



JUDICIARY OF
ENGLAND AND WALES

REGINA v TERENCE GLOVER

Sentencing remarks of The Honourable Mr Justice Edis

The Crown Court at Snaresbrook

8 January 2020

There will be a deprivation order in respect of the car which should be destroyed.

The relevant Guidelines are those concerning Manslaughter by Reason of Diminished Responsibility and The Reduction in Sentence for Guilty Pleas. The Guideline on Sentencing Offenders with Mental Disorders, Developmental Disorders, or Neurological Impairments contains a great deal of helpful material in relation to the subject generally, but there is here an offence specific guideline which addresses that topic in the context of this offence.

The Guideline on Attempted Murder sets out applicable considerations, but it is not in the interests of justice on the facts of this case to attempt to give any effect to the suggested sentence durations in the Table. The choice in this case is between a life sentence with a hospital and limitation direction and a Hospital Order with a restriction under s41 of the Mental Health Act. If a life sentence is imposed, the minimum term will be set having regard to the death of Harley Watson, and the high risk of death which was deliberately caused to 10 other people, 9 of them schoolchildren. This defendant intended that all 11 of his victims should die.

The court is required to pass sentence for a truly terrible crime in circumstances where it is accepted by both sides that the defendant suffers from a serious mental illness, namely paranoid psychosis, or paranoid schizophrenia. It is also agreed that this condition provides an explanation for this defendant's conduct in committing the crime. If he had not been ill, he would not have done this. It is also agreed by the doctors that it substantially impaired his ability to form a rational judgment and to exercise self-control. There is no clear evidence that his ability to understand the nature of his conduct was impaired at all.

The facts of what he did are appalling and clear. He caused the death of a much loved and admired 12 year old boy who had done no harm to anyone. The harm he has caused to a great many entirely innocent people in addition is enormous. The victim personal statements are extremely moving documents, and the intrusion of this evil into an ordinary school day in the suburbs just before Christmas 2019 leaves losses and deep scars which will never heal. The victim personal statements set out very clearly how much serious harm has been caused in this case.

He did this because he was deluded. In his sickness he believed that he was being persecuted by a criminal and by his neighbours, who were using lasers and other technological means of surveillance to spy on him. He heard voices, hallucinations, which caused him terror. Generally, these voices were taunting him rather than commanding him to do things. Their constant presence was very real to him.

He had been admitted to a mental hospital in 2012, and had seen other medical professionals as a result of complaints about his behaviour but he has never believed that he was ill. He was not therefore treated for his illness for a long time. He came to believe that the police had let him down by failing to investigate his claims and in August and September 2019 he began to threaten that he would run over and kill children because of this.

After he had carried out that threat he repeatedly said that what had happened was a tragedy which was the fault of the police and that he, Terence Glover, was the victim. Importantly, during the time when he was saying this he was also denying that he had done it deliberately, saying it was an accident. Denying the truth to try to avoid punishment is a rational, and not a deluded thing to do. This was not an accident and he has always known that. Lying is not a symptom of paranoid psychosis. It is an indicator of a mind which retains the capacity for rational thought, even if that capacity is substantially impaired. Both Dr. Cumming and Dr. Iqbal say that he lied to them. This means that there is no clear account from him about why he did this. It is suggested by Dr. Iqbal that records from his encounter with the mental hospital in 2012 show that he had delusions about school children, which might make a direct link between his delusions and his crimes. Dr. Iqbal said that this conclusion is a result of "joining up the dots". I think that there is an element of conjecture in it.

However, he has never, suggested that he chose these children because he believed that they were associated with his imagined persecutors. This attack was launched at a crowd of children and there is no evidence to suggest that any one of them was identified by Glover as his target. He wanted to kill as many innocent children as possible in order to draw attention to his plight and so to alleviate his terror.

This conclusion was, of course, not rational, but he knew quite well that what he was planning to do was to kill innocent children. He was not deluded about that at all. He knew that his victims were not responsible for any of the problems which he believed other people had caused him. The whole point of choosing them was that they were innocent children whose deaths would cause the maximum impact. This is the inference I draw from the calls to the police, the Dictaphone tapes, the encounter with the Community Psychiatric Nurse in September 2019 and the evidence of the Guest brothers. He was explaining to those people what he was going to do and why, and there is no evidence here to support the suggestion that he may have been deluded about the victims he chose. There was therefore a choice here which he made. His delusions did not compel him to try and solve his problem in this way, but of course they played an important part in causing him to act as he did.

There was significant premeditation in this case, but no real planning. Planning was not necessary. He had been threatening to do it for about two months and checked with a friend before he went out that day that the schools were not on holiday yet. Premeditation is not consistent with any impairment of his ability to exercise self-control having anything much to do with this case. I consider that the principal impairment was to his ability to form rational judgements.

He had been suffering from this illness for more than 7 years, and had been in prison on a number of occasions during that time. He never had any insight which would enable him to know that he needed treatment and I do not find that the fact that he was untreated was his fault. His cocaine habit, which continued until very shortly before the incident, has some relevance here as it will very likely have made some contribution to his mental state. I accept that the persistence of the illness after he has been detained shows that the illness is the real driver of his conduct.

The level of retained responsibility, which is a term created in the Guideline and not a medical term, is a matter for judicial assessment guided by medical evidence and not a medical diagnosis. It should be assessed by evaluating the extent of any impairment to the ability of a defendant to understand his conduct, his ability to exercise rational judgment, and his ability to exercise self-control. The extent to which the impairments caused him to commit the offence is also relevant to this assessment by the court. Those are matters on which medical evidence is necessary, but the eventual decision is for the court and not the doctors.

It seems to me that in assessing the retained responsibility as low to medium, the doctors do not give sufficient weight to the fact that it is agreed that he understood the nature of his conduct. So far as self-control is concerned, he was not commanded to kill these victims by

his voices. He decided to do that himself and, as I have said, chose them because they were, even in his deluded eyes, innocent. This was a premeditated and not an impulsive offence. His behaviour was caused by his delusions because they spurred him on to do what he did. I assess the level of retained responsibility as being in the medium range.

The significance of this finding is that I consider that this behaviour requires punishment as well as treatment. It is of less significance in selecting the length of the sentence.

I have considered whether to impose a Hospital Order with a restriction, which means that by statute I must first consider all other options including a life sentence with a hospital direction and limitation under s45A of the Mental Health Act 1983.

In this case there is no doubt that this defendant is dangerous. He poses a very high risk of serious harm to the public by the commission of further specified offences. I consider that this risk will continue for an unforeseeable period of time and that any custodial sentence must be a life sentence. The medical evidence does not offer anything approaching certainty that this disease will ever be successfully treated, indeed the prognosis is poor. This decision reflects both the need to protect the public and the seriousness of this offence of manslaughter, taken together with the other offences on this indictment, having regard to the retained level of responsibility.

Given my conclusions about the need for punishment and the level of retained responsibility I do not consider that this is a case for a Hospital Order.

The Guideline says that the sentences it proposes should be used as the basis for the minimum term and makes it clear that an adjustment may be required to those terms to reflect the facts of the particular case. I do not intend to use any of the sentence ranges or starting points for single offences in this case because the sentence ranges and starting points in the Guideline do not take account of the 10 offences of attempted murder. They relate to a single offence of manslaughter. I do have full regard for them as a benchmark in assessing the appropriate level for all the offences with which I have to deal.

I consider that a minimum term of 15 years is required to reflect the facts of this case. That will be imposed on count 2, and there will be life sentences with concurrent minimum terms of 10 years on the other counts. Although it appears that this means that no punishment has resulted from them, the victims and their families should know that the crimes against them have significantly increased the minimum term for manslaughter. That term involves a discount of somewhat less than full credit for his pleas which followed, as I have pointed out, attempts over a period of time to pretend that this was an accident, which were always

dishonest. These attempts were made when he was being interviewed by psychiatrists during the currency of these proceedings. They also followed an offer to plead to s18 grievous bodily harm in respect of the attempted murder offences which was rejected. Nevertheless significant credit is required.

The 399 days in detention since being charged will count against that minimum term. If that figure is found to be in error it can be corrected administratively.

I accept the evidence that the proper place for this defendant now is in a mental hospital and I will make a limitation and a direction under s45A of the Mental Health Act 1983. This means that if his psychosis is successfully treated he will be transferred to prison. This, at the moment, seems rather unlikely. It also means that it will, in practice, be the Parole Board which will, in not less than 15 years, decide whether he can safely be released, if he remains in hospital at that point and if the Tribunal refers the issue of release under s74 of the 1983 Act. It is true that the terms of a conditional discharge from hospital under a Hospital Order are in some ways more effective to protect the public from offenders with mental health problems than the terms of release from prison commonly are, but if they cannot be replicated and this means he cannot safely be released, then he won't be. This provides strong public protection.

He will be disqualified from driving for life. If he ever applies successfully for that order to be revoked, he must take an extended driving test before he can lawfully drive. He has clearly contemplated the use of a car as a weapon over a considerable period of time. He will be a danger to the public whenever he is driving a vehicle. This is an exceptional order in an exceptional case.

The victim surcharge will be imposed in the appropriate sum.