Domestic Homicide Review

Executive Summary

'Barbara'

Died June 2021

Chair: Ged McManus
Author: Mark Wilkie
Date: January 2024

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1 The Review Process

1.1 This summary outlines the process undertaken by the Safer Sefton Together Partnership domestic homicide review panel in reviewing the homicide of Barbara, who was a resident in their area.

1.2 The following pseudonyms have been in used in this review for the victim and perpetrator to protect their identities and those of their family members:

Name	Who	Age	Ethnicity
Barbara	Victim	72	White British
Tom	Perpetrator	74	White British

1.3 On a day in June 2021, one of their children went to Tom and Barbara's house and entered using their own key. They discovered the bodies of their mother and father in different rooms. Both were obviously dead and appeared to have been so for some time. The police and ambulance were called.

1.4 The police found a shotgun in the house; subsequently, a murder enquiry was initiated.

1.5 A Home Office post-mortem was conducted on both Tom and Barbara. The cause of death for Tom was identified as a shotgun wound to the head. The cause of death for Barbara was identified as a shotgun wound to the chest.

1.6 This report is unique in its format and approach to the death of Barbara, due to the overarching evidence that neither the criminal, coronial or DHR processes have identified any knowledge or indication of domestic abuse within the relationship prior to the couple's death. The report reflects agencies' involvement with Barbara and Tom, including contact during the COVID-19-19 pandemic.

2 Contributors to the review

CONTRIBUTORS TO THE REVIEW / AGENCIES SUBMITTING INDEPENDENT MANAGEMENT REVIEWS (IMRs)

Agency	Contribution
Merseyside Police (MP)	Information from the police investigation
NHS Cheshire and Merseyside ICB Sefton Place	Summary of health records

The following agencies were written to as part of the scoping process for the review, but held no information on the victim or perpetrator prior to the incident:

- Merseyside Police
- Sefton IDVA
- Sefton MARAC
- One Vision Housing (not an OVH address)
- North West Ambulance Service
- North West Ambulance Service NHS 111
- RASA Merseyside
- Sefton Women's and Children's Aid (SWACA)
- Sefton Children's Social Care
- Sefton ASB Team
- Merseycare
- National Probation Service

3 The review Panel Members

Ged McManus	Independent Chair
Mark Wilkie	Support to chair and author
Paul Grounds	Detective Chief Inspector, Protecting Vulnerable People, INV Command, Merseyside Police
Janette Maxwell	Locality Team Manager, Communities, Sefton Council

Dr Bryony Kendall	Named GP Sefton CCG
Neil Frackelton	Chief Executive Officer Sefton Women's and Children's Aid (SWACA)
Jacinta Ashdown	Chief Executive Officer Age Concern Liverpool and Sefton

Each panel member was independent – having no previous knowledge of the subjects nor any involvement in the provision of services to them.

3.1 Barbara was murdered in June 2021, and Tom, the perpetrator, took his own life at or around the same time. Merseyside Police informed Sefton Community Partnership. This fitted the criteria for a DHR, and the Home Office was informed. Sefton Council appointed Ged McManus as the Independent Chair in March 2022. Thereafter, a DHR panel was assembled from agencies judged to be able to contribute to the review.

4 Chair and Author of the overview report

4.1 Ged McManus was chosen as the DHR Independent Chair. He is an independent practitioner who has chaired or written over sixty previous reviews, including DHRs, Safeguarding Adults Reviews and MAPPA reviews. He has experience as an Independent Chair of a Safeguarding Adult Board (not in Merseyside or an adjoining area) and was judged to have the skills and experience for the role. He served for over 30 years in different police services in England (not Merseyside or an adjoining area). Prior to leaving the police service in 2016, he was a Superintendent with particular responsibility for partnerships, including Community Safety Partnership and Safeguarding Boards.

4.2 Mark Wilkie, who wrote the report, served for 30 years within different police services in England (not in Merseyside or an adjoining area). Prior to leaving in 2014, he was a Detective Superintendent who had been a Senior Investigating Officer, Force Authorising Officer, and head of the Regional Intelligence Unit and covert operations. He chaired the local Serious Case Reviews. He has written and assisted in previous DHRs.

4.3 Both practitioners have completed online Home Office training and have attended accredited training for DHR chairs, provided by Advocacy After Fatal Domestic Abuse (AAFDA).

5 Terms of Reference

The purpose of a DHR is 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;

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;

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

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;

Contribute to a better understanding of the nature of domestic violence and abuse; and

Highlight good practice.

[Multi-Agency Statutory guidance for the conduct of Domestic Homicide Reviews 2016 section 2 paragraph 7]

5.1 Timeframe under Review

Extensive research was undertaken with all agencies within the Sefton area – where the subjects of the review are known to have lived for over 50 years. This resulted in no knowledge of domestic abuse within the relationship. The DHR Chair contacted the Senior Investigating Officer, who confirmed that this was also the findings of the criminal and coronial investigation.

5.2 On 28 July 2022, the Sefton Safeguarding Partnerships' Lead contacted the Home Office and provided an update on the DHR. This stated that following extensive research, contact with the Senior Investigating Officer, and access to material gathered for the coronial investigation, domestic abuse had not been identified as a factor in the case. It was proposed that a concise overview report for the case, to capture the limited learning, would be produced and that the report would be available for the coronial processes due to take place later that year. The Home Office agreed with this course of action.

5.2 **Case Specific Terms**

Subjects of the DHR

Victim: Barbara 72 years

Perpetrator: Tom 74 years

Specific Terms of Reference were not established for the review, due to the lack of information and contacts held by agencies. Additional information was requested from Merseyside Police to assist with background information.

6 Summary chronology

This part of the report combines the Background, Overview and Chronology sections of the Home Office DHR Guidance overview report template. This was done to avoid duplication of information and to recognise that the review was looking at events over an extended period of time. The narrative is told chronologically. It is built on the lives of the family and punctuated by subheadings to aid understanding. The information is from documents provided by agencies and material gathered by the police during the homicide investigation. Quotes are taken from police statements that were disclosed for the purposes of the DHR.

6.1 Barbara

6.1.1 Barbara spent the first 18 years of her life living with her mother, in Liverpool, at the St Bedes convent for unmarried mothers.

6.1.2 Whilst there, Barbara's mother worked in the laundry and was only allowed to see Barbara for a few hours a day. The nuns were described as being horrible to them – with the exception of one, who was kind and caring.

6.1.3 Both left the convent when Barbara reached the age of 18, with her mother meeting and marrying a local man. Barbara lived with them but never really accepted her stepfather.

6.1.4 It was not long before Barbara met Tom and married him. She had their first child at about the same time that her mother had her second child.

6.1.5 Barbara would visit her mother every weekend that she could: she was described as: **"*Bringing Joy to the house*".** Her mother was clinically depressed, which was believed to have been induced by the traumatic

experiences from being in the convent. She never got over this, but Barbara provided support to her and her family throughout.

6.1.6 Barbara's mother died at the age of 53, leaving two children. Again, Barbara is described as supporting her stepfather and his two children: ***"So strong and in charge".*** She continued to be a big part of the family, helping her two much younger half-sisters.

6.2 **Barbara and Tom**

6.2.1 Nothing is known about the early life of Tom, other than it is believed that Tom met Barbara in 1968, at an open-air swimming pool in Southport.

6.2.2 They married shortly after conceiving their first child. They had two more children, whom they brought up at the family home where the couple died.

6.2.3 Tom worked for most of his life at a large international components company. He worked shifts, including nights. He was made redundant before retirement age. He then got a job at a supermarket, stacking shelves. He also went on to work as a gardener in the local area.

6.2.4 Barbara brought up the children and also worked as a part-time cleaner at a department store and then at a local public house. She was an avid bingo player. A friend said that she would finish work (cleaning) and then go straight to the bingo every night; although, this routine was stopped when the COVID-19 restrictions came in and, indeed, the Bingo Hall closed down.

6.2.5 All three children moved out of the family home when they were young adults. Tom effectively became estranged from two of them after he asked them to leave when they made no attempt to get jobs; the couple did, however, maintain a good relationship with their eldest child. There was little to no contact with their two eldest children in the years before their deaths.

6.2.6 As a couple, they both worked together on their two allotments and helped other allotment owners: this help was reciprocated. There were times when the council would write to allotment owners about the state of overgrown vegetation: this was just regarded as something that happened from time to time and applied no more to Tom and Barbara than to other allotment owners.

6.2.7 Barbara and Tom would go out together, especially to the local Labour Club where they would have a drink and play bingo, when it was on.

6.2.8 Tom would also like to go out to the local pub without Barbara: he did this on a regular basis. That is until the COVID-19 restrictions came into place.

6.2.9 Tom was a shotgun certificate holder and kept his guns at their house. He was in the process of applying for a renewal for his certificate. However, the change to a digital system made this more difficult for him and he had to ask for help, from a friend and his wife, to complete the application online.

6.2.10 This renewal application was never completed, due to the death of Tom.

6.2.11 Tom had two main pastimes: shooting and fishing. He was a member of the Southport and District Wildfowling Association, where members would shoot wildfowl (mainly duck and geese). Whilst there are many club members, the actual sport is a solitary endeavour, as members shoot on their own.

6.2.12 Tom was also a member of a small group of men that would go out shooting wildfowl (mainly pheasant and wood pigeon) on the local marshes: this was a separate endeavour to the club. He would always be willing to give his friends some of the birds that he shot.

6.2.13 His other main pastime was fishing. He was part of another small group, of similarly aged men, who would fish from the local beach. He was described as: "*totally reliable and one of a kind*". It was also commented that Tom was a mild-mannered man and never got wound up about anything. He spent hours, days, and months with these men.

6.2.14 Once, whilst fishing on the beach, Tom passed out. He was advised to go and see a doctor about this: it was believed that he did, as he told his friends he had anaemia. All his fishing friends knew that Tom had problems with one of his knees, as he had asked if he could borrow a knee brace from one of them.

6.2.15 Tom was due to have a knee replacement operation in November 2020; however, this was cancelled due to low haemoglobin.

6.2.16 It is of note that none of this group knew of his two eldest children. They were aware of his youngest child, and all knew Barbara.

6.2.17 When the COVID-19 restrictions came into force, the daily routines of both Barbara and Tom were severely disrupted. Tom and Barbara could no longer go out to the pub. Barbara could not play bingo and Tom was unable to continue shooting and fishing, as he had. This had a big impact on their lives.

6.2.18 From a neighbour's perspective, the couple appear to have lived quite separate lives. Neighbours who lived on the same street for many years, commented that they used to see Tom, but only occasionally saw Barbara. He would say 'hello' when passing but did not engage much in conversation. They rarely saw them together.

6.2.19 A resident on the street thought that they had noticed that Tom's health was failing: he appeared to be going deaf and his knee was playing up. They commented that he was "frustrated about growing old". The fishing group were also aware that Tom was going deaf, as he had asked if he could borrow one of their hearing aids.

6.2.20 The couple were described as hoarders, and this was reflected in the state of the property when the police attended. All the rooms were covered in clutter, with the front room being inaccessible due to a large number of personal belongings being piled up. It is quite likely, from information gathered, that it was Tom who was responsible for this. It was obvious that the couple slept in separate bedrooms, and this is corroborated by what others have said.

6.2.21 The police recovered diaries from the house. A review of the diaries belonging to Tom from 2020 and 2021, showed that Tom made daily notes of the new COVID-19 cases in the UK and the daily death rates of people in the UK. It also depicted that each week, Tom attended a cash machine and printed out a balance slip: it showed his state pension and work pension being paid into his account.

Tom appeared very meticulous in the filling in of his diary and rarely missed a day. He recorded all his medical appointments and daily events – to the extent of recording when he had a shower and cut his nails. He rarely mentioned Barbara in his diary, only referring to going out for a meal with her on the 23 April 2021, in which they attended the local Wetherspoons in Formby.

6.2.22 Their youngest child kept in regular contact with their mum and dad. When they could not see them, this contact was by text. However, the last reply from the texts was on 5 June 2021. Tragically, one of their siblings died during an operation, which prompted a visit to mum and dad's house to tell them. This is when the couple were found dead in their house.

6.2.23 Both Barbara and Tom had occasionally visited their local GP with age related issues but not for anything that appears relevant to this review.

6.2.24 In June 2021, Barbara and Tom were found deceased at their home address.

7 Key issues arising from the review

- No evidence of previous abuse was identified by the review. It was noted that neighbours said that the rarely saw Barbara, especially latterly. This situation was undoubtedly exasperated by the lockdowns due to COVID-19. Barbara may have been isolated. This may be a particular issue for older people within the Sefton Borough.

8 Conclusions

8.1 Barbara died as a result of an act of violence committed by Tom. The reasons behind this act are a matter for the criminal and coronial processes.

8.2 From the evidence and facts presented to the review, no one could have foreseen that Barbara would be murdered by Tom nor that he would take his own life.

8.3 At first, this review was thought to be unique in its circumstances, in that agencies had little, or no, contact with Barbara and Tom. However, the cited research by the Domestic Homicide Project found that between March 2020 and April 2021, there were seven cases where none of the suspects were previously known to police for domestic abuse, and very little information was known about the history of the couple in general.

8.4 The panel recognised that many domestic abuse incidents are never reported. One report, for example, states: 'On average victims experience 50 incidents of abuse before getting effective help'.[1] Nevertheless, prior to Barbara's death, there had been no indication of domestic abuse in the couple's long relationship. The panel was assured that there were no disclosures of domestic abuse in Barbara's interaction with medical professionals and there had never been any reports to the police of domestic abuse. No witness traced by the police, or the Report Author, was aware of any previous concerns about domestic abuse in Barbara and Tom's relationship.

8.5 The panel noted that whilst Tom continued to socialise with his shooting and fishing friends, Barbara may have been isolated. For example, neighbours rarely saw her outside the house. This may be a particular issue for older people.

[1] SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives

8.6 The Sefton Joint Strategic Needs Assessment shows that Sefton has a population of approximately 275,899, with 24% of Sefton's population being 65 years old or over (65,463). Sefton is ranked 24th out of 309 local authorities for the number of residents aged 65 or over. The Sefton Domestic Abuse Assessment states that:

The varying age demographics of different wards suggest that a tailored approach based on age may be required. For example, it is known that older people can be particularly vulnerable to certain forms of abuse, including abuse by a carer and financial abuse. Older people may be dependent on the person abusing them, which is a barrier to accessing specialist services. Staff working in areas with a high older person population will need additional training and awareness raising to ensure they are able to recognise all types of abuse.

Engagement with practitioners suggested that older victims of domestic abuse may also access services differently. Rather than accessing information online, they may prefer a physical 'drop-in' location.

9 Learning

9.1 **Narrative**

Sefton has a larger than average older population, which is particularly concentrated in some wards.

Learning

Older people such as Barbara, may be particularly prone to social isolation, which in turn may make them vulnerable to domestic abuse.

10 Recommendations from the review DHR Panel

10.1 Safer Sefton Together reviews the provision of community engagement and domestic abuse services – specifically targeted at older people in wards where the demographics show that this is priority.

10.2 **Single Agency – NHS Cheshire and Merseyside ICB Sefton Place**

Social prescribers in Sefton to be provided with domestic abuse training.

End of executive summary - Barbara