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Briefing Paper

Domestic Homicide Oversight Mechanism for Adult Social Care

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The intersection between adult social care and domestic abuse is well articulated in policy documents (LGA, 2015), but there appears to be a gap between policy documents and domestic abuse safeguarding for adults (McLaughlin et al, 2018; Robbins et al, 2016).

Those experiencing domestic abuse may not trigger a safeguarding response because they do not meet the eligibility criteria for care and support needs as specified in the Care Act (2014).

Aims



The study focused on understanding the types of recommendations made in Domestic Homicide Reviews (DHRs) for Adult Social Care (ASC) in relation to intimate partner homicide (IPH) and adult family homicide (AFH). The study findings will help inform the Domestic Homicide Oversight Mechanism for Adult Social Care.

Methods



The sample comprised 24 DHRs published between 2015 and 2019, with an oversampling of DHRs involving those over 65. A mixed methods approach was used, with the qualitative analysis informing the structure of the quantitative framework. The qualitative methods comprised the creation of a template to extract information systematically, identifying examples of good practice, areas for development and learning, and an analysis of the recommendations made in relation to adult social care. After extraction, a thematic approach was utilised (Braun & Clarke, 2022).

Findings



Twelve of the 24 homicides (50%) were intimate partner homicides (IPH), and 11 (46%) were adult family homicides (AFH). The final case related to a victim killed by people she cohabited with, but at no time had intimate relations with.

Victim and perpetrator demographics

Sex: Most victims were female (19/24, 79%) and most perpetrators male (23/24, 96%).

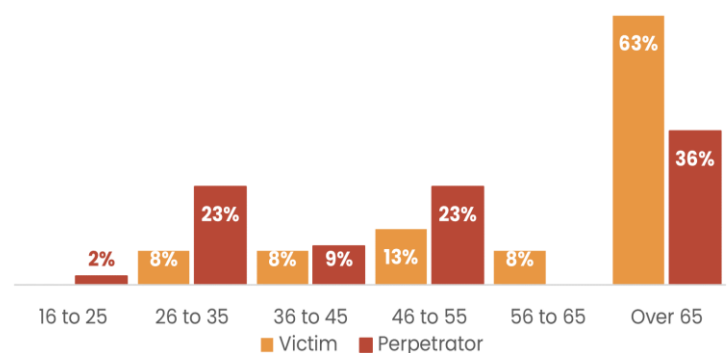
Ethnicity: Victims (18/22, 82%) and perpetrators (18/22, 82%) were White British, with the remainder coming from Minoritised backgrounds (including White Europeans).

Age: Victims ranged in age from 34 to 95 years and perpetrators 21 to 87 years.

Victims



Perpetrators



The victim-perpetrator relationship and context

- Prior domestic abuse was identified in nearly half of the DHRs (46%), with proportions similar across IPH and AFH.
- In 50% of cases perpetrators were acting as the main carer for the victim.
- Younger perpetrators had high levels of socioeconomic disadvantage and violence or criminal history – issues rarely experienced by older perpetrators.
- Victims over 65 had more physical health problems and other age-related conditions.
- Younger victims had issues relating to victimisation, drug or alcohol use, and mental health problems.

Thematic Analysis of Recommendations



Theme 1: Lack of multi-agency working and information management

83% of the DHRs highlighted the need for better multi-agency working, specifically regarding information management and the improved gathering, reporting, sharing, and recording of information, referral into other agencies, and clear advertising of domestic violence and abuse (DVA) support pathways.



Theme 2: Assessments

50% of the DHRs included recommendations for better assessment processes, including:

- identifying the needs of carers and those being cared for
- assessing domestic abuse and relational risk,
- improving co-ordination and sharing of assessments, and
- taking a holistic and systemic approach.



Theme 3: Privately funded care

Where care was privately funded, there was no oversight of the context of care or the changing nature of care needs.

However, the principles and concepts inherent in the Care Act 2014 should be adhered to, regardless of how care is financed.



Theme 4: Improving Practice

54% of the DHRs suggested improving frontline practice by:

- increasing professional curiosity,
- separating service users from potentially risky family members,
- thinking holistically,
- ensuring care assessments are carried out,
- prioritising care and safeguarding, and
- implementing methods to share good practice.



Theme 5: Training and development

67% of the DHRs included recommendations for staff training and development:

- increasing or developing domestic abuse training including different types of abuse (e.g. Adult Family Abuse),
- training should explore intersections between domestic abuse, care, and age-related health conditions,
- understanding the support needs of carers, improving supervision, and
- evaluating the effectiveness of any changes.





Theme 6: Policy and Process: amend, develop, or follow

Recommendations to implement, revise, update or expand organisational policies, practice and process appeared in 16 of the 24 DHRs (67%):

- developing or amending domestic abuse policy – including routine enquiry
- reviewing or complying with adult safeguarding procedures
- reviewing risk escalation processes



Theme 7: Good Practices

There were few examples of good practices (6 DHRs). Most examples related to making appropriate referrals, proactive practice and raising safeguarding concerns.



Theme 8: National Recommendations

National recommendations were made in only two DHRs:

- Introduce new statutory processes to protect vulnerable adults from abuse which parallel those within Children's Services
- Develop policies and processes for dealing with historic abuse allegations.

Key messages

- Domestic abuse and domestic homicide experienced by older people is poorly recognised.
- The lack of a statutory requirement for a multi-agency safeguarding hub (MASH) for adults is problematic.
- Training needs to focus on different types of abuse (e.g. adult family abuse, 'mate' abuse, coercive control) as well as their intersections with mental capacity, consent, and how this relates to specific long-term, debilitating, and life-changing diseases.
- Recognising and acting upon carer stress is vital, as is assessing whether a carer is capable.
- There is a gap in response to those who are self-funding care, despite the Care Act making clear that safeguarding applies regardless of funding arrangements.
- Private sector care agencies are missing from multi-agency arrangements, and they also appear to be less likely to have domestic abuse policy or training.
- More assertive and enquiring practice is called for.
- Understanding an individual within their context and 'think family' was recommended in several DHRs.
- DHRs pertaining to Black and minoritised victims stressed the need to challenge supposed cultural norms and ensure communication with the victim (including with interpreters).
- Equality and diversity are scarcely considered within the DHRs with little understanding of the impact of ethnicity, gender, or disability on the lives of the people involved. For the DHRs included in this report, physical disability was a factor in most cases, with severe mental illness also featuring frequently. At the very least an understanding of these disabilities and their impacts is crucial.