

## **Learning from a joint Domestic Homicide and Serious Adult Review**

**Introduction:** The Safer Cornwall Partnership and Safeguarding Adults Board undertook a joint Domestic Homicide Review (DHR) and Serious Adults Review (SAR) into the death of a woman aged 88, who for the purposes of the review was known as Margaret. Margaret was killed by her husband, known as Donald for the purpose of the report. The purpose of the review was to establish lessons to be learned from the domestic homicide, regarding the way in which local professionals and organisations work individually and together to safeguard victims.

**Reviewing domestic homicides are a way to improve our local coordinated community response. Looking at the death of a person aged 16+ as a result of DVA, reviews aim to:**

- understand what happened;
- identify where agency responses could be improved; - learn lessons including how agencies work together;
- identify how to improve responses;
- and to prevent something similar happening to others in the future.

**Under the Care Act 2014, Safeguarding Adults Boards must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. (s14.133)**

**SABs must also arrange a SAR if an adult in its area has not died, but the CloS SAB knows or suspects that the adult has experienced serious abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.**

Margaret lived in Cornwall with her husband, Donald. They had been married since 1948 and had three adult children, 1 son and 2 daughters. Both Margaret and Donald were living with the impact of memory impairment. The couple were known to Adult Social Care, Primary Care and Cornwall Foundation Trust but all agencies found it difficult to engage with Margaret and Donald, due to Donald not feeling support was necessary and often a reluctance to let services into the house. Donald was later diagnosed with Alzheimer's disease and was found unfit to stand trial.

## **Learning Arising from the Review.**

**Focus on health needs of couple.** Due to the focus on the health needs of the couple, social factors, such as domestic abuse and neglect, were not given sufficient prominence in professionals thinking. There were missed opportunities for the immediate escalation of concerns or immediate action to mitigate the neglect that was evident. There was a need for deeper questioning of the circumstances, including routine enquiry for domestic abuse, which was variable among the professionals involved. The use of provisions in the Care Act 2014 were not considered and, as a result, consideration to intervene when a risk of neglect is thought to be present were not used to enable an assessment; an assessment which may have enabled the reduction of risk and the ability to conduct a more thorough assessment of need and risk. There was also insufficient consideration given to the use of the Mental Capacity Act, in relation to both Margaret and Donald

**Gaps in understanding about the safeguarding process.** Due to a misunderstanding about the safeguarding process, there was a delay in the safeguarding team actioning the alert. There is a need to provide clarity about safeguarding processes; specifically, to provide clear guidance about the use of forms or templates to avoid mis-communication and incorrect processes that could cause delay.

**Domestic abuse policy, process and routine enquiry within primary care.** The review identified a lack of Domestic Abuse Policies within GP surgeries across Cornwall. Where there were policies, there was limited governance to ensure staff had read and understood the information available. Routine enquiry into domestic abuse was not used in this case. NICE guidance suggests routine enquiry should be a *'routine part of good clinical practice, even where there are no indicators of such violence and abuse'*. The use of routine enquiry is not fully embedded into all GP practices.

**Awareness of domestic abuse among older people and the links with age related cognitive impairments.** The impact of deteriorating mental and physical health on older people can be significant. The desire of older people to maintain their independence, the notion of pride and not wishing to accept help can be particularly relevant. There are factors that are increasing in prominence as the population ages: people live longer and have to cope and adapt to changes in their physical and mental health. This can undoubtedly lead to them experiencing pressures and stresses that, if not addressed, can contribute to the occurrence of domestic abuse and violence. There is a clear need to better understand domestic abuse among the elderly. Domestic abuse training available to frontline staff should include risks associated with older people and age-related conditions.