

# Learning from the AA Safeguarding Enquiry (CLDS)

## Executive summary

This briefing shares learning from a recent safeguarding enquiry in CLDS after a young man with severe learning disabilities, AA, was found alone at home in a state of neglect following the sudden death of his father and sole carer. There were no statutory services in place as his father had disengaged from previous contact with CYPDS and their case had been closed, despite some previous safeguarding concerns about AA's personal care. As such, a handover did not take place between CLDS and CYPDS when AA turned 25, and no review of this was triggered.

The enquiry identified significant learning around non-engagement and the need for more robust case closure processes. Recommendations include the need for specific non-engagement guidance for over-18s to be developed, based on advocacy, relationship-based practice, multi-disciplinary working and risk assessment, which were under-utilised in this case, and incorporating tools such as Family Group Conference and the High Risk Panel. It also identified the need for increased use of formal mental capacity assessments, advocacy, and the exploration of carer needs, including the need for GPs to be aware of these. More robust handover processes are required for people expected to move from one service to another, including a mechanism to review closed cases without current services, and it was recommended that practitioners share information with GPs when cases are closed for ongoing monitoring, especially where there have been safeguarding concerns.

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