

Domestic Abuse & Adult Safeguarding: Eric

1. Eric was a 96-year-old man who lived at home with his wife, who had been Eric's primary carer for many years. Eric was in receipt of end-of-life care and had a care package in place. Police were called to the couple's home following report of a **domestic abuse** incident. Eric was admitted to hospital and a safeguarding enquiry undertaken. Eric's wife received a police caution. Sadly,

7. Eric passed away during a second admission to hospital.

Find out more

[- Carers and Safeguarding](#)

[- Support for Carers](#)

[- Care Act 2014](#)

[Guidance](#)

[- Domestic Abuse support in H&F](#)

[- Human Rights Act \(Article 8\)](#)

2. Whilst in hospital, Eric and his wife both reflected on heightened stress at the time of the incident. Eric's wife had her own care and support needs and had previously expressed that she needed more support in her caring role. Risk of abuse, either for the carer or the person they are caring for, increases when the carer is isolated; **timely assessment of both the carer and the cared for person** is therefore vital for adult

3. safeguarding.

Eric chose to return home with his wife, and **he had the mental capacity** to make this decision.

Shortly after his discharge from hospital, Eric was readmitted with suspected chest infection.

6. The information around the initial domestic abuse incident was not communicated with the care provider or the commissioning service. Whilst this may not have changed the outcome for Eric due to his quick readmission to hospital, this information could have prompted changes to the care package to support the couple. **Early sharing of information** is the key to providing an effective response where there are emerging concerns for an Adult at Risk.

5. A decision was made to restrict Eric's wife's access to the ward due to information provided by the family and the concerns around previous abusive behaviour. This meant that Eric's wife was unable to be with him before he died.

Proportionality is a key principle of adult safeguarding, and services should ensure that they take the least intrusive response appropriate to the risk presented, with consideration of a person's Human Rights.

4. Hospital staff were informed by family members that Eric's wife had ignored directions to keep Eric on a soft diet. This information was incorrect. Nevertheless, it informed the response of professionals. Professionals must ensure that we **communicate** and verify information in order to make **evidence-based decisions**.

How to use this document

7-minute Briefings are a learning tool developed to help us focus on the key issues around a particular theme, current issue or from a learning review (such as a Safeguarding Adults Review).

How can you use this tool?



Discuss the briefing in a team meeting and reflect on how this could influence your approach to future cases. Consider having this as a standing agenda item.



Use the briefing in supervision; can a review of briefings help identify useful links to practice?



Schedule time to look through the links to further information to expand your knowledge on the subject.



Can you incorporate the briefing into relevant training offers or share on your organisation's website/intranet?

What next?

If you have used this briefing, please take time to complete the [Lessons Learnt Template](#).

This will help the H&F Safeguarding Adults Board gather feedback on how useful the briefings are to those using them, and how the learning has enhanced their practice.

Taking note of your reflections and action points will also give you the opportunity to reflect back on the learning at a future supervision or teams meeting to see how practice has changed or if there has been any positive changes.

Remember: Incorporating this tool into your training and reflection count towards your Continuing Professional Development.

[Complete the short feedback form here.](#)