North Yorkshire Safeguarding Adults Board

‘Marie’ SAR 7 Minute Briefing Key Learning

1. Background

Marie was a 30-year-old, separated mother of three who was proud of her Traveller heritage.
She lived with anxiety, trauma, domestic abuse and substance use for which she received long-term support. Sadly, her mental health worsened after a car accident and safeguarding concerns and in 2023, she died by suicide following an overdose.

2. Multi-agency working

Marie was well known to agencies. Unclear agency responsibility and missed opportunities reflect gaps in care. A structured, joined up approach could have prompted interventions with Marie which did not rely on her informal support from friends and family to keep her safe.

3. Safeguarding interventions.

Marie was well known to agencies and her repeated distress highlights concerns about the lack of coordinated multi-agency safeguarding and, with no clear lead or referrals, especially around cuckooing. Her paranoia was often dismissed as hoax calls, and inconsistent capacity assessments undermined support. A trauma-informed, coordinated approach have enabled timely interventions which did not rely on informal support, reduced risk, and improved safety planning.

4. Criminal justice system interventions

Police interactions with Marie prompted strong multi-agency collaboration to protect her children. While risks were to her children were managed, there were missed opportunities to engage meaningfully with Marie although there was one incident that showed effective mental health response and coordination.

This reflects both the complexities of supporting people in Marie’s circumstances and also some of the strengths of the support provided to Marie and her children.

5. Gypsy, Roma and Traveller (GRT) cultural context

Marie’s traveller status was not consistently recorded or considered by agencies. Domestic abuse is disproportionately high in GRT communities, with cultural norms, mistrust of authorities, and fear of ostracism limiting access to support. A trusted contact is recommended to aid victims.
After she died, Marie’s belongings were discarded which brought additional distress to the family as this went against GRT custom. Agencies must therefore approach customs and practices surrounding death with sensitivity and cultural awareness.

6. Substance use, difficulties with engagement and trauma-informed approaches

Marie’s escalating substance use, and emotional distress reflected deep-rooted trauma. Despite receiving varied support, her engagement was inconsistent. Missed opportunities to explore underlying trauma limited effective interventions. A trauma-informed, coordinated approach - rather than disengagement after missed appointments - could have better addressed her complex needs and improved safeguarding for her and her children.

7. Domestic abuse

Marie was in a coercive and controlling relationship resulting in substance dependence and isolation from her family which impacted her mental well-being and ability to access support. Despite domestic abuse signs, safeguarding responses were limited and there were missed intervention opportunities. A coordinated, proactive, multi-agency approach could have better addressed her vulnerabilities supported her recovery

Support For Professionals

North Yorkshire Safeguarding Adults Board

1. Professional Curiosity

Professional curiosity is vital: asking questions can uncover important information and help us challenge assumptions and explore underlying causes of behaviour or disengagement.

If something feels wrong and remains unresolved, don't hesitate to raise a professional challenge: Speaking up strengthens safeguarding practices and leads to better outcomes.

See NYSAB Professional Curiosity Practice Guidance

2. Raising safeguarding concerns or escalating concerns regarding domestic abuse

It is important to raise safeguarding concerns or escalate domestic abuse in the context of substance use.

- Ensure safeguarding concerns are raised
- Ensure multi-agency meetings are held regularly
- Escalate to 'Complex Care' Peer Support Meeting (HAS, NYC) if complex
- Ensure a making safeguarding personal approach
- Have knowledge of up-to-date processes and procedures

In particular, if there is a need for training in identifying domestic abuse which should align with NICE Public health guideline [PH50] – Domestic violence and abuse: multi-agency working. See also: Domestic Violence Disclosure Scheme (also known as Clare's Law) OMG

3. Trauma-Informed Care

It is important to challenge stigma and unconscious bias in your service's language, policies, and practice. Consider Trauma Informed Care (TIC) training to be trauma informed practitioner.

4. Gypsy, Roma and Traveller (GRT)

Marie reminds us why culturally sensitive practice is so important. There are organisations that can advise and support.

York Travellers Trust is user-led and based in York, supporting York and the surrounding areas.

Leeds GATE works to improve quality of life for Gypsy and Traveller people across West Yorkshire.

NYC Safer Communities team are knowledgeable and experienced with working with GRT communities.

This national charity has lots of useful information: Friends, Families and Travellers

5. Substance Use

'Marie' reminds us of the importance of using widespread use of drug and alcohol screening tools such AUDIT by all generic frontline workers to help identify and address issues the earliest point.

Interventions that use Harm Reduction and Motivational Interventions techniques should to applied when worthing with people like 'Marie'.

6. The Mental Capacity Act 2005

The Mental Capacity Act 2005 supports individuals who lack capacity to make specific decisions at specific times and enables future planning. Capacity assessments follow a two-stage test and can be conducted by professionals from various backgrounds. Always consider 'executive' capacity and ensure assessments are clearly recorded in the appropriate section of the electronic system.

The NYSAB's One Minute Guide on Considering executive function in mental capacity assessments supports professionals with how to apply this in practice.

7. Multi-Agency Working: Effective multi-agency working relies on strong, purposeful MDTs to manage serious risks as each member brings valuable insight. Think:

- Who needs to be at the table? Invite only those essential to the case. Large groups can dilute messages and hinder progress.
- What are we trying to achieve together? Define clear objectives.
- Set SMART actions.