	**RFH**	NEIL Letter from RFH- Enrolled in Covid vaccine study.
20/11/2020	**RFH**	**NEIL RFH** clinical drug trial for Covid vaccine.
23/11/2020	**CLCH**	**ALICE CLCH** not available for Tel. consultation. Tel Appointment rearranged 14/12/2020.
24/11/2020	**CLCH**	**ALICE CLCH** Physiotherapist informed that ALICE attended clinic for face-to-face appointment as didn't realise it was via tel. ALICE contacted via phone to discuss. ALICE not available.
14/12/2020	**CLCH**	**ALICE CLCH** Tel; consultation for physiotherapy assessment. ALICE stated that she did not want physiotherapy but investigation into pain she is experiencing. Son [NEIL] came onto phone stating that his mother is unkempt, mobility limited and experiencing high pain level. Feels physiotherapy is not the way forward as mother unable to do the exercises advised. ALICE and son requested further investigation due to impact pain is having on her life.
17/12/2020	**CLCH**	**ALICE CLCH** Referral made to RFH for scan.
01/02/2021		**ALICE** Attended for Covid vaccine.

12/02/2021	**RFH**	**ALICE RFH** MRI lumbosacral spine.
01/03/2021	**GP 7**	**ALICE GP7** Tel appointment for back pain MRI results and referrals
01/05/2021	**GP 4**	**ALICE GP4** Tel appointments x 2 re: back pain requested private hospital referral. Referred.
10/05/2021	**BRHMHT**	**NEIL BEHMHT** Tel. contact with NEIL for update on waiting time for IRER. He reported feeling ok, living with the mother distressing sometimes. Happy to start psychological intervention both in group and individually. Concerned his presentation would be too complex for the make use of IRER. No self-harm, aware of Crisis Team number.
19/05/2021	**BEHMHT**	**NEIL BEHMHT** t/c to NEIL. Offered first appointment the 1st June.
21/05/2021	**BEHMHT**	**NEIL** Letter from BEH - has reached top of waiting list- appointment offered for psychology,
01/06/2021	**BEHMHT**	**NEIL BEHMHT** first therapy session. First face to face therapy session with NEIL at Springwell. NEIL arrived on time, he was appropriately dressed, made good eye contact throughout the session, appeared verbose at times, anxious and reactive. Discussed structure of therapy, length, attendance, DNA Policies and confidentiality. NEIL asked if possible to get in possession of his clinical documentation in case he wanted, explaining he is not proud of his stuff. Informed that asking for them is a right of his and explained how to find information to make a request. Discussed will be using the first sessions to make a brief assessment of his current situation and needs, NEIL was ok with that and reported his situation has changed significantly since the assessment. He managed to obtain the driving licence which has meant more freedom, independence and confidence. NEIL reported it has been difficult to live with his mother in the last 8 months, since they have moved in a new flat. NEIL reported his mother might be possibly struggling with hoarding which he related to her mother traumatic experiences. NEIL explained things are generally going better, had a major breakthrough in awareness December last year, which led to feeling liberated and in touch with his identity. We discussed what goals and expectations NEIL has got in terms of therapy. NEIL firstly asked what kind of theoretical framework therapy offered is informed by, explaining he knows different theoretical approaches since he would like to start a psychotherapy training, explaining he hopes we can be able to speak the same language. Clarified that therapy will be informed by an integrative approach. NEIL started explaining that he is a saviour and frequently finds himself in that position. Asked if he still feels that he might have problematic personality traits as he discussed during the assessment he said that he was looking for a label at that time and that now he wouldn't think about his problem in that way. NEIL explained he experiences emotional flashbacks, related to his traumatic experiences, feels himself being too cynical about society, having narcissistic traits, dismissing and giving little value to people. NEIL explained he would like to work with trauma with his future clients. Also, explained that having therapy as a client will be a valuable experience for the future, professionally-wise. In general, not clear what he would actually work on apart from a generic learning about him-self. We discussed his previous experiences of therapy. 1st therapy during school year with counsellor, didn't like to be asked to play and stopped. **2013**, counsellor, intervention because fear of leaving the house, stopped, counsellor not specialist in that field, he knew what he was looking for, stopped **2016**, private therapy with a clinical psychologist, 6-12 months, breakup with partner, paid by the father, therapeutic relationship didn't work, stopped (psychologist suggested pathway with network, 8 sessions, group intervention for perpetrator of DV. (good experience). Asked if there were abusive elements coming from his side in that relationship, NEIL said yes. **2019,** transpersonal psychotherapist, 6-12 months, good experience but missing what he was looking for. Discussed the fact that all therapists have been women, NEIL said there might be something about feeling threatened by men he would relate to his father, being judged, criticism. Asked if he felt threatened by me he said yes, despite me being easy going. Also, he said that he felt annoyed by me asking about previous therapies since he thought I was going to say he is not suitable for therapy.
01/06/2021	**Clementine**	**ALICE** Letter Clementine Churchill hospital seen 20/05/202 with son to discuss treatment options.

	Churchill Hospital	
08/06/2021	**BEHMHT**	**NEIL BEHMHT** 2nd therapy session. Themes covered echo 1st therapy session.
06/2021	**East of England Ambulance Service**	**East of England Ambulance Service** Call following a mental health concern. Police on scene. Report given by the Police that the patient had walked into the street naked and had white paint on him. Deemed him to lack capacity and conveyed under Police supervision to Barnet ED for further assessment.
06/2021	**MPS**	**MPS** called to ALICE's home address following reports of a domestic incident between mother and son. On arrival, officers found NEIL in an agitated state, naked and he was covered in white paint. Paramedics were called alongside Police and due to NEIL's behaviour, he was taken to Barnet Hospital for a mental health assessment. Within the Police log, it was recorded that NEIL referred to officers present as 'Devils'. It appears that NEIL was released some time the following day (without being sectioned and discharged into the care of his mother ALICE. Records from Barnet hospital appear to show the following comments being made to hospital staff by NEIL whilst in their care. NEIL stated that he had parasites in his skull, that he was the king of the universe and that he felt unsafe and unclean hence squirting alcohol gel on himself. NEIL appears to have refused oral medication which he claimed was poisonous and when offered Weetabix for breakfast, he claimed that it was 'poo' before breaking the bowl, refusing to eat and claiming that he was fasting.
06/2021	**Herts Police**	**Herts Police Assault Without Injury - Common Assault.** Officers were called by neighbours to reports of screaming and shouting coming from within ALICE's address. Upon arrival officers heard shouting coming from within and then proceeded to knock. Suspect then presented at the door naked and clearly having a mental health episode. Officers managed to get Mum out of the address and upon speaking with her she has divulged her son has assaulted her by urinating upon her whilst she was in the bath and also damaged the house by throwing paint around. **Outcome - male lacked capacity and officers entered the address to restrain him and allow a capacity assessment to be conducted on him. Ambulance attended and removed his capacity. Officers removed male to the ambulance and escorted them to hospital.** Body worn captured of incident. No DASH completed at the time and was unable to be completed due to victim's murder the next day.
06/2021	**Herts Police**	**Herts Police Concern For Safety/Domestic Report.** Informant [neighbour] reported a disturbance at 06:27 ongoing for the past hour. Something being broken was heard, along with shouting and screaming 'DON'T DO IT' coming from the mother. Upon Police attendance, officers spoke to the mother (unnamed but likely ALICE) and established they'd need more units as NEIL was psychotic. NEIL came to the door naked and started pouring paint everywhere when his mother came downstairs and smashing up his own property. NEIL stated he was living in Trump Towers, was very paranoid, talked about officers being the devil and attempted to reach for officer's taser. Ambulance called by officers as NEIL was deemed not to have capacity. NEIL was placed in leg restraints and cuffs and restrained under Section 6 for paramedics and Police officer safety**. Outcome - NEIL left in care of nurses at BARNET HOSPITAL, where MPS officers were also present and would contact Herts if needed.** No offences as NEIL smashing up his own property.
06/2021	**Herts Police**	**Herts Police Possession of Class B - Cannabis.** Whilst dealing with NEIL in his home address for concerns for his mental health, officers saw two small jars of a green herbal substance on a bedside cabinet. **Seized, and** later deemed it would not proportionate or in the public interest to continue with this investigation.
06/2021	**Barnet Hospital**	**NEIL** was brought in by Police and ambulance to the emergency department in June 2021 at about 8am due to a mental health crisis. Agitated and unable to express wishes. Reviewed by the medical team and his care was handed over to the Mental Health Team from BEHMHT.1:1 registered mental health nurse in place - assessed by psychiatric liaison nurses - agreed admission to recovery house.

06/2021	**BEHMHT**	**NEIL BEHMHT** Access & Flow. Barnet PLN Marshall phoned requesting a Crisis House bed. Advised that there is no Crisis House bed available and to review patient with a view of going home with family member under the support of Barnet Crisis Resolution Home Treatment Team (BCRHTT) until a Crisis bed becomes available. Identified patient could be referred to Herts mental health service.
06/2021	**RFH**	**NEIL** A&E attendance. Seen and sent home by mental health
06/2021	**BEHMHT**	**NEIL.** Crisis Resolution Home Treatment Team (CRHTT) – Night team assessment. History: Background / Referral information: Hallucinating, delusional, agitated, talking about religion, smoked weed, lives with his mother. In A&E he urinated on the floor, kicked a nurse, NEIL reported that most of the time he feels lost and, in a trance, has to uses weed to revive himself. He reported that he quit his job because he was stressed and burnt out and his behaviour was affecting others. Psychological Intervention offered:- Under the care of the Barnet Psychology team. Mum reported that for the last few weeks he has been obsessed with spiritual and religious beliefs, reading up on Philosopher Paul Young and acting his concepts, he recently converted to a vegetarian, talking about saving the world. Forensic history: Nil Medication: Nil PRN: lorazepam. MSE: Casually dressed slim young man, polite, cooperative, coherent, forthcoming with information. Stated feeling generally better now. Spoke about been subjected to abusive and traumatic experience at different times and his tendency to lash out and getting aggressive both physically and verbally. No death wishes or suicidal ideation.no psychotic features. Attention and concentration are within normal range, adequate insight. Calmed and settled behaviour and engaged well with the team. Reported fixed and persecutory delusions is always there. Presented as calmed and settled in mood. Thought disordered, flight of ideas, preoccupied with philosophical and religious beliefs. Has insight into his mental health issues. Reported poor sleeping. Good appetite, usually has two meals a day. Unemployed, supporting by his mother. Lives with his mother. Reported regular use of cannabis, wanting to stop. Was advised to self-refer to drug and alcohol service. Visual and auditory hallucinations – seeing images and flashes. NEIL was able to communicate, weigh, retain and understand information given to him regarding the safety plan and agreed to be discharged to his mother's address. Risk to self: medium at the time he was assessed. Risk to others: reported having arguments with his mother but not always. No Risk from others. Diagnosis substance related mood and behavioural disorder, on the background of underlying adjustment disorder with mixed disturbance of emotions. NEIL has agreed to be discharged home under the care of Hertfordshire HTT Telephone call made to ALICE, NEIL's mother who has agreed with the plan and happy to receive him.
06/2021	**BEHMHT**	**NEIL BEHMHT** Night Access & Flow Bed Coordinator / Night Manager. Informed by Night Crisis Resolution Home Treatment Team staff J that patient has been reviewed in A&E Dept and discharged back home and he will be referred to Herts CATT for follow up. Barnet Liaison Nurse informed. Name taken off admission board.
06/2021	**Barnet Hospital**	**NEIL Barnet Hospital** assessed by psychiatric liaison - no crisis bed available - discharged home with community crisis team follow-up - mother in agreement.
06/2021	**BEHMHT**	**NEIL BEHMHT** Barnet Psychiatric Liaison Team. Telephone call received from bed manager to advise that patient had been reviewed by the night crisis team in Barnet A&E. They have agreed to discharge patient home with the crisis team in Herts. Night crisis team will contact Herts crisis team to refer patient. No further role for psychiatric liaison.

06/2021	**Crisis Resolution Home Treatment Team (CRHTT)**	**NEIL.** Referral screened as no contact had been possible with NEIL. Notes highlight that NEIL has history of aggression towards his ex-girlfriend and new partner, he also assaulted a nurse at Barnet A&E before being assessed. It was reported that NEIL presented as psychotic, thought disordered with paranoid and delusional ideas and fixated on religious beliefs. It was reported that NEIL had capacity to understand the assessment and treatment plan. Risk assessment indicates " No evidence of risk". Felt following screening that NEIL presents with high risks of harming others and that it was not safe to attend his home address to assess, so the decision was made to assess at Civic Centre the next day.
06/2021	**HPFT**	**HPFT** Telephone call attempted several times to both NEIL and his mother about SW CRHTT plan to assess but without success. No contact could be made by phone so TEXT messages were sent to both NEIL and his mum to inform of SW CRHTT Assessment Plan.
06/2021	**HPFT**	**HPFT CRHTT** Telephone call from Barnet MHLT reporting that NEIL has been seen due to his spiritual and religious beliefs. He was reported as presenting as thought disordered with flight of ideas. Referred to HPFT SW CRHTT.
06/2021	**HPFT**	**HPFT CRHTT** attempted telephone call to NEIL but no response (exact time of call not recorded). Purpose to make an appointment for assessment following referral received in early hours of the morning from Barnet. Not previously known to HPFT. This service received A&E clinical notes and risk summary
06/2021	**MPS**	Called to ALICE's home address by neighbours reporting that a female had been stabbed at the location.
06/2021	**Herts Police**	There was an altercation inside the home address between the ALICE and NEIL. Police forced entry and arrested NEIL; ALICE was found lying in the prone position in the kitchen/diner. Despite medical intervention, ALICE was pronounced deceased at scene. NEIL arrested for murder and detained under s136 Mental Health Act (MHA) for assessment.
06/2021	**Herts Police**	Informant reporting screaming coming from the neighbour's address Male voice could be heard believed to be occupier's son. Stated there was smoke coming out of the address from a possible fire in the kitchen. A neighbour spoke to ALICE at the window where the smoke was coming from, where she stated she had been stabbed and that NEIL had set fire to something in the address**. All 3 emergency services were called to the address.** Officers forced entry to the address where they found ALICE stabbed on the floor and NEIL trying to kill the dog. NEIL detained. Outcome - ALICE declared deceased at 1.42pm by a doctor.
06/2021	**East of England Ambulance Service**	**East of England Ambulance** 999 Call - Coded Stabbing. RRV on scene. CPR carried out by Police on ambulance crews' arrival.
06/2021	**Herts Police**	**Herts Police Detainee: NEIL.** Circumstances: Police responded to a call at address from a neighbour due to seeing smoke from the address and hearing screaming from inside. Upon arrival, suspect refused to engage. Police forced entry to protect life and limb. Police found ALICE stabbed on the floor. Suspect was detained and handcuffed. NEIL was not fit to be interviewed as he required a medical assessment. He was assessed at his cell NEIL did not appear to remember stabbing his mother or setting fire to the address. Section 136 MHA recommended. **NEIL was detained under s136 MHA at 5.57pm**
06/2021	**SHPFT**	**SHPFT street Triage** received Police request for information re: diagnosis and risk, which was facilitated. Informed that Neighbour had called Police as could hear screaming and shouting. Police attended, a female had been stabbed and a fire had been set within the address. NEIL had attempted to stab the family dog. NEIL was arrested for murder. SW CRHTT and Clinical Lead both informed.
06/2021	**ENHT**	**ENHT NEIL** was brought into the emergency department under Section 136. Noted he had committed a serious offence but not detailed what. NEIL was seen by the mental health team and he was discharged back to custodial services. Noted to have

		a personality disorder, anxiety and depression. HPFT mental health team based at Lister ED conducted an assessment.
06/2021	**HPFT**	**HPFT** T/C from Street Triage informing SWCRHTT re: incident and arrest. PLAN to await further feedback from Street Triage.
06/2021	**HPFT**	**HPFT** On call Clinical Lead informed of incident by street triage. Advised completion of Datix and informed 2nd on call.
06/2021	**HPFT**	**HPFT NEIL** seen at Hatfield Police station whilst being detained on allegation of murder. Custody suite had requested review due to gravity of offence. Mental state examination notes NEIL to be suspicious and guarded with some delayed response. Initially he seemed to be ok until asked about his mental state and what happened today. He claimed to not remember what ever happened today. Could not remember stabbing mum, setting fire to address or attempt to strangle dog. He could not remember how he got to be in Barnett A&E or other circumstances why he was given some medication. He has denied hearing voices but on observation, seems distracted and at times was closing eyes at though in a prayer, so was felt to be hiding symptoms. Recommendation made for s136 referral for MHA Assessment.
06/2021	**HPFT**	**HPFT** At shift handover by the Police Triage team at the Police Headquarters in Welwyn Garden City, request for the Police triage team to see NEIL in custody at Hatfield Police station. NEIL was assessed by Street Triage. On assessment NEIL was dressed in a custody tracksuit and was sitting on his bed space. He was calm and he was asked about the events of today. He said that "it was all a blur" and he had no recollection of what had happened. He remembered a window being smashed and he asked the paramedic "is it normal to have a seizure. He asked to see a solicitor and about his rights. assessment concluded and recommendation for Section 136 confirmed.
06/2021	**HPFT**	**HPFT** T/C received from the Police control room, reported that NEIL relapsed in mental state, believed he is the king of the universe, stated he had parasites all over his body and cover his body with alcohol gel, complain of not feeling safe. He has been detained under s136. No capacity at s136 suite so advised to remain in custody pending update to plan.
06/2021	**HPFT**	**HPFT AMHP** report added to records. Notes that initial plan had been for Assessment by day team the following day under 136. However, 136 was subsequently discharged by on call doctor who stated no acute mental illness at time of his triage following transfer back to custody suite in early hours. Following review of notes, AMHP felt that 136 should not have been discharged without AMHP review so also reviewed NEIL and agreed that forensic route would be most appropriate option.
06/2021	**HPFT**	**HPFT** T/C made to Oscar 1 following Call received from s136 suite reporting that NEIL has been taken from custody in Hatfield to Lister A&E to be seen. It was felt that he should have remained within custody in light of his crime and past assault of a nurse within Barnet A&E yesterday. He is under arrest for murder of his mother, he also had attempted to stab the dog and set fire to the property. Custody Suite advised that medical staff in Custody and made the decision that he would be better placed in A&E. Handcuffed to officers. Explained that the stay in A&E will be lengthy as beds nationally are not available and that NEIL poses a risk to members of the public, NHS staff, officers and himself. Informed that NEIL is currently calm, but if he becomes agitated more officers will be deployed, and if unable to manage him in the department that he will be returned to custody. 2nd on call manager updated. Discussed with AMHP on duty who advised that assessment would need to wait for daytime as information needed to be properly collated and discussed.
06/2021	**HPFT**	**HPFT** Discussed with 2nd on call registrar who agreed to discuss with gatekeeping consultant and then call back. 0015: Recent phone call from 2nd on Call asking for on call doctor to have a discussion with gatekeeping consultant.
06/2021	**HPFT**	**HPFT** s136 Triage by 1st on call doctor. Presented with evidence of acute psychotic episode with thought insertion, thought withdrawal, paranoia. Evidence of physical harm which involved murdering his mother today to ‘cleanse her spirit’. Does not

		have any insight into his condition. Mentally very unwell and unstable. Very high risk to both self and others.
06/2021	**ASS - Herts**	**ASS** Approved Mental Health Practitioner interviewed NEIL in the Stevenage Police Station custody suite at 6.20am.NEIL had already been discharged from s136 for consideration via the criminal justice route.
06/2021	**HPFT**	**HPFT** Telephone call with Barnet MHLT. Informed that NEIL was seen in A&E at Barnet, he was medically cleared. He was then seen by MHLT who referred to crisis team. NEIL was discharged from Barnet A&E for plan to be managed in community. On call gatekeeping consultant updated with information from Barnet MHLT. Lister A&E staff and Police officer at Lister Emergency Department (ED) informed re: plan for discharge back to custody and for forensic route to be taken. S136 nurse updated at 01:30.
06/2021	**HPFT**	**HPFT** Telephone call with on call gatekeeping consultant. Agreed that NEIL is too high risk to both self and others and has committed a serious crime (murder) to be admitted to any of HPFT units at present, and too high risk to stay in ED. For patient to be sent back to custody, and for forensic team involvement. Police officers and Lister ED to be updated with plan.

Key issues arising from the Review

32. The Panel identified areas of improvement resulting from their analysis of this DHR, most notably in relation to professionals knowledge of DA, the absence of professional curiosity and the lack of triangulation of information.

33. The information available to this Review suggested that there were a number of missed opportunities for intervention to support Alice regarding her experiences and exposure to DA. Health professionals, particularly the GP, did not recognise Alice to be a victim of DA at the hands of Neil. There was a failure to recognise the signs, indicators and 'red flags' of DA. Additionally, the events leading up to the tragic homicide demonstrated a lack of understanding and awareness of Alice's position as mother, carer and DA victim at the hands of Neil. It is notable that health professionals felt unsafe in Neil's presence due to the threats and risks that he presented prior to the homicide but there was a failure to recognise the threat, risk and harm to Alice. Professionals relied on Alice's decision-making but her actions were in reality Alice's attempt to protect her son. Events materially escalated and the day before the homicide Alice called the Police for assistance.

34. The analysis below detail Alice's life experiences as a young person as well as the specific emerging issues for each agency.

Adverse Childhood Experiences

35. Alice, in the view of the DHR Reviewers experienced ACEs[1]. She was the victim of child sexual abuse and physical abuse as a child. She also experienced DA at the

[1] ACEs originate in a study conducted in 1995 by the Center for Disease Control and the Kaiser Permanente health care organization in California. In that study, "ACEs" referred to three specific kinds of adversity children faced in the home environment—various forms of physical and emotional abuse, neglect, and household dysfunction.

hands of her former husband Jonas, which was witnessed by Neil. Both Alice and Neil misused alcohol, drugs and suffered from poor mental health.

36. The DHR Reviewers considered the individual impact of ACEs on Alice. As an adult, and a mother Alice endeavoured to protect her son and sought out support services for him notwithstanding the violence and abuse perpetrated against her by him. Alice had her own complex needs, which are borne out of her experiences as a child, young person and as an adult.

37. Neil witnessed DA in his home against Alice by his father Jonas. The impact of DA on children of the family is well documented, and Neil in adult life physically abused his former partner, Sarah as well as his mother. He, too, has complex needs including poor mental health as well as alcohol and drug issues.

38. The key findings of studies using the original ACEs data are: (1) ACEs are quite common: more than two-thirds of the population report experiencing one ACE, and nearly a quarter have experienced three or more, (2) There is a powerful, persistent correlation between the more ACEs experienced and the greater the chance of poor outcomes later in life, including dramatically increased risk of heart disease, diabetes, obesity, depression, substance abuse, smoking, poor academic achievement, time out of work, and early death.[2] Toxic stress explains how ACEs "get under the skin" and triggers physiological reactions that lead to those outcomes. In the early 2000s, the National Scientific Council on the Developing Child coined the term "toxic stress" to describe extensive, scientific knowledge about the effects of excessive activation of stress response systems on a child's developing brain, as well as the immune system, metabolic regulatory systems, and cardiovascular system. Experiencing ACEs triggers all of these interacting stress response systems.

39. While trauma has many definitions, typically in psychology it refers to an experience of serious adversity or terror—or the emotional or psychological *response* to that experience. **Trauma-informed care** or services are characterized by an understanding that problematic behaviours may need to be treated as a result of the ACEs or other traumatic experiences someone has had, as opposed to addressing them as simply wilful and/or punishable actions. It is clear from the evidence available to this DHR that Alice's needs were not being met. The lack of professional curiosity in relation to her vulnerability is notable.

40. ACEs have a negative impact on a child or young person's physical and mental health affecting their life course or life expectancy.[3] The following are examples of ACEs and research has found that children or young people who have been subjected to multiple ACEs (4 or more) are more likely to be exposed to and experiencing substance use, violence, early pregnancy, incarceration and DA (Bellis et al, 2014)[4]:

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[2] Bellis, M.A., Hughes, K., Leckenby, N. *et al.* National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC Med* **12**, 72 (2014). https://doi.org/10.1186/1741-7015-12-72

[3] Hardcastle K, and Bellis M (2018)

[4] Mark A. Bellis, Helen Lowey, Nicola Leckenby, Karen Hughes, Dominic Harrison, Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population, *Journal of Public Health*, Volume 36, Issue 1, March 2014, Pages 81–91, https://doi.org/10.1093/pubmed/fdt038

Physical abuse, Sexual Abuse, Emotional Abuse, Living with someone who abused drugs, Living with someone who abused alcohol, Exposure to DV, Living with someone who has gone to prison, Living with someone with serious mental illness, and Losing a parent through divorce, death or abandonment.

41. In this UK study, Bellis found that 47% of people experienced at least one ACE with 9% of the population having 4+ ACES (Bellis et al, 2014).
The exposure to ACEs in early childhood can lead to the following affecting children's and young people's life course[5]:
(i) Disrupted nervous, hormonal and immune development
(ii) Social, emotional and learning problems
(iii) Adopt health harming behaviours and crime
(iv) Non-communicable disease, disability, social problems and productivity.

42. Notwithstanding the many impacts of ACEs, often leading to complex needs in adulthood, the DHR Reviewers' are of the view that the relevant individual is responsible / accountable for their offending (unless deemed otherwise) and that the impacts of ACEs are mitigation to harm causing and crime perpetration.

Financial Abuse
43. The DHR Reviewers found that Neil appeared to be financially dependent on Alice as his employment was inconsistent. The DHR Reviewers were unable to confirm Alice's and Neil's financial position and whether there was any overt financial control or abuse, aside from the fact that Alice informed health professionals that Jonas was forcing the sale of the matrimonial home, suggesting that she was concerned about her position. Alice was also isolated and the DHR Reviewers have been unable to establish what support she received from her immediate family. There is no mention of her siblings and stepfather in Alice's interactions with health and social care professionals or with community groups and friends.

Killing of Family Pets
44. The DHR Reviewers also considered the mistreatment and abuse of animals as a significant indicator of violence towards humans, up to and including intimate partner abuse, sexual assault, rape, murder. Research confirmed that all too often mental health professionals, police investigators and prosecutors miss the seriousness of any cruelty towards animals and the significant role animal cruelty plays in the perpetuation of violent and non-violent criminal behaviour.[6] The literature supports that animal cruelty is one of the earliest markers for future acts of both violent and non-violent criminal behaviours. Whether animal cruelty occurs prior to or subsequent to witnessing or experiencing any type of abuse is unknown. What is known is the connections between experiencing abuse, witnessing DA, and animal cruelty. This

[5] Hardcastle K, and Bellis M (2018)
[6] Johnson SA. Animal cruelty, pet abuse & violence: the missed dangerous connection. *Forensic Res Criminol Int J* . 2018;6(6):403-415. DOI: 10.15406/frcij.2018.06.00236

means that the directionality of cruelty to animals is not always clear, that is, which occurs first, the negative environmental factors (abuse) or animal cruelty.[7]

45. The link between mistreatment of pets and violence is therefore established. It is notable that the SafeLives DASH checklist also includes a question to ascertain whether any cruelty towards animals has taken place.

46. Neil had witnessed DA and was witnessed by Police on the date of the tragic homicide to strangle the family pet dog. Little is known of any previous incidents involving the family pet dog but it is clear that Neil had previously liked to work with dogs in a grooming parlour. In June 2018 Neil informed his GP that he lived with his mother and dogs, and 'gets angry at the animals' but his mother bears the brunt of his anger. It is unclear whether Neil's propensity to commit violence against animals existed before he witnessed DA but his anger towards the family dog(s) is self-disclosed.

DA and DA Homicide

47. The DA Act 2021 (incepted 29 April 2021) creates a statutory definition of DA, emphasising that DA is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse.

48. Homicides are recorded to be "domestic" when the relationship between a victim aged 16 years and over and the perpetrator falls into one of the categories, which was recognised by the then cross definition of DA i.e. spouse, common-law spouse, cohabiting partner, boyfriend or girlfriend, ex-spouse, ex-cohabiting partner or ex-boyfriend or girlfriend, adulterous relationship, son, or daughter (including step and adopted relationships), parent (including step and adopted relationships), brother or sister, other relatives.

49. DA is a form of GBV/Abuse whereby women are disproportionately victimised by men who are disproportionately the perpetrators. Whilst there is data in this field, it is recognised that DA alongside other forms of GBV/Abuse is both under-reported and under-recorded. There are two sources of data, which highlights part of the picture - that provided by the Police Forces in England & Wales and the Crime Survey for these countries.

50. The forty-two Police Forces in England and Wales recorded a total 845,734 DA-related crimes to year ending March 2021.[1] This represents an increase of 6% from the previous year.[8] In addition, of all crimes recorded by the police in the year ending March 2021, 18% were DA related. An increase of 3% compared to the previous year.

51. The Crime Survey for England and Wales (CSEW) latest DA estimates were to be found in its November 2020 release as the face-to-face crime survey was suspended on 17 March 2020 due to the COVID-19 pandemic. It was replaced with the Telephone-operated Crime Survey for England and Wales (TCSEW).

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[7] Johnson SA. Animal cruelty, pet abuse & violence: the missed dangerous connection. *Forensic Res Criminol Int J* . 2018;6(6):403-415. DOI: 10.15406/frcij.2018.06.00236

[8] ONS, DA in England and Wales overview: November2020 accessed via https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020

52. The CSEW survey highlighted that an estimated 2.3 million adults aged 16 to 74 years experienced DA in the last year (1.6 million women and 757,000 men), a slight decrease from the previous year.
This Crime Survey data represents: [9]

- an estimated 7.3% of women (1.6 million) and 3.6% of men (757,000) experienced DA in the last year
- women aged 16 to 19 years were more likely to be victims of any DA in the last year than women aged 25 years and over
- an estimated 6.5% of women aged 55 – 59 years and 4.4% of women aged 60 – 74 years experienced one or more incidents of DA in the previous 12 months.
- women were more likely to be victims of DA than men
- for partner abuse, those in the White and Mixed ethnic groups were significantly more likely to be victims than those in the Asian ethnic group.

Of the crimes recorded by the Police, 26 of the police forces recorded the following victim characteristics:[10]

- in the year ending March 2021, the victim was female in 73% of DA-related crimes. It was 74% in the previous year
- in the year ending March 2021, the proportion of female victims in the age 60 – 64 category was 43.3%, compared to 26.4% for men
- between the year ending March 2018 and March 2020, 76% of victims of domestic homicide were female, and 14% of victims of non-domestic homicide were female.

Femicide
53. The Femicide Census report published 20 February 2020 regarding UK offences (the intentional killing of women) in 2018 details 149 women were killed by 147 men in 2018; 12 women (8%) were killed by their sons or step-sons.

54. Femicide has been used to describe killings of women by intimate partners and family members; it has also been used to describe gender-related killings by other community members. The term femicide was introduced in the last century to describe killings of women that were gender related in order to recognise the impact of inequality and discrimination, identified internationally as a root cause of VAW.

55. Femicide has been identified globally as a leading cause of premature death for women yet there is limited research on the issue in Europe. The Global Study on Homicide in 2011 indicated that while there has been a decrease in homicides worldwide there has been an increased in the number of femicides. In the UK, over the last ten years on average a woman is killed by her male partner or former partner every four days. Frequently these murders have been premeditated and follow a pattern of violence and abuse that terrorise the victim. The calculation for “a woman is

[9] ONS, DA victim characteristics, England and Wales: year ending March 2020 accessed via https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020

[10] ONS, Domestic abuse victim characteristics, England and Wales: year ending March 2021 accessed via https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2021

killed by her male partner or former partner every four days", of 1248 women killed, 738 have been killed by a partner or former partner. This figure comes from the Femicide Census 2017, which comprises data from the years 2009 to 2017 (3287 days in total) and includes two leap years.

Matricide

56. Research from the United States has identified that most men who committed matricide had a schizophrenia diagnosis (weighted mean 72%, range 50% to 100%); other diagnoses included depression and personality disorders. This in the view of the DHR Reviewers accorded with Neil's presentation. The research details that many men were experiencing psychosis shortly before the crime, and their acts were influenced by persecutory delusions and auditory hallucinations. Neil experienced problems with his mental health at the time of the commission of this tragic homicide and had received support from a range of services. According to the research, approximately a quarter of sons killed their mothers, according for altruistic reasons, such as to relieve actual or perceived suffering. Nearly all men in the study were single and lived with their mothers before killing them, and many of the perpetrators' fathers were absent. The DHR Reviewers noted that Neil was single at the time of this tragic homicide and living at home alone with his mother. Mothers often were the only victims of their sons' violent acts. In addition to delusional beliefs, sons were motivated to kill their mothers for various reasons, including threatened separation or minor arguments (e.g., over food or money) with many of these homicides taking place in the home. Sharp or blunt objects were the most common weapons, but guns and strangulation/asphyxiation also were used, and approximately a half of the men used excessive violence. This research highlighted that after the crimes, the perpetrators generally expressed remorse or relief.[11]

Domestic Homicide

57. The Vulnerability Knowledge and Practice Programme (VKPP) Domestic Homicides and Suspected Victim Suicides during the Covid-19 Pandemic 2020-2021 counted 215 deaths between 23 March 2020 and 31 March 2021.[12] The type of death was most commonly (current or ex) intimate partner homicide (49%) followed by the murder of an adult family member by an adult (18%), suspected victim suicide (18%), child death (12%), and other (3%). Overall, of the 215 victims, 73% were female.

58. Where known, over three-quarters of victims were recorded as White (76%). In total, 24% of victims where ethnicity was known were recorded as BAME. The next largest ethnic groups were Asian/Asian British and Black/African/Caribbean/Black British both with 10%.

59. UN Women has recorded that GBV, already a global crisis, intensified during the COVID-19 pandemic.[13] Lockdowns and other restrictions left many women trapped

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[11] West, Sara G.; Feldsher, Mendel. "Parricide: characteristics of sons and daughters who kill their parents: schizophrenia, difficult relationship are common among adult perpetrators." The Free Library 01 November 2010. 17 August 2022 <https://www.thefreelibrary.com/Parricide: characteristics of sons and daughters who kill their...-a0259009884>.

[12] Home Office, Vulnerability Knowledge and Practice Programme (VKPP)
Domestic Homicides and Suspected Victim Suicides During the Covid-19 Pandemic 2020-2021 accessed via https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013128/Domestic_homicides_and_suspected_victim_suicides_during_the_Covid-19_Pandemic_2020-2021.pdf

[13] UN Women Report, "Measuring the shadow pandemic: Violence against women during COVID-19"

with their abusers, isolated from social contact, professional and other support networks. Increased economic precarity further limited many women's ability to leave abusive situations. COVID-driven economic and social instability also heightened the risk of other harmful practices. The UN Women report, **"Measuring the shadow pandemic: Violence against women during COVID-19"**, based on survey data from 13 countries, shows that almost 1 in 2 women reported that they or a woman they know experienced a form of violence since the COVID-19 pandemic. Women who reported this were 1.3 times more likely to report increased mental and emotional stress than women who did not.

60. The findings also revealed that about 1 in 4 women were feeling less safe at home while existing conflict increased within households since the pandemic started. When women were asked why they felt unsafe at home, they cited physical abuse as one of the reasons (21%). Some women specifically reported that they were hurt by other family members (21%) or that other women in the household were being hurt (19%). Outside their homes, women were also feeling more exposed to violence, with 40% of respondents saying they feel less safe walking around alone at night since the onset of COVID-19. About 3 in 5 women think that sexual harassment in public spaces also got worse during COVID-19.

Socio-economic stressors such as financial pressure, employment, food insecurity and family relations stood out as having a significant impact not only on experiences of safety (or violence), but also on women's well-being overall. However, there is strong evidence that ending violence against women and girls is possible.

Conclusion

61. Alice had a complex history peppered with traumatic experiences, yet she received no sustained treatment or help throughout the years. She was isolated from her family and friends and did not work. The DHR Reviewers noted the ACEs that Alice experienced coupled with the lack of ongoing support to address the associated trauma, and the experience of DA at the hands of Jonas, her former husband, and her son Neil, contributed to Alice's complex needs. As a victim of DA she sought to protect her son as a mother and carer due to his mental health problems before herself and this enabled Neil to manipulate and control the agency professionals he has contact with such the LAS .The LAS call handlers did not take the names of the callers when an ambulance was requested for a relatively serious injury to Alice and cancelled nine minutes later by a male caller, Neil.

62. The DHR Reviewers considered that Alice's protection of Neil through reducing the significance of the incidents involving her son was consistent with her presentation as a vulnerable woman with complex needs. Alice was unable to follow through reports of DA, physical, abusive coercive and controlling behaviour, as she sought to protect her Neil. She was not seeking a justice outcome but support for her adult child. It was assumed that Alice had mental capacity to make her decisions and therefore did not receive the safeguarding support required, particularly when she directed that things had improved for her.

63. Risk assessments were not completed for example in September 2018 by ASC to assess Alice's needs, nor by the police officers the date before the tragic homicide. Most notably, Neil was deemed suitable to be released back into the care of his mother the day before the incident notwithstanding the DA that had taken place. Alice's agreement for Neil to return home was deemed sufficient without any understanding of the escalation of risk and consideration of Neil's behaviour in the events leading up to the homicide. The triangulation of information across the statutory agencies would have afforded Alice the opportunity to seek the support that she required.

64 .The GP had access to information and disclosures detailing Alice's DA from Neil yet follow up did not take place through supportive discussions to assess Alice's ongoing needs.

65. Neil required a Care Coordinator for Neil and it is unclear whether consideration had been given to such a provision. A number of NHS Foundation Trusts were involved in the care of Alice and Neil and coordination was therefore required which would have facilitated the triangulation of information across health services.

66. Alice was the sole carer for her son. Neil lived with Alice after her divorce from his father Jonas and was dependent on Alice. Alice did not receive the required support as a parent carer for an adult child with mental health, drug problems and abusive behaviour towards Alice and his former partner. The pattern of abusive behaviour towards women is evident, as is the abuse of animals namely the family pet. A carer's assessment would have afforded a further opportunity to assess Alice's needs further.

Lessons learned

The Police

67. Hertfordshire Constabulary's (Herts Police) information identified that the officers dealing with the incident the day before the tragic homicide did not complete a DASH risk assessment booklet. It was noted that from the time of their arrival, Neil was suffering from a mental health episode and that Alice was not relaying the incident as DA. It has been recognised that a Herts Police DASH risk assessment booklet should have been completed. The DHR Reviewers agreed with this view.

68. With the benefit of hindsight the Herts Police Reviewers state that the assessment would have been standard/medium and wouldn't have demanded any "*further physical attention in the near future*", whilst recognising that it would have been the first step in the safeguarding process. Herts Police has assessed that further guidance and training is required in this area.

69. In addition to the above Herts Police has identified that a number of incidents attended by front line officers include addressing persons with mental health, so Officer awareness of their powers was identified as being paramount. It was noted that one of the attending officers to the incident had received Mental Capacity Act training 4 weeks previously. It was noted that the officer stated [the training] '*gave him the confidence to deal positively with the situation but believed further training is required.*'

GP

70. The GP Practice has identified the importance of open supportive discussions with patients who are potentially victims/ perpetrators of DA and maintaining and building these relationships in order to provide support. The DHR Reviewers concluded Alice may have opened up to her GP where a relationship of trust had been built up.

71. The importance of identifying escalating levels of abuse and responding to this by continuing to offer support and raise safeguarding concerns (where appropriate) has been identified as a learning point for the GP. The DHR Reviewers were of the view that the GP had oversight of Alice's care and was aware of her domestic circumstances.

72. The GP surgery has also acknowledged the importance of clear note taking, including adding medical record prompts (HARCS) to notify the team of concerns regarding abuse, but which are not visible on notes that are accessed by the patient or possible perpetrators.

Crown Prosecution Service

73. The CPS has accepted that their decision regarding the serious assault alleged to have been perpetrated by Neil on 25 January 2016 could have focused more on who was the aggressor and asked the Police to explore further lines of enquiry. Both Neil and the other arrestee say they were acting in self-defence. The CPS has noted that this may have resulted in a prosecution, but acknowledge it is difficult to assess that with any certainty.

74. The Panel has considered that had the CPS lawyer recognised that this incident was DA in origin, would the decision made regarding this 2016 assault have been different. All lawyers in the unit handling this case were DA specialists and should therefore have identified the presentation of DA. The matter could have been reviewed by a CPS DA specialist leading to a potential difference to what may have been included in the action plan sent to the Police on 19 February 2016.

London Borough of Barnet (Barnet Council)

75. There is no evidence of cross reference to the safeguarding concerns raised in March 2016 and the history of DA experienced by Alice in discussions held by the Network in June 2016.

76. In February 2017 Barnet Council has identified that there is no evidence as to what extent Alice's history of abuse was discussed with her by the locality social worker, and what information about DA and prevention services was offered. The DHR Reviewers concluded that on the information available, the DA was not identified with no referral for Alice to DA services. Alice reported during this discussion that her son now had a job which had put some distance between them, they were no longer spending all their time together and Alice stated things had improved between them. Alice informed that she did not feel at risk from her son. She was divorcing her husband which was a difficult time but that she was managing. Alice was given the contact number if the situation changed.

77. According to the information available to the Panel, during the home visit in September 2018 Alice was assessed as not having eligible needs for care and support. Alice was assessed as being able to articulate her wishes in relation to the safeguarding. In following the national Making Safeguarding Personal Guidance, both ASC assessors found Alice had the mental capacity to make her own decisions regarding the two safeguarding concerns and not to progress them further. The DHR Reviewers concurred with the Barnet Council view that a referral to MARAC, however, would have provided more opportunity to share information held by different agencies. This would have provided a better opportunity to jointly risk assess, provide appropriate control measures to manage the threat and the risk, explore further partnership working and consider a suitable escalation process.

78. Barnet Council acknowledge that a detailed discussion with Alice regarding her needs and the support she required should have taken place. This could have included an exploration of her alcohol consumption and an opportunity to consider a referral to CGL, GP or substance misuse services. The DHR Reviewers noted that the Barnet Council suggested approach is not perpetrator focused but rather seeks a change of behaviour by the victim. Barnet Council has not identified that Alice's alcohol consumption was a possible coping mechanism in light of her complex needs. Whilst Barnet Council state that there should have been a greater emphasis on information and advice about prevention and support available through the community and voluntary care sector, the DHR Reviewers noted that this could only have taken place if there was clear signposting to relevant services for adult child to parent DA. This is particularly relevant since Alice sought to protect her son and was isolated from friends and family due to the shame and embarrassment that she reported.

79. Barnet Council has identified that there was no evidence of a detailed discussion with Alice regarding her caring responsibility to Neil, the possible impact on her wellbeing, her ability to objectively risk assess triggers and patterns of Neil behaviour and Alice's ability to protect herself, other than her stating that she would call for help if needed. The DHR Reviewers concluded that the role of parent carers can often be overlooked. A carer's assessment was not undertaken and a heavy onus was placed on Alice – could Alice have objectively risk assessed the triggers and patterns of Neil's behaviour? Fundamentally the issue is what proactive measures by Barnet and its partners risk assessment were put into place to manage the threat and risk posed by Neil to Alice. All professionals have the ability to refer a client to a DA MARAC.

80. There was a lack of evidence, according to Barnet Council, of timely feedback and information exchange between its own ASC and BEHMHT in response to the two safeguarding referrals. This could have potentially provided a better opportunity for a multiagency approach and joined up risk management strategy, i.e. referral to MARAC and IDVA with a joined-up risk ,management strategy. This could have been supported through a better understanding of the family history and the extent of domestic situation between Alice and Neil. The emphasis on providing information about prevention support in relation to DA and substance misuse could have been explored in more detail with Alice and should have been documented more clearly.

81. The learning identified by Barnet Council includes the:
a. Adherence to ASC risk assessment policy and clear recording of risks using designated template;

b. Provision of timely and comprehensive feedback to referrers, ensuring consent from adult at risk is sought;
c. Clear understanding of the importance of information sharing across partner agencies ensuring compliance with Data Protection and GDPR.
Exploring the any barriers to better coproduction and partnership working.

Hertfordshire Partnership NHS Foundation Trust (HPFT)

82. HPFT advised the Panel that staff made multiple attempts to contact both Neil and his mother by telephone and by text to discuss a plan to assess Neil at a place other than the home address due to the risks involved. The DHR Reviewers noted that Neil had been assessed as suitable for release to the sole care of his mother the day earlier. The risk assessment provided to the South West CRHTT team by Barnet MHLT did not accurately reflect the risks posed by Neil as the referral form received from Barnet CRHTT includes two risk assessments in June 2021 **stating no current evidence of risk to report and no evidence of risks above retrospectively.** The DHR Reviewers noted the difficulty where assessments are not undertaken in the home, and the issue of poor information sharing amongst the statutory agencies relating to previous incidents.

83. Neil was seen by several mental health service providers yet was deemed suitable to be released into the care of Alice the day before the tragic homicide. His history of mental health, DA towards his mother and the fact that Alice had been subjected to abuse the day before her death should have resulted in more detailed and thoughtful enquiry before Neil's release into her care.

Recommendations

84. The recommendations below are, in the main, for the partnership as a whole but organisations have identified internal recommendations that may replicate or otherwise complement these. It is suggested that the single agency action plans are subject of review via the Review Action Panel, hence the first recommendation.

85. The DHR Panel has identified the following recommendations:
Recommendation 1: That all agencies that have been required to submit IMRs report progress on their internal action plans to the Hertsmere CSP and London Borough of Barnet CSP.

Recommendation 2: That the learning from this Review should be brought together with the learning from other Domestic Homicide Reviews into an Action Plan by Hertfordshire County Council, Hertsmere District Council and Barnet Council and monitored to inform overarching strategy, policy, practice and training.

Recommendation 3: That Hertfordshire County Council and Barnet Borough Council, its constituent relevant departments and the wider partnership should consider the further enhancement of its whole family[14] practice approach to ensure that the support

[14] The Whole Family or Think Family Approach enables a whole family picture to be developed and better understood to provide the right services to the right people. This approach aims to identify risks

needs of family members and the threat/risk they are exposed to are acted upon when a person comes into contact with services. This includes but is not exclusive to DA, mental health, substance misuse and adult safeguarding.

Recommendation 4: That Hertfordshire County Council and Barnet Borough Council supports and encourages a culture of 'professional curiosity' and 'check and challenge' across the partnership in the discharge of safeguarding duties to improve learning, behaviours, decision making and service delivery through the Practice Governance Board

Recommendation 5: That Hertfordshire County Council and Barnet Borough Council Community Safety Strategy Strategic Needs Assessment encompasses DA (Intimate Partners and Family Related violence/abuse) to better understand the prevalence of the problem and its underpinning drivers:

- by agreeing priorities and service provision that meet the needs of the people of Hertfordshire County Council and Barnet Borough Council and are cognisant of the gaps within partnership working including the need to work in partnership with local people and non-government organisations (NGOs),
- demonstrating a specific focus on people as 'unofficial' carers and victims/survivors of DA, and
- to inform the delivery of the local DA Strategy and its accompanying action plan.

Recommendation 6: That the Barnet, Enfield and Haringey Mental Health Trust develops a Policy and Operating Practice regarding documenting risk assessments relating to patients who are discharged back to their families and home in line with the think family approach.

Recommendation 7: That Hertfordshire County Council, Hertsmere District Council and the Hertfordshire Constabulary and its health care partners review its approach to referrals of DA cases (victims or perpetrators) to the MARAC and MAPPA from acute settings.

Recommendation 8: That the Hertfordshire County Council and the London Borough of Barnet reviews, evaluates and identifies areas for improvement in the routine DA training/awareness programme for all staff of relevant agencies and charities to:

- Emphasise the importance of referrals to the DA MARAC (via the "Single Front Door") in cases where any professional believes there is an increasing trajectory of risk to a vulnerable person, even though the immediate situation does not meet the formal referral criteria.
- The intersectional needs, complex needs and the situational barriers to disclosure, which may be experienced by DA victims.
- DA Operational Board at County Council / District Council level.

Recommendation 9: That the Community Safety Partnership Members in Hertfordshire County Council and London Borough of Barnet develop a practice

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and needs within families at the earliest opportunity and identifying support to address needs and mitigate risks

guidance to assist professionals within their agencies to effectively manage complex and high-risk cases where victims decline agencies assistance and support e.g. use of DVPOs.

Recommendation 10: That the members of the Community Safety Partnership with responsibility for VAWG provide assurance to Hertfordshire Council, Hertsmere District Council and the London Borough of Barnet as to the effectiveness of its training programme for local professionals relating to DA.

Recommendation 11: That steps are taken for healthcare providers namely GPs, hospital trusts and urgent care centres to triangulate health records of family members where there is known DA recorded

9. Agency Identified Recommendations

Hertfordshire Constabulary

Recommendation 1: Guidance to be given on the completion of DASH books where Mental health illness is the primary concern.

Recommendation 2: Further detailed training in the Mental Capacity Act to be included at training days.

Recommendation 3: Where a patient is being discharged by a mental health unit and their admission included Police involvement, consideration to be given to informing the Police, prior to the discharge, to allow any risk assessment deemed necessary. (DN – this recommendation is not accepted by Herts Police)

Recommendation 4: Procedures to be reviewed between Hertfordshire Police and local mental health NHS for protocol in regard to the managing of patients in similar circumstances.

GP

Recommendation 5: To continue to ensure all staff are aware of how to identify and respond to signs of DA. This will be achieved by maintaining **Identification and Referral to Improve Safety** practice in the London Borough of Barnet, with both clinical and non-clinical staff taking part in refresher training and new staff being offered training. They described this as achievable within the Practice's allocated educational sessions.

Recommendation 6: For clinic staff – to continue to actively discuss cases within the clinical meeting, ensuring clinicians and patients are supported correctly, and medical records are kept appropriately.

Barnet Enfield and Haringey (BEH) Mental Health Trust

Recommendation 7: For all staff to follow the Trust Clinical Risk Assessment and Management Policy, remembering to update the Rio Risk Assessment with information newly obtained in consultation/assessment. This is to ensure new

information is addressed within Safety huddles/MDT reviews and staff are routinely updating the risk assessment tool on RiO.

Recommendation 8: All staff to ensure adherence to safeguarding record keeping standards and procedures. This is to embed a more extensive understanding of DV and abuse (its impact and need for early intervention) across the Trust.

Recommendation 11: To conduct a clinical pathway review for acute presentations within ED between Psych Liaison to CRHTT using QI methodology. All divisional CRHTT to involve a senior clinician in the team discussion (within hours) or on call SPR (out of hours) when a decision to change the clinical pathway is made.

Recommendation 12: Teams to ensure that when there are significant changes in a patient's care affecting their care pathway, a multi-disciplinary team approach is employed, and seniority of attendees is taken under consideration. All staff to undertake bespoke mental health training to address this issue. A multi-disciplinary team and multi-agency forum is to be set up to discuss issues highlighted in relation to mental health act assessments.

Recommendation 13: Due to the risk of incomplete multi-agency handovers, staff should ensure that they undertake a thorough assessment of the referred patients, including presenting complaint and its surrounding circumstances, psychiatry history, medication history including medication administered in the Emergency Department and document this in the patient's notes as appropriate.
The crisis prevention houses to have clear operational criteria shared with all relevant teams likely to refer patients to them, including Emergency Department liaison, crisis teams and access and flow. Referrals for admission to any inpatient setting should be clear in what needs to be achieved by the admission so that the access and flow team will be able to direct the patient to the most appropriate setting.

Recommendation 14: All staff should be reminded of documentation standards and expectations of the same.

Hertfordshire Partnership NHS Foundation Trust
Recommendation 15: DA training will be accessible to all clinical staff at least once a month.

Solace
Recommendation 16: Paperwork, information, promotional and resource leaflets associated with the Domestic Violence Perpetrator Programme to reference not only current/ex partners but also family members who are at risk of DA. This would then go some way to ensuring that those at risk of DA are identified and referred for appropriate support. Solace Violence Prevention Programmes Development & Implementation Manager and Solace Head of Quality and Service Improvement are to be jointly responsible for reviewing all current literature for Solace programmes to be completed by 30/4/2022.

Recommendation 17: To ensure that when working in partnership that we are asking critical questions and being proactive when asking for copies of relevant paperwork and evidence our request and outcome on case notes. This would ensure that we are

working towards providing a more complete and risk/needs focused approach towards support for those referred. Solace Head of Quality and Service Improvement to include appropriate internal policies and procedures by 30/6/2022

Recommendation 18: Discussion around resources and how Solace ensures that they are able to manage working with multiple people identified at risk from the perpetrator on a DVIPP when resources are limited. To ensure that each person identified is given an individual risk led approach.

Recommendation 19: For assessing team to ensure that when there are significant changes in a patient's care affecting their care pathway, an MDT approach is employed, and seniority of attendees is taken into consideration.

Recommendation 20: Review Solace training and guidance on MARAC referrals to ensure section on reasons when you would refer for 'professional judgement is included. The Solace Head of Quality and Service to review and implement by 30 June 2022.