7 Minute Briefing

SAR RICHARD

Family Background

Richard was an 88-year-old man from the Showmen community, a culturally distinct group involved in fairground work. He had four children and a complex family history, including estrangement due to historical domestic abuse allegations made by his late wife. After her death in 2021, his daughter Mary resumed contact and supported his return to living in a caravan on shared land. Family dynamics were strained, with ongoing allegations of financial abuse between Mary and Richard's granddaughter

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Brief History and Key Events

2020–2021: Richard experienced multiple falls and hospital admissions. He was diagnosed with mixed dementia (Alzheimer's and Lewy Body).

2022: Increasing health deterioration, repeated hospital admissions and escalating concerns about his safety, self-neglect and mental capacity. When discharged from the hospital he needed support to return home.

2023: Richard was repeatedly returned home to an unsafe environment. He was found deceased in his caravan in February 2023, three days after his final discharge from hospital.

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Agency Involvement

Multiple agencies were involved, including:

- Adult Social Care (ASC)
- NHS services (GP, hospital, mental health teams)
- Police and ambulance services
- Carers support organisations
- The Gypsy/Traveller Health Team

Agencies needed to be more coordinated, undertaking consistent assessments and to adhere to safeguarding processes.

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Areas for Development

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Cultural Understanding: Partners need to be aware of the Showmen's culture and the community's needs.

Carer Abuse: Agencies should recognise and address domestic violence

Mental Capacity: Agencies undertaking assessments need to consider fluctuating capacity, completing formal assessments and recording documental evidence

Medication Management: Hospitals and primary care need to be coordinated in relation to medication reviews

Falls Risk: Repeated falls should be adequately assessed and mitigated

Discharge Planning: Discharges should always be supported and when needed, followed up.

Engagement: Agencies should consider that isolation and cognitive decline may not be signs of the individual not wanting to engage with professionals

Positive Practice

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- ✓ Some professionals raised appropriate safeguarding concerns.
- ✓ Police and ambulance services responded promptly to incidents.
- ✓ The Memory Clinic and some hospital staff attempted to advocate for safer discharge planning.
- ✓ The Gypsy/Traveller Health Team provided culturally sensitive support

Key Messages – Professional need to ....

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- ✓ **Recognise and respond to carer abuse**, especially in complex family dynamics.
- ✓ **Conduct robust, documented Mental Capacity Assessments**, especially when decisions carry high risk.
- ✓ **Understand and respect cultural identities**, ensuring appropriate referrals to specialist teams.
- ✓ **Ensure safe discharge planning**, particularly for individuals with repeated admissions and known risks.
- ✓ **Use the MARM process** for adults with capacity who are at high risk due to self-neglect or refusal of services.
- ✓ **Collaborate effectively across agencies**, sharing information and concerns in a timely manner.

Further Information

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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

Making a Safeguarding Referral Making a Referral | Cambridgeshire and Peterborough Safeguarding Partnership Board

Safeguarding Adult Reviews Safeguarding Adults Reviews | Cambridgeshire and Peterborough Safeguarding Partnership Board