



TOWER HAMLETS COMMUNITY SAFETY PARTNERSHIP DOMESTIC HOMICIDE REVIEW

**Overview Report into the death of Sajwa
January 2019**

**Independent Chair and Author of Report: James Rowlands
Associate Standing Together Against Domestic Abuse
Date: December 2020**



1. Preface.....	5
1.1 Introduction.....	5
1.2 Timescales.....	6
1.3 Confidentiality	7
1.4 Equality and Diversity	8
1.5 Terms of Reference.....	9
1.6 Methodology	11
1.7 Contributors to the Review	13
1.8 The Review Panel Members	16
1.9 Involvement of Family, Friends, Work Colleagues, Neighbours and Wider Community	18
1.10 Involvement of Perpetrator, Family, Friends, Work Colleagues, Neighbours and Wider Community.....	21
1.11 Parallel Reviews	23
1.12 Chair of the Review and Author of Overview Report	23
1.13 Dissemination	24
1.14 Previous case review learning locally.....	24
2. Background Information (The Facts).....	26
2.1 The Homicide.....	26
2.2 Background Information on Victim and Perpetrator (prior to the timescales under review).....	27
3. Chronology.....	30
4. Overview.....	50
4.1 Summary of Information from Family, Friends and Other Informal Networks:.....	50
4.2 Summary of Information from Perpetrator	51
4.3 Summary of Information known to the Agencies and Professionals Involved	53
4.4 Any other Relevant Facts or Information	56
5. Analysis.....	57
5.1 Domestic Abuse/Violence	57
5.2 Analysis of Agency Involvement.....	59
5.3 Responding to the Terms of Reference	81
5.4 Equality and Diversity	87
6. Conclusions and Lessons to be Learnt.....	89
6.1 Conclusions (key issues during this Review).....	89
6.2 Lessons To Be Learnt.....	90
7. Recommendations.....	92
7.1 Single Agency Recommendations.....	92

7.2 Multi Agency Recommendations 93

Appendix 1: Domestic Homicide Review Terms of Reference..... 95

Appendix 2: MPS Vulnerability Assessment Framework and quick guide tool..... 102

Appendix 3: Single Agency Recommendations and Template Action Plan..... Error!
Bookmark not defined.4

Appendix 4: Multi Agency Recommendations and Template Action Plan Error!
Bookmark not defined.

Appendix 4: Glossary 1199

Acknowledgement

Regrettably, no Pen Portrait is available to help readers get a sense of Sajwa¹.

However, the Review Panel is grateful to Sajwa's partner, Rahim, who participated in the DHR. His involvement has been crucial in building a picture of Sajwa as a person, and of her experiences.

¹ Not her real name.

1. Preface

1.1 Introduction

- 1.1.1 Domestic Homicide Reviews (DHRs) were established under Section 9(3), Domestic Violence, Crime and Victims Act 2004.
- 1.1.2 This DHR examines agency responses and support given to Sajwa, a resident of the London Borough of Tower Hamlets (hereafter 'Tower Hamlets') before the point of her death. Sajwa was killed by her brother Amir.² She was found dead at Amir's home on a day in January 2019 by police officers from the Metropolitan Police Service (MPS). The MPS had attended the property having been called by a neighbour, although there was a delay of around five hours between the call being made and their arrival.³ The London Ambulance Service (LAS) were also called to the property, but Sajwa was tragically pronounced dead at the scene.
- 1.1.3 Amir was arrested and charged with murder. He was initially held on remand in prison but was transferred to a mental health institution and, in March 2019, he was diagnosed with paranoid schizophrenia. In September 2019, Amir pleaded guilty to manslaughter on the basis of diminished responsibility and was sentenced in November 2019. He was sentenced to Hospital Order under Section 37 of the Mental Health Act 1983, with a restriction under Section 41 – which means that he will be detained in a mental health institution until he is deemed fit and no longer a risk to the public.
- 1.1.4 This DHR will consider agencies contact/involvement with Sajwa and/or Amir from the beginning of 2009 to the date of the homicide.
- 1.1.5 In addition to agency involvement, the DHR 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 any barriers to accessing support. By taking a holistic approach the review seeks to identify appropriate solutions to make the future safer.
- 1.1.6 The key purpose for undertaking DHRs is to enable lessons to be learned from homicides where a person is killed as a result of domestic violence and abuse. In order for these lessons to be learned as widely and thoroughly as possible, professionals need to be able to understand fully what happened in

² Not his real name.

³ Subsequently, it established that Sajwa was likely killed 3:20 hours and 3:50 hours prior to the MPS first being called by a neighbour and so this delay is unlikely to have contributed to her death. An investigation was carried out in relation to this matter. The investigation is summarised below (in 1.11), with the police contact on the day of Sajwa's death described in the chronology and the reasons for the delay considered in the analysis.

each homicide, and most importantly, what needs to change in order to reduce the risk of such tragedies happening in the future.

- 1.1.7 This DHR does not take the place of the criminal or coroner's courts nor does it take the form of a disciplinary process.
- 1.1.8 The Review Panel expresses its sympathy to the family, partner and friends of Sajwa for their loss. The Review Panel is grateful for the contribution of Sajwa's partner to the DHR process.

1.2 Timescales

- 1.2.1 In accordance with the December 2016 '*Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews*' (hereafter 'the statutory guidance'), the local Community Safety Partnership (CSP) – the Tower Hamlets Community CSP – commissioned this DHR. Having received notification from the Metropolitan Police Service (MPS) in January 2019, a decision was made to conduct a DHR in consultation in CSP partners in February 2019 and confirmed in March 2019. Subsequently, the Home Office was notified of the decision in writing in April 2019.
- 1.2.2 Standing Together Against Domestic Abuse (Standing Together) was commissioned to provide an Independent Chair (hereafter 'the chair') for this DHR in February 2019, with this beginning in April 2019 once the decision to conduct the DHR had been made. The completed report was handed to the Tower Hamlets CSP in December 2020. On the 24th November 2020, it was tabled at a meeting of the Tower Hamlets Community Safety Partnership and signed off, before being submitted to the Home Office Quality Assurance Panel on the 2nd December 2020. In April 2021, the completed report was considered by the Home Office Quality Assurance Panel. In June 2021, the Tower Hamlets CSP received a letter from Home Office Quality Assurance Panel approving the report for publication. The letter will be published alongside the completed report.
- 1.2.3 Home Office guidance states that a DHR should be completed within six months of the initial decision to establish one. This timeframe was not met due to:
 - The timing of the first panel (held in July 2019 to ensure agencies could attend and with reference to the conclusion of the criminal justice process);
 - To allow the completion of the criminal trial (Amir was not sentenced until November 2019);

- To meet with family and friends (contact attempts commenced from May 2019, see 1.9); and
- As a result of the Covid-19 pandemic. While the Review Panel was able to continue operating during this period, the availability of some members of the Review Panel and the transfer of meetings online has extended the duration of the DHR.

1.3 Confidentiality

- 1.3.1 The findings of this DHR are confidential until approved for publication by the Home Office Quality Assurance Panel. In the interim, information has been available only to participating officers/professionals and their line managers.
- 1.3.2 This DHR has been anonymised in accordance with the statutory guidance. The specific date of the homicide has been removed. Only the chair and Review Panel members are named.
- 1.3.3 The following pseudonyms have been used in this review to protect the identities of the victim, other parties, those of their family members, and the perpetrator. Three people who knew Amir, but declined to participate in the DHR, are referred to as 'Witness'.

Name	Relationship to Sajwa
Sajwa	n/a
Amir	Brother/perpetrator
Malik	Brother
Rahim	Partner
Abdul	Ex-husband
Witness 1	Former manager
Witness 2	Former colleague
Witness 3	Friend

- 1.3.4 The chair chose the pseudonyms in this report, at the request of Rahim.
- 1.3.5 In approaching anonymity, the Review Panel has also specifically considered Amir's right to privacy, despite his offence. As will become apparent, an account of Amir's contact with services includes information about several issues, including his sexual orientation. Notwithstanding Amir's offence, the Review Panel has been mindful of Amir's right to confidentiality. As a result,

some references have been generalised (including Amir's diagnosis with a communicable disease⁴) although the Review Panel has still explored his contact with services. Additionally, when the chair met with Amir (see 1.10) he explained that the report would be published and asked specifically whether Amir had any concerns about including this information, particularly concerning his sexual orientation. Amir said he did not. In October 2020, the chair contacted Amir again and was provided with the same answer.

1.4 Equality and Diversity

- 1.4.1 The chair and the Review Panel did bear in mind all the Protected Characteristics of Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, and Sexual Orientation during the DHR process.
- 1.4.2 At the first meeting of the Review Panel, it was identified that the Protected Characteristic of Sex required specific consideration. This is because Sajwa was female, and Amir is male. An analysis of DHRs reveals gendered victimisation across both intimate partner and familial homicides with females representing the majority of victims and males representing the majority of perpetrators.⁵
- 1.4.3 The Review Panel also identified the following Protected Characteristics as requiring specific consideration:
- *Disability* (Evidence relating to Amir's mental and physical health may be relevant in relation to disability);
 - *Race* (both Sajwa and Amir were of Pakistani origin);
 - *Religion and Belief* (both Sajwa and Amir are believed to have been of the Muslim faith).

⁴ Communicable diseases, also called infectious diseases, are illnesses which are spread from person to person either directly or indirectly.

⁵ "In 2014/15 there were 50 male and 107 female domestic homicide victims (which includes intimate partner homicides and familial homicides) aged 16 and over". Home Office, "Key Findings From Analysis of Domestic Homicide Reviews" (December 2016), p.3.

"Analysis of the whole Standing Together DHR sample (n=32) reveals gendered victimisation across both types of homicide with women representing 85 per cent (n=27) of victims and men ninety-seven per cent of perpetrators (n=31)". Sharp-Jeffs, N and Kelly, L. "Domestic Homicide Review (DHR) Case Analysis Report for Standing Together" (June 2016), p.69.

- 1.4.4 During the DHR, it became apparent that *Sexual Orientation* was also relevant, as Amir was a gay man⁶ and the Review Panel has identified some significant contact with services in this context.
- 1.4.5 The following issues have also been identified as particularly pertinent to this homicide: Immigration (both Sajwa and Amir were of Pakistani origin, and both had become naturalised British Citizens).
- 1.4.6 These issues are considered throughout this report and summarised in 5.3 below.

1.5 Terms of Reference

- 1.5.1 The full Terms of Reference are included at **Appendix 1**. This DHR aims to identify the learning from this case, and for action to be taken in response to that learning: with a view to preventing homicide and ensuring that individuals and families are better supported.
- 1.5.2 The Review Panel was comprised of agencies from Tower Hamlets, as Sajwa and Amir were living in that area at the time of the homicide. Agencies were contacted as soon as possible to inform them of the DHR, invite their participation and to ask them to secure their records.
- 1.5.3 Additionally, it was established that both the victim and perpetrator had properties in, or had previously lived in, other parts of London, specifically: the London Boroughs of Newham, Barking and Dagenham, and Redbridge. Key agencies in these boroughs (the local domestic abuse, substance use and housing department), as well as each borough's Multi-Agency Risk Assessment Conference (MARAC), were included in the scoping exercise.
- 1.5.4 Amir also had contact with several other agencies, including sexual health and Lesbian, Gay, Bisexual and Trans* (LGBT*) services. These too were contacted as part of the scoping exercise.
- 1.5.5 Those agencies reporting contact with Sajwa and/or Amir are detailed in 1.7 below.
- 1.5.6 At the first meeting, the Review Panel shared brief information about agency contact with the individuals involved, and as a result, established that the time period to be reviewed would be from the beginning of 2009 to the date of the homicide. This date was chosen because this was when Amir arrived in the

⁶ The DHR will refer to Amir as a gay man. This is because it was how he described himself when he met the chair, although it is of note that at least one agency recorded his sexual orientation as being 'homosexual'. When the chair met with Amir, he was asked about whether disclosing his sexual orientation was an issue and he said he was not concerned about this.

UK, and it was also the year in which agencies had their first contact with Amir and Sajwa.

1.5.7 *Key Lines of Inquiry:* The Review Panel considered both the ‘generic issues; as set out in the statutory guidance and identified and considered the following case specific issues:

- The communication, procedures and discussions, which took place within and between agencies;
- The co-operation between different agencies involved with Sajwa and/or Amir [and wider family];
- The opportunity for agencies to identify and assess domestic abuse risk;
- Agency responses to any identification of domestic abuse issues;
- Organisations’ access to specialist domestic abuse agencies;
- The policies, procedures and training available to the agencies involved in domestic abuse issues;
- Any evidence of help seeking, as well as considering what might have helped or hindered access to help and support.

1.5.8 The Review Panel also considered the following issue: Immigration.⁷

1.5.9 The Review Panel included several individuals and agencies that had not been previously aware of the individuals involved but were invited because of their expertise:

- Two agencies that operate in Tower Hamlets and which are commissioned to provide domestic abuse services:
 - The Hestia Domestic Abuse Service, which holds the Black, Asian, Minority Ethnic and Refugee (BAMER) Refugee Contract;⁸ and
 - Victim Support, which holds the Independent Domestic Violence Advisor, (IDVA) contract;⁹

⁷ During the course of the DHR, no information was shared to indicate that immigration was a current issue either Sajwa or Amir, as both had obtained British Citizenship. However, as discussed in the analysis, specific issues around race and religion and their country of birth may have been relevant.

⁸ Hestia deliver services across London and the surrounding regions, including domestic abuse services. For more information, go to: <https://www.hestia.org/tower-hamlets>.

⁹ Victim Support works with people affected by crime or traumatic events, including domestic abuse. For more information, go to: <https://www.victimsupport.org.uk/help-and-support/get-help/support-near-you/london/east-london>.

- The London Muslim Centre, who brought expertise about matters of race and faith;¹⁰ and
- The Naz provided expertise about LGBT+ BAMER communities.¹¹

1.6 Methodology

1.6.1 Throughout the report the term ‘domestic abuse’ is used interchangeably with ‘domestic violence’, and the report uses the cross government definition of domestic violence and abuse as issued in March 2013 and included here to assist the reader to understand that domestic violence is not only physical violence but a wide range of abusive and controlling behaviours. The definition states that domestic violence and abuse is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; and emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

1.6.2 This definition, which is not a legal definition, includes so-called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

1.6.3 In using this definition, the Review Panel was mindful that the homicide of Sajwa occurred in a familial relationship and could be understood as a particular form of domestic abuse, specifically: Adult Family Violence (AFV). While there is no single definition of AFV, fatal AFV is generally accepted to involve a homicide between family members aged 16 years and older, including the killing of a sibling.¹² To ensure that Review Panel members had a

¹⁰ The East London Mosque, which incorporates the London Muslim Centre and the Maryam Centre, offers a wide range of services including advice and counselling. For more information, go to: <https://www.eastlondonmosque.org.uk>.

¹¹ The Naz Project offers a range of services for people from BAMER communities manage and maintain better sexual health. For more information, go to: <https://naz.org.uk>.

¹² Sharp-Jeffs, N. and Kelly, L. (2016) *Domestic Homicide Review (DHR) case analysis*. Available at: http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf (Accessed: 28th March 2020).

shared understanding of the potential issues about family violence that needed to be considered in the DHR, a presentation prepared by Simon Kerss, a Lecturer in Criminology at Anglia Ruskin University,¹³ was shared and discussed. This addressed: Definition; Prevalence; Impact, Theoretical Perspectives; and Risk Factors. The chair and Review Panel are grateful to Simon for sharing his expertise.

- 1.6.4 This DHR has followed the statutory guidance issued following the implementation of Section 9 of the Domestic Violence Crime and Victims Act 2004.
- 1.6.5 On notification of the homicide agencies were asked to check for their involvement with any of the parties concerned and secure their records. A total of 58 agencies in Tower Hamlets, as well as the London Boroughs of Newham, Barking and Dagenham, and Redbridge, were contacted to check for involvement with the parties concerned with this DHR. Of these, 4 had only limited contact and submitted a Summary of Engagement only. However, 11 had more extensive contact and were asked to submit IMRs and Short Reports. A narrative chronology was also prepared.
- 1.6.6 *Independence and Quality of IMRs and Short Reports:* The IMRs and Short Reports were written by authors independent of case management or delivery of the service concerned. The submissions received were comprehensive and enabled the panel to analyse the contact with Sajwa and Amir, and to produce the learning for this DHR. Where necessary further questions were sent to agencies and responses were received.
- 1.6.7 Securing the participation of General Practices (GPs) in this case was particularly challenging. Where appropriate, that is addressed in the chronology and analysis. The Review Panel agreed it was helpful to note that a Named GP for Adult Safeguarding came into post during the DHR, covering the CCGs in Waltham Forest, Newham, Tower Hamlets. Having access to a Named GP was a significant benefit to the DHR. The Named GP for Adult Safeguarding was able to facilitate and resolve information requests with GPs and their input also ensured that the Review Panel was able to have insightful discussions concerning learning for and from primary care.
- 1.6.8 Three IMRs or Short Reports made recommendations of their own, and in some cases reported changes in practice and policies over time. These are described in the analysis (section 5).

¹³ For more information, go to: <https://www.anglia.ac.uk/people/simon-kerss>.

- 1.6.9 *Documents Reviewed:* In addition to the IMRs and Short Reports, several documents have been reviewed during the DHR process and are referenced in the report where appropriate.
- 1.6.10 *Interviews Undertaken:* The chair has undertaken one interview during this Review, with Rahim (as detailed in 1.9 below). The chair is very grateful for his time and assistance.

1.7 Contributors to the Review

1.7.1 The following agencies in Tower Hamlets were contacted, but recorded no involvement with the victim or perpetrator:

- Community Rehabilitation Company;
- East London NHS Foundation Trust¹⁴ (ELFT)
- Faith Regen Foundation¹⁵;
- Hestia - Domestic Abuse Service (Refuge)¹⁶;
- London Muslim Centre¹⁷;
- Look Ahead - Domestic Abuse Service (Refuge);
- Mildmay Hospital¹⁸
- National Probation Service;
- Tower Hamlets Children's Social Care;
- Tower Hamlets Community Intervention Service¹⁹;
- Tower Hamlets Education Safeguarding Service;
- Tower Hamlets General Practice (GP) Care Group (Health Visitors);
- Tower Hamlets Housing Options Service;
- Tower Hamlets Safer Communities - Drug & Alcohol Action Team;

¹⁴ Provides mental health services in the City of London, Hackney, Newham and Tower Hamlets and, Bedfordshire and Luton. For more information, go to: <https://www.elft.nhs.uk/About-Us>.

¹⁵ A multi-faith UK based regeneration charity, working to reduce social exclusion. For more information, go to: <https://thefrf.org/about-us/>.

¹⁶ As noted in 1.5.6, invited to participate on the Review Panel.

¹⁷ As noted in 1.5.7, invited to participate on the Review Panel.

¹⁸ Mildmay Hospital offers inpatient and day care for adults with physical, cognitive and psychosocial difficulties.

¹⁹ Provides support across a broad range of needs, such as unsuitable accommodation, substance abuse and mental health needs. For more information, go to: <https://www.lookahead.org.uk/our-services/our-service-map/services-accept-self-referrals/tower-hamlets-community-intervention-service/>.

- Tower Hamlets Safer Communities – Violence against Women and Girls (VAWG) and Hate Crime Team;
- Victim Support;²⁰ and
- Women's Health and Family Services²¹.

1.7.2 In Barking and Dagenham, Newham, and Redbridge the local domestic abuse, substance use and housing department), as well as each MARAC, reported having no contact with either Sajwa or Amir.

1.7.3 The following LGBT+ services were contacted but recorded no involvement with the victim or perpetrator:

- Galop;²²
- ELOP;²³
- Naz Project;²⁴
- London Friend (who run 'Antidote');²⁵ and
- Positive East.²⁶

1.7.4 The following agencies made contributions to this DHR:

Agency	Contribution
Barts Health NHS Trust	Short Report
King George Hospital and what was then the Sydenham Centre ²⁷ (both provided by Barking, Havering and Redbridge University Hospital NHS Trust (BHRUT)) ²⁸	Summary of Engagement

²⁰ As noted in 1.5.6, invited to participate on the Review Panel.

²¹ A community health charity focused on health and empowerment issues for disadvantaged women and their families more information, go to: <http://whfs.org.uk>.

²² Galop support LGBT people experiencing hate crime, domestic abuse or sexual violence. For more information, go to: <http://www.galop.org.uk>.

²³ ELOP is a holistic lesbian and gay centre that offers a range of social, emotional and support services. For more information, go to: <http://elop.org>.

²⁴ Although the Naz Project had no contact, they invited to sit on the Review Panel to provide expertise in relation to LGBT+ BAMER communities (see 1.5.9 above).

²⁵ Antidote is a drug and alcohol service provided by an LGBT service called London Friend. For more information go to: <https://londonfriend.org.uk/antidote/>.

²⁶ Positive East holistic range of health and wellbeing programmes. For more information, go to: <https://www.positiveeast.org.uk>.

²⁷ The Sydenham Centre is now known as The Sexual Health Clinic at Barking Community Hospital.

²⁸ An NHS Trust which provides neuro, stroke, and maternity services, as well as elective and emergency care. For more information, go to: <https://www.bhrhospitals.nhs.uk>.

Chelsea and Westminster Hospital NHS Foundation Trust (ChelWest) ²⁹	Short Report
Central and North West London NHS Foundation Trust (CNWL) ³⁰	Summary of Engagement
City Psychology Group (CPG) ³¹	IMR and chronology
Gables Surgery – GP for Sajwa	Short Report
Guys and St Thomas' NHS Foundation Trust (GSTT) ³²	IMR and chronology
London and Quadrant Housing (L&Q) ³³	Summary of Engagement
LAS	IMR and chronology
Liberty Bridge Road Practice - GP for Amir	IMR and chronology
METRO ³⁴	Short Report
Metropolitan Thames Valley Housing (MTVH) ³⁵	IMR and chronology
MPS	IMR and chronology
North East London NHS Foundation Trust (NELFT) ³⁶	Short Report
Peabody Housing ³⁷	Summary of Engagement

1.7.5 Additionally, the Home Office provided information about immigration and citizenship (see 2.2 below).

²⁹ An NHS trust which provides a range of specialist and general hospital services including sexual health and Human Immunodeficiency Virus (HIV) / Genitourinary Medicine (GUM) clinics (56 Dean Street and the John Hunter Centre). For more information, go to: <https://www.chelwest.nhs.uk/services/hiv-sexual-health>.

³⁰ CNWL provides a range of NHS services at GPs, in hospitals and in the community. For more information, go to: <https://www.cnwl.nhs.uk>.

³¹ A private healthcare provider, offering psychological services. For more information, go to: <https://www.city-psychology.co.uk/about-us/>.

³² An NHS trust which provides a full range of health services for residents of Lambeth, Southwark and Lewisham, as well as specialist services for patients from across London. This includes outpatient support for care and treatment for people living with the communicable illness with which Amir had been diagnosed. For more information, go to: <https://www.guysandstthomas.nhs.uk/about-us/about-us.aspx>.

³³ A housing association. For more information, go to: <https://www.lqgroup.org.uk>.

³⁴ METRO provides health, community and youth services, promote health and wellbeing for people experiencing issues relating to sexuality, gender, equality, diversity and identity more information, go to: <https://metrocharity.org.uk>.

³⁵ A housing association. For more information, go to: <https://www.mtvh.co.uk>.

³⁶ Provided community and mental integrated community and mental health services. For more information, go to: <https://www.nelft.nhs.uk/>.

³⁷ A housing association. For more information, go to: <https://www.peabody.org.uk>.

1.8 The Review Panel Members

1.8.1 The Review Panel members were:

Name	Agency	Job Title
Annette Carey	MTVH	Head of Customer Risk
Ben Wayland	LAS	Specialist for Adults
Clare Hughes	Barts Health NHS Trust	Interim Head of Safeguarding Adults
David Stuart	56 Dean Street (provided by ChelWest)	Manager, Chemsex Support Services
Dezlee Dennis	LBTH Safer Communities - Drug & Alcohol Action Team	Substance Misuse Commissioning Manager
Dinh Padicala	ELFT	Associate Director for Adult safeguarding and Domestic Abuse
Elaine Cunnea	Naz Project	Head of Counselling & Safeguarding Lead
Emma Sharp	MPS Specialist Crime Review Group (SCRG)	Review Officer
Gill Williams	ELFT (Tower Hamlets Adult Mental Health and Learning Disabilities Services)	Borough Director
Greg Ussher	METRO	CEO
Harry Johnston	Community Intervention Service	Contract Manager
Janice Cawley	MPS	Specialist Crime Review Group
Ken Andrew	Peabody Housing	Area Community Safety Lead South
Lauren Hoy	L&Q	Team Manager
Marcus Barnett	MPS	Commander, Central East Basic Command Unit (BCU) ³⁸
Melody Williams	NELFT	Integrated Care Director for Barking & Dagenham
Menara Ahmed	Senior VAWG and Hate Crime Manager	Tower Hamlets VAWG and Hate Crime Team
Michael Fullerton	GSTT	Safeguarding Adults Lead Nurse

³⁸ Covers the London Boroughs of Newham and Waltham Forest.

Milli Rahman	Victim Support	Senior Independent Domestic Violence Advisor (IDVA)
Natalie Blagrove	Peabody Housing	Domestic Abuse Lead
Raoul Barducci	CPG	Operations Manager & Director
Roisin Gavin	Barts Health NHS Trust	Safeguarding Coordinator
Ruth Blackburn	NELFT	Safeguarding Lead
Samantha Spillane	Barts Health NHS Trust - Adults Safeguarding	Head of Safeguarding Adults
Sarah Murphy	Clinical Commissioning Group (CCG) and Adult Social Care	Joint Senior Strategic Safeguarding Adults Lead in Tower Hamlets CCG and Local Authority
Sharon Benoit	Hestia Domestic Abuse Service (Refuge)	Manager
Sufia Alam	London Muslim Centre	Maryam Centre Manager

- 1.8.2 As noted in 1.5.7, despite having no involvement in the case, the London Muslim Centre and the Naz Project were included on the Review Panel. The chair and Review Panel are grateful for their time and input. Their contribution (alongside METRO, which had contact with Amir) is a reminder of the importance of being able to access local community expertise and knowledge during a DHR.
- 1.8.3 Additionally, a draft of the report was shared with the Patient Safety Lead Mental Health for NHS England (London).
- 1.8.4 *Independence and expertise:* Review Panel members were of the appropriate level of expertise and were independent, having no direct line management of anyone involved in the case.
- 1.8.5 The Review Panel met a total of four times, and the first meeting was on the 29th July 2019. There were further meetings on the 9th January 2020, the 24th April 2020, and the 14th July 2020. Thereafter, the Overview Report and Executive Summary were agreed electronically, with Review Panel members providing comment on, and signing off, a final draft by email during September 2020.
- 1.8.6 The chair wishes to thank everyone who contributed their time, patience, and cooperation.

1.9 Involvement of Family, Friends, Work Colleagues, Neighbours and Wider Community

1.9.1 From the outset, the Review Panel decided that it was important to take steps to involve the family, friends, work colleagues, neighbours, and the wider community.

Family

Name ³⁹	Relationship to victim	Means of involvement
Malik	Brother	Approached; Received a copy of the report
Rahim	Partner	Involved
Abdul	Ex-husband	Not approached

1.9.2 Given there were three people who could have been approached in the first instance, the Tower Hamlets CSP and the chair took advice from the MPS. Subsequently, it was agreed to approach Malik (who lives in Pakistan) and Rahim (who lives in London). Abdul was not approached.⁴⁰

1.9.3 Once the decision to conduct the DHR had been confirmed in March 2019, the Tower Hamlets CSP notified Malik and Rahim in May 2019: a letter was sent via the MPS Family Liaison Officer (FLO), along with information on Advocacy After Fatal Domestic Abuse (AAFDA)⁴¹. The delay in notification was to allow the issues identified in 1.9.2 to be resolved,

1.9.4 Thereafter, in the same month, the chair wrote to Malik and Rahim as well, again with the letters being sent via the FLO. The letters were accompanied by the Home Office leaflet for families and further information on advocacy

³⁹ Not their real names.

⁴⁰ Sajwa and Abdul had an arranged married in 2014 but separated soon after. When the MPS spoke to Abdul during the murder enquiry, it became apparent that he had not been in contact with Sajwa since they had separated. As a result, it was agreed by the CSP and the chair that it was not appropriate to approach Abdul.

⁴¹ AAFDA provide emotional, practical and specialist peer support to those left behind after domestic homicide. For more information, go to: <https://aafda.org.uk>.

support. These were sent in English, as the FLO advised that both Malik and Rahim did not need to have information translated.

1.9.5 Checks were also completed with AAFDA and the Victim Support Homicide Service (VSHS)⁴² to determine if they had contact with Sajwa's family. Neither had received a referral for or been contacted by Sajwa's family. Concerning any potential support offer for Malik:

- VSHS noted that they are only able to provide support to families living in England and Wales, although they indicated that they would support a family that resides abroad when they visit; and
- AAFDA confirmed that they would try and assist families who reside abroad but receive no funding for this and would secure funds from elsewhere. In these cases, they would also seek the help of Murdered Abroad⁴³.

1.9.6 The Review Panel felt this was a potential gap in provision in this case and was also likely to be an issue for other DHRs. For example, the 2018 Femicide Census reported that 15% of victims in that year were known or believed to have been born outside of the United Kingdom (UK)⁴⁴. While the Femicide Census includes data on different types of killing of women, a majority of the cases relate to domestic homicide. It is likely that a number of the families in these cases will also reside outside of the UK. Reflecting on his own experience, the chair has also led several DHRs where the family of the victim were not resident in the UK and has previously made the recommendation on this matter.⁴⁵ Given the same issue has occurred in this case, and it is not apparent what if any progress has been made about this matter, the same recommendation is repeated here:

Families should be integral to DHRs and be treated as a key stakeholder. This is because their participation is likely to increase the quality of a DHR and out of respect for their loss. To facilitate this, families should have access to specialist and expert advocacy. The fact that a family resides outside of the UK should not be a barrier to accessing specialist and expert advocacy concerning the DHR process.

⁴² The Victim Support Homicide Service supports bereaved families to navigate and know what to expect from the criminal justice system and providing someone independent to talk to. For more information, go to: <https://www.victimsupport.org.uk/more-us/why-choose-us/specialist-services/homicide-service>.

⁴³ A support group for families, partners and friends of the victims of murder and manslaughter abroad. For more information, go to: <http://www.murdered-abroad.org.uk>.

⁴⁴ Long, J. and Harvey, H. (2020) *Annual Report on UK Femicides 2018*, Available at <https://femicidescensus.org> (Accessed: 28th March 2020).

⁴⁵ This was in a DHR commissioned by the London Borough of Brent into the death of Elena. For more information, go to: <https://www.brent.gov.uk/your-community/crime-and-community-safety/domestic-abuse-and-vawg/>.

Recommendation 1: The Home Office to review funding arrangements for the provision of specialist and expert advocacy for the families of victims who reside outside of the UK.

- 1.9.7 No response was received from Malik. After the conclusion of the criminal justice process, the chair sought to approach Malik again. However, they were unable to do so, as the FLO had not been able to contact him since the conclusion of the trial. At the fourth panel meeting, the MPS agreed to make a further attempt to contact Malik via the FLO. The FLO was able to contact Malik and the chair wrote to him to about the DHR in October 2020. Malik confirmed he wanted to take part and identified some specific concerns including: the police response; services contact with Sajwa when she reported concerns about Amir; and the role of substance misuse. However, it was not possible to arrange an interview with Malik. Additionally, although Malik was provided with a copy of the draft report in October 2020, in December 2020 he indicated that he did not feel able to provide a response. As a result, the DHR was concluded in that same month. However, the chair and Tower Hamlets CSP agreed a process to ensure that Malik would be kept updated about the progress of the DHR.
- 1.9.8 The chair did not initially receive a response from Rahim, but after the conclusion of the criminal trial, a further attempt was made to establish contact. This was successful and the chair and Rahim met in February 2020. A transcript of this meeting was produced, with this being approved by Rahim, and this information has been incorporated into this report (see 4.1 below for a summary). Rahim was invited to provide a Pen Portrait, and to read and comment on the draft report, but did not feel able to do so. However, Rahim asked to be notified of publication and the chair was able to facilitate a handover of contact between Rahim and Tower Hamlets CSP to enable this.

Friends, Work Colleagues, Neighbours and Wider Community

- 1.9.9 Consideration was initially given to approaching friends, work colleagues, neighbours, and wider community. The MPS provided a list of witness statements taken during the murder enquiry, but only a few of these witnesses had been in contact with Sajwa, with all this contact being limited and transactional rather than (for example) as friends. As a result, these individuals were not approached, although the Review Panel has drawn on information they provided as summarised in the MPS IMR.

1.10 Involvement of Perpetrator, Family, Friends, Work Colleagues, Neighbours and Wider Community

The perpetrator and his family

1.10.1 Amir was approached at the mental health institution where he is detained, with this contact facilitated by his Responsible Clinician (RC).⁴⁶ Having received a letter with information about the DHR process, Amir confirmed he was willing to participate in the DHR. He and the chair met in February 2020. A transcript of this meeting was produced, with this being approved by Amir, and this information has been incorporated into this report (see 4.2 below for a summary).

Friends, Work Colleagues, Neighbours and Wider Community

1.10.2 Consideration was initially given to approaching friends, work colleagues, neighbours, and wider community. The MPS provided a list of witness statements taken during the murder enquiry. These were reviewed by the chair who identified three witnesses who should be contacted directly. Letters were sent via the MPS with information on the DHR process, accompanied by the relevant Home Office leaflet.

Name ⁴⁷	Relationship to perpetrator	Means of involvement
Witness 1	Former manager	No response received
Witness 2	Former colleague	No response received
Witness 3	Friend	No response received

1.10.3 Additionally, the professional services company where Amir had been employed was invited to participate in the DHR. Efforts were made by the chair to engage with the company, including:

- Making multiple attempts by email and telephone between November 2019 and February 2020; and
- Writing directly to the company's Chief Operating Officer and Personnel Director in March 2020

1.10.4 Unfortunately, no response was received. Given this, the Tower Hamlets CSP also made a request in May 2020. In a covering letter, it noted that: "*The*

⁴⁶ An RC has overall responsibility for the care and treatment of a patient.

⁴⁷ Not their real names.

commissioned Chair has made multiple attempts to contact [company name] to no avail. As you can appreciate, these statutory reviews are critical in ensuring improved safeguarding of adults and children". Again, no response was received. The letter was confirmed as being received by the professional services company, but no substantive response was received.

- 1.10.5 It is deeply disappointing that the professional services company did not respond to requests for its participation. The Review Panel considered naming the professional services company in this report. However, it decided not to do so, given this would compromise the anonymity of the DHR process.
- 1.10.6 While it does not excuse the disrespect shown by the professional services company to Sajwa as the victim of a homicide – nor the discourtesy to the chair, Review Panel, and the Tower Hamlets CSP – by its failure to respond, the Review Panel noted the limited guidance available to employers about DHRs. This amounts to a single leaflet which explains their potential role. The Review Panel felt that this may mean there is a lack of awareness about the process and how employers can take part. The Chair has previously made a national recommendation to address this issue,⁴⁸ which the Review Panel agreed to repeat here.

In those tragic cases where someone is killed, the sharing of information by employers may help build a fuller picture of a victim or perpetrator's experiences or behaviour. It is disappointing that that professional services company that employed Amir did not respond to requests to participate. While this is a specific example, there is a wider challenge relating to employer engagement in DHRs.

Recommendation 2: The Tower Hamlets CSP to write to the professional services company to share the findings of the DHR. In writing this letter, the Tower Hamlets CSP should express their disappointment at the professional services company's failure to participate in the DHR and request they review their procedures to ensure they can participate in DHRs in the future.

Recommendation 3: The Home Office to engage with the Corporate Alliance Against Domestic Violence⁴⁹ and the Employers' Initiative on

⁴⁸ This was the DHR into the death of Grace, commissioned by the Safer Leicester Partnership. For more information, go to: <https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/public-safety/safer-leicester-partnership/domestic-homicide-reviews-dhrs/>.

⁴⁹ For more information, go to: <http://thecorporatealliance.co.uk>.

Domestic Abuse⁵⁰ to review the effectiveness of existing guidance and support for employers in order to promote involvement in DHRs.

1.11 Parallel Reviews

- 1.11.1 *Criminal trial:* Amir was arrested and charged with murder. In September 2019, he pleaded guilty to manslaughter on the basis of diminished responsibility.
- 1.11.2 The MPS Senior Investigation Officer (SIO) was invited to the first meeting of the Review Panel but was not able to attend. The MPS SCRG representative instead provided a briefing to the Review Panel regarding the murder enquiry.
- 1.11.3 *The Coroner's Inquest:* An inquest into the death of Sajwa was opened, adjourned, and thereafter did not go ahead due to the criminal trial being heard and the family not wanting an inquest.
- 1.11.4 *MPS Directorate of Professional Standards (DPS) investigation:* A DPS investigation was undertaken into contact with Sajwa on the day she was killed. It seems that Sajwa had in all likelihood been killed in the mid-afternoon (likely between 14:30 and 15:00 hours), some 3:20 hours to 3:50 before a call was made by to the MPS by a neighbour (which was made at 18.20). However, the MPS did not attend until 23:16, which is a time delay of around five hours between a call being received from a neighbour and the arrival of police officers. The response time should have been within 60 minutes based on the information provided by the neighbour. Initially, the investigation was referred to the Independent Office for Police Conduct (IOPC)⁵¹ but the MPS was instructed to undertake a local investigation.⁵² The DPS found that no individual or team was responsible for the delay, concluding that the failure of police officers to attend in the required time frame was an organisational one. The MPS shared a copy of the DPS investigation findings with the chair. Information on the police contact that day is described in the chronology and the reasons for the delay are explored in the analysis.

1.12 Chair of the Review and Author of Overview Report

- 1.12.1 The chair and author of the review is James Rowlands, an Associate DHR Chair with Standing Together. James has received DHR Chair's training from

⁵⁰ For more information, go to: <https://www.eida.org.uk>.

⁵¹ The IOPC oversees the police complaints system in England and Wales. For more information, go to: <https://www.policeconduct.gov.uk>.

⁵² For more information on the types of investigation, go to: <https://www.policeconduct.gov.uk/investigations/what-we-investigate-and-next-steps>.

Standing Together. He has chaired and authored 11 previous DHRs and has previously led reviews on behalf of two Local Authority areas in the South East of England. He has extensive experience in the domestic violence sector, having worked in both statutory and voluntary and community sector organisations.

- 1.12.2 Standing Together is a UK charity bringing communities together to end domestic abuse. We aim to see every area in the UK adopt the Coordinated Community Response (CCR). The CCR is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse survivor, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase survivors' safety, hold perpetrators to account and ultimately prevent domestic homicides. Standing Together has been involved in the Domestic Homicide Review process from its inception, chairing over 80 reviews.
- 1.12.3 *Independence:* James has no connection with the local area or any of the agencies involved, although he is concurrently chairing another DHR in the borough.

1.13 Dissemination

- 1.13.1 Once finalised by the Review Panel, the Executive Summary and Overview Report will be presented to the Tower Hamlets CSP for approval and thereafter will be sent to the Home Office for quality assurance.
- 1.13.2 Once agreed by the Home Office, the Executive Summary and Overview Report will be shared with the CSP, the local VAWG Steering Group and MARAC partners, and also published. There will be a range of dissemination events to share learning.
- 1.13.3 The Executive Summary and Overview Report will also be shared with the Commissioner of the MPS and the Mayor's Office for Policing and Crime (MOPAC), as well as the NHS England (London).
- 1.13.4 The recommendations will be owned by the CSP, with the Tower Hamlets VAWG, Domestic Abuse & Hate Crime Team being responsible for monitoring the recommendations and reporting on progress.

1.14 Previous case review learning locally

- 1.14.1 This is the tenth DHR commissioned locally. Published DHRs can be found at https://www.towerhamlets.gov.uk/ignl/community_and_living/community_safety_crime_preve/Domestic_Homicide_Reviews.aspx. As appropriate, the

Review Panel considered the learning and recommendations from other reviews during this DHR.⁵³

- 1.14.2 However, locally, the specific learning that the Review Panel felt was most relevant was drawn from a Thematic Safeguarding Adult Review conducted into the case of Ms H and Ms I.⁵⁴ This identified learning concerning professional curiosity about a person's self-neglect and/or substance misuse rather than relying on assumptions about lifestyle choice.

⁵³ The Home Office Quality Assurance Panel suggested including a summary of all the learning from previous DHRs. This Review Panel did not feel this was appropriate for reasons of accessibility and the length of the report, and because the most relevant learning was from a Thematic Safeguarding Adult Review, which has been explicitly noted.

⁵⁴ Available at:
https://www.towerhamlets.gov.uk/ignl/health__social_care/ASC/Adults_Health_and_Wellbeing/Staying_safe/Safeguarding_Adults_Review.aspx.

2. Background Information (The Facts)

The Principle People Referred to in this report

Referred to in report as	Relationship to Sajwa	Age at time of Sajwa's death	Ethnic Origin	Faith	Immigration Status	Disability
Sajwa	n/a	35	Pakistani	Muslim	British Citizen	No
Amir	Brother	32	Pakistani	Muslim	British Citizen	Mental health condition
Malik	Brother	-	-	-	-	-
Rahim	Partner	-	-	-	-	-
Abdul	Husband	-	-	-	-	-
Witness 1	Former manager	-	-	-	-	-
Witness 2	Former colleague	-	-	-	-	-
Witness 3	Friend	-	-	-	-	-

2.1 The Homicide

- 2.1.1 *Homicide:* On a day in January 2019, a neighbour noticed a handprint in blood on the door to Amir's home. They knocked on Amir's door and eventually got a response (through the door) from Amir who said he was busy. As they were concerned, they called the MPS. Police officers arrived around five hours later. Initially, Amir did not answer the door, but eventually, he did so. Police officers noticed that Amir had scratches to his face and neck, red staining on his clothes, and noticed blood splatter on the floor and walls. They entered the property and found Sajwa lying on a bed. A LAS paramedic pronounced Sajwa dead soon after.
- 2.1.2 The following day, Amir was displaying erratic behaviour in custody and underwent a Mental Health Assessment. He was deemed not to be 'acutely or significantly ill at present' and fit to be interviewed. He was subsequently charged with murder.
- 2.1.3 *Post Mortem:* A Post Mortem was conducted and gave the cause of death as compression of the neck. Sajwa had deep cuts to the left middle finger and left thumb as well as extensive bruising to her hands, forearms, and other extensive bruising across her body. The wounds to the left hand were

consistent with being defensive injuries. The numerous bruises were consistent with Sajwa having been restrained or grappling.

- 2.1.4 Based on evidence from witnesses, the MPS murder enquiry established that Sajwa was likely to have been killed between 14:30 and 15:00⁵⁵.
- 2.1.5 *Criminal trial outcome:* Having pleaded guilty to manslaughter on the basis of diminished responsibility, Amir was due to be sentenced in October 2019. However, this was adjourned until November 2019. In that month, Amir was sentenced to a Hospital Order under Section 37 of the Mental Health Act 1983, with a restriction under Section 41 – which means that he will be detained in a mental health institution until he is deemed fit and no longer a risk to the public.
- 2.1.6 *Judge sentencing summary:* The Judge described the case as “*an extremely tragic*”, noting as well the care that Sajwa had provided to Amir.

2.2 Background Information on Victim and Perpetrator (prior to the timescales under review)

- 2.2.1 *Background Information relating to the Victim:* At the time of her death, Sajwa was 35 years old. Sajwa was Asian and was originally from Pakistan. She had entered the UK sometime in 2009/10, before being granted leave to remain in 2012. Sajwa married Abdul in 2014. This was an arranged marriage and broke down soon after. Sajwa secured indefinite leave to remain in 2014 and was naturalised as a British Citizen in 2015.
- 2.2.2 She had begun a relationship with Rahim in 2015 and they were planning to get married.
- 2.2.3 Sajwa was not in formal employment at the time of her death. She made an income by letting out rooms in two properties. It appears that part of the reason for this was that it allowed her flexibility to care for Amir.
- 2.2.4 Sajwa had no known disability and was of the Muslim faith, although it is not known to what extent she was practicing.
- 2.2.5 *Background Information relating to the Perpetrator:* At the time of the homicide, Amir was 32 years old. Amir is Asian and was originally from Pakistan. He first came to the UK in 2009, then securing a visa in 2010 as a highly skilled worker (linked to a graduate training scheme, see below). After

⁵⁵ The time of death is relevant because it is between 3:20 hours and 3:50 hours prior to the MPS first being called at 18:20 and subsequently attending at 23:16.

several extensions to his leave to remain, he received indefinite leave to remain in 2017 and in 2018 was naturalised as a British Citizen.

- 2.2.6 Amir was unemployed at the date of Sajwa's death, but until October 2018 he had worked for a large professional services company. He had initially started with the company in 2010 as part of a graduate training scheme and became a permanent member of staff in 2014. He resigned in August 2018, with his employment ending in October 2018.
- 2.2.7 Amir is a gay man. Based on information obtained by the MPS during the murder enquiry, Amir used social networking sites to meet other men although he did not have any long-term relationships while he was in the UK. He also used different drugs, including Crystal Meth (Methamphetamine),⁵⁶ GHB (Gamma-hydroxybutyrate)⁵⁷ and MDMA (3,4-methylenedioxy-methamphetamine).⁵⁸ Amir was diagnosed with a communicable illness in 2010.
- 2.2.8 Amir has a mental health condition (having been diagnosed, while in custody, with paranoid schizophrenia in March 2019).
- 2.2.9 Amir was raised in the Muslim faith, although he was not practicing. In July 2018, Amir had become interested in Buddhism and had attended some meetings.
- 2.2.10 *Synopsis of relationship with the Perpetrator:* Sajwa and Amir were siblings. Sajwa was the oldest, Amir was the middle child and Malik was the youngest. They were born in Pakistan. At the age of 13, their mother died and their father subsequently remarried. Amir discussed his childhood in several different contacts with agencies and described family life for himself and his siblings after his father's second marriage as difficult. This was echoed by Rahim.
- 2.2.11 *Members of the family and the household:* At the time of her death, Sajwa had been staying for a few days with Amir. Normally they lived separately, although Sajwa and Amir had lived together at various points previously, and between them had various tenancies rented from housing associations. This is illustrated in *Figure 2* on page 71. In summary:

⁵⁶ Methamphetamine can come in several different forms – including tablets, powder, or crystals. It can make people feel exhilarated, alert and awake. It can also cause people to feel agitated, paranoid, confused, aggressive and aroused. For more information, go to: <https://www.talktofrank.com/drug/methamphetamine?a=Meth>.

⁵⁷ GHB produces an effect similar to the effects produced by alcohol. It can make someone feel euphoric, drowsy and relaxed. It can also reduce people's inhibitions. For more information, go to: <https://www.talktofrank.com/drug/ghb>.

⁵⁸ Known as MDMA when in a powder form and as 'ecstasy' when in a pill form. It can make people feel very happy, energised and alert. It can also cause people to feel anxious, have panic attacks, confusion or be paranoid. For more information, go to: <https://www.talktofrank.com/drug/ecstasy#how-it-feels>.

- 2.2.12 Before 2012, Sajwa and Amir had lived together at properties in the London Borough of Redbridge and London Borough of Barking and Dagenham⁵⁹.
- 2.2.13 Since 2012, Sajwa had lived at a property in the London Borough of Barking and Dagenham. Sajwa had originally lived here with Abdul. After she and Abdul had separated, Sajwa became the tenant. Amir had lived there as well. After Amir moved out in 2016, Sajwa stayed at the property and was sub-letting rooms (without permission from the housing association) in this property on a short-term basis to overseas students. For ease of reference, this is referred to as '*Address 4*'.
- 2.2.14 In March 2016, Sajwa and Amir became joint tenants of a property in Newham, rented from Peabody Housing. However, it is not clear for how long or if they lived at this property and it was being sublet without permission. For ease of reference, this is referred to as '*Address 3*'.
- 2.2.15 In March 2016, Sajwa and Amir also became joint tenants of another property in Newham, rented from the East Thames Housing Association. Amir appears to have moved to this property after leaving Address 4. Amir and Sajwa were evicted in January 2017. It is not clear where Sajwa was residing between January 2017 and June 2017, but it is likely this was at one of the above addresses. The East Thames Housing Association completed a merger with L&Q in December 2017. For ease of reference, this is referred to as '*Address 2*'.
- 2.2.16 From June 2017, Amir was the sole tenant of a property, which he had rented from MTVH. He had (without permission from the housing association) sublet one room, but his tenant had moved out at the end of 2018. Amir was being evicted because he had been subletting without permission. For ease of reference, this is referred to as '*Address 1*'.
- 2.2.17 Sajwa and Amir did not normally live together, but Sajwa had temporarily moved into Address 1 at the start of January 2019. This was to help Amir as his mental health had become worse and because his tenancy was ending.

⁵⁹ Although Sajwa and Amir's residence in these boroughs fell within the timescales set out in the Terms of Reference, the Review Panel agreed not to seek further information. This was because the Review Panel felt it was appropriate to focus on the four most recent properties. Additionally, the Review Panel felt it would not be proportionate to seek further information in relation to these other properties because scoping with key agencies in the relevant boroughs had produced a nil return (see 1.5).

3. Chronology

2009 - 2013

- 3.1.1 On the 29th November 2009, Sajwa contacted the MPS and reported Amir missing from their home address in Redbridge after he had not returned home. Enquiries were made with Amir's friends who had not seen or heard from him. Additionally, Amir was not answering his phone, which according to Sajwa was out of character. Amir subsequently returned home the following day. He explained his absence by saying he been doing overtime at work.
- 3.1.2 In 2010 Amir started working at a professional services company as part of a graduate training scheme (he became a permanent member of staff in 2014).⁶⁰
- 3.1.3 On two occasions in 2010, Amir had an outpatient appointment with Barts Health NHS Trust. No evidence was submitted to the Review Panel that suggested that these contacts were relevant to the homicide, so they are not described here.
- 3.1.4 In July 2010, Amir was diagnosed with a communicable illness. He was referred for treatment with a specialist service at GSTT and had his first appointment on the 8th August 2010. He received routine medical advice and was prescribed antiviral medication. At this appointment, Amir requested that his GP not be informed. Thereafter, Amir was initially being seen twice weekly, with this then moving to six-monthly check-ups. On several occasions, he did not attend or requested changes to pre-scheduled appointments. Staff responded to these requests appropriately. Details about Amir's use of GSTT's services are not detailed in this chronology unless they are relevant⁶¹. It is of note that, during his contact with GSTT, Sajwa did not make any disclosures about his faith or culture.
- 3.1.5 On the 10th November 2010, Sajwa registered with the Loxford GP Practice for a routine medical issue. No disclosures were made, or concerns identified.⁶²
- 3.1.6 In July 2011, Amir called the MPS and reported that his car had been stolen. It was subsequently found and returned.

⁶⁰ Unfortunately, as the professional services company did not respond to requests to participate in the DHR process, no further information is available on Amir's employment.

⁶¹ This is because the Review Panel felt it was not proportionate to describe contact with sexual health services unless that contact provided information that was directly relevant to the background to, or circumstances of, the homicide.

⁶² Sajwa and Amir had contact with a number of GPs in the timeframe covered by the DHR. This contact was limited and for routine medical issues. For the sake of proportionality, the Review Panel agreed to focus on Amir's contact with Liberty Bridge Road Practice from March 2016.

- 3.1.7 On the 18th October, Amir had contact with GSTT and was asked whether he would reconsider his request that his GP should not be informed about the treatment for his communicable illness.⁶³ Amir declined to do so.
- 3.1.8 On the 19th October 2012, Amir changed GP surgery, moving from the Loxford GP Practice (where he had been registered since 2009) to the Highgrove GP Surgery. He would be known for three and a half years (until March 2016) having contact for minor medical issues.
- 3.1.9 In 28th January 2012, Sajwa attended the Loxford GP Practice for a routine medical issue. No disclosures were made, or concerns identified.
- 3.1.10 On four occasions in 2013, Amir had outpatient appointments with Barts Health NHS Trust. No evidence was submitted to the Review Panel that suggested that this contact was relevant to the homicide, so they are not described here.
- 3.1.11 On the 20th August 2013, Amir called the MPS and said that he had given his tenant notice to leave but was concerned they would cause a problem. He was advised to call back if there was a problem and did so on the 22nd August 2013. Police officers attended but this was dealt with as a civil dispute.
- 3.1.12 On the 23rd October 2013, LAS was called to Address 4 in Barking and Dagenham (L&Q property). Amir was reported to be vomiting and shivering. He was examined but did not report any other symptoms of concern and said he did not take drugs. He explained he had self-administered a caffeine product to complete a heavy workload. Amir declined to be conveyed to hospital and was left at home in the care of an unnamed flatmate.⁶⁴

2014

- 3.1.13 In 2014 Amir had contact with ChelWest, accessing sexual health services via 56 Dean Street and the John Hunter Centre, where he made disclosures relating to his substance use and his mental health. As with GSTT, details about Amir's use of ChelWest's services are not detailed in this chronology unless they are relevant.
- 3.1.14 On the 12th February 2014, NELFT received a referral for Amir from Amir's GP. This was for the Barking and Dagenham Adult Access and Assessment Team (BDAAT). There was a delay in responding to this as an administrator was on sick leave.

⁶³ Staff asked Amir about contacting his GP throughout his engagement with the service. He declined until he provided consent in August 2018.

⁶⁴ LAS had documented the presence of this individual but no record of their name.

- 3.1.15 On the 25th February, Amir contacted NELFT directly to chase up the referral and he was advised a nurse would contact him soon.
- 3.1.16 On the 26th February, Amir was triaged and disclosed that over the last 18 months he had experienced low mood. However, he also reported that he got excited, with this lasting for periods of 4-5 days. During these periods, he said he would make ambitious plans and feel that anything was achievable. Amir stated that: "*when he is low, he gets very depressed, which is worse than before*" and "*he lacks motivation*". He said he thought he had "*Bi-Polar Affective Disorder*".
- 3.1.17 Amir also disclosed:
- That he had been diagnosed with a communicable illness, and that this was sometimes something he thought about;
 - Said that he had a very demanding job, working 9 to 10 hours a day as an accountant;
 - That he had friends but does not discuss his issues with them; and
 - That he lived with Sajwa, who worked outside London.
- 3.1.18 On the 13th March, Sajwa had her first contact with the Highgrove Surgery for a routine medical issue. She was subsequently known to the surgery for a year, and during this time no disclosures were made, or concerns identified.
- 3.1.19 On the 19th March, Amir had a telephone assessment. He provided more information about what he had said when he was triaged. Additionally:
- Amir provided more information about his childhood, describing the difficult family dynamic after his mother died and his father remarried. He also said he had an older sister and younger brother, describing these as good relationships;
 - He said he was bullied at school as he was "*feminine*". He also talked about his sexual orientation, saying that he identified as a "*homosexual*"⁶⁵ and that the only family member who knew this was his sister;
 - Said he was having problems with his memory; and
 - Said he would binge drink and use MDMA in social situations.
- 3.1.20 Amir also said did not want medication and was not feeling suicidal or that he wanted to self-harm. He expressed an interest in therapy.

⁶⁵ There is no other record to indicate that Amir used the term 'homosexual' to describe his sexual orientation. NELFT were asked to check whether this was the term that Amir had indeed used. The nurse who spoke to Amir could not recall the conversation but said that if she had recorded this term then this is what Amir would have said.

- 3.1.21 The outcome of the assessment was that Amir did not have symptoms of Bi-Polar Affective Disorder but was experiencing low mood and anxiety due to stress. Amir was given information on a Mental Health Direct Crisis helpline and NELFT's Barking and Dagenham Adult access and assessment team (BDATT). He was also provided with information on services to which he could self-refer for therapy, including what was the Sydenham Centre (Amir subsequently attended for a single appointment in May 2014) and Mildmay Hospital, where he could self-refer to for therapy (there is no record of Amir accessing the service).
- 3.1.22 On the 20th March, a risk assessment was completed, and Amir's case was discussed at a team meeting. At the meeting, it was decided to close Amir's case to BDATT and provide information on two charities (Project Involve⁶⁶ and ELOP⁶⁷).
- 3.1.23 On the 24th March, Amir was contacted by NELFT. He said he had returned to work and was feeling well. He also said that his GP had written a letter to his employer advocating a decrease in his working hours. Amir was given information on Project Involve and ELOP and agreed to be discharged to his GP but made aware that he could re-refer to BDATT if he had any concerns in the future. A discharge letter was sent to Amir and his GP.
- 3.1.24 On the 13th May, Amir was conveyed by LAS to an Accident and Emergency (A&E) department run by Barts Health NHS Trust. He had been found at a bus stop (it is not clear by whom). Amir told staff he had taken 'G', then said he had taken ecstasy and then said he had not taken anything. He did not need treatment and was discharged into the care of Sajwa.
- 3.1.25 On one occasion in, Amir had an outpatient appointment with Barts Health NHS Trust. No evidence was submitted to the Review Panel that suggested that this contact was relevant to the homicide, so it is not described here.

2015

- 3.1.26 On one occasion in 2015, Amir had an outpatient appointment with Barts Health NHS Trust. No evidence was submitted to the Review Panel that suggested that this contact was relevant to the homicide, so it is not described here.
- 3.1.27 On the 13th April, Sajwa had her first contact with Highgrove Surgery, with further contact on the 5th May. This was for a minor medical matter, and she had no further contact.

⁶⁶ Project Involve is no longer in existence and as a result it has not been possible to confirm if Amir ever accessed this service.

⁶⁷ ELOP have no record of Amir.

- 3.1.28 On the 19th May, Amir self-referred to the CPG⁶⁸. He asked for a specific psychologist by name, but as they were not taking on any new patients, he agreed to see another psychologist. This contact led to an appointment on the 10th June. Amir did not attend the appointment. This was rebooked for the 23rd June and then re-scheduled at Amir's request to the 30th June. On that day, Amir had an initial consultation with a psychologist. There was subsequently communication with Amir thereafter to confirm a follow-up session.
- 3.1.29 On the 2nd July, Amir called the MPS to report his sister missing. He said she had gone to meet someone she had been speaking to on a dating site and had not returned. During this call, a friend of Sajwa's confirmed she had been staying with them. No further action was taken.
- 3.1.30 On the 8th July, Amir did not attend a follow up session at the CPG.
- 3.1.31 On the 15th July Amir attended an appointment at the CPG. At this appointment, Amir made a range of disclosures, primarily relating to his mental health, financial issues and substance use and smoking. In later appointments, he also talked about his sexual orientation and his communicable illness. On the same day, administrative staff at the CPG left a message for Amir asking him to provide the details of his GP, so they could inform them that Amir had started psychological therapy.
- 3.1.32 Subsequently, Amir attended two appointments (and missed one) in July.
- 3.1.33 In September Amir was provided with information by the CPG on mindfulness workshops.
- 3.1.34 On the 8th October, the LAS was called to Address 4 in Barking and Dagenham (L&Q property) where Amir was reported to be experiencing chest pain. Amir met the ambulance crew and, following an assessment, was conveyed to BHRUT's King George Hospital. There, he was seen by health staff and monitored before being discharged. Amir had no further contact with the service.
- 3.1.35 On the 15th November, the MPS were called because two men were fighting, one of whom was Amir. He said he had been assaulted. He said that he and another man were arguing over a payment. Amir was unwilling to give a statement. A crime report for common assault was created but closed without any further action being taken.
- 3.1.36 In November Amir was contacted by the CPG and notified that he would be discharged unless he booked a further appointment.

⁶⁸ This private healthcare was paid for via health insurance.

- 3.1.37 In November there was internal communication within the CPG (between Customer Service and the psychologist) attempting to clarify whether Amir's GP could be contacted, as he had not provided consent for this to happen. Internal communication relating to this matter would continue until April 2016. Thereafter, this appears to have been closed, with Amir having not provided consent for the CPG to contact his GP.

2016

- 3.1.38 On the 21st January, Amir disclosed recreational drug use for the first time to GSTT during a routine appointment. This included both GBH and Crystal Meth. Amir accepted a referral to Antidote. It is recorded that a referral was made by the clinician, with Amir also being provided with information. However, Antidote has no record of Amir. He also said he had been going to see a therapist⁶⁹.
- 3.1.39 In March 2016, a new joint tenancy held by Sajwa and Amir started in Newham. This was Address 3 (the Peabody Housing property). There were several calls in the following months about matters to do with the property (including fire alarms, radiators, and blinds).
- 3.1.40 Amir registered with the Liberty Bridge Road Practice on 24th March 2016.
- 3.1.41 On the 29th March Amir went to a Police Station and reported that he had been assaulted by a male he had met on a social networking app. When Amir was later spoken with, he stated he did not wish to pursue the matter any further. Because he was not willing to support any further enquiries, a crime report was created and then closed with no further action being taken.
- 3.1.42 In April Amir contacted the CPG and asked for an appointment. He rebooked a session with the same psychologist. This appointment was held on the 18th May.
- 3.1.43 A further appointment was offered, but Amir asked for an earlier date. This was arranged, but he did not attend the appointment on the 25th May.
- 3.1.44 On the 1st of June, Amir approached Peabody Housing (Address 3 in Newham) to ask for authorisation to have a lodger.
- 3.1.45 On the 8th June Amir attended a session with the psychologist at the CPG.
- 3.1.46 On the 16th June, Amir contacted the MPS twice, first to say that a male he had met online was refusing to leave his home (Amir gave a different first name when he made this call). Police officers attended the property, which was Address 2 (the East Thames / L&Q property). It became apparent the

⁶⁹ It is not clear from the records who provided this service, but it was likely a reference to seeing the psychologist at the CPG and/or CNWL. In following meetings, Amir referred to this as "counselling" or "psychology".

dispute was over money. Later Amir contacted the MPS again, saying that the same male had left a threatening voice mail. An appointment was made for the 18th June. When police officers attended, Amir said he had since spoken to the male amicably and did not wish to report anything.

- 3.1.47 On the 17th June, at 02.28, a male called the MPS requesting they attend his address but then ended the call. There was no reply when the operator called him back. Checks identified the mobile number belonged to Amir, who at the time was resident in Newham (this was Address 2 (the East Thames / L&Q property). However, the call had been made from the Enfield area. The male was eventually spoken to and said that the police were not required.
- 3.1.48 Soon after, at 02.30, another call was made to the MPS, with the caller stating: "*there are invisible people in the house*". The caller, who did not identify themselves, was not being very clear and it appeared to the call handler that he was conversing with someone in another language. The male ended the call before any information could be obtained. Checks identified the mobile number belonged to Amir. An assessment was conducted by the call taker and a police deployment was not deemed proportionate/necessary.
- 3.1.49 At 03.38, Amir called the police stating that the people in the flat opposite were flashing a human image at his window. No action was taken, and the call log noted that police attendance was not required.
- 3.1.50 On the 18th June, LAS attended an address in Newham (this was Address 2, the East Thames / L&Q property), where Amir was reported to have taken Crystal Meth and to have become violent. On arrival of the ambulance staff documented that Sajwa had made the call as she was concerned that Amir had taken drugs and was acting strangely and violently. It was also documented that Amir had been "*acting strangely, violently and shouting*" and that his sister had taken his mobile which had made him angry. However, Amir is not recorded as showing any signs of aggression in front of LAS or MPS staff (for example, when he was examined, he was calm and was behaving normally).
- 3.1.51 Amir confirmed he had taken Crystal Meth. He was examined but declined an assessment and said that it was his sister who made the call. He also declined to be conveyed to hospital and the ambulance crew deemed him to have the capacity to make that decision.
- 3.1.52 Due to the nature of the call, the LAS requested that MPS attend as well. The details provided by the LAS were "*30 yr old male taken Crystal Meth and become violent*".
- 3.1.53 Because Amir had declined to be conveyed to hospital, he was left at home in Sajwa's care. It appears likely that the ambulance crew undertook what the LAS IMR described as an 'informal' risk assessment: Sajwa was advised to

ring the police should she feel threatened or concerned in the future, or to contact the GP.

- 3.1.54 It is documented by the LAS that a discussion took place with Sajwa by ambulance staff alongside police officers. While the LAS records indicate this discussion took place the content is unknown.
- 3.1.55 As the MPS took no further action, no police reports were generated and so there is no further information as to their assessment of the situation or any discussion with either ambulance staff or Sajwa.
- 3.1.56 On the 28th June Amir missed an appointment with the psychologist at the CPG, having gone to the wrong address. He had a further appointment on the 6th July.
- 3.1.57 In July, Amir walked into 56 Dean Street (provided by ChelWest), where he had a 15-minute consultation with the Substance Use Lead. His faith and cultural background were mentioned briefly, but not discussed in any detail. There was no discussion about mental health. The focus of the consultation was on tools that Amir could use to abstain from drug use. He was invited to re-attend the walk-in session any time he wanted further advice about his drug use. He never attended again.
- 3.1.58 On the 12th July, Amir contacted the CPG, asking for the psychologist to write to his GP and also requesting a further appointment in September.
- 3.1.59 On the 13th July, Amir confirmed he was accessing Antidote for substance use support and referred again to seeing a therapist during a routine appointment with GSTT. He also referenced being on sick leave from work and feeling better in himself as a result.
- 3.1.60 On the 31st July, Amir had a routine appointment with GSTT. Here, he said that he was seeing both Antidote and a Clinical Psychologist to help him overcome his recreational use of drugs.
- 3.1.61 In August Amir had his last contact with ChelWest. Following that, he received text reminders to attend for check-ups but did not do so. At this last contact, a referral was made to CNWL. Amir subsequently cancelled two appointments with CNWL.
- 3.1.62 On the 16th August, Amir asked Peabody Housing (Address 3 in Newham) to change the account from which rent was paid.
- 3.1.63 On the 5th September, the CPG cancelled Amir's next appointment with the psychologist on the 14th September, as he had not confirmed it. Amir was advised of other availability but did not respond.
- 3.1.64 On the 29th September, CPG Customer Services wrote to remind the psychologist that Amir had requested a letter to his GP.

- 3.1.65 On the 1st December, Amir contacted the CPG to book an appointment. Due to the psychologist's availability, the first appointment he could book was on the 17th January 2017.

2017

- 3.1.66 On one occasion in early 2017, Sajwa had an outpatient appointment booked with Barts Health NHS Trust. No evidence was submitted to the Review Panel that suggested that this contact was relevant to the homicide, so it is not described here.
- 3.1.67 In January, Amir had his first contact with METRO about its Peer Support Services. He would meet the Peer Support service manager in March.
- 3.1.68 On the 17th January Amir attended an appointment with the psychologist at the CPG. In this month, Amir was also contacted by CPG Customer Service regarding his healthcare insurance. He subsequently told the CPG that his insurers were declining to settle the unpaid invoices.
- 3.1.69 On the 31st of January, Amir had an appointment with CNWL. At this initial assessment, Amir disclosed concerns about his use of drugs, including chemsex,⁷⁰ his communicable illness, sexual orientation, and low mood. Amir subsequently attended two sessions but then either cancelled or did not attend other sessions before being discharged in May. In contrast to some other services, Amir appears to have given consent for CNWL to notify his GP, as CNWL sent a letter to the GP in March recommending an exercise referral. After he was discharged, his GP was also notified.
- 3.1.70 Amir had a further appointment on the 15th February, and then provisionally booked a further appointment for the 25th April. On the 24th March, asked to see the psychologist he had asked for when he first contacted the CPG. He was informed he could not, as the named psychologist was not taking on new patients.
- 3.1.71 On the 2nd March 2017, Amir had a routine appointment with GSTT. He said he had not taken any recreational drugs since December 2016. This was the first time that Amir's had disclosed any mental health concerns. He talked about a loss of confidence and depression associated with his diagnosis with a communicable illness. Amir said he had been prescribed an antidepressant by his GP and that this had made a difference to his mood. Amir also

⁷⁰ 'Chemsex' refers to using drugs during sex. The three main drugs people take as part of chemsex are methamphetamine, mephedrone and GHB/GBL.

confirmed he was still seeing a “*counsellor*”⁷¹ and that he had been referred to a specialist counselling service by ChelWest (56 Dean Street).⁷²

- 3.1.72 On the 17th March Amir met with the Peer Support Service Manager at METRO for an initial assessment. In addition to his diagnosis with a communicable illness, a key issue that Amir identified was a desire to stop using drugs (such as Crystal Meth). This was understood at the time to be a reference to chemsex. During part of the intake process, Amir reported being Muslim and British Asian.
- 3.1.73 Amir was placed with a mentor. The aims of the mentoring were to assist Amir to feel less isolated by talking to a peer ‘buddy’ who would help him with coming to terms with his diagnosis with a communicable illness. Amir struggled to attend appointments regularly and dropped out of the service after meeting the mentor a few times. Amir was also given information about the Naz Project (METRO did not make a direct referral), as Amir had made disclosures he made about his cultural heritage and background⁷³.
- 3.1.74 On the 24th April, Amir was contacted by the CPG Customer Services regarding unpaid invoices. Amir provided details of a new insurer.
- 3.1.75 On the 25th April, Sajwa approached Peabody Housing (Address 3 in Newham) about an annual gas check, although the reason for this was unclear as the boiler at the property was a communal one.
- 3.1.76 On the same day, Amir attended an appointment with the psychologist at the CPG, saying he had asked to be put on a waiting list for the named psychologist he had originally hoped to see. Amir then said he would call back to reschedule the appointment with the psychologist.
- 3.1.77 On the 1st May 2017, Amir attended the A&E department at St Thomas Hospital (provided by GSTT) with a minor injury. No evidence was submitted to the Review Panel that suggested that this contact was relevant to the homicide, so it is not described here.
- 3.1.78 On the 16th May, Amir had contact with the MPS. He was spoken to as he was identified as the driver of a hire vehicle illegally parked outside a property. Amir said that he had hired the vehicle as he had recently moved into a new flat and had used the van to move his possessions. No further action was taken.

⁷¹ This is most likely a reference to Amir’s contact with the CPG.

⁷² This may have been a reference to the service provided by METRO.

⁷³ The Naz Project have no record of Amir.

- 3.1.79 On the 6th June, Amir contacted the CPG to arrange an appointment with the psychologist. This was scheduled for the next day (Amir attended).
- 3.1.80 On the 23rd June, Amir started a new tenancy in a property owned by MTVH (Address 1 in Tower Hamlets).
- 3.1.81 On the 15th August, Amir had a routine appointment with GSTT. He reported that he has continued to use recreational drugs (GBH and Crystal Meth, as well as Mephedrone⁷⁴). At this session, Amir said he was still accessing “*counselling*” to give up drugs and reported that his sister was supporting him and that he felt that she was a very supportive factor in limiting his drug usage.
- 3.1.82 In September, Peabody Housing (Address 3 in Newham) had contact with Amir and Sajwa relating to a repair to the blinds at Address 3.
- 3.1.83 Around September of 2017, Amir got back in touch with METRO to say he would like to resume the sessions with his mentor. When the Peer Support services manager tried to get hold of Amir by phone and text, leaving several messages, he never responded.
- 3.1.84 On the 4th October, Amir contacted the CPG to arrange an appointment with the psychologist. This was booked for the 17th October (Amir attended).
- 3.1.85 On the 24th October, Peabody Housing (Address 3 in Newham) were approached by either Amir or Sajwa with a query about rent arrears (there is no further information about rent arrears before the homicide, suggesting that this was a temporary issue). In November, either Amir or Sajwa contacted Peabody Housing saying there was no heating in the property. They were transferred to the maintenance company. There was also a call about a radiator and water heater not working.
- 3.1.86 On the 28th November, Amir contacted the CPG to arrange an appointment with the psychologist.
- 3.1.87 On the 2nd December, Sajwa called the MPS with concerns for Amir (this was from Address 1 i.e. the Metropolitan Housing property in Tower Hamlets). Sajwa reported that Amir was being harassed by his housemate and had been taking more sleeping pills than he should and was falling in and out of consciousness, he had also consumed a bottle of wine. Sajwa told the call handler that Amir had mental health issues and, following his diagnosis with a

⁷⁴ Mephedrone is often described as being like a mix between speed, ecstasy and cocaine. It can make people feel alert, confident, talkative, euphoric and fully of energy. It can also cause people to feel (among other effects) anxious, on edge, agitated and dizzy. For more information, go to: <https://www.talktofrank.com/drug/methamphetamine?a=Meth>.

communicable illness, he had been using alcohol and sleeping pills to help him cope.

- 3.1.88 Both police officers and LAS attended (the MPS requested the latter's attendance given the nature of the incident). Sajwa stated that she wanted the housemate to leave the address. This was treated as a civil dispute as there were no offences apparent. As a result, the MPS took no further action, and no police reports were generated (this means there is no further information as to their assessment of the situation or any discussion with either ambulance staff or Sajwa).
- 3.1.89 Ambulance staff from LAS completed an assessment with Amir, who was in bed. He was recorded as being alert and calm but upset. He had drunk two bottles of wine and had also taken some Mirtazapine (the anti-depressant prescribed by his GP) and pain killers. He told the ambulance crew that he had been off sick from work, had depression and was finding his tenant intimidating and aggressive. After an initial assessment, Amir declined to be conveyed to hospital. As a result, he was left at home. It is unclear what advice Sajwa was given: there is no evidence from the records completed by ambulance staff that Sajwa was on the scene.
- 3.1.90 On the 4th December, Amir contacted the CPG again to arrange appointments, with these being booked for the 5th December and the 17th January 2018.
- 3.1.91 On the same day, Amir was contacted by the CPG Customer Services at the CPG regarding unpaid invoices. Amir said he would contact his insurer.
- 3.1.92 The next day, Amir got back in touch and confirmed he would settle the invoice. He also had a scheduled appointment with the psychologist.
- 3.1.93 On the 18th and 27th December, Peabody Housing (Address 3 in Newham) had contact with Sajwa about maintenance repairs relating to the heating.

2018

- 3.1.94 On the 8th January, Peabody Housing (Address 3 in Newham) advised Sajwa that they could not purchase the property because the properties were for rental purposes only.
- 3.1.95 On the 17th January, Amir had a session with the psychologist at the CPG. He had further sessions on the 14th February and 7th March.
- 3.1.96 On the 2nd February, during a routine appointment with GSTT, Amir reported as feeling well with no recreational drug use since the autumn. He said he had taken a large amount of sick leave last year but was now feeling a lot better.

He said that he was engaging well with “*psychology*”⁷⁵ and was feeling more resilient.

- 3.1.97 On the 21st March, Amir contacted Peabody Housing (Address 3 in Newham) to request a rent statement and, on the 3rd April, Sajwa reported an issue with a radiator in the bedroom. This led to several appointments with a contractor.
- 3.1.98 On the 2nd April, Amir had a depression review at the Liberty Bridge Road Practice. This explored his ideas about changing medication although as his mood was stable, he was advised to continue with the existing prescription. A day later, Amir was also prescribed with sleeping pills.
- 3.1.99 On the 18th April, Amir attended a session with the psychologist at the CPG.
- 3.1.100 On the 23rd April Sajwa contacted Peabody Housing (Address 3 in Newham) regarding an issue with the fire alarm system.
- 3.1.101 On the 9th May, Amir attended a session with the psychologist at the CPG
- 3.1.102 On the 17th May, an Income Officer from MTVH made a home visit to Address 1 in Tower Hamlets. This was because Amir was in arrears. Amir was not present at the property and the Income Officer was told by a person who answered the door that they were renting from a woman⁷⁶ and that Amir may her been her husband.
- 3.1.103 By the 21st May, internal checks had been completed by MTVH. This confirmed that Amir had been subletting without permission. He was invited to a meeting with his Housing Services Officer, to be held on the 8th June.
- 3.1.104 On the 31st May 2018, Amir contacted the CPG to ask how many sessions were available using his healthcare insurance (he was told a few days later that he would need to discuss this directly with the insurance provider). He then attended a session with the psychologist on the same day.
- 3.1.105 In June there was correspondence between Amir and the CPG about a report to his health insurers to authorise further sessions. This appears to have arisen because the health insurers would not fund further sessions, leading to one appointment in this month being cancelled, although Amir did attend a session on the 29th June.
- 3.1.106 On the 5th June, Sajwa had contact with Albert Road Practice for a telephone appointment for a medical issue. She was booked in for an appointment but did not attend.

⁷⁵ This is most likely a reference to Amir's contact with the CPG.

⁷⁶ No name was given so it is not possible to confirm if this was Sajwa.

- 3.1.107 Amir did not attend the meeting with MTVH on the 8th June to discuss Address 1 (in Tower Hamlets). The meeting was rescheduled to the 27th June 2018.
- 3.1.108 On the 15th June, Amir attended a routine appointment with GSTT. He reported recreational drug usage and micro-dosing of LSD for depression but said he was continuing to see a psychologist for this.
- 3.1.109 Amir attended the meeting with his Housing Services Officer on the 27th June. He admitted to subletting his tenancy. He stated that he was in financial difficulty and was currently in £30,000 – 40,000 in debt. He stated that he had been out of work for 7 months due to high levels of sickness. Amir requested authorisation to take in a lodger to help him pay his rent.
- 3.1.110 On the 5th July Amir had a conversation with his Housing Officer. He was informed that he would not be permitted to sublet. He was given information on other options, including downsizing. However, Amir did not think he could afford this. As a result, Amir agreed to terminate his tenancy and completed an end Tenancy Termination Form. The tenancy was due to end in September, but this was later extended until the end of October. During these contacts, Amir was not offered any support concerning his finances.
- 3.1.111 On the 15th Jun 2018, during a routine appointment with GSTT, Amir reported that he had used recreational drugs in March and had been trying LSD micro-dosing⁷⁷ to help him sleep. He said he was continued to see a “*psychologist*”.
- 3.1.112 In July 2018, a work colleague introduced Amir to a group of Buddhists, and he attended several meetings. During the MPS murder enquiry, it became apparent that Amir had become preoccupied with spiritual beliefs. Amir would hear many voices (one of whom was a Buddhist teacher he had encountered in these meetings). Amir started to think he was connected to this person, and they were responsible for his hallucinations.
- 3.1.113 On the 23rd July, Amir contacted Peabody Housing (Address 3 in Newham) regarding an issue with an extractor fan.
- 3.1.114 On the same day, Amir attended an A&E provided by Barts Health NHS Trust. This related to back pain. He was not admitted and discharged to the care of his GP (Liberty Bridge Road Practice).
- 3.1.115 On the 24th July the CPG were told by Amir that his health insurer had approved a further six sessions.
- 3.1.116 On the 3rd August, Amir attended a session with the psychologist at the CPG.

⁷⁷ This is the practice of taking small, regular doses of psychedelic drugs.

- 3.1.117 On the same day, he also had a routine appointment with GSTT. At this appointment, he agreed that a letter could be sent to his GP. The letter to that was subsequently sent to Liberty Bridge Road Practice apologises for not contacting sooner as Amir had not previously consented (letter to GP dated 13th September 2018).
- 3.1.118 On the 23rd July Sajwa contacted Peabody Housing (Address 3 in Newham) regarding planned works in the building.
- 3.1.119 In August, Amir resigned (his contract with the professional services company ended in October).
- 3.1.120 On the 14th August, CPG Customer Services contacted Amir as he had not followed up previous correspondence about further appointments. On the 28th August Amir confirmed he wanted further sessions, with the next appointment with the psychologist being held on the 5th September.
- 3.1.121 On the 10th September, Amir contacted Peabody Housing (Address 3 in Newham) regarding an external repair to the property. The next day, Sajwa also contacted Peabody Housing to get the contact details of the Neighbourhood Manager.
- 3.1.122 On the 26th September Amir attended a session with the psychologist at the CPG (he had wanted to see them sooner, but this was the earliest session available)
- 3.1.123 On the 28th September, Sajwa had contact with Peabody Housing (Address 3 in Newham) regarding an electrical test.
- 3.1.124 On the 29th September, Amir contacted the CPG to request an appointment and was offered a session on the 2nd October (which he attended).
- 3.1.125 On the 6th October, Amir contacted the CPG to ask if he could have an appointment on the 12th, but he was offered a session on the 9th October (which he attended). After that appointment, the psychologist informed CPG Customer Services that they had agreed with Amir that he would be discharged. Amir's GP was not informed as he had not provided consent for information to be shared.
- 3.1.126 On the 17th October, Amir asked MTVH if he could have a tenancy extension for Address 1 in Tower Hamlets. This was refused.
- 3.1.127 On the 31st October, Amir said he would return his keys by the 2nd November. He said he had been planning to move in with his sister, but this was "*now not possible and he was having problems finding a room to rent*". He also explained he had left his previous job and was looking for a new one. Amir said the situation was "*quite stressful*" and asked for understanding from MTVH. Amir was reminded that the tenancy had been due to end and that, if

he stayed longer, he would be liable for extra rent. As with the contacts in June and July, Amir was not offered any support in relation to his finances or the specific concerns he had identified.

- 3.1.128 On the 25th September, Amir and Sajwa both contacted Peabody Housing (Address 3 in Newham) regarding an external repair to the property. There was further between the 19th and 30th November relating to maintenance issues.
- 3.1.129 On the 7th November, Amir was contacted by MTVH to confirm whether he had handed over the keys for Address 1 in Tower Hamlets. As Amir had not, he was informed that the legal department would become involved. A referral was made to the legal department on the 14th November.
- 3.1.130 On the 30th November, Amir contacted the CPG asking for a further appointment with the psychologist.
- 3.1.131 During a Buddhist meeting on the 2nd December 2018, there was an incident where Amir had to be physically removed from a meeting, although this was not reported to the MPS. Various people at this meeting felt that he had mental health issues. His fixation with the Buddhist teacher (who felt uncomfortable by his attention) was evident at this meeting.
- 3.1.132 On the 3rd December, LAS attended Address 1 in Tower Hamlets (MTVH property) where Amir was reported to be disoriented. When the ambulance crew arrived, Amir was not at the address. Sajwa let them into the address and said that Amir had gone to the gym when he heard her call for an ambulance. Sajwa told the ambulance crew that Amir had been acting erratically and irrationally. She showed the ambulance crew texts and they also saw writing in the flat showing paranoia and obsession over "*connections with people at the gym*".
- 3.1.133 At this point, Amir returned from the gym after seeing his sisters missed calls. Amir told the ambulance crew that he was happy after meeting a new friend who changed his outlook on life. Amir appeared well dressed and was able to communicate well. Amir was not suicidal and did not appear to be a risk to himself or others. After an assessment, Amir was left at home. Sajwa was advised as above to ring back if she became concerned again.
- 3.1.134 The MPS had also been asked to attend the scene by LAS, with this request being made by the LAS because they been called to an address where a male had said he was going to kill himself. Subsequently, the MPS did not attend because LAS had spoken with Amir.
- 3.1.135 On the 5th December, Amir was contacted by MTVH. He was informed that he was no longer a tenant and as a result was now an unauthorised occupier at

Address 1 in Tower Hamlets. He was advised that the rent arrears stood at almost £3000.

- 3.1.136 On the 6th December Amir had an appointment at the Liberty Bridge Road Practice. He said he had stopped taking Mirtazapine and was advised to continue with therapy.
- 3.1.137 On the 12th December, Sajwa registered at the Gables Surgery. As a new patient, she had a consultation on the 24th December. No disclosures were made, or concerns noted. This was Sajwa's only contact with Gables Surgery.
- 3.1.138 On the same day, CPG Customer Services emailed Amir with details of the next available appointments with the psychologist. In response, Amir asked about the cost of the session, confirming that he was now self-funding. He had an appointment on the 12th December.
- 3.1.139 On the 13th December, Sajwa called Peabody Housing (Address 3 in Newham) and asked for a reduction in rent due to ongoing maintenance issues in the property.
- 3.1.140 On 17th December 2018, Liberty Bridge Road Practice received a clinical letter from the psychologist at CPG advising that Amir had been discharged.
- 3.1.141 On the 18th December, CPG Customer Services contacted Amir to ask how he would be funding future sessions. He said he would be paying for these himself. He was also asked for details of his GP so that the psychologist could write to them. Amir provided this information on the 19th December.
- 3.1.142 On the 19th December, the CPG discharged Amir a second time. The next day, as Amir had given consent on this occasion, a letter was sent to his GP (Liberty Bridge Road Practice). Liberty Bridge Road received this letter which stated that the psychologist and Amir had "*agreed all therapeutic goals met*". No specific issues or concerns were noted in the letter⁷⁸.
- 3.1.143 On the 21st December, MTVH began to finalise a court case concerning Address 1 in Tower Hamlets.
- 3.1.144 On the 27th December, Amir called Peabody Housing (Address 3 in Newham) to cancel a scheduled maintenance visit.
- 3.1.145 On the same day, Amir attended a routine appointment at GSTT. He:
- Reported that he had stopped taking Mirtazapine (the anti-depressant prescribed by his GP);

⁷⁸ This is recorded as being received on the 17th December 2018, which is likely an administrative error.

- Denied any recent recreational drug use;
- Reported trying to skip some of the medication prescribed to manage the communicable illness with which had been diagnosed, saying that he could tell he no longer needed them, and he was “*cured*”; and
- Talked about not working since October 2018. When he was asked about this, his answers made the doctor think that he had been sacked and that this may have been due to an incident at work, although Amir did not elaborate on this. Amir informed the doctor that he went to see a psychologist afterwards to reassure everyone that he “*was not mad*”.

3.1.146 The doctor who met with Amir did not feel he required an urgent mental health assessment but was concerned about him, specifically what he was saying (otherwise his presentation was normal i.e. his verbal and non-verbal body language was appropriate, and he was well-groomed). The next day (the 28th December), they contacted the Liberty Bridge Road Practice to share their concerns. They spoke to on-call GP who reported that the surgery had last seen Amir at the beginning of the month (December) to review him after stopping taking a prescribed antidepressant (Mirtazapine). The GP confirmed that they would call Amir into the surgery for a mental health review and then link him into the local services.

2019

- 3.1.147 At the start of January 2019, Sajwa went to stay with Amir at Address 1 in Tower Hamlets (MTVH property). She told lodgers at Address 2 in Barking and Dagenham (the East Thames / L&Q property) that Amir’s mental health was deteriorating. Sajwa also told Rahim that she was going to stay with Amir to help him sort out his flat as he had given up his tenancy; he was supposed to have moved out in October 2018 but had failed to do so.
- 3.1.148 Amir also went in-person to an MTVH office to ask if he could put up a notice in the common area about a property he wanted to sell. He said he would be moving out soon.
- 3.1.149 The next contact with Sajwa and Amir was sometime later. One day, in the afternoon, Sajwa had been in touch with various people about the collection of property that she and Amir were giving away as they cleared out his flat. The last contact anyone had with Sajwa was at 14.16 via a phone messenger service.
- 3.1.150 At 14.38 Amir dialled 999 three times, however, the calls did not connect. At the same time, Amir called a friend (Witness 3); they would later tell the MPS that Amir sounded “*odd*” and was speaking “*aggressively*”. Amir said that that his friend had two minutes to tell “*the story*” and, after that, the friend and Sajwa would die.

- 3.1.151 At 14.43 Amir called Rahim, however the call did not connect.
- 3.1.152 At approximately 14.53 a neighbour heard a prolonged scream, followed by a shorter scream, from a female.
- 3.1.153 The MPS murder enquiry established that Sajwa was likely to have been killed between 14:30 and 15:00.
- 3.1.154 Amir spoke again with Witness 3 at 18.00, telling them that Sajwa was sleeping. He again told his friend to tell "*the story*". Witness 3 later told the MPS that Amir appeared calmer but was not making much sense.
- 3.1.155 At 18.20, a neighbour called the MPS. A while earlier, they had noticed a handprint in blood on the door to Amir's home. They knocked on Amir's door, unsuccessful at first but eventually got a response albeit through the door rather than in person. As they remained concerned, they called the MPS. They reported the handprint, their attempts to speak with Amir (and that he had said he did not need help) and that he had been "*quite down*" recently. Some hours later another neighbour also made a similar call.
- 3.1.156 The call was logged by the MPS. At the time, the information available was that:
- There was no immediate risk to life;
 - The neighbour said they had spoken to Amir who had said he was fine; and
 - There was no report that another person was in the house.
- 3.1.157 An intelligence check identified that there was previous information known to the MPS (from the incident on the 3rd December 2018) relating to mental health issues/suicide;
- 3.1.158 Consequently, the call was initially graded as 'Referred', but following a review by a supervisor, was re-graded as 'Significant'. This had happened within under 10 minutes.
- 3.1.159 Thereafter, repeated attempts were made to assign the call to a unit, however, this did not happen for around five hours. This was because despite repeated attempts to attend the scene, either no police officers were available or police officers who had been assigned were diverted to other higher priority calls.
- 3.1.160 The same neighbour called the MPS again at 21.36.
- 3.1.161 Police officers arrived at 23.10, i.e. around five hours later. Amir did not initially answer the door, but eventually he did so. When the entered the property, they found Sajwa dead.

- 3.1.162 In parallel to the contacts with the MPS, the MPS also notified the LAS and the two agencies remained in regular contact throughout. LAS vehicles were dispatched when the call was first made and requested the MPS attend for scene/crew safety. The crew were unable to approach due to the unknown risk and waited until Police arrived.
- 3.1.163 LAS was awaiting confirmation that it was safe to deploy paramedics. Like the MPS, there was a delay in responding when a unit was diverted. In one exchange between the MPS and LAS, it was noted that it was a busy night.
- 3.1.164 Paramedics subsequently arrived after the MPS and, after an examination, Sajwa was pronounced dead.
- 3.1.165 After Amir was charged, his respond when cautioned was: "*Satan asked me to murder her*".

4. Overview

4.1 Summary of Information from Family, Friends and Other Informal

Networks:

Malik (Sajwa's brother)

- 4.1.1 Unfortunately, Malik has not participated substantively in the DHR, so it has not been possible to share this perspective about Sajwa. However, Malik did identify some specific concerns including: the police response; services contact with Sajwa when she reported concerns about Amir; and the role of substance misuse (see 1.9 above).

Rahim (Sajwa's partner)

- 4.1.2 Rahim, Sajwa's partner, met with the chair. He described Sajwa as "very very intelligent", saying "she would always surprise me with her responses and solutions". Rahim also said Sajwa was caring and compassionate, as well as "very strong" and "responsible". They had met in 2015 and were planning on getting married.
- 4.1.3 He said that Sajwa took on a lot of responsibility, looking after both her brothers because she was the eldest sibling. He was aware that things had been difficult for Sajwa and her siblings as children.
- 4.1.4 Although Rahim only had limited contact with Amir directly, Sajwa would talk about him and about what was happening. He was not aware of any violence or abuse in the relationship, although he knew that sometimes Sajwa and Amir argued about his behaviour.
- 4.1.5 Sajwa had told Rahim that Amir took drugs, and she also talked about her concerns about Amir's mental health. This included describing some of his usual behaviour. Concerning Amir's mental health and substance use, Rahim felt that Sajwa "was trying her best to help him".
- 4.1.6 Rahim was aware of the impact that this support was having on Sajwa's life. He said this had become worse in 2017, then became difficult in 2018. He said, "she was trapped in so many things, financially struggling, debt and then he lost his job. She made money renting, but she had to do something else, she can't do full time work because she is helping him".
- 4.1.7 Sajwa told Rahim about the time she had called the LAS⁷⁹. He said she was frustrated by this encounter, because she reportedly asked, "what's the problem?" and they said, "we can't tell you because of confidentiality".

⁷⁹ This is a reference to the LAS call out in 2018.

- 4.1.8 Rahim wanted the Review Panel to consider whether agencies responded as they should when they were called by Sajwa, including thinking about her needs. He was certain she had never been offered any help and support, including a carers assessment.
- 4.1.9 Despite Sajwa's concerns about Amir, he said: "*we never imagined in our dreams he is [sic] a risk to someone else*".
- 4.1.10 Rahim wanted the Review Panel to consider community awareness, including the things that people who are caring for a family member with a mental health condition should know, including where to go help and support.
- 4.1.11 Talking about the run-up to the homicide, Rahim said Sajwa had gone to help Amir pack. He said he offered to help too, but she had declined.
- 4.1.12 Talking about the day itself, Rahim said he wanted to know why the MPS took so long to respond after they had been called. He asked: "*What if they had come sooner, what if they had come before she was lost?*"
- 4.1.13 At the end of the interview, Rahim made the following observation: "*When it happened I had hate through my bones to him, if I saw him, I would tear him apart...but when I think from his side, he definitely loved her... he didn't want to do it, it was his illness, he is a victim as well*".

4.2 Summary of Information from Perpetrator

- 4.2.1 Amir said his childhood was "*difficult*", explaining this was because of the death of his mother when he was a teenager and because of his sexuality: "*I'm gay and didn't tell anyone. I was always trying to hide it.*"
- 4.2.2 Amir said that he moved to the UK in 2009, initially working in a fast-food restaurant, before securing a place on a graduate recruitment scheme at a professional services company in 2010. He remained employed there until he resigned in October 2018.
- 4.2.3 He said his job at the professional services company was stressful, with long hours. He sought help for work stress, depression, and anxiety.
- 4.2.4 Amir said his employer was supportive, including when he had to take periods of sick leave between 2016 and 2018. He also accessed support for his mental health.⁸⁰ He said, "*It was okay, not extremely helpful. I had CBT [Cognitive*

⁸⁰ As discussed in the chronology, Amir accessed a number of different providers. Of these, he had substantive contact with the CPG.

Behavioural]⁸¹ and was given practical advice by it didn't solve the problem". Nonetheless, he said: "I told them everything, about mental health, drugs and my sexuality. She was helpful in some way."

- 4.2.5 Sajwa knew that Amir was gay, and he described her as supportive. However, he felt others would not be, explaining: "In Pakistan, my family are very conservative. I was always cautious of how people perceived me and extra careful of others. It was very hard".
- 4.2.6 Amir said that when he came to the UK, he "felt freedom", although felt that he did not come to terms with his sexual orientation and did not have any long-term relationships.
- 4.2.7 Amir's diagnosis as with a communicable illness had a significant impact on his life. He said: "that turned my life around. I stopped seeing people". Amir said that he accessed support from various agencies, including services provided by GSTT, as well as sexual health services including those provided by ChelWest and support from METRO. While he felt these were helpful, he said he felt that agencies could have done more to support him "To cope with my sexuality. I was still not out to my peers or anyone I met".
- 4.2.8 Amir said that he used various drugs, including methamphetamine. He acknowledged that this had affected him at work, causing him to take sick leave, noting: "I was getting distracted by drugs, work became more difficult".
- 4.2.9 He also said he was in a lot of debt, reaching around £50,000 in 2017 although by the end of 2018 this had reportedly been reduced to £30,000. In part, this was possible because he and Sajwa were subletting Address 3 in Newham (Peabody Housing property).
- 4.2.10 Amir said that he and Sajwa had a good relationship. He said she was "trying to help", supporting him to manage his financial difficulties and also his mental health. He later described her as "very responsible".
- 4.2.11 When asked about the various calls that either he or Sajwa made to the MPS over the years, Amir said both did this because they thought the other was missing.
- 4.2.12 Sajwa knew about Amir's drug use, and Amir reported arguments about this (because she did not want him to do it), although he said these never became violent.

⁸¹ CBT is therapy that can help people manage their problems by changing the way they think and behave. It's most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems. For more information, go to: <https://www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt/>.

- 4.2.13 Amir said he talked a lot to Sajwa and that she knew he was unwell. When asked if Sajwa would have sought help, Amir said he did not think so, because she did not have had any indication that he posed a risk.
- 4.2.14 When asked about his decision to leave the professional services company in October 2018, he said he thought he had been ill at the time: *“Seeing it now, I had psychotic symptoms at the time I left. I thought colleagues knew of my drug habit and everything. I felt that people were watching me”*. This included a belief that people knew about his sexual orientation.
- 4.2.15 Sajwa also acknowledged that when he met with GSTT in December 2018, *“I was saying other stuff, which made her think I was crazy. I believed that at the time”*.
- 4.2.16 Amir said that he was being evicted from Address 1 in Tower Hamlets (MTVH property) because he had been subletting the second bedroom. Sajwa had come to stay, and *“she was helping me pack and hand over the property to the landlord”*. He was due to move out in January 2019 and was either going to live with Sajwa at Address 2 in Barking and Dagenham (the East Thames / L&Q property) or at least leave his belongings there.
- 4.2.17 When asked what might have been different, Amir said that he felt that medical professionals *“could have explored what I was going through”*. For example, he referred to the visit by LAS and said: *“They did checks and left; it was about physical health”*.⁸²
- 4.2.18 Amir said that, before killing Sajwa, he had been to the gym and *“something had happened”*. He had come home and, during an argument, strangled Sajwa. He said, *“There were voices in my head throughout, someone was controlling me”*.

4.3 Summary of Information known to the Agencies and Professionals Involved

Sajwa

- 4.3.1 Sajwa had relatively limited contact with services. In her own right, she had contact with her GP and housing providers.
- 4.3.2 Concerning Sajwa’s contact with her GP, this was for routine medical issues. The Review Panel has identified no evidence of any disclosures by Sajwa nor any opportunity for concerns to be identified by professionals. As a result, no learning has been identified or recommendations made.

⁸² The date is unclear. From Amir’s description, this was most likely the attendance by LAS on the 3rd December 2018.

- 4.3.3 Sajwa, and Amir, had extensive contact with several different housing providers, reflecting multiple tenancies that Sajwa and Amir either held in common or separately. It appears that both sub-let. This was seemingly a way that Sajwa could support herself, allowing her the flexibility to care for Amir. Amir himself was able to reduce his debt. It is beyond the scope of the DHR to consider this matter further but there has been learning in this DHR for all these housing providers about how they conduct pre-tenancy checks to identify what was potentially social housing fraud. The Review Panel also considered whether having multiple tenancies may have meant Sajwa would have been reluctant to approach agencies for fear of this being identified. However, in practice, this does not appear to have been the case with Sajwa (and Amir) having contact with housing providers.
- 4.3.4 The only substantiative contact Sajwa had with the LAS and the MPS was regarding Amir. These reflected her concerns about Amir's behaviour on various occasions. Concerning the MPS, there was a single incident when Sajwa reported Amir missing in 2009, but the relevant contacts were in 2016 (twice) and 2017 (once). Meanwhile, LAS had contact with Sajwa on several times, most pertinently in 2016 and 2017 (when LAS attended incidents alongside the MPS) and in 2018. In these contacts, Sajwa shared her concerns about Amir but, broadly, the focus of professionals appears to have been on Amir, not her. However, this did not trigger the identification of safeguarding concerns about Amir (with this being discussed below). Significantly, Sajwa was, in a sense, 'invisible' in these contacts. Despite her having called emergency services, and discussions with her about her concerns, there does not appear to have been any exploration or consideration of her possible carer status. Key learning in this context is then the importance of both identification of someone as a possible carer but also barriers for that same person identifying themselves as a carer.
- 4.3.5 More broadly, this contact has highlighted how AFV is less well understood than intimate partner violence. While there is no evidence that any professional or agency was aware of any domestic violence or abuse, or indeed any evidence that Amir was ever violent and abusive before the homicide, the Review Panel has identified important learning about ensuring that the local area has a robust response to AFV. As a result, a recommendation has been made for the local area to build on its existing work around AFV to further develop responses.

Amir

- 4.3.6 Amir had contact with a range of different agencies. Most significantly, this included the emergency services: LAS and the MPS.
- 4.3.7 Amir had multiple contacts with the MPS. As noted above, there was contact in 2016 and 2017. The MPS has identified that there were missed opportunities to identify concerns for Amir, including considering his potential vulnerability. These contacts could have led to a MERLIN ACN being completed, triggering an onward

referral to adult social care. Reflecting these findings, recommendations have been made by the MPS.

- 4.3.8 Amir also had contact with the LAS, most pertinently in 2016 and 2017 (when LAS attended incidents alongside the MPS) and in 2018. At these contacts, while there were concerns about Amir, when he was seen by ambulance crews, he declined interventions (like being conveyed to hospital). There were no immediate concerns and he did not meet the threshold for further action to be taken, including a safeguarding referral.
- 4.3.9 Bar the emergency service, most of Amir's contact was with mental health services, LGBT+ services, other health providers and his GP. This contact was varied, reflecting different needs or referral routes. Broadly, this contact identified one or more of the following: the intersection of his sexual orientation, faith, and cultural background; his treatment for a communicable disease; substance use; and mental health. He also talked about other issues including, for example, his job. It appears that professionals and agencies responded appropriately to these contacts, by undertaking assessments and providing advice. However, for the most part, this contact was brief, and Amir did not follow it up or did not complete planned sessions. A significant issue in some of this contact was that Amir declined permission to share information with his GP. However, there were examples of good practice. For example, GSTT was able to secure Amir's consent to contact his GP when they identified concerns about his mental health in December 2018 (although these did not suggest an imminent mental health crisis or any risk to others).
- 4.3.10 The broad learning that arises from this range of contact relates to how agencies managed referrals to other agencies for a range of issues. There was often a presumption that providing information to Amir was sufficient, rather than seeking his consent to make a referral on his behalf or making a referral with him. As is clear from this DHR, Amir often did not take these 'referrals'. The key learning in this contact is that referrals should be meaningful, and professionals should consider what is most likely to result in a positive outcome for a service user and what direct or indirect support may enable this.
- 4.3.11 Amir did have sustained contact with one service, which was the CPG. He saw a psychologist for 25 sessions, and this explored a range of issues, ranging from his childhood, current situation, and several health issues (including his diagnosis with a communicable disease and his substance misuse). However, Amir's goals in therapy were mostly around stopping smoking. As a result, while the psychologist was able to explore other issues in some cases, and encourage Amir to engage with different services, these were not the focus of his treatment plan. Additionally, Amir declined to give consent for the psychologist to contact his GP for most of this contact with CPG, which meant the psychologist was unable to liaise with them over Amir's treatment.

- 4.3.12 Additionally, Amir had contact with different housing providers. This is summarised above generally, but there has been significant learning for MTVH, which was the landlord of the address in Tower Hamlets where Amir lived, and where Sajwa had temporarily moved to before the homicide. Sajwa had moved in to help Amir move out of the property, as Amir had agreed to surrender his tenancy after being found to be sub-letting. MTVH has identified that it had relatively little information about Amir and that staff could have demonstrated more professional curiosity, including considering his financial difficulties, sickness and employment, as well as concerns about alternative accommodation. As a result, MTVH has made several recommendations.
- 4.3.13 A final reflection is relevant in this summary of what was known to agencies and professionals. The DHR has had limited information about Amir's employment situation because the professional services company for which he worked had chosen not to participate in the DHR (or, indeed, to even respond to multiple approaches). This means some issues, including how Amir was supported in his workplace, have not been explored. Recommendations have been made to address employer involvement.

4.4 Any other Relevant Facts or Information

- 4.4.1 No other information was identified during the DHR.

5. Analysis

5.1 Domestic Abuse/Violence

- 5.1.1 Sajwa was killed by Amir in January 2019. The Review Panel has concluded that this tragedy was the result of a single, fatal act of AFV.
- 5.1.2 In accounting for the killing of Sajwa by Amir, it appears that the key factor was Amir's mental health. The relevance of Amir's mental health is reflected in the acceptance of Amir's plea to manslaughter on the basis of diminished responsibility.
- 5.1.3 Based on the information available to the Review Panel, it is clear that Amir's mental health had been deteriorating for some months and, at the time of the homicide, he was unwell. However, this deterioration was not wholly evident to professionals. For example, he had contact with both the CPG and GSTT in December 2018. While a doctor at GSTT was sufficiently concerned about his presentation to contact Amir's GP, they did not identify any evidence of an imminent mental health crisis or any risk to others. Rahim also said that neither he nor Sajwa had imagined Amir could be a risk.
- 5.1.4 It is beyond the purview of the Review Panel to speculate as to what triggered the killing of Sajwa; however, it is of note that at the time Amir would have been under intense stress (given he was losing his tenancy).⁸³ Also, some months after the homicide, in March 2019, Amir was diagnosed with paranoid schizophrenia.
- 5.1.5 However, taking into account the government definition of domestic abuse, information gathered by the MPS as part of the murder investigation, as well as provided by agencies and family, there is no evidence to suggest that Amir had previously perpetrated AFV towards Sajwa. While there were evidentially challenges in the relationship, largely because of Amir's declining mental health and drug use, this does not though appear to have included a wider pattern of violence or abuse. Certainly, Sajwa never made disclosures to any agency or her partner about this, but she did contact services to ask for help to manage specific incidents i.e. the MPS and LAS.
- 5.1.6 This does not of course mean that violence (or the threat of violence) was not an issue. For example, in June 2016 Sajwa contacted LAS and reported that Amir had become violent after taking Crystal Meth. Sajwa's response on this occasion – seeking medical assistance – illustrates her sense of responsibility towards Amir, with both her partner Rahim and Amir himself describing the significant role

⁸³ The Review Panel has been unable to identify where Amir was moving to. He had referred to his concerns about finding accommodation in discussions with MTVH and it is unclear what plans he had made. It is possible he would have moved in with Sajwa, at least temporarily.

she had in Amir's life. Similarly, when Sajwa contacted the LAS or MPS this always related to concerns about Amir.

- 5.1.7 The Review Panel has also noted Rahim's disclosure that supporting Amir impacted on Sajwa in several ways, including meaning she did not work so she could care for him, as well as financial pressures because of debts that Amir had occurred. The Review Panel has considered whether this might constitute economic abuse, which is when an abuser restricts how someone acquires, uses, and maintains money and economic resources.⁸⁴ The Review Panel felt that while Sajwa's experiences were problematic and impactful, they did not constitute economic abuse. The Review Panel felt it was more appropriate to consider this as an example of how people with a caring responsibility can be affected by their caring role.⁸⁵ Recent research has highlighted that a significant number of carers report an impact on their well-being and finances as a result of caring responsibilities.⁸⁶ The issue of whether Sajwa was a carer, and whether she could have been identified as such and/or offered support, is discussed further below.
- 5.1.8 On the day she was killed, Sajwa was only in Amir's home because she had gone to stay with him to help him move out. It is unclear what triggered Amir's fatal attack, but by his own account, there was an argument (although he cannot recall what this was about).
- 5.1.9 Research into fatal AFV has identified the potential for violence and abuse in a familial caring relationship where a carer is supporting a relative with a mental health problem: a review of family adult family homicides reported that most of the perpetrators of fatal AFV had mental health issues. Another common issue was alcohol or substance use.⁸⁷
- 5.1.10 Both mental health and substance use were an issue for Amir. His contact with services concerning these issues is discussed further below.
- 5.1.11 Additionally, agencies identification of, and response to, AFV is discussed further below.

⁸⁴ For a complete definition, go to: <https://survivingeconomicabuse.org/economic-abuse/what-is-economic-abuse/>.

⁸⁵ A carer is anyone who provides regular unpaid care to one or more people who cannot manage without their help. This could be due to age, physical or mental illness, addiction or disability. Often people don't think of themselves as 'carers'. For more information locally, go to: https://www.towerhamlets.gov.uk/lgnl/health__social_care/ASC/Adults_Health_and_Wellbeing/Caring_for_someone/Carer_needs_assessment.aspx.

⁸⁶ Carers UK (2019) *Missing Out: Research briefing on the State of Caring 2019 survey*. Available at: <https://www.carersuk.org/professionals/policy/policy-library/missing-out-research-briefing-on-the-state-of-caring-2019-survey> (Accessed: 4th April 2020).

⁸⁷ Sharp-Jeffs, N. and Kelly, L. (2016) *Domestic Homicide Review (DHR) case analysis*. Available at: http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf (Accessed: 28th March 2020).

5.2 Analysis of Agency Involvement

5.2.1 The following analysis is presented thematically, considering:

- Emergency service contact (MPS and LAS);
- Housing (MTVH, L&Q and Peabody Housing);
- Mental health contact (CNWL, the CPG and NELFT);
- Sexual health contact (ChelWest and GSTT);
- LGBT+ services (METRO);
- Employers;
- Other health contacts (Barts NHS Trust, King George Hospital and what was the Sydenham Centre (BHRUT)); and
- GP contact.

5.2.2 In discussing agency contact, key issues are noted. While single agency recommendations are noted as appropriate, an overarching discussion about these issues across all agencies is included in section 5.3.

5.2.3 It is noticeable that the bulk of agency contact relates to Amir. This reflects his significantly greater contact with services. While the Review Panel did not wish to lose focus on Sajwa, it felt it was appropriate to consider this contact in so far as it might illuminate opportunities for earlier intervention with Amir, in particular concerning his mental health.

Emergency Services⁸⁸

MPS

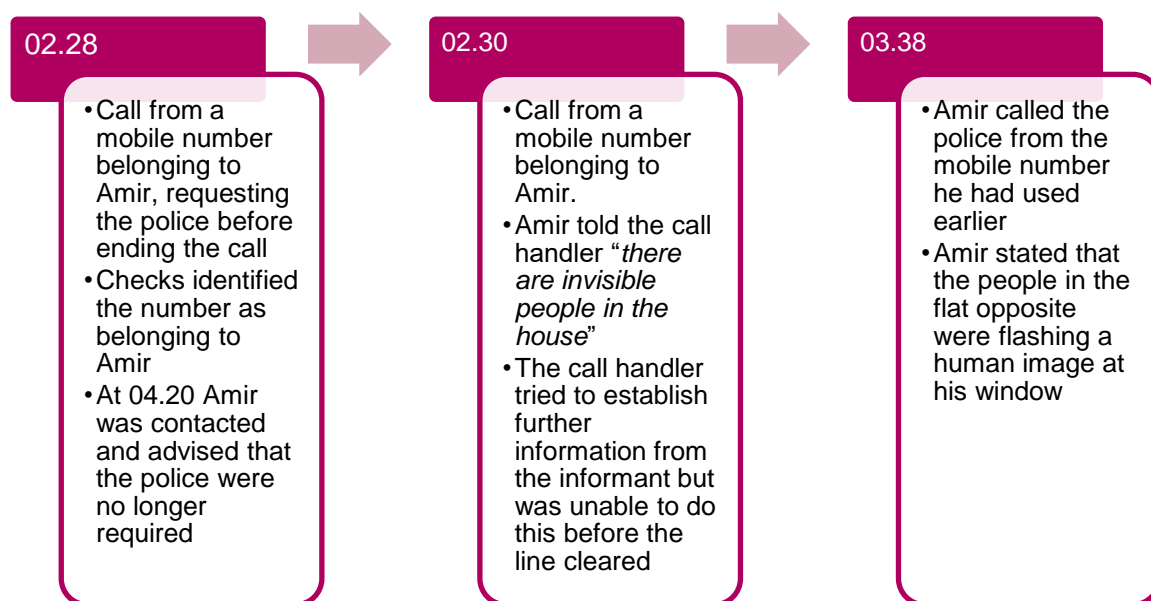
5.2.4 The MPS 16 number contacts with Sajwa and Amir, including the following reports by:

- Sajwa that Amir was missing (29th November 2009);
- Amir that Sajwa was missing (2nd July 2015);
- Amir of the theft of his car (29th July 2011);
- Amir relating to a dispute with a tenant (20th August and 22nd August 2013); and

⁸⁸ The Home Office Quality Assurance Panel identified a concern about a lack of routine enquiry and professional curiosity by both the MPS and LAS but did not make a specific suggestion as to what it felt could change in this report. The Review Panel has considered the Quality Assurance Panel's feedback but is of the view that the analysis of contact with the MPS and LAS here, and the broader summary of agency contact in 5.3 (particularly relating to AFV, carer status, and Amir's risk and needs), adequately addresses these issues.

- Amir relating to a dispute with a male on 15th November 2015). Amir also reported incidents with other men on the 29th March and 16th June 2016.
- 5.2.5 Additionally, Amir was spoken to by police officers when he was identified as the driver of an illegally parked car on the 16th May 2017. The Review Panel considered this incident, but given the contact was limited and there was no further action taken by the MPS, it felt this was not relevant.
- 5.2.6 All these incidents were dealt with appropriately, with police officers responding and logging the calls, although none progressed to any formal action.
- 5.2.7 However, there were three occasions when the MPS had contact with either Sajwa and/or Amir that are potentially significant.
- 5.2.8 The first significant contact was on the 17th June 2016. This is the first contact with the MPS in which mental health concerns for Amir were identified and occurred at the address 2 in Newham (the East Thames / L&Q property).
- 5.2.9 On this day, Amir contacted the MPS on three occasions in the early hours of the morning as illustrated in **Figure 1**:

Figure 1: Calls to the MPS on the 17th June 2016



- 5.2.10 The first call was responded to appropriately, with Amir being identified despite not giving his name. Attempts were made to dispatch a police unit, but there were no units available. Having been advised that the police were no longer required when Amir was contacted at 04.20, no further action was taken.

- 5.2.11 The second call was believed to be a hoax call made by a repeat caller with mental health issues. As a result, although the call was logged it was decided that police attendance was not required.
- 5.2.12 In responding to the third call, the call handler would have been aware of the previous calls made from Amir's number. It too was logged and again it was decided that police attendance was not required.
- 5.2.13 The Review Panel sought to explore the decisions related to the second and third calls further, but due to the passage of time, the call taker was unable to recall the incident or provide any further information.
- 5.2.14 However, in response to the second and third call, while a Mental Health marker was used when the call was closed, a Merlin ACN (Adult Come to Notice)⁸⁹ report was not generated. This is because if police officers are not deployed in response to call, a Merlin ACN would not usually be completed. The MPS IMR identified that this may mean that calls from someone who is vulnerable may not be identified and, in the absence of a Merlin ACN being completed, there is no process for sharing this information with the relevant adult social care department. As a result, the following recommendation was made in the IMR:
- “The MO12 Senior Leadership Team (SLT⁹⁰) task the Continuous Policing Improvement Command (CPIC) to review the policies and procedures whereby callers to MO12 MPS Contact Centre are recorded as having perceived vulnerabilities but no ACN or MERLIN record is completed. This is in order to ensure that sufficient safeguarding measures are taken in these circumstances”.*
- 5.2.15 The second significant contact occurred a day later, on the 18th June 2016 (again, this was address 2 in Newham). This was the first time that Sajwa shared her concerns with the MPS about Amir's substance use and the first and only report of violence.
- 5.2.16 The MPS had contact on this occasion, as the LAS asked them to attend. This was because Sajwa (although she had not provided her name when she first called) had said that Amir had taken Crystal Meth and had become violent.
- 5.2.17 When police officers attended, no offences were disclosed. Additionally, as Amir was not aggressive at the time, no further action was taken. The Review Panel sought to understand the decision making by police officers in response to this incident, however, because no report was generated, it has not been possible to explore this further.

⁸⁹ A Merlin ACN should be completed by police officers when they encounter a vulnerable adult AND there is a concern of vulnerability AND There is a risk of harm to that person or another person.

⁹⁰ The MPS department responsible for receiving emergency and non-emergency calls.

- 5.2.18 Nonetheless, the MPS IMR identified learning from this call out. Where there are concerns about someone in who comes into contact with the MPS, police officers and staff should follow a four-stage Vulnerability Assessment Framework (VAF). The VAF is a checklist that helps officers and staff recognise potential vulnerability, including relating to mental health. Within the VAF there is an 'ABCDE tool' that can be used to identify vulnerability. This considers the following factors: Appearance; Behaviour; Communication capacity; Danger; and Environment circumstances. See **Appendix 2** for a fuller description of the VAF.
- 5.2.19 The MPS IMR concluded that a VAF should have been completed in response to this call out. A VAF would have allowed police officers to identify any concerns and led to the generation of a Merlin ACN. This would then have been shared with the relevant adult social care department which may have triggered an intervention. As a result, the following recommendation was made in the IMR:
- “The North East SLT reinforce the requirement for all staff:*
- *To understand the Vulnerability and protection of adults at risk policy;*
 - *To understand the VAF; and*
 - *To complete ACN Merlin reports where they have identified vulnerability whether they are a victim, witness, suspect or member of the public they have encountered using VAF”.*
- 5.2.20 The Review Panel accepted this recommendation, however, it noted that a key aspect of any learning from this case is that in any Merlin ACN it would have been important to identify both concerns about Amir but also for Sajwa. This would have enabled an exploration of both Amir's needs (e.g. about his drug use) but also Sajwa's concerns (e.g. about Amir's behaviour).
- 5.2.21 Additionally, if a Merlin ACN had been completed this would also have been an opportunity to record the discussions with the ambulance crew and any advice given at the scene: the contact by the LAS is explored further below.
- 5.2.22 The third significant contact occurred on the 2nd December 2017 (this was from Address 1 i.e. The Metropolitan Housing property in Tower Hamlets). Sajwa repeated her concerns about Amir's substance use to MPS, and also raised concerns about his mental health issues.
- 5.2.23 When Sajwa called the MPS, she said that she had been speaking to her brother over the phone and she was concerned for his safety. She said that he had mental issues and was being harassed by his housemate. She also said he had taken more sleeping pills than he should have, he was said to be falling in and out of consciousness and had also consumed a bottle of wine. Sajwa told the call handler that following his diagnosis with a communicable illness, Amir had been using alcohol and sleeping pills to help him cope. Sajwa told the operator she wanted the housemate to leave the address.

- 5.2.24 Police officers attended the scene, and also called the LAS. However, as no allegations were disclosed, no further action was taken by the MPS.
- 5.2.25 The MPS IMR recognised that a VAF and a Merlin ACN should have been completed. As a result, the following recommendation was made in the IMR:
“The Central East BCU⁹¹ SLT reinforce the requirement for all staff:
- *To understand the Vulnerability and protection of adults at risk policy;*
 - *To understand the VAF; and*
 - *To complete ACN Merlin reports where they have identified vulnerability whether they are a victim, witness, suspect or member of the public they have encountered using VAF”.*
- 5.2.26 As with the June 2016 incident, if a Merlin ACN had been completed this could have addressed the needs of both Amir and Sajwa. Similarly, it would also have been an opportunity to record the discussions with the ambulance crew and any advice given at the scene: the contact by the LAS is explored further below.
- 5.2.27 The last MPS contact before the homicide was on the 3rd December 2018. The LAS had been called to a male who had left his address, which was Address 1 in Tower Hamlets (MTVH property). The male was reported to have stated he was going to kill himself. LAS relayed that the family had told them that there had been no previous self-harm/suicide attempts. The LAS stood down the MPS as they had located the male and were dealing him. The MPS IMR did not identify any recommendations relating to this contact. The Review Panel accepted this, given the MPS had been alerted and then stood down by LAS.
- 5.2.28 On the day of the homicide, the MPS was called by a neighbour at 18.20. The report was initially graded as ‘Referred’. This was raised to ‘Significant’, that is it was re-graded when the incident was reviewed by a supervisor. This happened within 10 minutes of the initial call, reflecting the potential concerns about Amir. However, in the absence of any information that Sajwa was either at the property or there was a risk to life, the MPS IMR noted that a higher grading of ‘Immediate’ was not appropriate.
- 5.2.29 The Review Panel accepted this rationale. However, it was noted that a grading at a ‘Significant’ level requires police attendance within 60 minutes. In this case, police officers did not arrive until around five hours later.
- 5.2.30 It is clear from the chronology provided by the MPS that repeated attempts were made to assign a unit to attend the property but, because of the other higher priority calls, units were either unavailable or assigned and then re-allocated. A

⁹¹ Covers the London Boroughs of Hackney and Tower Hamlets.

DPS investigation found that no individual or team was responsible for the delay, concluding that the failure of police officers to attend in the required time frame was an organisational one reflecting the availability of resources.

- 5.2.31 Rahim was frustrated with the delay, asking the chair, “*What if they had come sooner, what if they had come before she was lost?*”. This is a question that is entirely understandable to ask. Sadly, in this case, it seems that Sajwa had in all likelihood been killed in the mid-afternoon (likely between 14:30 and 15:00 hours), some 3:20 to 3:50 hours before a call was made by to the MPS by a neighbour (which was made at 18.20). It is important to note that there is no suggestion that the neighbour should or could have called earlier; they tried to speak with Amir soon after spotting the handprint, and then decided to call the MPS when they remained concerned after speaking with him.
- 5.2.32 The Review Panel none the less felt it important to consider whether the 5-hour delay was illustrative of a wider issue with MPS response times. Consequently, the MPS were asked to provide further information. On the night in question, the MPS has acknowledged that its Emergency Response Police Team was understrength. There were 27 Police Constables available when the minimum strength was 34. This reflected the abstraction of some police officers to manage a football match. Additionally, Saturday nights are often busy for the MPS. However, overall, there did not appear to be a broader issue: In the month that Sajwa died, 94% of incidents graded as ‘Significant’ were attended within 60 minutes (96% of incidents graded as requiring an ‘Immediate’ response were attended within their target time of 15 minutes). Comparing this to the same month a year later, performance has fallen slightly. In January 2020, 90% of incidents graded as ‘Significant’ were attended within an hour and 93% of incidents graded as requiring an ‘Immediate’ response). In light of this, the Review Panel did not feel any recommendations were necessary.

LAS

- 5.2.33 The LAS IMR considered the contact with Sajwa and Amir on the 23rd October 2013, the 8th October 2015, the 18th June 2016, the 2nd December, and the 3rd December 2018. It concluded that ambulance crews had followed the relevant clinical guidance in their decision making. No recommendations were made in the LAS IMR.
- 5.2.34 The Review Panel accepted that the clinical response was appropriate, including conveying Amir (with this agreement) to hospital on the 8th October 2015.
- 5.2.35 However, there was a discussion about the response to the incident on the 18th June 2016, the 2nd December 2017, and the 3rd December 2018. In particular, the Review Panel considered the interaction with Sajwa, as well as whether there was any consideration of possible risk to her. The records of these incidents are based on ‘patient report forms’.

- 5.2.36 On the 18th June 2016, LAS attended a call after Amir had taken Crystal Meth and had become violent. Due to the nature of the call, the LAS requested that MPS attend as well. When Amir was examined, he was calm and was behaving normally, with no symptoms, except for some twitching of his face and hands.
- 5.2.37 On the patient report form, it is documented that paramedics had a discussion with Sajwa, as well as with the police who had arrived on the scene. Amir declined an assessment and an offer to be taken to hospital. It was also noted that he was showing no signs of aggression.
- 5.2.38 During this incident, the LAS IMR describes ambulance crews as undertaking an “*informal risk assessment*”. In this case, although records do not document an assessment, it is clear that the ambulance crew examined Amir and offered to convey him to hospital and – when he declined this – provided advice to Sajwa addressing the ‘worsening’ of the situation. However, there is no record of what Sajwa said she wanted help with. Furthermore, while it was recorded that there was a discussion involving police officers, there is no record as to the outcome of this.
- 5.2.39 The LAS IMR also noted that, from the records available, there was no indication that Sajwa was an adult at risk and therefore the ambulance crew did not consider LAS safeguarding procedures.
- 5.2.40 The Review Panel felt that this raised several issues:
- First, LAS had been called initially (and then asked the MPS to attend);
 - Second, that the ambulance crew undertook an informal risk assessment; and
 - Third, whether the ambulance crew should have considered safeguarding.
- 5.2.41 On the 2nd December 2017, the LAS attended having been called by the MPS. When Sajwa was examined, he was calm and alert, although upset. He told the ambulance crew about his concerns around a tenant, as well as being off work and his ongoing depression. He disclosed drinking two bottles of wine and taking a small amount of Mirtazapine and pain killers. Although Amir was assessed, there is no record of this assessment, despite his disclosures (around his mental health, alcohol use).
- 5.2.42 There is no record of Sajwa being present, despite her being so (given she had originally called the MPS and was recorded as being present by them). As a result, it is unclear what she said she wanted help with or what advice she was given
- 5.2.43 The Review Panel felt this raised similar issues to the June 2016, incident, including operational responsibility between the MPS and the LAS, the recording

of risk assessment and whether the ambulance crew should have considered safeguarding

- 5.2.44 On the 3rd December 2018, the LAS attended because it had been reported that Amir was disorientated. Amir was not at the address, but Sajwa stated that he had been acting erratically and irrationally. Paramedics also saw text messages and writing in the flat that evidenced Amir's paranoia and obsession.
- 5.2.45 It is also clear that LAS perceived a degree of risk, given they initially asked the MPS to attend as there had been a report that Amir was going to kill himself (although the MPS were subsequently stood down, being told that the family – presumably Sajwa – had told them that there had been no previous self-harm/suicide attempts).
- 5.2.46 As with the previous incidents, although Amir was assessed, there is no record of this, despite concerns about his behaviour and concerns about suicide risk. There is also no record of discussions with Sajwa. As a result, it is unclear what Sajwa said she wanted help with or what advice was given to her.
- 5.2.47 When Amir returned, he told paramedics he was happier after meeting a new friend who changed his outlook on life.⁹² It is recorded that Amir was well dressed, was able to communicate well, was not suicidal and did not appear to be a risk to himself or others). He also said he was scheduled with a psychiatrist⁹³ and that he was also planning to make an appointment with his GP. Subsequently, the ambulance crew had no concerns about Amir, and he was left at home.
- 5.2.48 This incident is the occasion that both Rahim and Sajwa refer to when Sajwa expressed her frustration with the response. The LAS indicated that the ambulance crew shared what information they could with Sajwa but would have needed to maintain patient confidentiality, which may account for why she felt she did not get all the information she might have wanted.
- 5.2.49 Looking at these incidents collectively, in addition to completing patient record forms, LAS ambulance crews did undertake a risk assessment on each occasion. However, the LAS representative informed the Review Panel that while it is standard practice for ambulance crews to undertake 'dynamic risk assessments' (referred to as an 'informal' risk assessment above) to ensure the scene is safe, to assess if they need any additional support or resources and/or if they need to request assistance from the police, these are not recorded. They went on to explain that any requests would, however, be recorded if ambulance crews made a request for support using their radio handsets.

⁹² It is not clear who this new friend is, but at this time Amir was attending Buddhist meetings.

⁹³ This is presumably a reference to the psychologist at the CPG.

- 5.2.50 The Review Panel considered making a recommendation regarding the recording of dynamic risk assessments but accepted that it would not be practical to routinely record these. Additionally, it is evident that the ambulance crews did produce a record of these incidents in the patient report form and the Review Panel were informed that training for ambulance crews includes what to document in the patient record forms.
- 5.2.51 When LAS was asked about safeguarding considerations in these contacts, it responded that: "*Based on the interactions with Sajwa, there is no documented evidence to suggest that Sajwa was indeed a carer or identified to our crews as a carer*". Moreover, while there were concerns about Amir, when he was seen by ambulance crews, no current concerns, he declined offers to be conveyed to hospital and in the last contact in December 2018 he indicated that he was going to access help and support more generally. The Review Panel, therefore, accepted the position as reflected by LAS, although in doing so, it noted the difference between the LAS and MPS perspective regarding potential vulnerability on the 18th June 2016 and the 2nd December 2017.
- 5.2.52 Considering Sajwa's contact with LAS, it is of note that Sajwa was present at all three contacts. The Review Panel considered whether it would have been reasonable for ambulance crews to identify Sajwa as being a carer. While the Review Panel accepted that Sajwa was concerned about Amir at each contact, it does not appear that she made any broader disclosures or were any immediate concerns identified. The Review Panel therefore felt it was reasonable for ambulance crews to provide advice rather than complete a safeguarding referral.
- 5.2.53 When discussing this contact, the Review Panel learnt that LAS systems are principally searchable by address. As a result, ambulance crews may not have known about previous call outs at different addresses. This has an operational impact. For example, the June 2016 incident (which occurred at Address 2, the East Thames / L&Q property in Newham) would not have been connected to the December 2017 and 2018 incidents (which occurred at Address 1, the MTVH property in Tower Hamlets). This has also affected the DHR process: is also of note that the LAS were initially unable to trace the 2nd December 2018 incident.
- 5.2.54 The Review Panel considered making a recommendation on this issue. The LAS informed the Review Panel that a new Computer Aided Dispatch System and electronic patient record system is due to be rolled out, with this being based on NHS number rather than address. This will mean that when ambulance crews attend an incident, they will be able to see previous visits/encounters that the patient has had with the ambulance service. Due to the Covid-19 pandemic, these systems have been delayed but the Review Panel was informed that they will be in place by the end of the year. As a result, no further recommendation was made.

Reflecting on the response by Emergency Services

- 5.2.55 One issue that the Review Panel considered when both the MPS and LAS attended an incident was operational responsibility. Both MPS and LAS representatives expressed the view that, while staff would have spoken, both each agency would retain a responsibility to respond in line with its policies and procedure. The Review Panel agreed. While the Review Panel felt no recommendation was required, it felt that this was an important reminder. That is, while multiple agencies may be involved in any given incident, each must discharge their responsibilities. In this case, as identified above, that would have included identifying safeguarding concern about Amir (or Sajwa as a carer),
- 5.2.56 It is also important to note that in these contacts with Amir, Sajwa was relatively invisible. That is, while she was seeking help, the focus was one Amir as the person of concern. This is discussed further below.

Housing

- 5.2.57 Building a picture of where Sajwa and Amir lived has been challenging, as it involves at least six different addresses during the timeframes identified for this DHR.
- 5.2.58 Sajwa initially lived in Redbridge, before moving to Barking and Dagenham. Thereafter, she and Amir were living as in several properties, either together and then separately, between 2012 and 2019, as illustrated in **Figure 2**.

MTVH

- 5.2.59 Of the housing providers involved in this case, the most substantive contact was with MTVH relating to Address 1 in Tower Hamlets. However, it is important to note that after obtaining a tenancy in June 2017 and contact relating to his subletting from June 2018, MTVH had limited contact with Amir.
- 5.2.60 The key issue after June 2018 was that Amir was found to be subletting, in breach of his tenancy. Ultimately, this led to him surrendering his tenancy but an agreed move out date in October was missed.
- 5.2.61 The MTVH IMR an example of good practice in their IMR, in that KM was given opportunities to extend his tenancy to October 2018.
- 5.2.62 However, the MTVH IMR identified several issues.
- First, Amir would not have been asked to complete a 'getting to know you form'. This form collections information about a range of issues and ascertains whether additional support is required. However, as Amir's tenancy was a self-nomination, he would have been asked to complete a less detailed form. Additionally, MTVH's current tenancy sign-up process

for Intermediate Market Rent Tenancies does not include a Sustainability and Vulnerability Questionnaire, which is used with Local Authority referrals and nominations; and

- Second, while Amir made disclosures about his financial difficulties, ill health, stress and that his planned move to his sisters had fallen through (and wanted to extend his tenancy again as he had nowhere to go), no actions were taken by MTVH.

5.2.63 As part of the IMR process, staff members were interviewed. In their reflections on this case, they acknowledged that confirmation bias may have contributed to a lack of professional curiosity. The focus was on Amir's tenancy termination and departure from the property, rather than his financial difficulties, sickness, employment, and concerns about finding alternative accommodation. The openness of the staff members involved in making this observation is to be commended.

5.2.64 If these issues had been explored, that could have included a referral to the internal in-house Tenancy Sustainment Team⁹⁴ or the Money Advice Service.⁹⁵ Additionally, further exploration with Amir may have revealed other issues, including his mental health and, possibly, safeguarding concern may have been identified.

5.2.65 As a final matter, information about the killing of Sajwa at the property was not escalated appropriately nor was it recorded on the SHE system, as is required for all 'deaths that are linked to a crime, suicide or are in some way unexplained'

5.2.66 The MTVH IMR noted that since the homicide, a Designated Safeguarding Lead role has been developed in the North London Housing team. Safeguarding Awareness and Safeguarding Adults at Risk training was introduced in December 2018 for all frontline Housing colleagues.

5.2.67 The MTVH IMR made the following recommendations, which were accepted by the Review Panel:

"The processes for Intermediate Market Rent Tenancy sign-ups to be reviewed. The Review to ensure that our internal and external checks include identification of multiple tenancies and subletting. This action to be added to MTVH's Operational Risk Register".

"The Sustainability and Vulnerabilities Questionnaire will be included as part of the standard operating procedure for all new tenancies".

⁹⁴ A freeze service that gives one-to-one housing related support of up to 8 weeks about a wide range of issues including benefits and accessing other services. For more information, go to: <https://www.tvha.co.uk/customer-services/tenant/tenancy-support/>.

⁹⁵ Provides free, debt advice nationally. For more information, go to: <https://www.moneyadviceservice.org.uk/en>.

“A Learning from Experience case study to be prepared and shared through reflective practice sessions. This will include a refresher in tenancy management for sublets; reporting compliance for violent & unexplained deaths; Safeguarding emphasis on professional curiosity with focus on debt, financial hardship and related vulnerabilities”.

“Operational team meetings to have an item on required reporting compliance for violent & unexplained deaths”.

“Briefing on violence between siblings and inter-generational conflicts in the context of domestic abuse, to be added as good practice in our DA training content”.

“Information about the availability of structured & clinical supervision to support colleagues who experience traumatic events at work, to be publicised as part of the Employee Assistance Programme”.

“All recommendations to be added to the Multi-Agency Recommendations Action Plan”.

L&Q

5.2.68 L&Q have limited information about Address 2 (in Newham). While L&Q took on the property from East Thames Housing, the tenancy ended before this transfer. However, the available notes suggest that the tenancy ended due to sub-letting.

5.2.69 L&Q was the landlord for Address 4 (in Barking and Dagenham). There was little communication from Sajwa and there were no disclosures made, or issues identified, that highlighted a concern.

5.2.70 It is of note that L&Q did not identify that the tenancy was being sub-let.

Peabody Housing

5.2.71 Although Peabody Housing had intermittent contact concerning Address 3 (in Newham), this was largely for minor issues relating to the tenancy. No specific concerns were identified. None of these led to any concerns being identified, nor would it be reasonable to suggest that the contacts should have done so.

5.2.72 While there were some issues with rent areas during the tenancy (in October 2017, although there is no further information about rent arrears before the homicide, suggesting that this was a temporary issue. Significant rent arrears accrued after the homicide

5.2.73 It is of note that Peabody Housing did not identify that the tenancy was being sub-let.

Multiple tenancies

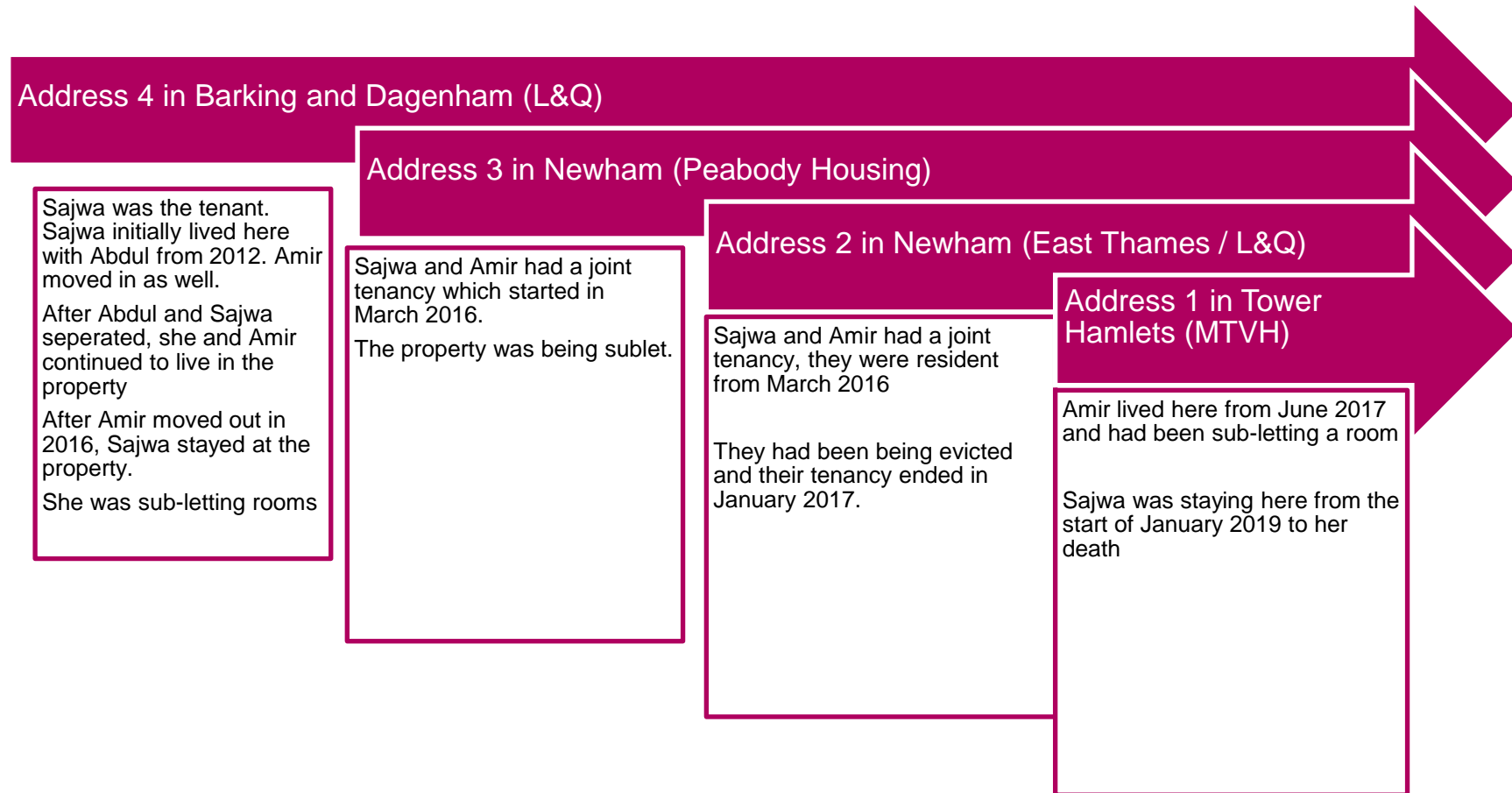
5.2.74 Since 2012, Sajwa and Amir secured multiple tenancies:

- For Address 4 (in Newham, owned by L&Q) the tenancy started in 2012, before any other tenancies, so identifying multiple tenancies would not have been relevant.
- For Address 3 (in Newham, owned by Peabody Housing) and Address 2 (owned by the East Thames / L&Q property), these joint tenancies began in the same month (March 2016) and Sajwa was already the tenant of Address 4 (in Newham, owned by L&Q). For Address 1 (in Tower Hamlets, owned by MTVH), Amir was still a tenant at Address 3 (in Newham, owned by Peabody Housing).

- 5.2.75 Income from sub-letting would no doubt have enabled Sajwa to support herself and also allow her the flexibility to care with Amir, while allowing Amir to reduce his debt. However, if known at the time, authorities may have investigated this as a potential case of social housing fraud given it included making applications for housing, a succession of tenancies, and the subletting of properties.⁹⁶ Commenting further is beyond the scope of the DHR. However, the Review Panel felt it was appropriate to consider how Sajwa and Amir were able to obtain multiple tenancies.
- 5.2.76 Where these tenancies overlapped, they should have been identified during pre-tenancy checks. All the housing providers reported in this DHR report that their referencing and pre-tenancy checks have become more robust or work is underway to do this. The Review Panel, therefore, felt it was sufficient to note this issue rather than making any recommendations.
- 5.2.77 The Review Panel did, however, note that, given the potential for social housing fraud, this may have meant that Sajwa (or indeed Amir) would be reluctant to approach agencies for fear of this being identified. However, in practice this does not appear to have been the case. In particular, Sajwa and Amir had frequent contact with Peabody Housing (Address 3 in Newham) relating to property repairs.

⁹⁶ The Chartered Institute of Public Finance and Accountancy (2016) *Fighting fraud and corruption locally*. Available at: <https://www.gov.uk/government/publications/fighting-fraud-and-corruption-locally-2016-to-2019> (Accessed: 4th April 2020).

Figure 2: Sajwa and Amir properties from 2012 to 2019



Mental health services

CNWL

5.2.78 CNWL had very limited contact with Amir after a referral from ChelWest in 2016. After contact in January 2017, he attended two appointments but cancelled or did not attend other sessions before being discharged in May 2017. Once discharged, his GP was notified. Given this limited contact, the Review Panel felt there was no opportunity for further learning.

CPG

5.2.79 Amir was known to the CPG between the 30th June 2015 and 12th December 2018. Amir self-referred to the service. For the majority of his time with CPG, the costs of this private healthcare were provided through Amir's insurers. However, towards the end of his contact (after he had left his job) he paid for a couple of sessions.

5.2.80 Amir had 25 sessions with the psychologist at CPG. He completed an initial question, which included some background information (including his employment with the professional services company, his difficult childhood, and his diagnosis with a communicable illness).

5.2.81 Amir initial assessment identified depression, anxiety, insomnia, and general lack of motivation as his major concerns. Financial issues were also discussed, and Amir was encouraged to seek debt management support. Substance use was also discussed, but this was not identified as a major concern. Amir is described as having been less willing to acknowledge the severity of the problem, instead choosing to focus on stopping smoking.

5.2.82 This was the only occasion when Sajwa disclosed a specific concern about his visa status (he went onto secure indefinite leave to remain in 2017 and in 2018 was naturalised as a British Citizen).

5.2.83 Amir disclosed to the psychologist that he had ongoing arguments with Sajwa, and the focus of these arguments were around his wishes for her not to live in the same house. Amir also said he had approached his GP for help with this and his drug problem.

5.2.84 In subsequent appointments, Amir talked about his stress at work, including having to take time off, as well as his use of Crystal Meth and MDMA. He also talked about his diagnosis with a communicable illness and his sexual orientation. He said being a gay man was not a choice, but also talked about how this conflicted with his faith (although he said he was not a practising Muslim). He also referred to using social networking apps for sexual encounters and having sex while using drugs (he referred to Crystal Meth in this conversation and described this as chemsex).

- 5.2.85 In his interaction with the psychologist, Amir wanted to focus on stopping smoking. He was, for example, less willing to focus on the severity of his drug use. As a result, while the psychologist could consider these elements in this treatment plan, and where appropriate, encouraged Amir to access other help and support (for example, debt management charities), these issues were not the focus of the agreed goals. Additionally, for some of these other issues,
- 5.2.86 Amir told his psychologist that he was accessing help from this GP. He also referred in May 2016 to engaging with METRO but said he did not want to attend further sessions there.
- 5.2.87 Two features of Amir's engagement with CPG are of note. Firstly, when providing this initial information, Amir ticked the 'no-consent' box on the questionnaire meaning CPG could not communicate with his GP. It appears that the CPG Customer Services tried to follow this up with the psychologist, making several requests up to April 2016. However, this was not resolved. Subsequently, consent was only obtained in December 2018, when Amir provided consent for information to be shared with his GP. This allowed the psychologist to write to Amir's GP to provide a summary of Amir's engagement in therapy between June 2015 and December 2018.
- 5.2.88 In relation to consent, while the CPG Customer Services team provide administrative support, it is the responsibility of the psychologist to discuss and obtain consent when agreeing to write to the patient's GP or other health care professional. In this case, there was an initial period where repeated attempts to obtain consent were made (which Amir refused). These did not continue after April 2016, until his discharge in December 2018 (when Amir provided consent).
- 5.2.89 He was also irregular in his attendance, missing four appointments. There were also periods when Amir also did not respond to the CPG Customer Service when they attempted to confirm provisional appointments or arrange new ones. CPG responded to the issues with Amir's attendance appropriately.
- 5.2.90 The CPG IMR noted that since January 2018 the practice introduced new Customer Relationship Management software, which would have assisted with two aspects of this case:
- The new system includes functionality to identify and note risks identified with patients during sessions; and
 - Clinicians receive automatic notifications when a client cancels an appointment, providing details of the CPG representative that handled the request and the reason provided by the patient for cancelling the appointment.
- 5.2.91 As a result, no recommendations were made, and this was accepted by the Review Panel.

- 5.2.92 Given these two issues are similar to Amir's interaction with some other services, they are discussed in the round below.
- 5.2.93 The CPG IMR also made the following observation: "*As more patients turn to private psychological therapy due to a number of reasons, including long waiting lists in the NHS and the commodity of being seen close to where they work, a more efficient process of communication between the Psychologist seeing a patient and their GP is advisable*".
- 5.2.94 The Review Panel felt this was an important reflection and agreed that it was appropriate to discuss this with NHS England (London). In a discussion between the chair and the Patient Safety Lead Mental Health from, it was noted that there was evidence of good practice by CPG (i.e. attempts were made to secure Amir's consent to share information with his GP and ultimately, the CPG was able to notify Amir's GP with his content). It was also noted that, without Amir's consent, it would not have been possible to breach patient confidentiality except in exceptional circumstances. Although no recommendations were identified, it was agreed that the DHR would be shared with NHS England (London) so that the learning could be disseminated.

NELFT

- 5.2.95 NELFT had limited contact with Amir, receiving a referral from his GP on the 12th February 2014. After an initial delay in assessing Amir, due to staff sickness, he was triaged by BDAAT on the 26th February 2014. During this call, Amir described his current situation (including work stress) and said he thought he was experiencing 'Bi-Polar Affective Disorder'. Amir disclosed his sexual orientation and also referenced his faith and his experience of being brought up in Pakistan.
- 5.2.96 This was followed up by an assessment on the 19th March. Subsequently, Amir was diagnosed as experiencing low mood and anxiety due to work-related stress. He was discharged back to his GP. Amir with contact details for Project Involve and ELOP. There is no evidence that Amir accessed any of these services.
- 5.2.97 During the DHR, NELFT reported that, during an assessment, if service users talk about substance misuse, they are also given information about local services. Reflecting this, no recommendations were made in the NELFT IMR. This was accepted by the Review Panel, although this contact highlights broader learning in this DHR relating to culture and faith, as well as referral, which is discussed in 5.3 below.

Sexual health services

ChelWest

- 5.2.98 Amir had contact with ChelWest between 2014 and 2016. He made disclosures relating to his sexual orientation, as well as his substance use, as well as his mental health.
- 5.2.99 At the time that Chelwest had contact with Amir, the department had not introduced routine enquiry around domestic abuse. This was introduced in April 2018.
- 5.2.100 No recommendations were made in the ChelWest IMR. This was accepted by the Review Panel, although this contact highlights broader learning in this DHR relating to culture and faith, as well as referral, which is discussed in 5.3 below.

GSTT

- 5.2.101 All but one of Amir's contact with GSTT for treatment related to his communicable illness. Amir made disclosures relating to his sexual orientation, as well as his substance use, as well as his mental health. He did not make any disclosures about his faith or cultural background.
- 5.2.102 The IMR submitted by GSTT noted that until the final face-to-face contact in December 2018 there were no events that fell outside from what might ordinarily be expected within the service.
- 5.2.103 There is evidence that Amir was included in all clinical discussions and his preferences considered. In his appointments Amir talked about his usage of illicit drugs and chemsex, to which staff responded in line protocols/procedures and (as necessary) permission was sought for onward referrals to relevant services. Amir with referred to Antidote for his substance use.⁹⁷
- 5.2.104 During his contact with GSTT, Amir made intermittent disclosures about mental health, as well as the support he was accessing. These were explored with Sajwa, who said he had either seen his GP and/or had seen a psychologist (i.e. CPG). He said these interventions were helpful. However, for most of the time, Amir did not permit GSTT to contact his GP, so it was not possible to have inter-professional contact.
- 5.2.105 It is of note that, when Amir presented on the 27th December 2018, the doctor who saw him had concerns about his mental health. They were able to secure his permission to contact his GP, which they did the following day to ensure. Having shared their concerns, they then received an assurance that the practice would

⁹⁷ London Friend, who run Antidote, have reported no record of Amir, although the GSTT notes indicate that a referral was in January 2016

undertake a mental health assessment. Given the doctor had seen no evidence of an immediate mental health crisis, this was appropriate.

- 5.2.106 Two features of Amir's use of GSTT services are of note. Firstly, he often re-scheduled, cancelled and sometimes missed appointments. When Amir requested changes to appointments these requests were met. When he did not attend arranged appointments staff at GSTT contacted him via a combination of phone, voicemail, and letter to ensure that he re-engaged with the service.
- 5.2.107 Secondly, Amir did not give consent for GSTT to contact his GP for most of his time in the service. Staff sought permission to communicate with his GP at regular intervals. It was not until his appointment on the 3rd August 2018 that Amir permitted contact to be made with his GP. From this point forward the GP received communication about care and treatment being provided.
- 5.2.108 GSTT responded to each appropriately but, given these two issues are like Amir's interaction with some other services, they are discussed below.
- 5.2.109 As a result, the GSTT made no recommendations which the Review Panel accepted.
- 5.2.110 No recommendations were made in the GSTT IMR. This was accepted by the Review Panel, although this contact highlights broader learning in this DHR relating to culture and faith, as well as referral, which is discussed in 5.3 below.

LGBT+ services

METRO

- 5.2.111 The METRO Centre had relatively limited contact with Amir. However, the METRO Centre was able to provide a mentor and it sought to engage him when he represented to the service.
- 5.2.112 In its IMR, there was a recognition that there could have been more of a discussion around his cultural background in the context of his sexual orientation. As a result, the METRO Centre has identified that more training in working around the cultural heritage and BAME backgrounds of LGBT clients will be useful for their mentors (who are all volunteers), so that they can consider specific vulnerabilities around family relationships. The METRO Centre support report made the following recommendation:
- "That METRO Charity staff and volunteers are provided with training on the intersection of culture, faith, sexual orientation, gender and family, particularly those who are in mentoring and counselling roles".*

5.2.113 This was accepted by the Review Panel, although this contact highlights broader learning in this DHR relating to culture and faith, as well as referral, which is discussed in 5.3 below.

Employers

Employer for Sajwa

5.2.114 At the time of the homicide, Sajwa was not in formal employment. Rahim made it clear that this was not possible, given the time her care of Amir took. However, Sajwa made income through the sub-letting of rooms and properties. Based on the information obtained by the MPS during the murder enquiry, Sajwa did not make any disclosures to her tenants. The exception relates to her decision to stay with Amir in January 2019, when was when she said when she going to stay with him because his mental health was getting worse. She did not however express any concerns beyond this.

The employer for Amir – professional services company

5.2.115 It has not been possible to secure the involvement of the professional services company. This has meant that – bar what has been shared by the MPS from their murder enquiry – the Review Panel has not had access to information about Amir's employment. This means some issues, including how Amir was supported in his workplace, have not been explored. Recommendations have been made to address employer involvement, as discussed in 1.10.3.

Other health contact

Barts Health NHS Trust

5.2.116 The trust had a single contact with Sajwa in January 2017, when she was due to attend (but did not) an outpatient appointment. The trust also had several outpatient appointments with Amir in 2016. These contacts have been considered but are not relevant.

5.2.117 The only relevant contact was on the 13th May 2014, which is evidence of Amir's substance use. He was found intoxicated at a bus stop. Although he was brought to A&E, he did not need treatment and was not admitted. At Barts, staff can refer to the Alcohol Liaison nurse for advice or to review the patient. In this case, Sajwa denied any issued and this was on only time that he had been seen. Sajwa was contacted and came to collect him, meaning he was discharged into her care.

5.2.118 No disclosures were made, or concerns noted, in any of these contacts, which were dealt with appropriately. The trust's Short Report, therefore, identified no

learning and made no recommendations. This was accepted by the Review Panel.

King George Hospital (BHRUT)

5.2.119 Amir had a single contact with King George Hospital relating to a minor medical issue, and also subsequently attended what was the Sydenham Centre single appointment in May 201. There were no disclosures made or concerns identified.

GPs

GPs for Sajwa

5.2.120 Sajwa was registered with several GPs, include the Loxford GP Practice (from 2010), Highgrove Surgery (from 2012), the Albert Road Practice from 2016, and finally the Gables Surgery in 2018. As detailed in the chronology, her contact with GPs was limited and related to specific medical matters. There is no information to suggest that she made any disclosures, or any concerns were identified by health professionals. As a result, no learning or recommendations were made concerning these contacts.⁹⁸

GPs for Amir

5.2.121 Amir was also registered with several GPs, including the Loxford GP Practice (from 2009) and Highgrove Grove Surgery (from 2012). As detailed in the chronology, his contact with GPs was limited and related to specific medical matters. There is no information to suggest that Amir made any disclosures, or any concerns were identified by health professionals, regarding these GPs. As a result, no learning or recommendations were made in relation to these contacts.

5.2.122 In March 2016, Amir registered with Liberty Bridge Road Practice. His subsequent consultations up to and 14th December 2018 were related to anxiety and depression, though he did not engage with the practice for therapy.

5.2.123 The key issues that are relevant to this review include a depression review in April 2018 through to December 2018 when Amir had stopped medication on this own.

⁹⁸ The Home Office Quality Assurance Panel suggested that there should be a recommendation for the GP practice to review their approach to routine enquiry. The Review Panel considered this suggestion but has declined to make a recommendation. As stated above, in Sajwa's limited contact with the GP, she neither made disclosures, nor were concerns identified by professionals, that could have reasonably triggered an enquiry about domestic abuse.

- 5.2.124 The Review Panel considered contact with Amir, with support from the Named GP for Adult Safeguarding for the local CCG and with regard to the relevant guidance from the National Institute for Health and Care Excellence (NICE).⁹⁹
- 5.2.125 Concerning Amir's depression review and subsequent decision to stop his anti-depressants: patients can choose not to take medication, and often patients will stop mood stabilisers (antidepressants) on their own. While GPs would always encourage someone to use a tapered down regimen with clinical support, some patient will not engage with their clinician for a variety of reasons and simply stop taking medication (as Amir did). Additionally, medication is only one aspect of mental health, with therapy also being important. In this case, Amir's GP encouraged his engagement with therapeutic services. For example, the practice was aware from Amir that he had been seeing a psychologist, although because Amir had not given his consent to the CPG to share information, they did not have direct contact until the 17th December 2018 when the practice received a clinical letter from the psychologist advising that Amir had been discharged.
- 5.2.126 On 28th December the practice was contacted by GSTT (as discussed above), where a doctor had seen Amir the previous day and been concerned at his level of agitation. The doctor said that they had no immediate concerns about self-harm or danger to others. In the discussion that resulted, the on-call GP at the practice felt that the change in mood was most likely attributable to Amir stopping the Mirtazapine he had been prescribed. It was agreed the practice would ask Amir to attend for a mental health review. This was actioned, although it was not possible to reach Amir, on the 31st December 2018 he responded to left messages and agreed to an appointment at the start of January 2019. However, he did not attend that appointment. The practice then made further attempts to contact Amir until they were notified about the homicide.
- 5.2.127 No recommendations were made in the Liberty Road Practice IMR.¹⁰⁰

⁹⁹ For a summary of NICE guidance relating to depression, go to:

<https://pathways.nice.org.uk/pathways/depression#path=view%3A/pathways/depression/depression-overview.xml&content=view-index>

¹⁰⁰ The Home Office Quality Assurance Panel suggested that there should be a recommendation for the GP practice to review their approach to routine enquiry. The Review Panel considered this suggestion but has declined to make a recommendation. The GP had limited contact with Amir as detailed above, and none of this contact related to concerns regarding Sajwa. When concerns about Amir were identified, for example based on information from GSTT, it sought to address these.

5.3 Responding to the Terms of Reference

- 5.3.1 The following section responds to the lines of enquiry as set out in the Terms of Reference, bringing together the agency-by-agency discussion in the proceeding section.

The communication, procedures and discussions, which took place within and between agencies;

The co-operation between different agencies involved with Sajwa and/or Amir [and wider family];

- 5.3.2 There was little opportunity for communication between different agencies, given the limited and fragmented nature of the contact that Sajwa and Amir had with services. Where appropriate, this was been explored in the agency analysis above, including communication between the MPS and LAS; between housing providers; and between health services.

The opportunity for agencies to identify and assess domestic abuse risk;

Agency responses to any identification of domestic abuse issues;

Organisations' access to specialist domestic abuse agencies;

The policies, procedures and training available to the agencies involved on domestic abuse issues;

- 5.3.3 There is no evidence of domestic abuse (specifically, AFV) in this case, although as noted in 5.1, there was at least one occasion when Sajwa reported that Amir had become violent after using Crystal Meth.

- 5.3.4 Although several different agencies were aware of Sajwa, for the most part, this was in the context of 'background information' about Amir and his life, usually obtained during an assessment or in the course of interactions with Amir. The Review Panel felt that it was not reasonable for any of these agencies to have considered the possibility of AFV.

- 5.3.5 The exception is the LAS and MPS: as discussed above, both agencies had significant contact with Amir and Sajwa in 2016, 2017 and 2018 where Sajwa shared her concerns about Amir. This included reports of his behaviour, as well as other issues like his drug use and mental health.

- 5.3.6 Given AFV has been considered in this DHR, albeit not found to be present beyond the fatal homicide itself, the Review Panel felt it was appropriate to consider the extent to which this is understood as an issue locally. In this case, the two agencies that had the most substantive contact with Sajwa and Amir were the MPS and the LAS.

- 5.3.7 The MPS noted:

- There is no specific AFV training available for police officers;
- The current 124d¹⁰¹ does not include details about support agencies in the context of AFV (an electronic version is currently being trialled the Review Panel were assured that AFV will be included); and
- The current domestic abuse policy does not include AFV (it is due to be reviewed and the Review Panel were assured that AFV will be included).

5.3.8 The LAS noted:

- Training includes an extensive section on domestic violence and abuse, including abuse from family members (as well as, for example, issues around carers); and
- The Domestic Abuse Policy and Procedures were updated in 2019 (this was not reviewed as part of the DHR).

5.3.9 Clearly, in this case, a range of other agencies also had contact with Sajwa and Amir. While this is positive, the Review Panel recognised that the understanding of, and the response to, AFV – in both Tower Hamlets and nationally – is a developing area of work. This is particularly relevant because six of the DHRs undertake in Tower Hamlets have involved adult family members.

5.3.10 In Tower Hamlets, the response to AFV sits within the wider VAWG strategy, although there is also a recognition that there is a need to differentiate AFV from Intimate Partner Violence. The VAWG strategy was recently refreshed and has three overarching aims:

- Support and Protection for Victims;
- Bringing perpetrators to justice; and
- Engage with communities to raise awareness and challenge misogyny.¹⁰²

5.3.11 To support this strategy, there is a local training programme which is free and open to local agencies (where, for example, the difference between intimate partner violence and AFV is explored). Additionally, locally commissioned services support all survivors of domestic abuse, including those experiencing abuse from family members.

5.3.12 While it is positive that a range of action is being taken locally, the Review Panel felt that there was an opportunity to develop this further. This reflects recent

¹⁰¹ A 124d is completed by frontline officers when attending a domestic abuse call and includes the DASH risk assessment questions, as well as a pull out section with information on support services.

¹⁰² Tower Hamlets Council (2019) *Tower Hamlets Violence Against Women and Girls Strategy 2019 – 24*. Available at: https://www.towerhamlets.gov.uk/Documents/Community-safety-and-emergencies/Domestic-violence/VAWG_Strategy_2019_2024.pdf (Accessed: 4th April 2020).

learning drawn from DHRs, which have highlighted the importance of increased understanding of AFV so that professionals can identify concerns and respond appropriately.¹⁰³

The CCR is based on the principle that no single agency or professional can respond to domestic abuse, but all agencies and professionals can offer insights that are crucial to the safety of victims and survivors. In the context of AFV, it is important that there AFV is explicitly addressed.

Recommendation 4: The Tower Hamlets CSP to work with local partners to review the findings from this DHR and develop the response to AFV locally. This should include considering evidence of need locally and identifying the actions that agencies can take individually and collectively and completing a training needs assessment to identify the skills and training that professionals require to respond.

Any evidence of help seeking, as well as considering what might have helped or hindered access to help and support.

- 5.3.13 A key challenge was that Amir was not identified as someone with severe and enduring mental health problem until after the homicide of Sajwa. Before the homicide, Amir had contact with a range of services, including for behaviour linked to his drug and alcohol use (in particular LAS and MPS), as well as issues like his depression, work and his sexual orientation. However, his disclosures to multiple health and social care professionals were fleeting, except for the psychologist at CPG.
- 5.3.14 The Review Panel felt that this DHR raises the question of how services perceive drug users, in particular if their needs place additional demands on services (in the last three contacts with Amir, for example, he was assessed but did not want to go to hospital). The Review Panel felt a further issue might have been about Amir's age, which may have made him appear less vulnerable.
- 5.3.15 Critically, this could have affected responses to Amir. Most significantly, if either the MPS or LAS had identified possible concerns about Amir (as a potentially vulnerable adult), this would have led to information being shared with the Tower Hamlets Adult Social Care. It is not possible to say what the outcome of that information sharing may have been; however, it may have led to an assessment of Amir as a vulnerable adult.

¹⁰³ Montique, B. (2019) *London Domestic Homicide Review (DHR) Case Analysis and Review of Local Authorities DHR Process*. Available at: <https://www.standingtogether.org.uk/dhr>.

*Support for carers*¹⁰⁴

- 5.3.16 Additionally, if either the MPS or the LAS Sajwa has considered safeguarding in this context, they may have considered Sajwa in her own right.
- 5.3.17 The Review Panel considered whether, should either MPS or LAS have made a referral, this would have led to a Carer Needs Assessment.¹⁰⁵ The Adult Social Care representative reported that had a referral been made for Amir, Sajwa may also have been contacted to establish what support she provided to him as a possible informal carer. Additionally, if either MPS or LAS had asked Sajwa about her carer role, and if they had shared this information, there would have been a duty to try and assess her as a potential carer. Critically, the Review Panel felt it was important to note the relatively ‘invisibility’ of Sajwa to agencies like the LAS and MPS they had contact with Amir. In short, responses to her were largely premised on the management of Sajwa rather than considering Sajwa in her own right.
- 5.3.18 Tragically, Sajwa cannot tell us how she felt in these contacts, although Rahim said she was frustrated on at least one occasion. Moreover, it may be that Sajwa did not consider herself as a carer. Rahim described the extensive impact that caring for Amir had on Sajwa, including the financial pressures. However, Sajwa may have understood this simply as a responsibility towards Amir as a sister and not considered herself as a ‘carer’. Regardless, there do not appear to have been many opportunities for her to talk about the support she provided to her Amir. For example, although she talked with Rahim about the role she had in Amir’s life, Sajwa does not appear to have sought his active help. Additionally, while Sajwa sought help and support in specific circumstances, engaging with the MPS and the LAS on several occasions, these appear to have been more focused around her immediate concerns for Amir rather than seeking support for herself.
- 5.3.19 It can be difficult for carers to recognise their caring role, with a recent report noting that over half of all carers (55%) took over a year to recognise their caring role, while nearly a quarter (23%) took over five years to recognise themselves as a carer. Someone specifically looking after someone with a mental health condition took, on average, longer with 28% taking over five years.¹⁰⁶

¹⁰⁴ The Home Office Quality Assurance Panel suggested that barriers to reporting and seeking help for Sajwa should have been more fully explored. The Review Panel has considered the Quality Assurance Panel’s feedback but is of the view that the analysis of contact with the MPS and LAS in section 5.2, and the broader summary of agency contact here (in section 5.3, particularly relating to AFV, carer status, and Amir’s risk and needs), adequately addresses these issues.

¹⁰⁵ Local authorities have a duty to assess any carer who requests a Carer Needs Assessment or who appears to need support. The assessment looks at the impact that caring has on someone’s life. It is used to identify advice and assistance that can support someone in their role as a carer. For more information, go to:
https://www.towerhamlets.gov.uk/lgnl/health__social_care/ASC/Adults_Health_and_Wellbeing/Caring_for_someone/Carer_needs_assessment.aspx

¹⁰⁶ Carers UK (2019) *Missing Out: Research briefing on the State of Caring 2019 survey*. Available at: <https://www.carersuk.org/professionals/policy/policy-library/missing-out-research-briefing-on-the-state-of-caring-2019-survey> (Accessed: 4th April 2020).

- 5.3.20 Tower Hamlets has a carer strategy, with the following priorities:
- Identifying and recognising carers;
 - Realising and releasing the potential of carers;
 - A life outside of caring;
 - Improving the health and wellbeing of carers; and
 - Transitions: providing seamless care between children and adults services.¹⁰⁷
- 5.3.21 Given the existence of this strategy, the Review Panel did not feel a broader recommendation was necessary but felt the DHR had identified important learning. This could be used in training to highlight some of the issues that may prevent carer's self-identification or identification by professionals.

Amir's risks and needs

- 5.3.22 The Review Panel noted the issues that affected Amir, in particular:
- The intersection of his sexual orientation, faith, and cultural background;
 - Substance use;
 - Mental health; and
 - Other issues, including work and the end of his MTVH tenancy.
- 5.3.23 Broadly speaking, while LAS and the MPS were aware of substance misuse and mental health, other services had a more detail understanding of these issues. Additionally, some agencies were aware specifically of concerns around his substance use and sex life (i.e. CPG, CPG), with this sometimes being discussed specifically as chemsex (i.e. including Chelwest, GSTT and METRO).
- 5.3.24 The Review Panel noted that there was often a presumption that providing information to Amir was sufficient, rather than seeking his consent to make a referral on his behalf or making a referral with him. As is clear from this DHR, Amir often did not take these 'referrals'. Given his circumstances, agencies might have considered pro-actively supporting Amir to make a referral. The Review Panel considered making a recommendation on this issue but felt that this finding could most appropriately be addressed by ensuring it was identified as key learning. This could be used in training to highlight some of the issues that can arise when making referrals, in particular to ensure that onward referral is meaningful and considers what is most likely to result in a positive outcome for a service user and what direct or indirect support may enable this.

¹⁰⁷ Tower Hamlets Council and CCG (2019) *Our commitment to carers 2019-2020*. Available at: https://www.towerhamlets.gov.uk/Documents/Adult-care-services/CarerPlans/2019_20_Commitment_to_Carers_Plan.pdf (Accessed: 4th April 2020).

- 5.3.25 The Review Panel also considered what might have helped or hindered access to help and support for Amir. In considering this, the Review Panel was mindful that Amir was the perpetrator of this homicide and has been found guilty of Sajwa's manslaughter.
- 5.3.26 Without seeking to minimise Amir's actions, the Review Panel also felt it appropriate to note that there were a range of factors in Amir's life that may have contributed to his long-term mental health needs and, significantly, their deterioration in 2018. This included reconciling his sexual orientation to his cultural and religious heritage, as well as his extensive substance misuse (including concerns about chemsex), and his work-based experiences. To some extent, these issues were identified in his contact with services, but his limited engagement with most providers meant there was not an opportunity to explore these further. Additionally, his privacy concerns are also evident, with Amir routinely refusing to give consent to agencies to share information with his GP.
- 5.3.27 The response to these challenges in Amir's life has been explored above and it is important to note that the Review Panel did not identify any opportunities for professionals to identify an imminent mental health crisis or any risk to others. Nor, for example, did MTVH have any broader concerns as they managed the end of MTVH's tenancy.

5.4 Equality and Diversity

- 5.4.1 At the outset of this DHR, the Review Panel identified the following protected characteristics of Sajwa and/or Amir as requiring specific consideration for this case; Disability, Race, Religion and Belief, and Sex.
- 5.4.2 *Disability:* At the point of agency contact with Sajwa no information was known that would indicate she had a disability. Concerning Amir's diagnosis with a communicable illness, while some people in his situation would not consider themselves to have a disability, in legal terms someone living with this diagnosis is recognised as having a disability. It is unclear whether Sajwa would have known this although he accessed a range of different support services about this issue. Additionally, in March 2019, Amir was diagnosed with paranoid schizophrenia. As an enduring mental health problem, this would constitute a disability.
- 5.4.3 *Race:* Both Sajwa and Amir were of Pakistani origin. The Review Panel has not identified any information that either Sajwa or Amir's experiences were directly or indirectly affected by race. However, this does not meet it may not have been relevant. For example, both Sajwa and Amir may have experienced discrimination that is unknown to the Review Panel. Additionally, having been born in Pakistan may have been a factor more generally, given the potential cultural influence, with this summarised below.
- 5.4.4 *Religion and Belief:* Both Sajwa and Amir were Muslims. The Review Panel has not identified any information that either Sajwa or Amir's experiences were directly affected by religion and belief. However, Religion and Belief may have been a factor more generally, with this summarised below.
- 5.4.5 *Sex:* As noted in 1.4.2, domestic homicide is gendered with the majority of victims in both intimate partner and familial homicides being females and males representing the majority of perpetrators.
- 5.4.6 Additionally, the Review Panel considered *Sexual Orientation:* Sajwa was heterosexual and was in a relationship with Rahim and they were planning to get married. The Review Panel has not received any information to suggest that this affected Sajwa's experiences; while Sajwa did not seek help from Rahim she did talk more broadly about her concerns about Amir, and this seems to have been a source of some support. For Amir, his sexual orientation as a gay man a significant issue.
- 5.4.7 Taken together, an intersectional perspective draws attention to have these different aspects of Sajwa and Amir's lived experiences and how these may have affected them.
- 5.4.8 For Sajwa, it is clear that she felt a sense of responsibility toward Amir. Additionally, while Sajwa disclosed Amir's use of drugs and his sexual orientation

to Rahim, this does not appear to be something she discussed (or sought support with) more broadly. This may have reflected her cultural and religious heritage, as well as expectations on her as the oldest (female) sibling.

- 5.4.9 For Amir, as a gay man, he appears to have experienced a tension between his sexual orientation and his Race and Religion and Belief. Certainly, he described his “*freedom*” on coming to the UK.
- 5.4.10 While the Review Panel did not additionally consider *Age*, it felt it pertinent to note that as a man in his late 20s and early 30s, Amir drug use may not have been seen as problematic. Conversely, it may be that Sajwa would not have been thought of as his carer.
- 5.4.11 No information was presented that raised any issues regarding other Protected Characteristics, including; *Age; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity*

6. Conclusions and Lessons to be Learnt

6.1 Conclusions (key issues during this Review)

- 6.1.2 Sajwa's death was a tragedy. The Review Panel is grateful for the participation of her partner (Rahim), which has enabled the Review Panel to get a sense of her as a person. In addition to talking about their relationship, including their planned marriage, Rahim described Sajwa as caring, compassionate, and creative.
- 6.1.3 Unfortunately, it has not been possible to substantively engage with Sajwa's brother (Malik) during this DHR. There may be any number of reasons for this, but the Review Panel has identified an absence of provision for specialist and expert advocacy for the families of victims who reside outside of the UK. While resolving this issue may be challenging, and could take different forms, clearly if the involvement of family is considered a central element of the DHR process, then this is an issue that should be addressed.
- 6.1.4 Yet, because Sajwa had such limited contact with other agencies, it has been hard to keep her at the centre of this report. In some senses that parallels Sajwa's experience in life: Amir's needs meant he was the focus of most of the contact Sajwa had with agencies and so she became, to some extent, invisible.
- 6.1.5 Shortly before Sajwa was killed by Amir, she had moved in with him temporarily to help him move out of his rented property. It is unclear what triggered the attack on Sajwa by Amir. While it does not excuse the killing, it is of note that at the time Amir would have been under intense stress (given he was losing his tenancy and had a range of challenges in his life). While those agencies that had contact with him around this time had not identified imminent mental health crisis or any risk to others, Amir was diagnosed with paranoid schizophrenia.
- 6.1.6 The Review Panel has sought to try and understand Sajwa's lived experiences and consider the issues she faced to try and understand the circumstances of the homicide and identify relevant learning.
- 6.1.7 Amir is solely responsible for Sajwa's murder. Nonetheless, there has been significant learning identified during this DHR, which the Review Panel hopes will prompt individual agencies, as well as the appropriate partnerships, to further develop their response to domestic violence and abuse. This learning is summarised below.

6.2 Lessons To Be Learnt

- 6.1.8 The learning in this DHR relates to several areas:
- 6.1.9 First, it has drawn attention to the issue of *vulnerability*. Agencies had different contact with Amir. This ranged from the MPS and LAS, who were more aware of Amir's level of need in moments of crisis, to other agencies who had a different sense of his circumstances and needs depending on how they came to be in contact. At points, for example in contact by the MPS, this contact could have triggered an assessment of vulnerability, which may have led to a referral to adult social care. At others, contact was an opportunity to explore issues in more depth (for example, MTVH could have shown more professional curiosity in their contact with Amir as a tenant). While it is beyond the scope of the DHR, the Review Panel is also conscious of the broader evidence of the extent of Amir's needs, including reconciling his sexual orientation to this cultural and religious heritage, as well as his extensive substance misuse (including concerns about chemsex), and his work-based experiences. However, there is no evidence that agencies could have responded to these differently, nor in a way that would have affected the homicide itself. Where appropriate individual agencies have made recommendations to address agency-specific learning.
- 6.1.10 Second, this DHR has identified an issue with *referral*. Many agencies identified issues that were beyond their purview and felt that another service could support Amir. However, for the most part, referrals were passive in so far as information was simply provided to Amir. While a recommendation has not been made to address this issue, the key learning that should be taken from this case is that simply providing information about other services may not be an adequate response, particularly for someone like Amir who had multiple needs. Instead, professionals should ensure that onward referral is meaningful by considering what is most likely to result in a positive outcome for a service user and what direct or indirect support may enable this.
- 6.1.11 Third, Sajwa was providing care to Amir. However, she was not identified as a *carer*, despite sharing her concerns about Amir with both the MPS and LAS. It is possible that Sajwa did not consider herself to be a carer, but it seems likely that her options for help and support would have felt limited. In this case, only the contact by the MPS and LAS could have provided a link to services, although that assumes both consideration of vulnerability and identification of Sajwa as having needs in her own right. Tower Hamlet's has a carer strategy and so recommendations were not made in this context, so no recommendations have been made. However, the learning that should be taken from this case is that agencies should be mindful of the barriers that may prevent carer's self-identification or identification by professionals.

- 6.1.12 Fourth, the *understanding and response to AFV*. There is no evidence to indicate that Amir had previously been violent and abusive towards Sajwa (although there were occasions when Sajwa was concerned about his behaviour). Nonetheless, the Review Panel has considered the local response to AFV. While there is positive work ongoing, the Review Panel felt that responses to AFV are less well developed than in relation to intimate partner violence. As a result, a recommendation has been made to address this issue.
- 6.1.13 Finally, as the fifth area of learning, this DHR has identified the challenge of *engaging employers* in DHRs. In this case, Amir's employer from 2010 to 2018 chose not to respond to repeated contact attempts. The Review Panel considered naming the professional services company, given the disrespect to Sajwa as a victim of homicide – and the discourtesy to the chair, the Review Panel, and the Tower Hamlets CSP – shown by its failure to respond. However, it decided not to do so, given this would have compromised the anonymity of the DHR process. Instead, recommendations have been made both for the Tower Hamlets CSP to take this up with the professional services company, as well as for the Home Office to consider how to support employer involvement in the future.
- 6.1.14 Following the conclusion of a DHR, there is an opportunity for agencies to consider the local response to domestic violence and abuse in light of the learning and recommendations. This is relevant to agencies both individually and collectively. Tower Hamlets was able to share information on its strategy and action plan, which will provide a basis on which to feed in learning from this DHR and to continue to develop local processes, systems and partnership working. The Review Panel hopes that this work will be underpinned by a recognition that the response to domestic violence is a shared responsibility as it is everybody's business to make the future safer for others.

7. Recommendations

7.1 Single Agency Recommendations

7.1.1 The following single agency recommendations were made by the agencies in their IMRs. They are described in section 5 following the analysis of contact by each agency and are also presented collectively in **Appendix 3**. These are as follows:

MPS

7.1.2 “The MO12 SLT task the CPIC to review the policies and procedures whereby callers to MO12 MPS Contact Centre are recorded as having perceived vulnerabilities but no ACN or MERLIN record is completed. This is in order to ensure that sufficient safeguarding measures are taken in these circumstances”.

7.1.3 “The North East SLT reinforce the requirement for all staff:

- To understand the Vulnerability and protection of adults at risk policy;
- To understand the VAF; and
- To complete ACN Merlin reports where they have identified vulnerability whether they are a victim, witness, suspect or member of the public they have encountered using VAF”.

7.1.4 The Central East BCU SLT reinforce the requirement for all staff:

- To understand the Vulnerability and protection of adults at risk policy;
- To understand the VAF; and
- To complete ACN Merlin reports where they have identified vulnerability whether they are a victim, witness, suspect or member of the public they have encountered using VAF”.

MTVH

7.1.5 “The processes for Intermediate Market Rent Tenancy sign-ups to be reviewed. The Review to ensure that our internal and external checks include identification of multiple tenancies and subletting. This action to be added to MTVH’s Operational Risk Register”.

7.1.6 “The Sustainability and Vulnerabilities Questionnaire will be included as part of the standard operating procedure for all new tenancies”.

7.1.7 “A Learning from Experience case study to be prepared and shared through reflective practice sessions. This will include a refresher in tenancy management for sublets; reporting compliance for violent & unexplained deaths; Safeguarding

emphasis on professional curiosity with focus on debt, financial hardship and related vulnerabilities”.

- 7.1.8 “Operational team meetings to have an item on required reporting compliance for violent & unexplained deaths”.
- 7.1.9 “Briefing on violence between siblings and inter-generational conflicts in the context of domestic abuse, to be added as good practice in our DA training content”.
- 7.1.10 “Information about the availability of structured & clinical supervision to support colleagues who experience traumatic events at work, to be publicised as part of the Employee Assistance Programme”.
- 7.1.11 “All recommendations to be added to the Multi-Agency Recommendations Action Plan”.

METRO

- 7.1.12 “That METRO Charity staff and volunteers are provided with training on the intersection of culture, faith, sexual orientation, gender and family, particularly those who are in mentoring and counselling roles”.

7.2 Multi Agency Recommendations

- 7.1.13 The Review Panel has made the following recommendations as part of the DHR. These are described in section 5 as part of the analysis and are also presented collectively in **Appendix 4**.
- 7.1.14 These recommendations should be acted on through the development of an action plan, with progress reported on to the CSP within six months of the review being approved.
- 7.1.15 **Recommendation 1:** The Home Office to review funding arrangements for the provision of specialist and expert advocacy for the families of victims who reside outside of the UK.
- 7.1.16 **Recommendation 2:** The Tower Hamlets CSP to write to the professional services company to share the findings of the DHR. In writing this letter, the Tower Hamlets CSP should express their disappointment at the professional services company’s failure to participate in the DHR and request they review their procedures to ensure they can participate in DHRs in the future.
- 7.1.17 **Recommendation 3:** The Home Office to engage with the Corporate Alliance Against Domestic Violence and the Employers’ Initiative on Domestic Abuse to review the effectiveness of existing guidance and support for employers in order to promote involvement in DHRs.

- 7.1.18 **Recommendation 4:** The Tower Hamlets CSP to work with local partners to review the findings from this DHR and develop the response to AFV locally. This should include considering evidence of need locally and identifying the actions that agencies can take individually and collectively and completing a training needs assessment to identify the skills and training that professionals require to respond.

Appendix 1: Domestic Homicide Review Terms of Reference

This Domestic Homicide Review (DHR) is being completed to consider agency involvement with Sajwa (DOB: 24/10/1983) and her brother, Amir, following the death of Sajwa in January 2019. The DHR is being conducted in accordance with Section 9(3) of the Domestic Violence Crime and Victims Act 2004.

Purpose of DHR

1. To review the involvement of each individual agency, statutory and non-statutory, with Sajwa and Amir during the relevant period of time from the 01/01/2009 to the date of the homicide) (inclusive) (Given this extended timeframe, agencies must provide a complete chronology but may summarize agency involvement within the Individual Management Review (IMR) where relevant).
2. To establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
3. To identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
4. To apply these lessons to service responses including changes to inform national and local policies and procedures as appropriate.
5. To prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity.
6. To contribute to a better understanding of the nature of domestic violence and abuse.
7. To highlight good practice.

Role of the Review Panel, Independent Chair and the London Borough of Tower Hamlets (LBTH) Community Safety Partnership (CSP)

8. *The Independent Chair of the DHR will:*
 - a) Chair the Review Panel.
 - b) Co-ordinate the review process.
 - c) Quality assure the approach and challenge agencies where necessary.
 - d) Produce the Overview Report and Executive Summary by critically analysing each agency involvement in the context of the established terms of reference.
9. *The Review Panel:*
 - a) Agree robust Terms of Reference (ToR).
 - b) Ensure appropriate representation of their agency at the panel: Review Panel members must be independent of any line management of staff involved in the case and must be sufficiently senior to have the authority to commit on behalf of their agency to decisions made during a panel meeting.
 - c) Prepare IMRs and chronologies through delegation to an appropriate person in the agency.
 - d) Discuss key findings from the IMRs and invite the author of the IMR (if different) to the IMR meeting.
 - e) Agree and promptly act on recommendations in the IMR Action Plan.

- f) Ensure that the information contributed by your organisation is fully and fairly represented in the Overview Report.
- g) Ensure that the Overview Report is of a sufficiently high standard for it to be submitted to the Home Office, for example:
 - o The purpose of the review has been met as set out in the ToR;
 - o The report provides an accurate description of the circumstances surrounding the case; and
 - o The analysis builds on the work of the IMRs and the findings can be substantiated.
- h) To conduct the process as swiftly as possible, to comply with any disclosure requirements, panel deadlines and timely responses to queries.
- i) On completion present the full report to the LBTH CSP
- j) Implement your agency's actions from the Overview Report Action Plan.

LBTH CSP:

- a) Translate recommendations from Overview Report into a SMART Action Plan.
- b) Submit the Executive Summary, Overview Report and Action Plan to the Home Office Quality Assurance Panel.
- c) Forward Home Office feedback to the family, Review Panel and Standing Together.
- d) Agree publication date and method of dissemination for the Executive Summary and Overview Report.
- e) Notify the family, Review Panel and Standing Together of publication.

Definitions: Domestic Violence and Coercive Control

10. The Overview Report will make reference to the term 'domestic violence and abuse' and 'coercive control'. The Review Panel understands and agrees to the use of the cross-government definition (amended March 2013) as a framework for understanding the domestic violence experienced by the victim in this DHR. The cross-government definition states that domestic violence and abuse is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; and emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

This definition, which is not a legal definition, includes so-called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.”

11. In using this definition, the Review Panel will be mindful that this case relates to Adult Family Violence (AFV) because Sajwa and Amir were sister and brother.

Equality and Diversity

12. The Review Panel will consider all protected characteristics (as defined by the Equality Act 2010) of both Sajwa and Amir (age, disability (including learning disabilities), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation) and will also identify any additional vulnerabilities to consider (e.g. armed forces, carer status and looked after child).
13. The Review Panel identified the following protected characteristics of Sajwa and Amir as requiring specific consideration in this case:
 - Disability (Some evidence relating to Amir's mental and physical health may be relevant in considerations in relation to disability);
 - Race (both Sajwa and Amir were of Pakistani origin);
 - Religion and belief (both Sajwa and Amir are believed to have been of the Muslim faith); and
 - Sex (Sajwa was female, Amir is male).
14. The following issues have also been identified as particularly pertinent to this homicide:
 - Immigration (both Sajwa and/or Amir were of Pakistani origin and had become naturalised British Citizens).
15. Consideration has been given by the Review Panel as to whether either the victim or the perpetrator was an 'Adult at Risk' definition in Section 42 the Care Act 2014: "*An adult who may be vulnerable to abuse or maltreatment is deemed to be someone aged 18 or over, who is in an area and has needs for care and support (whether or not the authority is meeting any of those needs); Is experiencing, or is at risk of, abuse or neglect; and As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.*"
16. At the outset of the review, there is no evidence that either Sajwa and/or Amir would have met this definition.
17. *Expertise:* The Review Panel will therefore invite a local community and/or faith representative to the panel as an expert/advisory panel member to the chair to ensure they are providing appropriate consideration to the identified characteristics and to help understand crucial aspects of the homicide.
18. The Independent Chair will make the link with relevant interested parties outside the main statutory agencies as required.
19. The Review Panel agrees it is important to have an intersectional framework to review Sajwa and Amir life experiences. This means to think of each characteristic of an individual as inextricably linked with all of the other characteristics in order to fully understand one's journey and one's experience with local services/agencies and within their community.

Parallel Reviews

20. If there are other investigations or inquests into the death, it will be the responsibility of the Independent Chair to ensure contact is made with the chair of any parallel process.

[Criminal trial disclosure dealt with in disclosure paragraph below]

Membership

21. It is critical to the effectiveness of the meeting and the DHR that the correct management representatives attend the panel meetings. Panel members must be independent of any line management of staff involved in the case and must be sufficiently senior to have the authority to commit on behalf of their agency to decisions made during a panel meeting.
22. The following agencies are to be on the Review Panel:
 - a) Barts Health NHS Trust

- b) ELFT Mental Health and Learning Disabilities Services
 - c) Hestia Domestic Abuse Service (which holds a Black, Asian, Minority Ethnic and Refugee (BAMER) Refuge Contract)
 - d) Employer (in relation to Amir and subject to agreement)
 - e) LBTH Safer Communities - Drug & Alcohol Action Team
 - f) LBTH VAWG, Domestic Abuse & Hate Crime Team
 - g) London Ambulance Service (LAS)
 - h) Look Ahead – Tower Hamlets Community Intervention Service
 - i) Metropolitan Police Service (MPS)
 - j) Peabody Housing Association
 - k) Tower Hamlets Clinical Commissioning Group / LBTH Adult Social Care
 - l) Victim Support
23. If Sajwa / Amir are identified to have had contact with services in other local authority areas (including Barking and Dagenham, Redbridge or Barking and Dagenham), an approach will be made to the CSP in those areas to assist in the DHR.
- m) As set out in paragraph 17 the London Muslim Centre will contribute to the review as a faith and community expert representative.

Role of Standing Together Against Domestic Abuse (Standing Together) and the Panel

24. Standing Together have been commissioned by the LBTH CSP to independently chair this DHR. Standing Together have in turn appointed their DHR Associate (James Rowlands) to chair the DHR. The DHR team consists of two Support Officers and a DHR Manager. The DHR Support Officer (Helene Berhane) will be the main point of contact and coordinate the DHR and the DHR Team Manager (Gemma Snowball) will have oversight of the DHR. The manager will quality assure the DHR process and Overview Report. This may involve their attendance at some panel meetings. The contact details for the Standing Together DHR team will be provided to the panel and you can contact them for advice and support during this review.

Collating evidence

25. Each agency to search all their records outside the identified time periods to ensure no relevant information was omitted and secure all relevant records.
26. Chronologies and Individual Management Review (IMRs) will be completed by the following organisations:
- a) MPS; and
 - b) LAS.
27. Chronologies and Short Report to be completed by the following organisations:
- a) Barts Health NHS Trust; and
 - b) Peabody Housing Association.
28. Information will also be sought from:
- a) General Practitioner for the alleged perpetrator – Liberty Bridge Road Practice;
 - b) Mental Health Practitioner for the alleged perpetrator – CPG; and
 - c) General Practitioner(s) for the victim (including Gables Surgery and other General Practitioners with whom she was previously registered).
29. An approach will also be made to the former employer of Amir.
30. Further agencies may be asked to completed chronologies and IMRs if their involvement with Sajwa and Amir becomes apparent through the information received as part of the review.
31. Each IMR will:
- Set out the facts of their involvement with Sajwa and Amir;

- Critically analyse the service they provided in line with the specific terms of reference;
 - Identify any recommendations for practice or policy in relation to their agency;
 - Consider issues of agency activity in other areas and review the impact in this specific case.
32. Agencies that have had no contact should attempt to develop an understanding of why this is the case and how procedures could be changed within the partnership which could have brought Sajwa and Amir in contact with their agency.

Key Lines of Inquiry

33. In order to critically analyse the incident and the agencies' responses to Sajwa and/or Amir, this review should specifically consider the following points:
- a) Analyse the communication, procedures and discussions, which took place within and between agencies.
 - b) Analyse the co-operation between different agencies involved with Sajwa and/or Amir
 - c) Analyse the co-operation between different involved with Sajwa and/or Amir and any other family members where relevant
 - d) Analyse the opportunity for agencies to identify and assess domestic abuse risk.
 - e) Analyse agency responses to any identification of domestic abuse issues.
 - f) Analyse organisations' access to specialist domestic abuse agencies.
 - g) Analyse the policies, procedures and training available to the agencies involved on domestic abuse issues.
 - h) Analyse any evidence of help seeking, as well as considering what might have helped or hindered access to help and support.

As a result of this analysis, agencies should identify good practice and lessons to be learned. The Review Panel expects that agencies will take action on any learning identified immediately following the internal quality assurance of their IMR.

Development of an action plan

34. Individual agencies to take responsibility for establishing clear action plans for the implementation of any recommendations in their IMRs. The Overview Report will make clear that agencies should report to the LBTH CSP on their action plans within six months of the review being completed.
35. LBTH CSP to establish a multi-agency action plan for the implementation of recommendations arising out of the Overview Report, for submission to the Home Office along with the Overview Report and Executive Summary.

Liaison with the victim's family and [alleged] perpetrator and other informal networks

36. The review will sensitively attempt to involve the family of Sajwa in the review, once it is appropriate to do so in the context of on-going criminal proceedings. The chair will lead on family engagement with the support of the Metropolitan Police Service (MPS) Family Liaison Officer (FLO).
37. Family liaison will be coordinated in such a way as to aim to reduce the emotional hurt caused to the family by being contacted by a number of agencies and having to repeat information, as well as the additional challenges presented in family violence homicide.
38. The Review Panel will consider the involvement of other informal networks of the Sajwa and/or Amir and invite neighbours, colleagues, members of church/religious organisation to be involved in the DHR as appropriate.
39. Amir will be invited to participate in the review, following the completion of the criminal trial.

Media handling

40. Any enquiries from the media and family should be forwarded to the Independent Chair and the LBTH CSP who will liaise with the chair. Panel members are asked not to comment if requested. The LBTH CSP will make no comment apart from stating that a review is underway and will report in due course.
41. The LBTH CSP is responsible for the final publication of the report and for all feedback to staff, family members and the media.

Confidentiality

42. All information discussed is strictly confidential and must not be disclosed to third parties without the agreement of the responsible agency's representative. That is, no material that states or discusses activity relating to specific agencies can be disclosed without the prior consent of those agencies.
43. All agency representatives are personally responsible for the safe keeping of all documentation that they possess in relation to this DHR and for the secure retention and disposal of that information in a confidential manner.
44. It is recommended that all members of the Review Panel set up a secure email system, e.g. registering for criminal justice secure mail, nhs.net, gsi.gov.uk, pnn or GCSX. Documents will be password protected.
45. If an agency representative does not have a secure email address, then their non-secure address can be used but all confidential information must be sent in a password protected attachment. The password used must be sent in a separate email. Please use the password provided to you by the Standing Together team. They should be reminded that they should remove the password and only share appropriate information to appropriate front-line staff in line with the DHR Confidentiality Statement and the specific Terms of Reference.
46. If you are sending password protected document to a non-secure email address it must be a recognisable work email address for the professional receiving information. Information from DHR should not be sent to a gmail / hotmail or other personal email account unless in rare cases when it has been verified as the work address for an individual or charity.
47. No confidential content should be in the body of an email to a non-secure email account. That includes names, DOBs and address of any subjects discussed at DHR.

Disclosure

48. Disclosure of facts or sensitive information will be managed and appropriately so that problems do not arise. The review process will seek to complete its work in a timely fashion in order to safeguard others.
49. The sharing of information by agencies in relation to their contact with the victim and/or the perpetrator is guided by the following:
 - a) The Data Protection Act 1998 governs the protection of personal data of living persons and places obligations on public authorities to follow 'data protection principles': The 2016 Home Office Multi-Agency Guidance for the Conduct of DHRs (Guidance) outlines data protection issues in relation to DHRs(Par 98). It recognises they tend to emerge in relation to access to records, for example medical records. It states 'data protection obligations would not normally apply to deceased individuals and so obtaining access to data on deceased victims of domestic abuse for the purposes of a DHR should not normally pose difficulty – this applies to all records relating to the deceased, including those held by solicitors and counsellors'.
 - b) Data Protection Act and Living Persons: The Guidance notes that in the case of a living person, for example the perpetrator, the obligations do apply. However, it

further advises in Par 99 that the Department of Health encourages clinicians and health professionals to cooperate with domestic homicide reviews and disclose all relevant information about the victim and where appropriate, the individual who caused their death unless exceptional circumstances apply. Where record holders consider there are reasons why full disclosure of information about a person of interest to a review is not appropriate (e.g. due to confidentiality obligations or other human rights considerations), the following steps should be taken:

- The review team should be informed about the existence of information relevant to an inquiry in all cases; and
 - The reason for concern about disclosure should be discussed with the review team and attempts made to reach agreement on the confidential handling of records or
 - partial redaction of record content.
- c) Human Rights Act: information shared for the purpose of preventing crime (domestic abuse and domestic homicide), improving public safety and protecting the rights or freedoms of others (domestic abuse victims).
- d) Common Law Duty of Confidentiality outlines that where information is held in confidence, the consent of the individual should normally be sought prior to any information being disclosed, with the exception of the following relevant situations – where they can be demonstrated:
- i) It is needed to prevent serious crime
 - ii) there is a public interest (e.g. prevention of crime, protection of vulnerable persons)
50. If there is a police criminal investigation, the police are bound by law to ensure that there is fair disclosure of material that may be relevant to an investigation and which does not form part of the prosecution case. Any material gathered in this DHR process could be subject to disclosure to the defence, if it is considered to undermine the prosecution case or assisting the case for the accused.
51. The DHR Chair will discuss the issues of disclosure in this case with the police Disclosure Officer.
52. The chair, police and CPS will consider the confidentiality of material at all times and to balance that with the interests of justice.

Appendix 2: MPS Vulnerability Assessment Framework and quick guide tool

Stage 1 - understand the Met definition for vulnerability

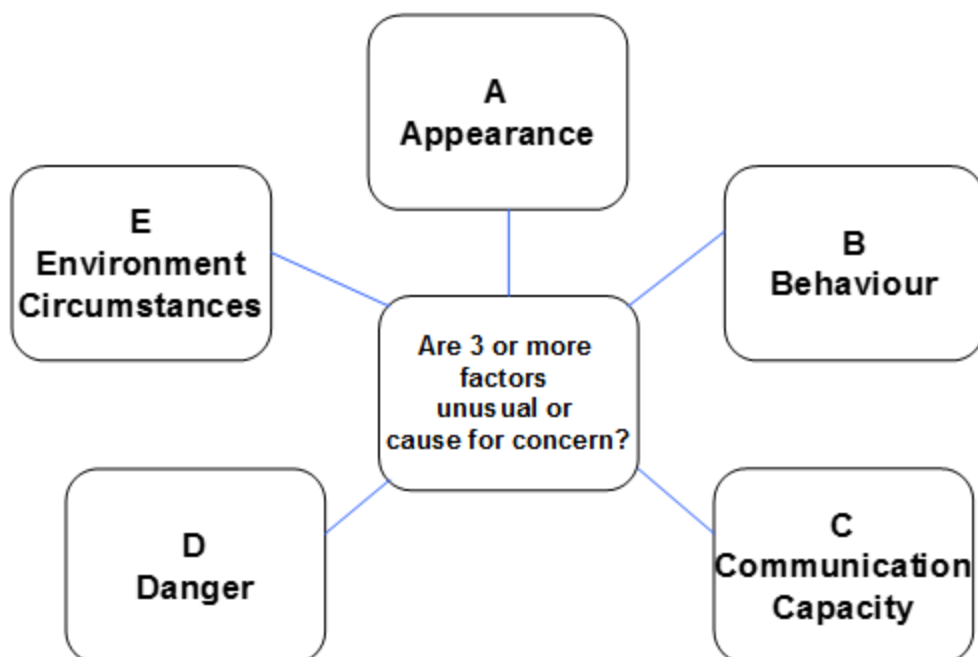
Vulnerability may result from an environmental or an individual's circumstance or a person's behaviour indicating that there may be a risk to that person or another.

Those who come to the notice of the police as vulnerable will require an appropriate response. This may include a multi-agency intervention, if required especially if this is a repeat victim. Additionally one's vulnerability may be linked to their current mental health, or their disability, age or a physical illness.

Stage 2 - carry out the vulnerability assessment using the ABCDE tool

When coming in contact with a member of the public - from victims and witnesses to suspects - all Met personnel must carry out the VAF to identify any vulnerability. The use of Vulnerability Assessment Framework (VAF) at the earliest stage possible will maximise any early intervention opportunities and may help prevent victimisation (see figure 1).

Figure 1: Vulnerability Assessment Framework (VAF)



A - Appearance

- Is there something about their appearance that is unusual or gives rise for concern? Do they look ill, injured, unsettled, anxious?
- What can be observed immediately about the person in distress?
- What is the demeanour of the person?

- Is there a physical problem e.g. bleeding, panic attack?

B - Behaviour

- Is there something about their behaviour that is unusual or gives rise for concern?
Are they excitable, irrational, manic, slow, furtive?
- What are they doing and is it in keeping with the situation?

C - Communication/ Capacity

- Is there something about the way that they communicate that is unusual or gives rise for concern?
- Is their speech slurred, slow, fast?
- Are their eyes glazed, staring, dilated/ What is their body language and are they displaying any subtle signs of stress or fear?
- Do they understand your questions?

D - Danger

- Is there a risk of danger / harm to themselves or another?

E - Environment/ Circumstances

- Is there something about the environment that is unusual or gives rise for concern?
- What is the time of day?
- Where do they live? Can they get home?
- Has the incident that they are involved in significantly affected their circumstances?
- What are the circumstances? Are they unusual or out of the ordinary.
- Does anything give rise to concern? (This could include a hunch or intuition).
- Has there been a significant change in the person's circumstances?

Points worth considering when dealing with a member of the public

- Has the subject been identified as being vulnerable using the VAF framework?
- Is this person an Adult at Risk as defined by the Care Act 2014 definition (care and support needs)? -
- Are there concerns regarding their mental health or subject to current Mental Health legislation?

Create a Merlin when 3 or more of the 5 VAF areas are identified, and a CRIS record if a crime is alleged.

Create an ACN only if there are fewer than 3 VAF areas identified and there is a cause for concern for the adult. Ensure the reason for the creation of an ACN is given in all cases together with the person's views regarding any consent for referral. This is a mandatory field in MERLIN.

The VAF must be recorded as a narrative on the circumstances section on MERLIN reports by the reporting officer.

Appendix 3: Single Agency Recommendations and Template Action Plan

MPS

Recommendation	Scope of recommendation	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
The MO12 SLT task the CPIC to review the policies and procedures whereby callers to MO12 MPS Contact Centre are recorded as having perceived vulnerabilities but no ACN or MERLIN record is completed. This is in order to ensure that sufficient safeguarding measures are taken in these circumstances	MPS	MetCC identify Operators who regularly close CADs with no MERLIN completed, and compile stats on a monthly basis so training issues can be identified and management action taken if needed. Supervisors are given regular briefings around MH and MH is included in Professional Development Days for Operators. MetCC hold monthly meetings with	MPS	Learning disseminated	23/11/20	Complete Nov 2020. Improved safeguarding measures in place. Improved systems for monitoring and awareness of staff training needs.

		BCU CI Ops where this issue will be raised to identify if any BCU's have a particular problem				
The North East SLT reinforce the requirement for all staff: To understand the Vulnerability and protection of adults at risk policy; To understand the VAF; and To complete ACN Merlin reports where they have identified vulnerability whether they are a victim, witness, suspect or	MPS	This has been progressed by the MPS Dedicated Inspection Team (DIT) and through BCU health checks of MERLIN compliance and ACN completion. All staff were reminded of vulnerability assessment for adults Health Check Data provided to DIT Team is incorporated into a rotation on the Quality, Ethics, Risk Assurance checks. The aim of the health checks was to	MPS	Complete	23/11/20	Complete Nov 2020. Improved awareness amongst staff in understanding vulnerability and protection requirements

<p>member of the public they have encountered using VAF</p>		<p>MPS Complete 24/02/2020</p> <p>Reports where they have identified vulnerability whether they are a victim, witness, suspect or member of the public they have encountered using VAF remind the BCU inspectors to examine at the quality of the work their teams were doing. Templates for the front line and supervisors were provided to address the knowledge gaps in our officers of all ranks and help them recognise what good looked like. It also was to minimise the gap between the</p>				
---	--	---	--	--	--	--

		work happening and supervisory correction, because the DIT audits occur 3 -6 months after the job has happened. This allows BCUs to check compliance and learn from the experience, sharing the knowledge across teams immediately; thus reducing the changes of the same mistake happening again				
The Central East BCU SLT reinforce the requirement for all staff: To understand the Vulnerability	MPS	Training has been delivered at BCU go live PDD's and during PDD 4 Jan/Feb 2020 regarding the Vulnerability and protection of adults at risk policy. Particular	MPS	Complete	24/2/20	Complete Feb 2020 Staff have improved understanding/training around vulnerability and protection requirements

<p>and protection of adults at risk policy; To understand the VAF; and To complete ACN Merlin reports where they have identified vulnerability whether they are a victim, witness, suspect or member of the public they have encountered using VAF.</p>		<p>attention has been paid during training to understand the VAF and how it can be utilised and what the outcome once applied should be i.e MERLIN or ACN</p>				
---	--	---	--	--	--	--

MTVH

Recommendation	Scope of recommendation	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
<p>The processes for Intermediate Market Rent Tenancy sign-ups to be reviewed. The Review to</p>	<p><i>National</i></p>	<p>Use of 'Rentshield' for IMR checks is to be reviewed when Experian software is introduced in</p>	<p><i>MTVH</i></p>	<p>Experian software (Powercurve) to replace Housing Partners software for affordability and eligibility</p>	<p><i>May 2021</i></p>	<p>Completed May 2021. Use of Rentshield was reviewed when we</p>

<p>ensure that our internal and external checks include identification of multiple tenancies and subletting. This action to be added to MTVH's Operational Risk Register</p>		<p>2021, to establish whether it is possible for housing history checks to be for a longer period.</p>		<p>checks by January 2021 which would allow operationalising rich data and receive more information including address links/housing history.</p> <p>MTVH to receive "complete with a flag" notification which is to then enable further investigation in order for issue to be addressed.</p>		<p>introduced Experian software. The process off the back of this review changed so that it flags a process to validate and understand the risk in more detail so we can make a better decision on our potential customers.</p> <p>Improved safeguarding of tenants due to better risk management in housing history checks.</p>
<p>The Sustainability and Vulnerabilities Questionnaire will be included as part of the</p>	<p><i>National</i></p>	<p>These checks are to be incorporated into the IMR allocations assessment paperwork.</p>	<p><i>MTVH</i></p>	<p>These checks are to be incorporated into the IMR allocations assessment paperwork</p>	<p><i>December 2020</i></p>	<p>Completed Dec 2020.</p> <p>The Sustainability and Vulnerabilities</p>

<p>standard operating procedure for all new tenancies</p>						<p>Questionnaire is included as part of the standard operating procedure for all new tenancies. These questionnaires are in place and has been live since summer 2020.</p> <p>Improved identification of customer needs and vulnerability of new tenancies, leading to early intervention to support customers.</p>
<p>A Learning from Experience case study to be prepared and shared through reflective practice sessions. This will include a</p>	<p><i>National</i></p>	<p>Reflective Practice sessions held in frontline team meetings. A summary posted on the Hub Safeguarding section and be</p>	<p><i>MTVH</i></p>	<p>Confirmation from Teams that LfE case study meetings have taken place</p> <p>Evidence of good practice examples</p>	<p><i>December 2020</i></p>	<p>On-going</p> <p>A full LfE case study for this case will be compiled and shared once the final report has been signed-</p>

<p>refresher in tenancy management for sublets; reporting compliance for violent & unexplained deaths; Safeguarding emphasis on professional curiosity with focus on debt, financial hardship and related vulnerabilities</p>		<p>available to all colleagues</p>				<p>off by the Home Office and is made available.</p> <p>Running a pilot reflective practice group specifically to shape our plans to support more groups across the organisation.</p> <p>Colleagues are more resilient and better able to support customers with complex needs.</p>
<p>Operational team meetings to have an item on required reporting compliance for violent & unexplained deaths</p>	<p><i>National</i></p>	<p>Briefing to all Operational Teams Customer Risk to prepare briefing and share with all Heads of Service and Team Managers</p> <p>Include in Colleague bulletins</p>	<p><i>MTVH</i></p>		<p><i>Briefing Nov 2020</i></p>	<p>Completed Nov 2020.</p> <p>Operational team meetings have an item on required reporting compliance for violent & unexplained deaths.</p>

						Colleagues have greater awareness of reporting compliance for violent & unexplained deaths, leading to better outcomes for customers.
Briefing on violence between siblings and inter-generational conflicts in the context of domestic abuse, to be added as good practice in our DA training content	<i>National</i>	To be part of all team Briefings. Offered in training to frontline colleagues	<i>MTVH</i>	Completion of Domestic Abuse module 1 which is due for delivery winter 2020/21	Briefing Nov 2020 Training Jan 2021	Completed Jan 2021. Domestic Violence Homicide Reviews are covered in the core mandatory training offered to relevant colleagues across MTVH. This is delivered in partnership with external agency called Equation. The model covers domestic violence and family members and

						includes violence between siblings and inter-generational conflicts in the context of domestic abuse. Outcome: Colleagues have greater awareness of violence between siblings and inter-generational conflicts in the context of domestic abuse.
Information about the availability of structured & clinical supervision to support colleagues who experience traumatic events at work, to be publicised as part of the Employee Assistance Programme	<i>National</i>	Information about Structured Professional Support to be publicised on the Hub, Access to service will be through self-referral or through managers	<i>MTVH</i>	Evidence of take up of the service and feedback will be reviewed to ensure effectiveness	<i>December 2020</i>	Completed Dec 2020. Structured & clinical supervision to support colleagues who experience traumatic events at work is available. Wellbeing support and reflective

						<p>practice delivered by external provider.</p> <p>Colleagues receive safe & non-judgemental space to discuss their mental & emotional wellbeing with a fully trained mental wellbeing mentor, leading to healthier and more resilient workforce.</p>
--	--	--	--	--	--	---

METRO

Recommendation	Scope of recommendation	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
That METRO Charity staff and volunteers are provided with training on the intersection of culture, faith, sexual orientation, gender and	<i>Local</i>	Implement targeted training	METRO Charity	<p>Training provider sourced</p> <p>Training implemented</p> <p>Training reviewed</p>	June 2020	<p>Completed June 2020.</p> <p>All staff/volunteers received DV training including targeted in-depth training to</p>

<p>family, particularly those who are in mentoring and counselling roles</p>						<p>counsellors, peer mentors and youth workers.</p> <p>Improved staff and volunteer awareness of DV, race equality and intersectionality</p> <p>Race Equality Action Plan developed including delivery of Race Equality training across METRO which includes culture, faith, sexual orientation and gender.</p>
--	--	--	--	--	--	---

Appendix 4: Multi Agency Recommendations and Template Action Plan

Recommendation	Scope of recommendation	Action to take	Lead Agency	Key milestones in enacting the recommendation	Target Date	Date of Completion and Outcome
Recommendation 1: The Home Office to review funding arrangements for the provision of specialist and expert advocacy for the families of victims who reside outside of the UK	<i>National</i>	Send final report to Home Office Home Office to consider recommendation	VAWG Team/Home Office	Send final report to Home Office	December 2020	<i>December 2020 for version one of recommendations sent. Home Office approval received June 2021. Final recommendations sent to Home Office for consideration</i>
Recommendation 2: The Tower Hamlets CSP to write to the professional services company to share the findings of the DHR. In writing this letter, the Tower Hamlets CSP should express their disappointment at	<i>Local</i>	Send final report and letter to professional services	VAWG Team	Draft and send final report and letter	August 2021 (once signed off by Home Office)	<i>Complete July 2021. Final report sent to professional service for consideration.</i>

the professional services company's failure to participate in the DHR and request they review their procedures to ensure they can participate in DHRs in the future						
Recommendation 3: The Home Office to engage with the Corporate Alliance Against Domestic Violence and the Employers' Initiative on Domestic Abuse to review the effectiveness of existing guidance and support for employers in order to promote involvement in DHRs	<i>National</i>	Send final report to Home Office Home Office to consider recommendation	VAWG Team/Home Office	Send final report to Home Office	December 2020	<i>December 2020 for version one of recommendations sent. Home Office approval received June 2021. Final recommendations sent to Home Office for consideration</i>
Recommendation 4: The Tower Hamlets CSP to	<i>Local</i>	Develop and send training needs analysis to VAWG			31 October 2020	<i>Complete November 2020. Improved</i>

<p>work with local partners to review the findings from this DHR and develop the response to AFV locally. This should include considering evidence of need locally and identifying the actions that agencies can take individually and collectively and completing a training needs assessment to identify the skills and training that professionals require to respond</p>		<p>Steering Group partner organisations</p> <p>Identify individual and collective training needs and adapt training.</p> <p>Develop and deliver AFV specific training and offer across the Partnership</p>			<p>November 2020</p> <p>March 2021</p>	<p><i>awareness and training devised and delivered across the Partnership to enable improved and earlier identification of AFV.</i></p>
--	--	--	--	--	--	---

Appendix 4: Glossary

A&E	Accident and Emergency
AAFDA	Advocacy After Fatal Domestic Abuse
ACN	Adult Coming to Notice
AFV	Adult Family Violence
BAMER	Black, Asian, Minority Ethnic and Refugee
BCU	(MPS) Basic Command Unit
BDAAT	Barking and Dagenham Adult access and assessment team
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCR	Coordinated Community Response
ChelWest	Chelsea and Westminster Hospital NHS Foundation Trust
CPG	City Psychology Group
CNWL	Central and North West London NHS Foundation Trust
CPIC	(MPS) Continuous Policing Improvement Command
CPS	Crown Prosecution Service
CSP	Community Safety Partnership
DPS	Directorate of Professional Standards
ELFT	East London NHS Foundation Trust
FLO	(MPS) Family Liaison Officer
GHB	Gamma-hydroxybutyrate
GP	General Practice
GSTT	Guys and St Thomas' NHS Foundation Trust
GUM	Genitourinary Medicine
HIV	Human Immunodeficiency Virus
IDVA	Independent Domestic Violence Advisor
IMR	Individual Management Review
IOPC	Independent Office for Police Conduct
L&Q	London & Quadrant
LAS	London Ambulance Service
LGBT	Lesbian, Gay, Bisexual and Trans*
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
MDMA	3,4-methylenedioxy-methamphetamine
MOPAC	Mayor's Office for Policing and Crime
MPS	Metropolitan Police Service
MTVH	Metropolitan Thames Valley Housing
NICE	National Institute for Health and Care Excellence
NUTD	(MPS) No units to deal
NELFT	North East London NHS Foundation Trust
RC	Responsible Clinician
SCRG	(MPS) Specialist Crime Review Group
SLT	Senior Leadership Team
VAF	(MPS) Vulnerable Adult Framework
VAWG	Violence against Women and Girls
VSHS	Victim Support Homicide Service