

7-minute Learning Summary

Safeguarding Adult Review – Aubrey



Case Summary

Aubrey was a 38-year-old woman who died in June 2025. She had experienced significant adversity and trauma from an early age, including bereavement, abuse and longstanding alcohol and drug dependency. During adulthood, she experienced homelessness, poor mental health, instability, exploitation, self-neglect and vulnerability within relationships.

At the time of her death, Aubrey lived in specialist women-only supported accommodation and received support from homelessness services, Adult Social Care, probation, health services and substance misuse services. Her engagement fluctuated. At times she engaged positively and spoke about recovery and future plans. At other times, she experienced intoxication, repeated hospital presentations, deteriorating health, exploitation and significant instability.

Aubrey was intelligent, articulate and thoughtful, with a strong interest in history and current affairs. Practitioners described her as warm, humorous, resilient and able to build meaningful relationships. She engaged most positively when professionals were persistent, flexible and genuinely relational in their approach.

Over time, concerns included physical assault, sexual violence, exploitation, self-neglect, missing episodes, financial vulnerability and deteriorating cognition. A neuropsychological assessment in March 2025 identified significant cognitive impairment affecting memory and attention, with evidence consistent with alcohol-related brain damage and neurological deterioration.

A Care Act Assessment, albeit delayed due to communication between boroughs, was completed in May 2025 and a care package was introduced. However, concerns about Aubrey's health, intoxication, exploitation and vulnerability continued. Aubrey was found deceased in her supported accommodation in June 2025. At the time the review was written, the cause of death remained subject to the coronial process.

The review found many examples of compassionate and persistent frontline practice. It also identified opportunities to strengthen cumulative risk recognition, cross-borough working, shared case ownership, trauma-informed practice, mental capacity considerations and coordinated multi-agency intervention.

Summary findings



1. Finding 1: Cumulative harm was not always brought together
Agencies responded to incidents such as assault, sexual violence, exploitation, intoxication, self-neglect and welfare concerns, but these were often viewed separately rather than as part of Aubrey's escalating vulnerability.
2. Finding 2: Fragmentation affected shared ownership and continuity
Aubrey's needs and risks were spread across services, boroughs and systems. Uncertainty about ordinary residence delayed the Care Act assessment, and no agency consistently held the wider safeguarding picture.
3. Finding 3: Trusted relationships were an important safeguarding intervention
Aubrey engaged best when professionals were consistent, persistent, flexible and emotionally safe. Staffing changes, delays and organisational complexity disrupted continuity and made sustained engagement harder.
4. Finding 4: Capacity, executive functioning and non-engagement needed to be considered together
Aubrey could express her wishes, but intoxication, confusion, memory problems and difficulty acting on decisions affected follow-through. Non-engagement was not always explored alongside trauma, coercion, cognitive impairment, executive dysfunction and cumulative harm.
5. Finding 5: Escalation and multi-agency coordination needed to be stronger
Professionals were sometimes unsure when concerns should escalate to formal safeguarding or complex-risk processes. Assessment findings, including cognitive impairment, were not always built into shared safeguarding plans.



Lessons

LOOK AT THE WHOLE STORY

Cumulative harm

- Risks build over time
- Connect incidents, don't view them in isolation
- Share information across agencies
- Escalate recurring concerns early

SHARED OWNERSHIP MATTERS

Cross-borough working

- Someone must hold the bigger picture
- Don't let ordinary residence delay action
- Agree roles, ownership and oversight
- Coordinate across service boundaries

RELATIONSHIPS ARE SAFEGUARDING

Trauma-informed practice

- Trust takes time
- Persistence and flexibility matter
- Protect continuity where possible
- Relationship-building is an intervention

CAPACITY IS NOT A STOP SIGN

Executive functioning & capacity

- Capacity does not remove safeguarding responsibility
- Consider ability to act on decisions
- Think about trauma, cognition and intoxication
- Reassess when circumstances change

NON-ENGAGEMENT ≠ LOW RISK

Professional curiosity

- Ask why somebody is not engaging
- Look beyond "choice" or refusal
- Consider trauma, fear and cognitive impairment
- Stay curious and persistent

ESCALATE BEFORE DRIFT

Multi-agency intervention

- Use complex risk pathways
- Review cases when risks keep returning
- Integrate assessment findings into planning
- Set actions, ownership and review points

Key message

Repeated incidents, fluctuating engagement and apparent capacity can mask escalating vulnerability. Safeguarding requires curiosity, relationships, shared ownership and coordinated action.