

Background

Joe was a 54-year-old white British man with a long history of alcohol dependency, complex physical health issues and extreme self-neglect. Despite a vibrant and creative past, Joe's life deteriorated significantly due to chronic alcohol use, mental health issues (including bipolar disorder) and physical decline. His family remained concerned and involved but felt powerless in the face of professional decisions. He died at home in squalid circumstances in July 2023.

1

Brief History and Key Events

Between 2022 and 2023, Joe's health and living conditions severely deteriorated. Multiple safeguarding concerns were raised by professionals, including extreme malnutrition, self-neglect and his refusal of care.

May 2023, Joe was admitted to hospital in a critical condition. Despite professionals' concerns, he was discharged home.

July 2023, Joe was re-admitted to hospital in a severely neglected state. Despite some professional's concerns about his mental capacity, he was discharged after being assessed as having capacity to make the decision to leave hospital. Joe died at home 13 days later.

2

7

Further Information

MARM Guidance [Multi-Agency Risk Management Guidance | Cambridgeshire and Peterborough Safeguarding Partnership Board](#) / [What is the MARM? Briefing | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)

Training including MARM Sway [Virtual Briefings \(Sways\) | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)
Safeguarding Adult Reviews [Safeguarding Adults Reviews | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)
Mental Capacity [Resources for working with Mental Capacity | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)
Alcohol dependency [Alcohol misuse - Treatment - NHS](#)
Substance Misuse training [Multi-Agency Safeguarding Training | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)

7 MINUTE BRIEFING

SAR JOE



Agency Involvement

Agencies involved included Adult Social Care, GP, hospital services, ambulance service, care agency and mental health services.

- Multiple safeguarding referrals and multi-disciplinary team meetings were held. Though there needed to be consistent assessments of Joe's mental capacity and improved coordination of care to best support him.
- Professionals should apply both the Care Act 2014 and Mental Capacity Act 2005 more consistently and consider advocacy support in cases like Joe's

3

6

Key Messages for Practitioners

- ✓ When undertaking mental capacity assessments consider executive function, compulsion and the broader context of the adult at risk
- ✓ Professional curiosity -ask deeper questions and challenge assumptions.
- ✓ Assertive outreach and motivational interviewing are some tools for engaging hard-to-reach individuals.
- ✓ Think that safeguarding is not just about risk—it's also about dignity, humanity and proactive care.
- ✓ Families can offer critical insights—engage them meaningfully.
- ✓ Multi-agency planning must be timely, coordinated and persistent.
- ✓ Legal frameworks must be used flexibly and escalated when necessary.

Positive Practice

- ✓ Some joint visits and MDT meetings were held.
- ✓ Safeguarding concerns were raised by professionals.
- ✓ A care plan was initiated, and a deep clean of Joe's flat was arranged.
- ✓ The SAR process included strong family engagement and multi-agency reflection.

5

Areas for Development

Mental Capacity: Undertake consistent assessments and consider executive capacity and compulsion due to addiction.

Professional Curiosity: Professionals to explore cognitive function, past trauma and motivations as part of assessments and planning support

Engagement: When adults are difficult to engage, services need to formulate assertive outreach strategies

Alcohol Use: Agencies to screen alcohol use and to consider alcohol interventions and share concerns around home delivery of alcohol

Safeguarding: Professionals to escalate safeguarding concerns. Agencies to avoid delaying a response to formulating actions and to consider appropriate post-discharge planning.

Attitudes: Practitioners to avoid the risk of their own bias and assumptions about lifestyle choice. Consider trauma-informed approaches in supporting people like Joe.

Systemic Barriers: Agencies to consider training, coordination, and legal frameworks for complex cases like Joe's.

4