

LEARNING FROM SERIOUS INCIDENT REVIEW 10

SHEFFIELD SAFER AND SUSTAINABLE COMMUNITIES PARTNERSHIP – OCTOBER 2022



WHAT HAPPENED?

- In December 2021 Adult 10 was stabbed in the abdomen by her father (Adult 10F)
- At the time of the incident, Adult 10 lived with her father (Adult 10F) and husband (Adult 10H) in the same property.
- Adult 10F has multiple complex health conditions including a diagnosis of Alzheimer's disease. Adult 10 had been his carer for some time, however, at the time of the incident, Adult 10's sister was her father's registered carer.
- Adult 10 has a lengthy history of mental health difficulties and substance misuse issues.
- Adult 10F was charged with attempted murder and detained under the Mental Health Act, this incident did not progress to prosecution.
- In addition to this serious incident, there were a total of 9 police incidents recorded in relation to the family including 5 domestic incidents where Adult 10H is recorded as an alleged perpetrator to Adult 10.
- Adult 10F also alleged that Adult 10 was abusive towards him. After the incident, when Adult 10F was detained it was noted that he had also sustained injuries.

WHAT DID IT TELL US?

- Caring, and being cared for can be overwhelming and very difficult for both parties.
- Adult 10 shared with multiple agencies how stressful caring was for her, this tells us we need to do more to support carers at stressful times, especially when we are aware of complicating factors, such as domestic abuse in the household, mental health and substance misuse issues.
- Domestic abuse and the risk posed by adult family violence can sometimes be 'lost' where one party is the registered carer for another.

BEST PRACTICE

- There was one GP who consistently recorded the names of family members who accompanied Adult 10F to appointments
- During Covid, a GP Practice made efforts to work with the family flexibly, for example, meeting outdoors to ensure that face to face care was not interrupted.
- Adult 10 was signposted to carers support by a Consultant at the Memory Clinic.
- The 'Think Family' approach was evidently in use by Rotherham NHS Foundation Trust.

LESSONS LEARNED

- Adult 10 was often referred to as Adult 10F's 'daughter' in records so it was difficult to know who was in charge of Adult 10F's care, this also meant that professionals may have unknowingly shared information inappropriately.
- Perhaps as a result of his diagnosis, Adult 10 made lots of decisions about Adult 10F's care and this was accepted by those supporting them, so it is difficult to fully understand what his wishes were.
- There were missed opportunities for professionals to explore whether domestic abuse was happening and complete a DASH risk assessment. Adult family violence was not explored.
- Both Adult 10 and Adult 10F were known to multiple agencies and information about risk and complexity was not always appropriately shared. This is both within organisations and between partner agencies.
- The lived experience and consideration of an adult safeguarding response for Adult 10F was not explored by professionals, despite him living in a household where domestic abuse, mental health, substance use and indicators of carer stress were known.

WHAT CAN WE DO NOW?

Professionals to make every effort to speak to carers and those they are caring for alone to ensure support options are made known to both parties. Consider referrals to the Carers Centre for support
<https://www.sheffieldcarers.org.uk/>

Health agencies to record names and relationship to patient of those who accompany patients to appointments. All agencies to ensure carers are named and 'flagged' in systems. Where possible, links should be made in systems between carers and those they are caring for.

All agencies to ensure that they make appropriate safeguarding referrals for adults at risk in households where domestic abuse is happening.

Routine enquiry questions to include asking about adult family violence, DASH risk assessments to be completed when domestic abuse is disclosed.

Agencies to be alert to high stress (or 'trigger') points at which to signpost or refer carers for additional support, e.g. when an initial claim is made for carer's allowance or a hospital admission.

Professionals need to be respectfully curious. DACT will develop a screening tool to support the identification of adult family violence in a caring context.