Her Honour Judge Newbery:

Inner London Crown Court

Sentencing Remarks: Gogoa Tape on 1.9.25

You pleaded guilty to manslaughter on basis of diminished responsibility, and possession of a knife. I will now sentence you.

You are now 28 you'll be 29 in 10 days' time.

On the 5th of April 2024 you killed your partner Kennedi Westcarr- Sabaroche , also the mother of your very young daughter. This just over 16 months ago. You strangled her to death. You pleaded guilty to manslaughter on the basis of diminished responsibility, and also having a bladed article in a public place. You were an undiagnosed schizophrenic, and at the time you were psychotic, holding paranoid and persecutory delusions which substantially impaired your judgement and your exercise of self-control.

Before coming to the decisions I need to make in the course of sentencing you I want to start with your victim, Kennedi, and the other victims, her family, so closely affected by her death.

Kennedi was the youngest of the siblings and lived with her mother.

She met you 10 years before her death at college when you were both still teenagers. The relationship developed and for example during the COVID pandemic you mostly lived with Kennedi at her mother's address but she did go back to your family home too. Her family knew you well, and your family knew her well. Your daughter was born in April 2022 and was nearly 2 at the time you killed her mother.

I had the privilege of hearing directly from Kennedi's mother, and two sisters. What powerful, articulate and intelligent women they are, and I can easily deduce that Kennedi too was such a woman.

She was a bright and beautiful young woman still only 25 and brutally killed just three weeks before her daughter's second birthday. She was very close with her family she worked hard; she was selfless and full of life and she brought light and laughter into every room. She was a model parent, devoted, attentive and full of love and adored her daughter more than anything in the world. That daughter is left motherless and a victim

of what you did - not just at the time but having to carry that background with her through her whole life. Her father killed her mother.

The family is left shattered and broken. As grandmother, Kennedi's mother has had to take on again caring responsibilities towards a young child. This can't be sustained by love alone. There are many costs associated with it. Her plans for retirement are gone and her health has declined. As she said to you: "you didn't just take Kennedi you took our future. But with strength, the family will together raise the little girl in the love and light that Kennedi gave so freely and she will grow up in Kennedi's legacy not under the shadow of your actions." The impact is nothing short of devastating and this is not a short term situation.

Both sisters spoke so powerfully of their loss. Losing her has been catastrophic. She wasn't just part of their lives but woven into its very fabric. Her spirit was generous, open hearted and strong, and she made people feel seen and valued. This shocking bereavement has not just caused deep emotional wounds, but affected all aspects of life. Relationships have become strained, educational aspirations interrupted, much work lost and much therapy required. This catastrophic loss has already ruined so many aspects of family functioning, but the reach of it will remain far into the future.

The family have asked a lot of questions, not all rhetorical, about the whole system around such a killing, and I understand why that is so. But I can't answer those questions, my job is to sentence the defendant according to the sentencing guidelines, relevant case law and the legal and evidential parameters that are put in place.

The killing

On the 5th of April 2024 Kennedi had dropped your daughter at your parents' house the night before, because there was a trip to the Science Museum planned for that day. That day went normally. There were some normal and appropriate video calls between Kennedi, you and your daughter during that day.

You wanted Kennedi's help that evening to drive you to collect something, perhaps some money and possibly deliver it as well. This was to do with your debts. I think that may be

why you had a knife with you which is speculation on my part but in any event there was no good reason at all. However, you didn't bring it out intending to harm Kennedi with it.

She picked you up at Bruce Grove station. Some very careful and hard work has gone into mapping the journey and recovering such CCTV as could be found. Kennedi was driving, and after the journey, during which she rightly questioned you about what on earth you were doing [my words] at around 11:21 PM you arrived in Talavera place. There's a suggestion by you that she used the phrase "my daughter" which annoyed or enraged you. That may be of some relevance as to an immediate trigger in your mind at the time BUT I want to emphasise that she, Kennedi, was totally blameless in all of this. You got out of the front passenger side and walked away, then Kennedi reversed the vehicle and you returned to it, you approached the driver's door and stood there the driver's door opened and you leaned into the vehicle and stood back up shortly afterwards and then at 11:25 you bent forward and lunged into the car and remained in there for about 8 minutes and during that time you strangled Kennedi to death

Her death was as a result of sustained pressure to the neck likely applied for at least 2 minutes and also at some point you had hit her in the face and probably thrust the knife at her causing an injury to her hand.

The aftermath

On the face of it, your actions appear cold and calm but also odd. You moved Kennedi's body onto the passenger seat, buckled up her seat belt, put the knife in the back of the car and moved the car. Telling Dr Farnham this was so the neighbours couldn't see, I note you also told Dr Patel that you thought she might regain consciousness. But you didn't use your phone to call emergency services, you drove around the local area for as much as two hours. You bought some cigarettes. You sent a message from Kennedi's own phone pretending to be her. You returned to Talavera place a couple of times. CCTV shows you looking calm not agitated or panicking.

It wasn't until around 6:00 AM that you woke your brother up, by now panicking and talking very fast and explaining that you had killed Kennedi and that you'd murdered her and that you'd lost it. You had removed Kennedi's Fitbit and a bracelet and you left those with her phone and your jacket at the top of the stairwell.

You told the police when they came that you'd killed Kennedi using your hands not an object.

How did it get to this?

Intertwined in the history is a period between 2022 and 2023 when the defendant was staying with Kennedi's ex stepfather in Leeds. His mental health was deteriorating and he was becoming very paranoid. Kennedi's mother recalls that in February 2023 whilst staying with her he got shirty and very loud angry and aggressive. She was shocked because she'd never heard him raise his voice before. He thought he was being watched, he changed his phone number. He got himself into debt from not paying fines and borrowing money from his friends. He didn't then go back to Leeds but stayed in Kennedi's mother's home. He was in a low mood and saying far-fetched things.

He had also been smoking a lot of cannabis in Leeds, more than usual for him, and he'd been a regular smoker of cannabis since 2014.

As a result of these matters his cousin contacted the crisis line on the 5th of April 2023. He was seen and it was noted that he was sleeping less; he thought his phone was tapped he thought messages on social media and on the television were aimed at him. There were too many coincidences around him: he was being watched and followed, he described this as a mix of his own thoughts and also inserted thoughts, but was unable to identify who'd inserted them. He was totally candid about his cannabis use and in his medical notes it was recorded that the current impression was that he was presenting with intense paranoid ideations most likely as a result of prolonged cannabis use and he was advised that he needed to abstain from using that. The home treatment team consultant formed the impression that his history was consistent with the early phase of first episode psychosis and that did warrant further assessment. His GP also advised him to abstain from cannabis having discussed with the defendant that there was a connection between his symptoms and cannabis use. Pausing there – in 2023 his psychosis was not associated at all with any violent outbursts or violence at all.

It appears that he did abstain from cannabis use for a period and when he was assessed by equip on the 21st of June 2023 - there was still no diagnosis - he was still under assessment, and although he'd stopped smoking cannabis the psychiatrist who saw him

noted that there seemed to be some underlining paranoia he still thinks his phone is tapped and that he would benefit from ongoing monitoring and assessment. He didn't attend any further reviews and by the 4th of December 2023 he told his GP that his symptoms had settled and that he wasn't paranoid and that he didn't need the input from equip, also that he wasn't smoking cannabis anymore.

Having said that he did admit to some cannabis use in the second-half of 2023 and early 2024. The evidence suggests that he did use cannabis again, but less frequently from August, and including in November and December as much as daily in December 2023. He told the psychiatrists in this case that he stopped again in December 2023 but that he had some perhaps three joints between January and April 2024. Certainly there is some evidence from Kennedi's mother that he told her he had started smoking weed again in about February, which shocked her, and a message from Kennedi on the 11th of March to her friend which is equivocal, but by inference indicated current or at least recent smoking of cannabis.

The Crown suggests that the resumption of his cannabis habit at least in 2023 led directly to the next period of noticeable mental health decline and in fact the defendant makes the link himself that he started feeling different again after smoking cannabis and having intrusive thoughts at the end of 2023. My own view having gone over all of the evidence is that it is likely that the defendant had stopped any persistent or frequent cannabis use in 2024.

As his mental health declined the defendant was becoming more paranoid and a new turn was the onset of what Dr Loughran identified as morbid jealousy. Kennedi told her mother that the defendant had thrown her down onto the bed. The defendant told her "I know what they're trying to do to me". She was worried and said he needed to go home for support and that she wouldn't now leave him alone with her daughter and granddaughter and that's how he came to leave.

By agreement with him the crisis team was contacted - so now this is 3 weeks before the killing and they recorded "ongoing symptoms of possible psychosis or anxiety/stress he appeared lucid and somewhat insightful but was tearful, he felt he'd lost control, felt reality wasn't his own and that he was overthinking and feeling spaced out. This was

previously thought to be triggered by poor sleep and cannabis use however these two things have not been an issue for him in the last few months... " He was advised he needed to start his sessions again and despite having some insight into his mental decline at the time, he didn't attend an initial screening with equip and heads up on the 2nd of April which was three days before the killing. He said he got the date wrong. It's hard to know what would have happened had he attended the initial screening - He may perhaps have been given some helpful advice - But he may have got the date wrong or as the psychiatrists have explained, not wanting to go is often a manifestation of the illness itself.

So that illness was and is schizophrenia and was not diagnosed until he was thoroughly assessed by doctor Farnham in the context of these criminal proceedings.

By March 2024 after some concerning behaviour which really demonstrated what Kennedi's mother perceived as coercive and controlling behaviour, he was, as I said previously, asked to leave and he returned to his parents. His irrational and morbid jealousy was coming out in his accusations of infidelity, his desire to get a paternity test, Questioning of her and, for example her cousin about whether she was cheating. There was very limited if any actual violence that could have been predicted from within the few months leading up to the killing. There was no sense for example that he might not be safe around their daughter.

The defendant had left in is address some handwritten documents, some of which were close in time to the killing of Kennedi and displaying paranoid thoughts. Dr Patel's take on those was this: " the writings are indicative of a significantly disordered mind with complex paranoid (persecutory) delusions, associated with a psychotic mental state. His delusional system appears to extend beyond the deceased incorporating others including friends."

Psychiatric evidence

So now looking at matters through the psychiatrists' eyes: I've been assisted by the written and oral evidence of both Dr Patel called by the Crown, and Dr Farnham called by defence. Both of these consultant psychiatrists are very well qualified and experienced to given their opinion in this difficult case, just as they have done in many previous very

serious homicide cases. They have both assessed the defendant at different stages and also reviewed meticulously the evidence in the case including the medial records, the pathologist's findings, all of the witness statements and also the CCTV footage of the defendants activities in the aftermath of the killing.

In addition I had a written report from Dr Loughran who is the defendant's current treating clinician, a consultant psychiatrist at the John Howard centre.

There is a broad measure of agreement between all three psychiatrists.

Dealing with the uncontroversial and incontrovertible first. The Defendant suffers from schizophrenia which is regrettably an enduring illness and which is a relapsing and remitting condition.

Going back to when he was seen in April 2023 he had signs of psychosis. He believed he was almost sectioned. He had sessions with a psychotherapist. He had a review in June 2023 but ultimately he failed to attend follow up appointments, telling his GP later in the year that he felt all right and that his symptoms had gone.. The working diagnosis in April 2023 was of drug induced psychosis, but in fact with hindsight there were the outward signs of developing schizophrenia. What had happened was that in the context of recurrent depressive illness, possibly PTSD and also cannabis use he had developed a psychotic illness. The cannabis use had served to aggravate an underlying propensity to psychosis arising from schizophrenia but it didn't cause the schizophrenia which is an autonomous condition. Dr Patel countenanced in his evidence that there was a possibility that his drug use had reduced the threshold for onset But the defendant's abnormality of mind was related to schizophrenia not cannabis use. None of the psychiatrists was of the view that the killing was due to a cannabis induced psychosis. Far from it.

The defendant was responsible for Kennedi's death, but his responsibility was diminished. His schizophrenia and delusional thinking was likely to have substantially impaired his ability to form a rational judgement and to control his actions although he did understand the nature of his conduct. And under 1C it was a significant contributing factor in causing him to carry out the killing.

As I said earlier, in my view it is likely the defendant was not using cannabis or hardly at all in the weeks before the killing and probably not much in the preceding few months. Of relevance is that whilst in the prison environment and without any cannabis use, he didn't begin to recover from the psychosis until some months later after being prescribed antipsychotic medication. This suggests that cannabis was not a major feature affecting his mind at the time of the killing. No cannabis consumption was indicated in the toxicology report.

So: My first task is to consider the degree of retained responsibility because in a case such as this the outcome really does provide a lot of the answers to the steps following.

3 psychiatrists opine that the defendant's retained responsibility was at the lower end of the spectrum. Dr Patel speaks for example of his diary entries as indicative of a significantly disordered mind with complex persecutory delusions associated with psychotic mental state. Of note, he was not malingering at any point when Dr Patel assessed him. There was no overplay at all, and in my view it's likely that that gives more credibility to the defendant's own account of what happened and the lead up to it albeit he has never given a complete account.

Dr Farnham points out that he does take some responsibility by reason of his plea to manslaughter - he's not insane. He has no previous convictions for violence or history of domestic violence, except as this case has revealed a couple of relatively minor outbursts. He's effectively a man of good character. The psychosis wasn't caused by cannabis use, but in 2023 was probably precipitated by it.

Overall there was substantial impairment of his ability to form a rational judgement and to exercise self-control - he would not have killed Kennedi but for his psychotic symptoms and the offending was largely attributable to his mental illness and so his retained responsibility is at the lower end of the spectrum.

By reference to the sentencing guidelines I must consider the extent to which the defendant's responsibility was diminished by the mental disorder at the time of the offence with reference to the medical evidence and also all the relevant information available to the court. I should look carefully whether at the time of the offence the offender's actions or omissions contributed to the seriousness of his mental disorder and

that might include voluntary abuse of drugs or alcohol or failing to seek or follow medical advice. In considering the extent to which the offenders behaviour was voluntary I should have regard to the extent to which a mental disorder has an impact on the offender's ability to exercise self-control or to engage with medical services.

In my view there Is not sufficient evidence of cannabis use to ignore the defendant's assertion that there wasn't any persistent or frequent cannabis use at all in the weeks leading up to his killing his partner. The Crown invites me to find that the evidence of frequent cannabis use in say December 2023 coincides with the onset of significant symptoms again, and thus contributed to the crescendo of symptoms in April 2024. Well I certainly can't discount that of course, but I remind myself that the defendant unknown to himself was an undiagnosed and untreated schizophrenic, and such advice as he had received was all in the context of avoiding his own unhappy delusions and paranoia, not preventing an outburst of violence. Also I believe he did mostly cut down his cannabis intake in 2024.

I also find that his failure to continue with his treatment was not blameworthy. He did feel a bit better and he had no reason to believe he was putting anyone else at risk of serious or any harm. And in fact, he did with Kennedi's help make contact with the crisis team shortly before the killing.

In those minutes of strangling her he was not acting rationally and was out of control but on the other hand he knew what he was doing and what he had done. He understood the nature of his conduct. It wasn't planned and he didn't bring the knife with him to kill her.

I don't find that his actions afterwards were rational. The actions in the CCTV footage look controlled but not in my view rational. It's not rational to drive around for two hours with the body of your partner that you've just killed next to you or place mixed belongings on the 8th floor. The psychiatrists were fully aware of his actions afterwards. He was in the grip of a major psychotic illness and that didn't just suddenly come to an end with Kennedi's death. In my view, having assessed all of the evidence including the psychiatric evidence, I don't find his actions in the immediate aftermath to reflect any ordered thinking or be such as to change my view of his culpability in this case.

My overall view having carefully been through the available evidence including the psychiatric evidence is that culpability is low.

It follows therefore that on the sentencing guidelines I should consider the starting point in category of “lower”. The lower range has a start point of seven years custody with a range from 3 to 12 years. There are statutory aggravating features. This was a strangulation. A knife was present and seemingly thrust at the victim at some point. The context was domestic violence which is important because the victim, Kennedi, was trusting and vulnerable. In mitigating the defendant has no relevant or significant previous convictions. This was not a premeditated killing. He made admissions to the police at the scene and entered his plea of guilty at the first available opportunity. He is remorseful. I’ve read and indeed heard character statements from members of his family. This extreme violence was totally out of character. Nobody from his family understood what was happening to him.

As to dangerousness, the key factor here is that the defendant presents a minimal risk to the public when he's not mentally ill, and so his future management is of key importance.

In considering the sentence options these are fairly limited, but divide into a section 45a order which is a hybrid order requiring medical treatment until well and then a return to custody, or a hospital order with restrictions.

The fact that I have found his culpability to be low in this case has a very particular effect.

In the circumstances of this case a hospital order is appropriate. The defendant is currently in Hospital and receiving treatment, although he was nowhere near any sort of recovery.

The harm caused here and the agony of the family means I need to think very carefully about the importance of the penal element in a sentence.

Having assessed the defendants culpability as low it is also clear that the defendant would not have committed this offence but for his mental illness, but of course he is still responsible partly for his actions. I acknowledge that this killing has caused devastating harm to the victim and her family but the need for punishment is substantially reduced

because his culpability was so adversely affected by his mental disorder and his offence is very substantially attributable to his mental illness.

I have decided in this case that the appropriate sentence is a hospital order under section 37 and section 41 with restrictions. My reason for that is as follows:

I know from Dr. Loughran's analysis that the defendant has recovered from his frank psychotic symptoms with treatment, but he still ill with schizophrenia, in low mood, and still with limited insight, which means there's a risk of disengagement from treatment unless he's in hospital. He agrees with the other psychiatrists that there's a very low likelihood of recurrence of psychosis and the risks now associated with that as long as his mental health is well treated and closely monitored. Dr Farnham's view is shared by Dr Patell - which is that a hospital order with restrictions is the best option here and that's because his risk to others is principally driven by his psychotic illness. The reduction in the risk to the public posed by the defendant is dependent on his response to treatment and his risk is best managed in hospital and by forensic psychiatric services in the years ahead

His time in hospital will be measured in years and possibly be lifelong. Part of the illness as Dr Patel explained is a lack of insight into the condition, which also makes it common not to engage - even if it is a diagnosed schizophrenic illness. From here he needs to develop insight and that work will continue for many years

It follows that even if I did pass the section 45a order so as to bring a penal element at such time as he is well enough, given the low culpability and full credit for plea it is entirely possible that he would never be transferred to prison before the end of that sentence. This potential is compounded by the likelihood that is treating clinician would consider the effect of transferring back to prison to be deleterious to his mental health.

I am required to give careful attention to the regime upon release:

If he did go back to prison he would ultimately be released on licence and this is where the different regimes upon release are important. There isn't one-size-fits-all and I have to have regard to the particular evidence in this case. Upon release from licence conditions can be put in place, to comply with medical treatment and so on, but the

framework around them is not monitored by medical professionals and with respect to probation it's difficult for them, and they have very few resources, to adequately manage someone with schizophrenia on licence in the community. To be contrasted with that, if the defendant is released from hospital, which may never happen under this hospital order with restrictions, he is under the direct management of mental health clinicians who can and do monitor closely and a capable of recalling him back to hospital very speedily. As Dr.Patel said – same day if necessary.

Stepping back and reviewing whether this sentence as a whole meets the objectives of punishment rehabilitation protection of the public in a fair and proportionate way having reviewed all of the matters I believe it does.

In conclusion on sentence In respect to both counts I impose a section 37 hospital order with section 41 limitations, unlimited in time.

There will be forfeiture of the knife, and I will upload my sentencing remarks to the digital case system by the end of today.

No Reporting Restrictions – to be dealt with if he is released within s.41 restrictions.

I can't leave the case without say something about the police team in this case. Praise is due in relation to the high standard and breath of the investigation, notwithstanding that it did not need to go to trial. For example, the CCTV compilation (only a small portion of which was played at sentence) originally had 176 clips; the graphics have been put together to overlay phone material, ANPR and CCTV, and also include the work on reconstructing the position of the deceased in the car; and, the police took witness statements from a variety of friends and family of the deceased that deal with the background and relationship, as quoted in the initial psychiatric reports from summer to autumn 2024 for example, which have enabled the psychiatrists to have a great deal of information on which to base their conclusions.

The officers who the above apply to would include the DS Simon Riordan, and the CCTV officer DC Danny Pridige, but I know that much of it was a team effort.