



## Statement for publication of (MALR19A) learning brief

(01/09/2020)

"The Safeguarding Adults (DSAB) and Children Boards (DSCB) in Derbyshire commissioned a Multi-Agency Learning Review in 2019 in relation to the sad death of a young man who is referred to within this report as Aaron.

"The two Boards looked in detail at the circumstances leading up to Aaron's death and the care and support provided by professionals working with Aaron to understand whether there was potential learning amongst professionals and also in relation to the systems and processes used to support adults in Derbyshire.

"The learning review process is not about apportioning blame, or investigating the actual circumstances of a death, it is about making a difference and this learning brief has been produced to assist professionals and aid discussions in relation to how agencies interact, work with and support young adults such as Aaron. Another important feature of learning reviews is to look at the positive practice demonstrated by professionals and highlight this so that others can learn from what was done well. I believe these aims have been achieved.

"I wish to thank those involved in the whole process surrounding the Review especially the Author who has ensured a thorough scrutiny of the information shared by partners throughout the process. This has resulted in six recommendations, which are now the responsibility of the DSAB and the Derby and Derbyshire Safeguarding Children Partnership (previously DSCB) to deliver upon, and I am pleased to report that this work is already in progress.

"It is important that we learn all the time in order to improve the way we work together; I give my assurance I will play my part and hold partners to account to do likewise."

*Andy Searle, Independent Chair, Derbyshire Safeguarding Adults Board.*