

1. Background

Norman was an 82-year-old man who died in February 2022. He lived with his wife, Jean, in a Cambridgeshire village where they had resided for many years. Norman had a longstanding history of mental ill-health, including depression and anxiety, and had been known to mental health services since 2013. Over time, concerns increased about self-neglect, poor nutrition, weight loss, poor hygiene, and declining physical health.

2. Brief History and Key Events

In 2019, Norman experienced a significant deterioration in his mental health, including self-neglect and suicidal thoughts, resulting in an admission to an older adults mental health ward. After discharge, he received community mental health support, though his engagement and medication compliance were variable. Between 2020 and 2022, Norman repeatedly contacted GP services with health anxieties, particularly fears that he had cancer, despite not having a diagnosis. There were increasing signs of weight loss, poor appetite, poor self-care, and hoarding behaviours within the home.

7. Further Information

MARM guidance [Multi-Agency Risk Management Guidance \(2025\) | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)
MARM Training [Multi-Agency Risk Management Guidance | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)
Self-Neglect [Self neglect | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)
Making a safeguarding Referral [Making a Referral | Cambridgeshire and Peterborough Safeguarding Partnership Board](#)

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3. Agency Involvement

Many agencies were involved at different times, although involvement was often episodic rather than coordinated. There was limited evidence of sustained multi-agency working to address the cumulative risks associated with Norman's mental health, physical decline, self-neglect, and the impact on his wife Jean as a carer.

6. Key Messages

- ✓ Mental health diagnoses should not obscure physical health, environmental, or safeguarding risks.
- ✓ Self-neglect in older adults can be life-threatening and requires proactive, coordinated responses.
- ✓ Having a partner or carer does not automatically reduce risk—carers must be spoken to, listened to, and assessed.
- ✓ Professional curiosity is an essential skill: practitioners should ask more questions, be able to challenge responses and avoid being deflected by family members.
- ✓ Safeguarding is a shared, multi-agency responsibility, not the sole role of mental health services.
- ✓ Malnutrition, hoarding, and poor living conditions are significant safeguarding indicators, not secondary concerns.

5. Positive Practice

- ✓ Agencies made multiple attempts to engage with Norman over time, including home visits and referrals to mental health services.
- ✓ Mental health services provided long-term involvement and attempted to support Norman within the community.
- ✓ Police used appropriate discretion when attending a domestic abuse incident, balancing safeguarding action with the physical condition of both Norman and Jean.
- ✓ Safeguarding and DASH referrals were completed and submitted following police attendance.

4. Areas for Development

- The SAR identified several key areas for learning:
- Diagnostic overshadowing: Be careful that a mental health diagnosis does not dominate professional thinking and over-riding other aspects such as physical health, malnutrition, hoarding, and environmental risks
 - Self-neglect should be addressed holistically, especially when there are clear indicators of serious risk over time.
 - Professionals should not assume that mental health services are managing all risks, without fully understanding their remit and limitations.
 - Professionals need to be curious during home visits, and to be able to effectively challenge (or test out) when reassurances are given by other family members
 - Family member(s) role as a carer should be explored, and their own needs and risks fully assessed.
 - Where adults with care and support needs are at risk and are refusing to engage with agencies multi-agency risk management processes (MARM) should be followed
 - Mental capacity assessments in relation to eating, self-neglect, and living conditions should always be fully explored.