

## APPENDIX 1: Learning Brief

### Adult F Domestic Homicide Review

#### What happened?

An independent 93 year old widow fell and injured herself. Her daughter, who lived many miles away, travelled to Sheffield to care for her Mum. A few days later her Mum was found to have a chest infection and several broken ribs, and admitted to hospital where she stayed for about 10 days, before being discharged home with her daughter as her main support/ carer.

Her daughter had a history of severe depressive illness and was on a low dose of anti-depressant drugs. She consulted her Mum's GP with increased anxiety, weight loss, feelings of exhaustion and difficulty coping with her Mum's care. The GP advised an increased dose of anti-depressant but her mental health continued to deteriorate and about 6 weeks after her Mum's discharge the Police were called and found her Mum dead. The daughter was arrested and later admitted manslaughter on the grounds of diminished responsibility. She was sentenced to a Hospital Order with a Restriction Order under the Mental Health Act.

#### What did we learn from the Review?

The agencies involved in the care of this elderly woman had no reason to raise safeguarding concerns and, when asked, Adult F's daughter told health and social care professionals that she was 'ok'. Her mother wanted to remain independent and was resistant to offers of help. The daughter didn't understand why help couldn't be imposed despite her Mum's resistance, and was overwhelmed by the stress of caring.

Agencies involved under-estimated the stress of short-term/ temporary caring responsibilities. They failed to recognise that caring at a distance from one's own home and support systems may introduce additional stresses to the situation, and they failed to carry out a holistic assessment including assessment of the daughter and her needs. Carers are at risk of depression, and Adult F's daughter was at increased risk because of her history and because she and her mother had different approaches which were difficult to reconcile.

#### What can we do now?

**Be aware of the stress involved in short term caring and assess all those involved in the situation. Are there other family members who could help?**

**If a carer is depressed, make sure you ask them about risks to self and others, document that risk and take appropriate action to address it.**

**Be mindful of the distinction (and potential conflict) between decisions that a carer is in a position to make and the decisions that the person they are caring for is in a position to make. Comply at all times with the Mental Capacity Act, but acknowledge that a carer and the capacitous person they care for may not agree on decisions, leading to potential conflict. Careful, sympathetic explanation to the family may be necessary in this situation.**

**Remember that some carers are themselves vulnerable for reasons including their own mental or physical health problems and may find it difficult to acknowledge their own needs.**