



Domestic Homicide Review

**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

MUM

Our Mum meant the world to us and to lose her in such a tragic way has broken our hearts forever. Our lives will never be the same but while she has been taken away from us our memories of her will stay with us forever. She was the lovely lady that gave us life and raised us to be the people we are. She worked hard for us, always looked after us, loved and cared for us and passed on her work ethic, her values and her love for life to us.

She was also a wonderful wife, mother, sister, aunty, grandma and great grandma. It wasn't just us who loved her, she had many friends and colleagues who were drawn to her and cared for her. She worked in the NHS all her working life, starting as a trainee nurse and worked her way up to the Director of nursing services for Sandwell. She then took early retirement and returned to the NHS as a part time Health visitor working with the Haven in Wolverhampton, with those who had suffered domestic violence and prostitution. She supported the Glebe centre in Walsall and made and sold jam for numerous charities, including Breast Cancer UK.

She would do everything she could to help those less fortunate than herself, giving generously to the Red Cross and many animal charities. People enjoyed her company because she had a warm welcoming personality and a good sense of humour. She understood how some people struggle with life and did her utmost to help them. She had a great sense of community and a commitment to giving to those less fortunate than herself.

She enjoyed being with her family, we meant the world to her and she would do anything for us. She loved her church; she made good friends and enjoyed supporting the church fundraising events. Mum had a passion for cooking on her Aga, she was an amazing cook and a fabulous hostess.

Mum loved her garden; she designed it herself and got immense pleasure from it

throughout the year. Her relaxation was to spend time out tending to her flowers and shrubs.

Losing Mum has left a huge void in our lives and the pain of losing her is with us every day - it will never go away. It doesn't get any easier - we have no other option than to get used to life without her but she will live forever in our hearts and will never be forgotten.

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1 Introduction

1. The Chair of the Domestic Homicide Review (DHR) and panel members, as well as the Safer Walsall Partnership and contributing agencies, would wish to put on record their sincere condolences to the family and friends of Katie for their tragic loss.
2. This report of a DHR examines agency response and support given to Katie, a resident of Walsall prior to the point of her death In February 2018.

3. In addition to agency involvement, the review will also examine the past to identify any relevant background or trail of abuse before the homicide, whether support was accessed within the community and whether there were barriers to accessing support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer.
4. The Safer Walsall Partnership was notified of the death of the victim, 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 Safer Walsall Partnership 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.
5. This review considered agencies' contact with Katie and Curtis (the perpetrator) from 01/01/15, but Individual Management Review (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.
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
7. Throughout the process the Chair and AAFDA advocates maintained regular communication with Katie's family. The family were made aware of the final version of the overview report before submission.

2 Confidentiality

1. The findings of this review are treated as confidential and are shared only with participating officers/professionals and their line managers.

2. The identities of the individuals involved are protected by the use of pseudonyms. The families involved were offered the opportunity to nominate the pseudonyms to be used and chose that of the victim.

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 Terms of Reference

Over-arching aim

The over-arching intention of this review is to increase safety for potential and actual victims by changing future practice in line with lessons learned from the homicide review. It will be conducted in an open and consultative fashion bearing in mind the need to retain confidentiality and not apportion blame. Agencies will seek to discover what they could do differently in the future and how they can work more effectively with other partners.

Principles of the Review

- Objective, independent and evidence-based

- Guided by humanity, compassion and empathy, with the victim's voice at the heart of the process
- Asking questions to prevent future harm, learn lessons and not blame individuals or organisations
- Respecting equality and diversity
- Openness and transparency whilst safeguarding confidential information where possible

Legislation

The Domestic Violence, Crime and Victims Act 2004 Section 9 requires the commissioning of a DHR by the Community Safety Partnership within the victim's area of residence.

A DHR is defined as:

A review of the circumstances in which the death of a person aged 16 years or over has, or appears to have resulted from violence, abuse or neglect by:

A person to whom (s)he was related or with whom (s)he was or had been in an intimate relationship, or

A member of the same household as her-/himself

A review to be held with a view to identifying the lessons to be learned from the death; this may include considering whether appropriate support, procedures, resources and interventions were in place and responsive to the needs of the victim.

Governance and Accountability

The review was conducted in accordance with the Safer Walsall Partnership (SWP) DHR protocols.

As the accountable body responsible for its commissioning, the SWP received updates on progress of the review at scheduled SWP Board meetings. The Chair of SWP also received regular briefings from the review panel Chair/author on progress.

The Community Safety Manager, Walsall Council, provided administrative support.

Specific areas of enquiry

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?

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?

4 Methodology

1. The Safer Walsall Partnership commissioned the DHR in April 2018 and held a preliminary meeting at that time. It was agreed that Katie's family should be consulted at the earliest appropriate time to offer them the opportunity to participate in the DHR.
2. All agencies in Walsall who had contact with the victim and the alleged perpetrator were required to complete a comprehensive chronology of their involvement together with an information report or individual management review as determined by the DHR panel.
3. At the conclusion of the DHR, individual agencies debriefed staff involved in the case and SWP will disseminate the key learning from the review.

5 Involvement of family, friends, work colleagues, neighbours and wider community

1. The family of the victim have been supported by an organisation called AAFDA (Advocacy After Fatal Domestic Abuse) that specialises in providing support to victims' families by guiding them through enquiries including DHRs and mental health reviews. They also assist with, and represent, families at inquests, Independent Office for Police Conduct (IOPC) inquiries and other reviews. Carrie and Kevin each had separate AAFDA advocates.
2. The DHR panel contacted family members by letter, with the agreement of the Senior Investigating Officer (SIO) who attended the June 2018 panel meeting and was aware of the DHR Terms of Reference. The letters were sent by post, with

the knowledge of the Family Liaison Officer (FLO) who had spoken to family members in advance about the DHR and their possible participation. The letter included the Home Office information for family and friends about the DHR process.

3. The family were given the option to speak to the council's nominated lead for the review in person, by letter, or by any other suitable medium they might choose.
4. Katie's family chose to contribute to the review, and in December 2018 the Chair and the SWP DHR co-ordinator and administrator met separately with Kevin (the victim's son) and his partner, and Carrie, the victim's daughter and her husband Malcolm. Carrie chose to have an individual AAFDA advocate present for her meeting.
5. The Chair also spoke in June 2018 with a former work colleague and friend of Katie's who provided background from her perspective on Katie's professional life as well as her personality, attitudes and interests.
6. Having been reassured that Katie's husband, Arthur, was now emotionally and physically prepared to discuss the events surrounding this DHR, the Chair and the SWP DHR co-ordinator and administrator met with Arthur on the 12/08/19.
7. The SWP DHR co-ordinator and administrator met with the vicar of the local church attended by Katie and Arthur and he provided additional, vital information on Katie's personality and active part in her local community.
8. The review felt that the perpetrator may be able to contribute to the review and an invitation was delivered to him with the assistance of the Prison Governor. The perpetrator declined to meet with the Chair.

6 Contributors to the review

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.

7 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 Service	Senior Operational 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

8 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 Serious Case Reviews. He has chaired fifteen DHRs and adult SARs in the region. (The chair has had no involvement with 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.)

9 Equality and diversity

1. The DHR considered the nine protected characteristics under the Equality Act 2010:
 - Age
 - Disability
 - Gender reassignment
 - Marriage or civil partnership (in employment only)
 - Pregnancy and maternity
 - Race

- Religion or belief
 - Sex
2. The DHR did not find any evidence that any of the protected characteristics were relevant to this review. The victim was of white European origin and was born and lived in the area for her entire life.
 3. There was no evidence that Katie felt unable to access services, or that she encountered barriers of any kind. She had been employed within a Health Authority and had professional knowledge and experience of safeguarding, as well as having been involved with developing domestic abuse support in Walsall and adjoining boroughs.
 4. The review considered whether Katie's age (74) would have had any impact in this case. The family noted that having recently had major surgery at around the time of the homicide, she was physically frail and was vulnerable to that extent. However, her family were clear that she remained active, deeply engaged within both her faith and local community, and her physical health would not have impacted upon her ability to seek support from services or her immediate family.

10 Dissemination

1. The overview report will be disseminated to agencies participating in the review.

11 Background information (the facts)

1. Katie (74 years old at the time of the homicide) was retired and lived in Walsall with her second husband, Arthur, who required care from his spouse due to health issues. Katie had two adult children from her first marriage, Carrie and Kevin, who both lived in, or close to, Walsall.
2. She had a close relationship with her daughter Carrie and her grandsons, Curtis (26 years old at the time of the homicide) and Tom; they would both visit for tea regularly (although apparently in the months before the homicide Curtis's visits became less regular).

3. 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. Both the family and Arthur agreed that his presence in the home would possibly have prevented the tragic events that occurred.
4. 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.

12 Chronology

1. According to her family, Katie had experienced domestic abuse with her children's father. He had been emotionally abusive to the whole family and, it would appear, physically abusive to Katie.
2. They had separated as a result and he had apparently offered no financial support to the family whatsoever. Katie had told her friend (who shared this insight with the Chair), that during this period they had experienced significant financial hardship. Carrie explained that for many years her mother had been a single parent, holding down a job whilst raising a family.
3. Katie apparently met her second husband, Arthur at a social event. According to Arthur, Katie's experiences had made her understandably cautious and it took a while for him to build trust and establish a relationship with her and the children. Arthur described Katie as a devoted mother, a loving wife with an independent attitude, inner strength and resilience. Both Arthur and the couple's vicar described her in similar terms. In the vicar's words *"she was a person with a big heart, who had a lot of time for people. She seemed to understand people whose lives were 'on the edge'. She was compassionate and tried to make a difference. Katie was a 'rescuer', both with her family and with outsiders. She liked to help people who were in trouble"*.

4. It is clear that Katie had a very successful career as a health professional. She worked for Sandwell Health Authority where she eventually became Director of Nursing Services. According to a close friend and work colleague who had known Katie since 1991 and spoke with the Chair, she was *“inspirational to work with”*.
5. Katie was an innovator, creating a Homeless Families Team and projects to ensure health visitors reached out to families in hostels. In the late 90s she set up the Health Zone in Walsall. She had a keen interest in supporting vulnerable women and sex workers. She was also instrumental in the creation of the Wolverhampton Domestic Violence Forum.
6. Her work meant that she often encountered vulnerable homeless people, many of whom were experiencing some mental health vulnerability. It was her former colleague’s view that she had a very acute awareness of *“the signs of risk”* developed throughout her career. Her vicar felt she *“would have recognised red flags”*.
7. Katie was known as an authority in her field and was asked to provide multi-disciplinary training to registrars, nursing and health staff and often delivered addresses at conferences and in universities. Her service was recognised with the Queen’s Nursing Award.
8. In retirement she was a tireless fundraiser for the charities she supported and was a member of a local church. She continued to be involved with local homeless families.
9. As a consequence of the level of care her second husband needed she had job shared, but she had still supported her daughter caring for Curtis and Tom whenever it was required. The boys were very close to their grandmother; Tom described her in evidence to police as a *“second mother”*. Curtis was Malcolm’s own child, whereas Tom was his stepson.
10. It is evident from the conversations with Carrie and Kevin that Katie was a strong and dynamic personality. If she set her mind to a project or task she was indefatigable. She was always on hand to offer advice and support both practical and sometimes financial. Katie invested several thousands of pounds for her

grandsons and consequently was able to offer support to Curtis when he experienced financial problems.

11. Curtis's childhood was spent with his mother and father, and his half-brother, Tom. Malcolm had apparently brought up his stepson, Tom "*as his own*". It was Carrie and Malcolm's view that Curtis sometimes felt he was in his brother's shadow. Things often came easier to Tom; he was an accomplished sportsman and there was sometimes a degree of sibling rivalry between the boys.
12. Carrie described Curtis as "*naughty but funny*" as a child. He was very close to his grandmother and she remarked how most family photos pictured Curtis laughing with her. Yet at school he was challenging and Carrie explained that she had felt the need to attend parenting classes to address her son's behaviour. Carrie explained his classmates at school had bullied Curtis. There had been name-calling and verbal abuse. This apparently included a teacher who had mocked him about his ginger hair and his weight. However, Carrie said Curtis was a "*bright child*" passing his GCSEs with little revision.
13. A psychologist who assessed Curtis at this time believed he was on the autistic spectrum. Curtis's family recounted that they understood he had high functioning autism spectrum disorder. They felt Curtis was 'used' by his friends. There was no evidence presented to the DHR that this was mentioned, or taken into account during the support and assessments Curtis was offered by mental health services later in life.
14. In his later mental health assessments with GPs and mental health professionals, Curtis was clear that his low self-esteem and anxiety stemmed from these experiences. A vulnerability to bullying was part of his plea in mitigation during a prosecution for a theft from his employers in 2017. (This will be considered below.)
15. Curtis also often referenced an incident in his childhood as a traumatising experience, although his memories of the age he was when it occurred seem inconsistent. It was an allegation of indecent touching (over clothing) in a crowded public area, by an unknown adult male, when Curtis was about nine. It was fully investigated by police, but the offender was apparently never

identified. The family described the incident to the Chair in detail, but asked that it not be included in the DHR.

16. In adult life Curtis's relationship with his parents deteriorated markedly. They felt that the problems started when he was around twenty. It is unclear when Curtis developed problem gambling, but it is not unusual for problem gambling to impact upon relationships and cause *'increased arguments and relationship stress ...and loss of trust between family members.'*¹ However, in his mental health assessment following his arrest for the homicide, Curtis also stated he had been a cocaine user from 16 years old, using the drug three to four times a week to help with his low self-esteem and other issues. Curtis never disclosed this to his family; they had no knowledge of any drug use until after the homicide.
17. His uncle, Kevin, described Curtis as a *"wheeler dealer"*. He apparently was always offering to sell products such as perfume that the family recognised as probably fake. He had for some time experienced depression and anxiety. Problem gambling may well have already been a factor; one of the recognised impacts of problem gambling is upon effectiveness and efficiency leading to job losses and an inability to gain employment.
18. Curtis's uncle felt Curtis struggled to maintain relationships with girlfriends and it was suggested that this appeared to affect his self-esteem and confidence and may have contributed to his low mood. His uncle described him having four or five short-lived relationships in the years before the homicide. Curtis's mother described her son's girlfriends as *"always needing looking after"*. She gave as an example a girlfriend who had lived with the family in their home, but that it had caused tensions. The DHR was made aware from the police investigation of the homicide of an incident of domestic violence in this relationship. On one occasion, Curtis had apparently grabbed this girlfriend around the neck, but this was not reported at the time. (There was also evidence offered to the DHR that two of Curtis's ex-girlfriends had said after the homicide that Curtis had been occasionally violent to them. This was not apparently reported at the time, but

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

was reported to the DHR by a third party, and these claims cannot be verified.) Curtis's last girlfriend, with whom he was expecting a child at the time of the homicide, had broken up with him apparently over his drug misuse. She chose not to engage with the DHR and therefore it was not possible to ascertain the nature of her relationship with Curtis or whether she had experienced domestic abuse. She was having no contact with Curtis at the time of the homicide but was still in touch with his parents.

19. For some of the period between November 2015 and December 2016 Curtis received mental health support from his GP and mental health professionals.
20. In November 2015 it was noted in his GP records that *'he was experiencing depression, was feeling low and was unable to switch off after work. He had poor concentration and motivation'*. He began being prescribed anti-depressants but was also encouraged to seek Cognitive Behavioural Therapy (CBT). Locally-provided services at this time had a significant waiting list and because Curtis was keen to engage with CBT, his family paid for three private CBT sessions.
21. He was referred by his GP to the Enhanced Primary Care Service of the Mental Health Trust in November 2015 and had an initial assessment with a Primary Care mental health nurse in December. He described a recent incident of self-harm. (In a subsequent assessment he stated that this amounted to cutting his arms and legs.) The Patient Health Questionnaire (PHQ-9) showed he was suffering moderate depression and that his General Anxiety Depression Index (GAD-7) was severe.
22. By early January 2016 when a mental health nurse reassessed him, his medication was altered because of adverse side effects. His depression remained moderate but anxiety/depression had reduced to moderate. By the end of the month the anxiety level was assessed as mild and according to the DWMHPT IMR, *'his risk assessment was deemed low and there were no plans to self-harm or harm others at this time.'* He was discharged to the GP.
23. From the Chair's conversation with Carrie, it is clear that she was very instrumental in persuading Curtis to re-engage with GP and mental health services because of a further deterioration in his mental health and worsening

depression. She was present with Curtis when he attended his GP in October 2016. It coincided with a split from a girlfriend. (The GP's notes characterised this as being something both Curtis and Carrie felt was positive.) The GP's notes do not suggest that Curtis described a recent suicide attempt.

24. During the face-to-face assessment with the Enhanced Primary Care Team that was arranged in October, Curtis described '*rapid cycling moods swings incorporating anger difficulties.*' It was Curtis who suggested he may be bi-polar and he requested a psychiatrist assessment. However, no evidence of Curtis having such a disorder was found.
25. It was at a subsequent clinician-only assessment with a Community Psychiatric Nurse in November 2016 that Curtis disclosed gambling debts being a significant cause of anxiety. It does not appear from the available notes that Curtis explained the full extent of the debt. This disclosure was noted in records but not apparently explored further.
26. Curtis had developed a gambling habit, playing online and at casinos. It would appear that this caused him to incur significant debts on credit cards. (It is not clear how much of the overall debt was drug related.) It is also unclear when recreational gambling became problem gambling, but financial impacts are a major factor.
27. In a 2014 study² Dr Mark Griffiths explained: '*the term, 'problem gambling' has been used by many researchers, bodies and organisations to describe gambling that compromises, disrupts or damages family, employment personal or recreational pursuits.*' He continued, '*problem gambling is often co-morbid with other behavioural and psychological disorders which can be exacerbated by, problem gambling.*' It seems evident that the combined impact of problem gambling, depression and drug abuse placed Curtis and his family in an extremely vulnerable position.
28. Ultimately, Curtis had £35,000 of debts and very limited income. His parents became aware of his gambling and, in due course, the full extent of the debt. His mother Carrie arranged an Individual Voluntary Arrangement (IVA) that began to

² Problem Gambling in Great Britain: A Brief Review. Dr. Mark Griffiths Nottingham Trent University
Case 07 – amended following HO response

reduce the debt which, nonetheless, remained £26,000 at the time of the homicide. Curtis was apparently often unable to meet the IVA payments. Curtis later claimed he stopped gambling in January 2016 although it is hard to be sure this was the truth.

29. Curtis explained at the mental health assessment (paragraph 25 above) that as recently as September 2016 he tried to kill himself using a USB cable as a ligature over a hook on his bedroom door. (He had apparently damaged his mother's car when his parents had been on holiday and was allegedly fearful of their response.) Katie, who had gone to her daughter's home, found Curtis collapsed; she had initially feared he was dead. She went on to lend him money to pay for the repair.
30. This clinician-only assessment in November would have been in private, although Carrie had accompanied him to the appointment. Curtis claimed that he had a good relationship with his parents and sibling. He acknowledged cocaine use at around the time he was gambling but denied using at that time. (This was contradicted in a later assessment.) He also ascribed a lot of his mental health issues to bullying as a child.
31. Curtis's presentation was discussed with a psychiatrist who recommended psychological input to address trauma, but although the service tried to encourage engagement in December 2016, Curtis did not respond and a letter was sent to his home offering him the opportunity to re-engage if he felt he needed it.
32. There was no evidence found in the assessment of *'formal thought disorder suggesting psychosis'*. However Curtis's mental health treatment did not include any direct assessment by a psychiatrist before the homicide.
33. Curtis's financial problems remained a significant cause of family tension. Malcolm felt obliged to manage Curtis's expenditure closely. He was clear that his son could not be trusted to act responsibly. He took away his bank card and gave him cash as *'weekly pocket money.'* Any money that Curtis gave for his keep when he was in work his parents saved and later gave him when, in

October 2017, he moved in with Melissa, the mother of his child. She, according to Malcolm, apparently “*saw none of it*”.

34. Curtis parents were forthright with the Chair, both stating emphatically that their son was a “*compulsive liar*”. It is well recognised professionally that often addicts turn to lies and denial to hide the truth from their families. In a study for Gamblers’ Anonymous³ a psychologist described this trait amongst problem gamblers: “*For many, especially for (problem) gamblers ...lying becomes a natural way of life*”.
35. Curtis would ‘*nag*’ them for money, making up reasons for needing it that did not turn out to be true. Malcolm gave the example that he claimed several times he needed to pay for new tyres after punctures. Money and items went missing from the home and things that had been bought for Curtis disappeared. The family now assume they were sold.
36. Katie had installed a CCTV in her home initially because carers were coming in to provide care for her husband. As concerns increased about Curtis’s debts and dishonesty it served as reassurance to the family.
37. The conflicts with Curtis became so pronounced that Malcolm and he would not speak, sometimes for several months. The pressure felt by both parents was evidently intense.
38. 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.
39. 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. However, he also disclosed to the interviewing officer that he had previously had a gambling problem (which he claimed he had ‘given up’ in January 2016) and had accumulated debts of £10,000 to £15,000 which were being paid off at £200 a week through an IVA. It should be noted that Curtis did not disclose the true

³ Deviations Along the Road to Recovery. From the original transcript of a workshop given at the first International GA convention in the UK London, June 1985. Originally led by Iain Brown, MBE, Hon. Psychologist General Services Board of GA, Senior Lecturer at Glasgow University, Chairman of the European Society for the Study of Gambling

level of his outstanding debt (which was considerably higher than this) to the officer in the case.

40. The details of the gambling history and substantial debt were not deemed relevant to the Staffordshire Police file prepared for the Crown Prosecution Service and therefore were not taken into account during the court case.
41. Only the alleged threats from the co-accused were used in mitigation when, after admitting the offence, he was seen by the NPS for a PSR in October. 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.
42. In around October 2017 Curtis had left home to go and live with his new girlfriend but still occasionally returned home. Neighbours told Carrie after the homicide that they had noted it was strange he returned when his parents were out. However, Carrie was clear that the aggression he often demonstrated when they were present intensified at the same time.
43. Curtis increasingly intimidated Carrie in his demands for money, and this caused her to suffer nightmares. She reflected upon an incident in December 2017 when he had been in their home, asking for money and "*was really in my face*". It is a measure of how intimidated and at risk she felt that, on reflection, she stated "*it could have been me that day*". It was, in her view, only the arrival of Tom that defused the situation and prevented possible physical harm.
44. At the same time and possibly as a consequence, Carrie asked her mother to consider not giving Curtis any more money. She explained to the Chair that she could not say whether her mother had complied with this request. Katie was an independent and confident woman. She would have respected Carrie's opinion, but would have made her own decisions as to whether to provide financial assistance to her grandson.
45. The unpaid work in the community, as part of the sentence, was completed without incident by February 2018 under the supervision of the CRC. The family told the Chair that Curtis had apparently come into contact with a drug dealer who was also on the unpaid work. Their concern was that this might have made

Curtis's access to drugs easier at this time. Whilst this is possible, Curtis already had an established pattern of drug misuse and there is no independent evidence that this individual breached the terms of his order to supply drugs to others. Numerous different members of CRC staff supervised this work, but none had reported any concerns about Curtis's commitment, compliance with the order or with his mental health. Only a few days later, Curtis murdered his grandmother.

13 Analysis

1. This Overview has detailed Curtis's life experiences and vulnerabilities to try and establish whether it was possible to anticipate a risk of harm to Katie or anyone else in the family. The family relied upon Katie. She gave support and guidance, because her personal and professional life had made her resilient and resourceful. She was a matriarchal figure, respected by the entire family including Curtis.
2. She was a private person who did not share concerns widely, preferring to offer help when asked rather than intervene directly. There is a risk therefore that she may appear marginalised next to the report's emphasis upon the needs of the perpetrator.
3. The learning from this DHR is centred upon helping families like Katie's (and professionals) recognise when a loved-one's vulnerabilities could mean there is a heightened risk of harm to those around them.

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

1. The chronology has 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. The mental health service 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. The mental health assessments undertaken in 2015 and 2016 appeared to show a lack of recognition of the known risk of harm where problem gambling, mental health vulnerability and drug misuse are present together. Faced with these elements in Curtis's history, it may have been helpful had professionals demonstrated rather more professional curiosity. It would, for example, have been appropriate, when Curtis stated gambling and drugs use were no longer an issue, to consider his coping strategies, in case of relapse. This would help to identify whether in reality there was a risk that problem gambling or substance misuse remained a factor in Curtis's mental health vulnerability.
6. Research has shown gambling as a co-morbidity with other conditions such as mental health problems or substance misuse. As in this case, it is often not recognised. The 2012 Health Survey of England showed that: *'For self-reported anxiety/and or depression, 47% of problem gamblers said they are moderately or severely anxious and depressed versus 20% of non-problem or non-*

gamblers...11% of problem gamblers have a diagnosed mental health disorder versus 5% of non-problem gamblers.'

7. A study in 2005⁴ reported that just over a third of problem gamblers had a drug use disorder.
8. In a case where a patient has moderate depression, there would be an expectation that the service user's disclosures of any triggers for the condition would not necessarily require further investigation, particularly when that user states they are no longer major problems.
9. However, 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.)⁵
10. 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.
11. It should be acknowledged that the assessments did not identify a risk to others, and the risk of self-harm was judged to be low. There was no psychosis evident and therefore no reason using usual criteria, why they would have considered safeguarding of others.
12. The level of support Curtis received from mental health services was good and his access to support was timely. (Curtis's family noted however, that the long waiting list for CBT was not helpful.) The assessments appeared to deal with

⁴ Petry, Stinson and Grant

⁵ 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

Curtis's presenting problems appropriately. Curtis chose not to disclose the enduring nature of his drugs abuse and probably his problem gambling. It is a feature of any addiction that sufferers will often hide the reality of their dependency and minimise its impact. Professionals need to be aware of this possibility and through professional curiosity, seek some confirmation of what they are being told.

13. 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.
14. 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.
15. 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.

13.2 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 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 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 that Curtis was accused of, theft from employer, was not one that would normally trigger safeguarding concerns for the public or anyone else,

including the family that the subject lived with. However, if vulnerabilities are identified in a prisoner in police custody, there is a pre-release risk assessment required.

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. Curtis was deemed fit to be detained and interviewed and enquiry into a detainee would not usually be more extensive.
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. It is quite possible that his co-accused knew of Curtis's gambling history, which would have possibly made him more vulnerable to the kind of coercion that Curtis alleged had occurred. Whatever the situation, it was the view of the DHR panel that the gambling debt and a previous recent history of problem gambling were significant in understanding Curtis's motivation for the offence, even if, in interview, he had attempted to divert attention with the claim of threats by the co-accused. This crucial piece of information should have been included in the case summary prepared for the Crown Prosecution Service.
6. Staffordshire Police confirmed in answer to DHR enquiries, that the officer in case did not feel that this information was relevant, given that a guilty plea was anticipated. It would, the panel felt, have been far safer to include this information and allow CPS to form a judgement on its relevance to motivation, but also to the plea in mitigation he would go on to advance upon sentence. 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. This had an impact upon the questions asked in the short interview with Curtis, since his plea in mitigation had been based upon being coerced and threatened by his co-defendant over a much smaller debt than the gambling related debts of which the CPS and court were unaware.

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. This in-depth enquiry, however, 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. However, the Senior Operational Support Manager from the Probation Service on the DHR panel was clear that had the probation officer compiling the report been made aware of the gambling debt, the questioning around debts would have demonstrated far more professional curiosity. The probation officer would have required confirmation of the exact nature of those debts and Curtis's ability to meet them. This is particularly relevant, since the Probation Service took into account the fact that Curtis had lost his employment with a removal company when they proposed his community order. Had the facts been known in full, it is likely that the sentencing proposal presented to the court may have been different. This would have involved a requirement for post-sentence regular one-to-one supervision for a duration set by the court

and would have provided the opportunity for a better understanding of Curtis's background history. This could in turn have led to a better understanding of his vulnerabilities.

10. 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.
11. The probation report used the Offender Gravity Risk of Re-offending score to assess the risk of re-offending by Curtis. This yielded a score of 13% in the first year, which was low risk, and low risk of harm. This was apparently based upon previous offending history (one conviction) and would not apparently have altered, had the full context been known. However, this would have been one part only of the risk assessment undertaken and it is likely that further information would have affected the report/recommendations to court.
12. Curtis was supervised by a number of Community Payback supervisors from the CRC during his unpaid work. The team were aware of Curtis's mental health history and the CRC IMR noted that it would have been good practice to check out whether Curtis's mental health was stable and establish whether he was on medication. However, the supervisors are aware of signs of risk and safeguarding and it is clear that there was nothing about Curtis's attendance, compliance with the order or demeanour that raised concerns.
13. It is evident, therefore, 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.
14. 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.

15. 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.
16. 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.
17. 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.
18. 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.

13.3 Curtis's vulnerabilities as evidence of risk

13.3.1 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

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. The DHR noted that if Curtis was to be believed, in April 2017 his debt was between £10,000 and £15,000. By the time of the homicide in February 2018, the debt, which according to West Midlands Police had peaked at £35,000, stood at around £26,000.
4. It appears that this debt was owed to legitimate finance companies and not dubious sources of borrowing, which may have increased risk. However, it is possible that Curtis owed money to more risky lenders and this may have accounted for his desperation.
5. In any event, once the IVA was in place in 2016, Curtis needed to find regular work and meet the payment schedule, but this appeared to be largely beyond him. He lost a job as a removal man because of his conviction for theft. However, this DHR has indicated that at the trial for the theft, the court was not aware of the problematic gambling and the significant debt.
6. Curtis's family felt he was more vulnerable to exploitation by others because as an ex-offender he had difficulty finding work that would have allowed him address his debts and gain some independence.
7. 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.

13.3.2 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.)

13.3.3 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.⁶
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
 - 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

⁶ Data from the 2015 Health Survey for England

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.

14 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.
3. Katie was active in her church community but did not choose to expand upon any concerns she had about Curtis. Her vicar never met him and could only recollect one occasion where she disclosed that she "*worried about Curtis*".
4. 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.

5. 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.
6. 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.
7. 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.
8. 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*".
9. 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.
10. 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.

11. 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.
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. Problem gambling may well have been one of the triggers for Curtis's mental health problems and drugs abuse and can be seen with hindsight to have been behind the family breakdown. It is not unreasonable to suggest it was an aggravating factor in the offending behaviour that ultimately ended in the tragic homicide. During the police investigation and the trial, it became clear that the domestic homicide was premeditated and carefully planned and that Curtis went to lengths to hide his culpability.
14. 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. 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.
15. 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.

16. 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.

15 What do we learn?

- **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**

16 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. Recommendation One 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
<p><u>Recommendation one</u></p> <p>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</p>	<p>1/ Walsall Safeguarding Adult and Child Boards 2/ All safeguarding partners in Walsall</p>	<p>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.</p> <p>2/ The Responsible Authority to seek assurances from all safeguarding partners that this DHR Learning has</p>	<p>Walsall Safeguarding Adult Board/ Walsall Joint Safeguarding Board</p>		<p>September 2019</p>	

Walsall Partnership that it has been included in their single agency training and guidance.		been or will be incorporated in their single agency learning/training and guidance.				
<u>Recommendation Two</u> Learning from DHR7 around the 'seven domains of harm' ⁷ 'associated with problem gambling, and the need to be			Head of Community Safety		October 2020	

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- ⁷ Financial harm
 - Relationship disruption, conflict or breakdown
 - Emotional or psychological distress
 - Decrement to health
 - Cultural harm
 - Reduce performance at work or study
 - Criminal activity

<p>professionally 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.</p>						
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