SaferWalsall Partnership
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Domestic Homicide Review: Executive Summary

Under section 9 of the Domestic Violence Crime and Victims Act 2004

In respect of the death of Katie

DHR 7

Report produced by Simon Hill (Independent Chair & Author)

January 2020

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1 The Review Process

1. This Executive Summary of a Domestic Homicide Review (DHR) outlines the process undertaken by the Safer Walsall Partnership (SWP) in reviewing the murder of Katie, who was grandmother to the perpetrator, Curtis. He was convicted of murder and sentenced in October 2018 to life imprisonment with a minimum specified term of 24 years.
2. The following pseudonyms have been used in this review:

Pseudonym	Relationship	Age at time of homicide
Katie	Victim	74 years old
Arthur	Victim's husband	
Curtis	Perpetrator (Katie's grandson)	26 years old
Carrie	Katie's daughter	
Tom	Carrie's son (perpetrator's	

	half sibling)	
Malcolm	Carrie's husband	
Kevin	Katie's son	
Melissa	Curtis's partner and mother of his child	

3. The SWP was notified of the death of Katie in March 2018. The Community Safety Manager reviewed the circumstances of this case against the criteria set out in the Multi-Agency Statutory Guidance for the conduct of DHRs and recommended to the Chair of the SWP that a DHR should be undertaken. The Chair ratified the decision to commission a DHR in May 2018 and the Home Office was notified on 18 May 2018.
4. This review considered agencies' contact with Katie and Curtis (the perpetrator) from 01/01/15, but IMR authors were asked to include in their chronology and consider any events or information prior to these dates if they were considered relevant to the questions framed in these terms of reference.
5. Agencies were asked to give chronological accounts of their contact with the victim or perpetrator prior to her death. Where there was no involvement, agencies advised accordingly. Each agency's report covered the following:
   - A chronology of interaction with the victim and/or their family
   - What was done or agreed
   - Whether internal procedures were followed: and
   - Conclusions and recommendations from the agency's point of view
6. This review began in April 2018. Panel meetings were held on:
   - 11/04/18
   - 11/06/18
   - 10/09/18
   - 29/01/19
   - 18/03/19
   - 12/08/19

2 Contributors to the Review

1. An IMR and comprehensive chronology was received from the following organisations:
   - West Midlands Police
   - (Staffordshire Police provided a separate short report concerning their involvement with the perpetrator)
   - Walsall Clinical Commissioning Group (CCG)
   - Staffordshire and West Midlands Community Rehabilitation Company (CRC)
   - National Probation Service (NPS)
   - Dudley & Walsall Mental Health Partnership NHS Trust
   - Walsall Healthcare NHS Trust

All IMR authors were independent of the events described in the reports and assurances to this effect were received from all agencies.

3 The Review Panel Members

Name	Agency	Title
Simon Hill	None	Independent Chair and report writer
Andrew Bullman	Walsall Council	Temporary Community Safety Manager (Council lead up to June 2018)
Steve Gittins	Walsall Council	Team Leader, Community Protection (Council lead from June 2018)
Andrew Colson	Clinical Commissioning Group	Quality, Adult Safeguarding Lead
Dez Lambert	Public Protection Unit – West Midlands Police	Detective Chief Inspector
Sharon Latham	Dudley & Walsall Mental Health Partnership NHS Trust	Vulnerable Adults and Children's Lead
Liz Whitehouse	Dudley & Walsall Mental Health Partnership NHS Trust	Vulnerable Adults & Children's Specialist Practitioner
Dave Mullis	National Probation	Senior Operational

	Service	Support Manager
Kate Lucchesi	Staffordshire & West Midlands CRC	Regional Manager, Black Country Region
Craig Hawkins	Staffordshire & West Midlands CRC	SWM Deputy Head, Community Payback
Adrian Roche	Walsall Council, Public Health	Head of Social Inclusion
Jennifer Robinson	Walsall Healthcare Trust	Lead Nurse, Safeguarding Adults
Sarah Barker	Walsall Council	Business Manager, Safeguarding Business Unit
Support Officers		
Jane Murray	Walsall Council, Community Safety Partnership	PA/Team Leader

4 Author of the Overview Report

1. The Chair, Simon Hill, is a retired police public protection investigator with West Midlands Police, with twelve years' experience of child and adult safeguarding and major investigations. He retired from the service in 2013. Prior to leaving the police service he managed the Public Protection Review Team, responsible for writing the Force's IMRs and contributing to over thirty DHR and child and adult SCRs. He has chaired fifteen DHRs and adult SARs in the region. The Chair has had no involvement with the police investigations described in this DHR, nor has he had any supervisory or professional contacts with any members of the police services involved in this case.

5 Terms of Reference for the Review

Specific areas of enquiry

1. The DHR will determine to what extent (if at all) there were domestic abuse or adult safeguarding concerns in relation to the perpetrator based upon the history known to agencies and the family and friends of both the victim and perpetrator. If such risks were identifiable, what response could reasonably be expected from those agencies?

2. If family and friends had safeguarding concerns relating to the risk of harm to any adult, where could they seek help/support and what could they expect from agencies?

The DHR will consider the following areas related to domestic abuse and adult safeguarding:

(IMR authors should address each question. If it is felt that there is no relevant information for any of these questions, please briefly indicate why):

1. Were practitioners sensitive to the needs of the victim, Katie, and the perpetrator, Curtis, knowledgeable about potential indicators of domestic violence and abuse and aware of what to do if they had concerns about a victim or perpetrator? Was it reasonable to expect them, given their level of training and knowledge, to fulfil these expectations?
2. Did the agency have policies and procedures for Domestic Abuse, Stalking and Harassment (DASH) risk assessment and risk management for domestic violence and abuse victims or perpetrators and were those assessments correctly used in the case of this victim/perpetrator?
3. Did the agency have policies and procedures in place for dealing with concerns about domestic violence and abuse? Were these assessment tools, procedures and policies professionally accepted as being effective? Was the victim subject to a MARAC or any other multi-agency forum?
4. When, and in what way, were the victim's wishes and feelings ascertained and considered? Is it reasonable to assume that the wishes of the victim should have been known? Was the victim informed of options/choices to make informed decisions? Were they signposted to other agencies? How accessible were the services for the victim and perpetrator?
5. Had the victim disclosed to any practitioners or professionals and, if so, was the response appropriate?
6. Whether, in relation to Katie (the victim) and Curtis (the perpetrator), an improvement in any of the following might have led to a different outcome:
    - Communication between services

- Information sharing between services with regard to domestic violence

7. Whether the work undertaken by services in this case was consistent with each organisation's:
    a. Professional standards
    b. Domestic violence policy, procedures and protocols
    c. Safeguarding adults policy, procedures and protocols
8. The response of the relevant agencies to any referrals relating to Katie or Curtis concerning domestic violence, mental health or other significant harm. In particular, the following areas will be explored:
    - Identification of the key opportunities for assessment, decision-making and effective intervention from the point of any first contact onwards
    - Whether any actions taken were in accordance with assessments and decisions made and whether those interventions were timely and effective
    - Whether appropriate services were offered/provided and/or relevant enquiries made in the light of any assessments made
    - The quality of the risk assessments undertaken by each agency in respect of Katie and Curtis.
9. Whether practices by all agencies were sensitive to the gender, age, disability, ethnic, cultural, linguistic and religious identity of the respective family members.
10. Whether issues were escalated to senior management or other organisations and professionals, if appropriate, and in a timely manner.
11. Are there ways of working effectively that could be passed on to other organisations or individuals?
12. Are there lessons to be learned from this case relating to the way in which this agency works to safeguard victims and promote their welfare, or the way it identifies, assesses and manages the risks posed by perpetrators?

13. Where can practice be improved? Are there implications for ways of working, training, management and supervision, working in partnership with other agencies and resources?
14. Whether the impact of organisational change over the period covered by the review had been communicated well enough between partners and whether that impacted in any way on partnership agencies' ability to respond effectively.

Agency-Specific Questions

The following agencies should in addition address these questions:

- **National Probation Service (NPS)**
- **Staffordshire & West Midlands Community Rehabilitation Company (CRC)**

The perpetrator was subject to a pre-sentence report (PSR) on the 13/10/17 and given an Offender Rehabilitation Act (ORA) suspended sentence order with 150 hours unpaid work supervised by the CRC.

1. What were the findings of the PSR in particular in relation to the offender assessment? Was the PSR shared with the CRC responsible for supervising the unpaid work as part of the suspended sentence?
2. To what extent does the PSR consider the reasons for offending, the perpetrator's vulnerability at the time of sentence and any consequent risk of re-offending, or safeguarding concerns?
3. What are the responsibilities of the NPS and/or the CRC to assess an offender during the term of a suspended sentence order?

6 Summary Chronology

1. Katie was grandmother to the perpetrator and a matriarchal figure to the whole family. Katie had had a very successful career as a health professional. She worked for Sandwell Health Authority where she eventually became Director of Nursing Services.

2. She supported her daughter raising her two sons, and gave advice to her as problems in Curtis's life became more apparent. (She also offered some financial support to both her grandsons.)
3. The DHR found no relevant involvement with Katie by any agency. Katie's recorded contact with her GP and secondary care in local hospitals was not relevant to this review.
4. All the IMRs considered in this DHR related to the perpetrator Curtis, who had contact with his GP, mental health services, Staffordshire and West Midlands Police and the NPS and Staffordshire & West Midlands CRC. The nature of these involvements will be explained in section 7 below.
5. For some of the period between November 2015 and December 2016, Curtis received mental health support from his GP and mental health professionals.
6. In 2017, Curtis was working for a major logistics company, in their warehouse. In April 2017, together with a co-accused, Curtis stole goods to the value of £29,600. He was arrested and interviewed in April 2017 and claimed that because he owed the co-accused money (a sum of around £300) he had been threatened by him that he would "*rape and kill his family*" if he did not commit the crime. He was arrested and charged with theft.
7. In November 2017 he was sentenced to eight months, suspended for 18 months, with unpaid work of 150 hours. The CRC supervised this unpaid work in the community.
8. The unpaid work in the community, as part of the sentence, was completed without incident by February 2018, under the supervision of the CRC. Only a few days later, Curtis murdered his grandmother.
9. On an evening in late February 2018, Katie was found in her home by a neighbour who went to check on her welfare, acting upon concerns raised by her family. She was deceased, having suffered multiple stab wounds. Katie was living alone at this time, since Arthur had been admitted to hospital.
10. The next day, police arrested and charged Curtis with her murder. He was convicted and sentenced in October 2018 to life imprisonment with a minimum specified term of 24 years.

7 Key Issues arising from the Review

7.1 The co-morbidity of mental health, problem gambling and substance misuse

1. The chronology described Curtis's troubled adolescence and adulthood and his family's attempts to support and intervene where necessary. He had mental health vulnerabilities apparently caused by bullying, low self-esteem and a poor self- image. There has been evidence offered by the family that Curtis was on the autistic spectrum. Yet whilst these may well have been key triggers, they were not the sole cause of Curtis's mental health problems.
2. Curtis amassed significant gambling debts and his severe financial problems certainly worsened his anxiety, depression and mental health. Alongside this, he had apparently been a cocaine user since he was 16 years old.
3. Through the fairly limited contacts that mental health service had with Curtis, they knew about his self-harm and recognised that gambling and drugs had been factors, but seemed not to have discovered the extent of the gambling and related debts and the duration of his drugs abuse, and therefore probably underestimated how much of an impact they had on his mental health.
4. Whilst mental health professionals would address a patient's presenting problems, they rely upon self-disclosure and honesty. There would probably need to be some credible evidence that a patient was not being truthful, before professionals would choose to explore with a patient any assertion that a previous problem no longer affected him. However, where a patient may have experienced, or be experiencing addiction, awareness that they may not be honest about their problems should inform assessments.
5. Where depression or another diagnosed mental health condition is present together with gambling and substance misuse, these presenting problems needed much closer investigation because of the impact these would inevitably have on the client and family in relation to **resources** (work and employment,

money and debt, crime), **relationships** (partners, families and friends, community) and **health** (physical health, psychological distress, mental health.)[1]

6. Although Curtis did have a supportive family, the mental health service did not discover that the vulnerabilities were causing a serious family breakdown because Curtis characterised his relationship with his parents as good. The service had no knowledge at all of Katie and the part she played in supporting Curtis, confining their exploration of Curtis's background to the immediate family.
7. A cornerstone of high-quality health and social care and clinical practice is to promote wellbeing and welfare and to proactively manage risk and protect people from harm. To do this the professionals needed to consider the 'whole person' and consider relationships and external factors.
8. Having identified the presence of additional vulnerabilities these could have been explored and pathways to support for problem gambling and substance misuse identified. Mental health professionals should feel confident to take a holistic approach to these issues. This case is a timely reminder of why it is vital that mental health services ensure that their professionals become more aware when a patient presents with these combined vulnerabilities.

7.2 Curtis's contact with the criminal justice system (2017)

1. This DHR considered Curtis's criminal arrest and conviction in November 2017 and the NPS pre-sentence report PSR in October, as well as any risk assessments conducted whilst Curtis was in the criminal justice system. The DHR recognised that the last agency to have contact with Curtis was the CRC who supervised his unpaid work requirement in the months immediately preceding the homicide. These were viewed by the DHR as potentially the most significant engagements because they involved consideration of Curtis's risk of re-offending, his mental health, and any risk he may pose to others. They were

[1] Page 18 Figure 3 A framework of harms-key metric relating to gambling-related harms. Measuring gambling-related harms- a framework for action. Wardle, Reith, Best, McDaid, Platt Gambling Commission, Gambleaware, Responsible gambling strategy Board

the last contact Curtis had with professionals before the homicide and represented the final opportunity for professionals to identify any evolving risk to Katie or others.

2. The offence Curtis was accused of was a £30,000 theft from his employer, not one that would normally trigger safeguarding concerns for the public or anyone else, including the family that the subject lived with.
3. In his police interview at Stafford police station in April 2017, Curtis stated he had anxiety issues, but no on-going mental health problems. When accepted into custody he would have been asked about self-harm, but there is no evidence from the information received that he disclosed this element of his mental health problem. There was no drug screening of Curtis and no disclosure made about drug use.
4. Curtis claimed in his police interview that an alleged debt owed to the co-accused led to him being threatened by him, as well as threats being made against his family. However, Curtis also disclosed having debts of £10,000 to £15,000 from gambling, but claimed that he had given up gambling in January 2016.
5. This crucial piece of information should have been included in the case summary prepared for the Crown Prosecution Service, but the officer in the case did not appreciate its relevance and it was left out of the CPS file.
6. After his conviction, the NPS PSR in October 2017 was completed in a timely way, based upon a single interview; normal practice where probation officers are under time pressure to complete reports. It would be informed in part by the CPS file, which did not include details of the debt incurred as a result of problem gambling because CPS had not been made aware of it.
7. The PSR relied entirely upon the answers given by Curtis and did not require any further enquiry. A PSR would include any disclosed or known drugs use, but Curtis responded that he did not use drugs. Although Curtis's mental health history and self-harm were taken into account, the PSR does not appear to have discovered that the most recent self-harm episode (and probably the most serious one) was only thirteen months before and not as recorded '*in adolescence*.' Any cross- referencing with mental health records would have

elicited this information, but also gambling debts and cocaine use in his antecedent history.

8. However, this in-depth enquiry would only occur had Curtis's mental health history been very complex, which was not the case. The DHR accepted that based upon what had been disclosed in reports and by Curtis, it was very unlikely a probation officer would delay the report with further enquiries of other agencies.
9. The DHR felt that, objectively, there must have been a real risk of Curtis re-offending, whilst he had no regular income and a debt to service. It seems with hindsight unlikely that the motivation for the criminal offence came from a debt of £300 to the co-accused coupled with alleged threats. It appeared to the panel far more likely that the motivation was the much larger gambling debt being paid off under an IVA and the accused's on-going financial problems. Through lack of information, the PSR could not provide the whole picture to the court.
10. It is evident, that during the criminal investigation and trial, knowledge of the full context to the criminal offence, including Curtis's problem gambling debts, was confined to the police officer interviewing Curtis upon arrest.
11. Curtis's drug abuse, (allegedly historic, although this was contradicted by Curtis after the homicide) was known to mental health services and the GP only. Without self-disclosure, it was a relevant part of Curtis's profile, but not one that would be discovered during the investigation of a first offence of theft.
12. If professionals within the criminal justice system had been more aware of the significance of the co-morbidity of problem-gambling, debt, mental health and substance misuse, it is to be hoped that they would have been more professionally curious and perhaps sought information from other agencies.
13. However, it cannot realistically be argued, even with hindsight, that had the NPS known of the true history, it would have altered their management of Curtis in any significant way.
14. Similarly, whilst the NPS have already issued guidance based on the learning from this DHR that stresses to their staff the need for professional curiosity and a deeper exploration of an offender's background, a person convicted for the

first time of theft (even a high value offence) would not usually require a deeper exploration of background or reports from other agencies. A single interview is a reasonable response in the circumstances taking into account the pressure to produce PSRs in a timely way.

15. A combination of a failure to share relevant information by partner agencies, and a reliance upon self-disclosure during a PRS, meant it was unlikely that the probation officer or the CRC would have discovered the full extent of Curtis's vulnerability and found pathways to support him.

7.3 Curtis's vulnerabilities as evidence of risk

7.3.1 Debt

1. The DHR has considered in detail the implications of Curtis's debt and the criminal activity apparently associated with it. Financial pressures often accompany problem gambling.
2. The criminal offence for which Curtis was convicted in November 2017 was in some respects the '*last straw*' as far as his family were concerned, particularly since he did not apparently demonstrate contrition or regret afterwards, but remained demanding and aggressive. They had supported him to manage his debt and had encouraged and assisted him to take out an Individual Voluntary Agreement (IVA). However, it appears with hindsight that Curtis's debts increased. It is quite possible there was still problem gambling and some debt may well have been drug related.
3. When Curtis was sentenced for the homicide, the trial judge was clear that Curtis's motivation had been financial: to obtain more money from Katie. She had already helped Curtis with financial support (she paid for legal fees when he was at court in 2017). However, Curtis gave no explanation of why he had repeatedly stabbed a woman who had been a second mother to him.

7.3.2 Drug abuse

1. Curtis admitted to the use of cocaine, even though the extent and duration of drug use was not known with any certainty. However, at court during the murder trial, the prosecution was clear that he had a £100-a-week drug

habit. From a safeguarding perspective however, the presence of a mental health vulnerability and substance misuse are recognised as risk factors. The presence of moderate depression and a history of drug use were known to the mental health services; however, their overall assessment was of low risk based upon Curtis's actual presentation in December 2016. Curtis was clear in his mental health assessment that his drug taking coincided with the gambling problem and he claimed neither was still a problem. However, these assertions could have been explored further before they were relied upon.

2. This assessment may have seemed reasonable based upon on the facts disclosed. Had they known that Curtis was still using drugs, their assessment may have been different. If an adult is not open and honest about his problems and willing to engage with drugs misuse support, it is unlikely agencies will be able to reduce risk effectively. However, it is worth repeating that an addict often lies about the nature and extent of his addiction. (Curtis's family for their part were unaware of the presence of a substance misuse issue until the trial.)

7.3.3 Gambling

1. The DHR acknowledged that gambling is a legitimate leisure activity enjoyed by many and the majority do so with enjoyment, without exhibiting problematic behaviours.
2. However, a minority of gamblers go on to exhibit problematic behaviours that often impact upon their wellbeing, that of their families, and their communities. There is a growing recognition in the UK that gambling-related harm is a public health issue. In February 2018, the Gambling Commission issued a 'Briefing paper to Local Authorities and Local Public health providers'.
3. It called for a public health approach to '*address the effects of gambling on the families and close associates of gamblers and on the wider community, as well as those who suffer harm from their own gambling*.'

4. The DHR noted that the Gambling Commission proposed that local public health teams should '*recognise gambling-related harm in assessing risk to the wellbeing of communities*'.
5. It was the view of the DHR that a 'public health' issue is not one that public health teams alone can address, without recognition of the issues within society, and informed and supportive multi-agency responses to gambling related harms. The review concurred with the recommendation that '*awareness of gambling-related problems and their symptoms is raised with frontline health professionals and other agencies where problem gamblers may present themselves e.g. debt advice'*.
6. The DHR would go further and suggest this awareness needs to be raised with frontline practitioners in both Adult and Child Social Care, as well as professionals within the criminal justice system: courts, probation and police.
7. It is clear that problem gambling requires a societal response but also, as this case has illustrated, joined-up work by partner agencies to ensure that a person's problem gambling is properly understood.
8. The briefing was clear that where the evidence base for vulnerability is strongest are, amongst other factors, youth, substance abuse/misuse and poor mental health. There are estimated to be around 373,000 problem gamblers in England.[2]
9. The National Responsible Gambling Strategy has launched a research programme 2018-2022 to develop a conceptual framework for measuring gambling-related harm. The research hopes to develop suitable metrics to demonstrate the frequency of 'seven domains of harm' in problem gamblers.
    - Financial harm
    - Relationship disruption, conflict or breakdown
    - Emotional or psychological distress
    - Decrement to health
    - Cultural harm
    - Reduce performance at work or study

[2] Data from the 2015 Health Survey for England

- Criminal activity

10. This devastating case has brought into focus examples of every one of these seven domains of harm in the experiences of Curtis and his family. It is crucial that all professionals become more aware of the breadth and extent of the harms associated with problem gambling in order to be better equipped to offer support for the gambler but also recognise the need of the families.
11. Curtis's gambling seemed to reach addiction in and around the period under review. Malcolm accompanying Curtis to Gamblers Anonymous evidences that this was recognised by the family. Curtis did not take this support any further and would not engage. This is not an unusual response for an addict.
12. It is possible that Curtis actually managed to stop gambling on his own initiative in January 2016. However, given the tragic outcome, it is quite possible that gambling remained an addiction and with it the risks that all came to a head with this homicide.

8 Conclusions

1. Katie was an empathetic and warm-hearted grandmother who had joined the rest of the family in supporting Curtis through some very difficult years. She had maintained a reasonable relationship with her grandson even as his relationship with his parents deteriorated.
2. No agency ever received allegations of domestic abuse involving Curtis. There was nothing in the relationship between Curtis and Katie that would have suggested she was fearful or believed herself to be at risk from him. Katie had no involvement with agencies beyond her GP and primary care and there was therefore no opportunity for professionals to offer her support directly. Katie was active in her church community, but did not choose to expand upon any concerns she had about Curtis.
3. Katie's husband, Arthur, described her close relationship with Curtis, but was clear that if she was anxious about Curtis, she did not discuss her anxieties or consider coping strategies with him. He was aware that Katie

and Carrie often discussed Curtis and Katie was tireless in trying to support her daughter and the family.

4. The main burden of coping with Curtis's behaviour fell almost entirely on his immediate family who had a growing sense of desperation as the lies Curtis told multiplied. With hindsight, it seems reasonable to suggest problem gambling and his related gambling and drug debts influenced those behaviours and ultimately led to the homicide.
5. As far as Curtis's family were concerned, they suspected that he had stolen from them in the past and it appears they suspected that he had stolen from Katie when some of her charity envelopes disappeared. The family explained that some of the 'missing' envelopes were found when they cleared Katie's home after the homicide so it is uncertain whether Curtis had actually stolen from his grandmother.
6. By December 2017, Carrie was very wary of Curtis and had advised her mother not to give him money. Her view of any actual risk she was facing was informed with the tragic benefit of hindsight. The homicide left the family dumbfounded because none of them at the time had expected Curtis's aggression to go beyond intimidation or anger.
7. According to her close friend, who had been told of the difficulties the family was experiencing with Curtis, Katie would have been very '*open with him*' and was not scared to '*say things he didn't want to hear*'.
8. Curtis did not have a recorded history of violence, although Carrie had felt increasingly vulnerable in the months before the homicide. It may be that Katie had challenged Curtis in the aftermath of his conviction and refused him further money.
9. Evidence emerged that the homicide was planned and premeditated and no one in the family could offer any explanation as to why Curtis took this tragic path. He was expecting a child with his girlfriend Melissa, who was viewed by the family as a positive influence.
10. Yet professionals did intervene over the period under review and had the opportunity to explore with Curtis his presenting problems. With Carrie's support and encouragement Curtis did seek help. This DHR has described

how Curtis presented to his GP, to mental health services and then was involved in the criminal justice system. Although agencies may have dealt with the immediate presenting problems appropriately, none could claim with hindsight to have had a full and detailed understanding of Curtis's home circumstances and the full impact of his problem gambling.

11. Problem gambling may well have been one of the triggers for Curtis's mental health problems, drugs abuse and can be seen with hindsight to have been behind the family breakdown. It is not unreasonable to suggest it may have been a significant cause of the offending behaviour that ultimately led to the tragic homicide.
12. There was little evidence that professionals were able to view these vulnerabilities holistically and tried to find ways for Curtis to break the cycle because of a lack of professional curiosity, and arguably a lack of understanding of problem gambling and a tendency not to look at broader safeguarding.
13. The cost in personal terms for Curtis's family is beyond measure. Lives have been destroyed and damage done that cannot ever be repaired. This case demonstrates the potentially negative influence of problem gambling. Therefore it is imperative that the learning from this DHR is used to widen professionals' and the community's understanding of the public health aspects of this issue.
14. Although there is a considerable body of evidence already available that the harms associated with problem gambling extend beyond the gambler to their family friends the community and society, the Gambling Commission Nationwide Research Programme 2018-2022 seeks to go further. The programme is developing ways of measuring those harms to better understand the scale of the issue and whether those harms are reduced with more effective interventions.
15. The Commission recognises the need to hear the voices of problem gamblers' families and this DHR is evidence of how devastating those harms can be.

9 Lessons to be Learned

- Professionals need to be aware of the co-morbidity of problem gambling, mental health and substance misuse.
- In any assessment of risk, where these indicators are identified, they should be fully explored whether or not the subject believes them to be relevant or states they are not.
- In the presence of a known addiction such as gambling, or substance misuse, professionals need to be professionally curious and respectfully sceptical about what a client/patient tells them about their addiction and its impact.

10 Recommendations

1. The DHR identified evidence that professionals coming into contact with Curtis had limited understanding of the impact of problem gambling upon the individual, his family, friends and the wider community. Professionals need to be aware of the increased risk of the 'seven domains of harm' associated with problem gambling and be professionally curious and respectfully sceptical when encountering an individual with co-morbidity of problem-gambling, substance misuse and mental health to ensure they obtain as full an understanding as possible of the impact of those vulnerabilities. Our recommendation encourages all Safeguarding partners in Walsall to raise awareness of these issues within professional training and guidance. In addition, (Recommendation Two) Safer Walsall Partnership will organise a Learning Event to raise awareness of the social impacts of problem gambling.

Recommendation	Scope of recommendation	Action to take	Lead agency/ Agency lead	Key milestones achieved in enacting the recommendations	Target date	Completion date and outcomes
<u>Recommendation one</u> **The Safer Walsall Partnership would propose to the Walsall Adult and Child Safeguarding Boards that learning from this DHR relating to problem gambling be included by their Joint Learning and Development Sub Group in the Joint Annual Training Plan 2019-20 and that Safeguarding partners provide evidence to the Responsible Authority and Safer Walsall Partnership that it has been**	1/ Walsall Safeguarding Adult and Child Boards 2/ All safeguarding partners in Walsall	**1/Joint Learning and Development Sub Group to consider how learning from this review can be best incorporated in the joint Training programme for 2019-2020 and report their conclusions to the Joint Board.** **2/ The Responsible Authority to seek assurances from all safeguarding partners that this DHR Learning has been or will be incorporated in**	Walsall Safeguarding Adult Board/ Walsall Joint Safeguarding Board		September 2019	

included in their single agency training and guidance.		**their single agency learning/training and guidance.**				
<u>Recommendation Two</u> **Learning from DHR7 around the 'seven domains of harm[3] 'associated with problem gambling, and the need to be professionally**			Head of Community Safety		October 2020	

- [3] Financial harm
- Relationship disruption, conflict or breakdown
- Emotional or psychological distress
- Decrement to health
- Cultural harm
- Reduce performance at work or study
- Criminal activity

curious when encountering an individual exhibiting co-morbidity of problem gambling, substance misuse and mental health issues, is to be the subject of a multi-agency learning event in Walsall. Attendees to include all relevant safeguarding partners.						