

Supporting our futures *for* Reading
Adult Social Care
& Wellbeing



Safeguarding Adults Annual Report 2021 - 2022

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EXECUTIVE SUMMARY

Safeguarding adults at risk of or experiencing abuse or neglect remains as a strategic priority for Reading Borough Council and a core activity for adult social care, alongside other teams in the Council and across all partner agencies.

The year has been challenging with the prolonged impact of Covid-19, but joint working across the partnership throughout the pandemic has been very positive and partners have adapted to new ways of operating during this time.

Safeguarding adults at risk of abuse or neglect is clearly **everyone's business**. Work has continued across the partnership to ensure that Reading Borough Council's role and responsibilities are understood and that concerns about people with care and support needs are responded to quickly and signposted to the most appropriate support service in a timely way. Safeguarding duties require a broad approach, and it is vital that we all act to safeguard people in our society who may be at risk of abuse or neglect.

Our priorities for the coming year are to continue to address the priorities of the West Berkshire Safeguarding Adults Board and to work on our collective approach to ensure people are at the centre of all decision making, abuse and neglect is prevented, and we take proactive steps to stop abuse or neglect if it does happen.

INTRODUCTION

Adult safeguarding is a core duty of all local authorities, as set out by the Care Act 2014 (sections 42 - 47 and section 68). This includes the duty on local authorities to co-ordinate safeguarding responses and lead a multi-agency local adult safeguarding system that seeks to prevent the abuse and neglect of adults at risk and to deal with it effectively when it does happen. As the legal framework does not dictate how this is achieved safeguarding arrangements vary across local authority areas.

The approach taken by Reading Borough Council (RBC) is threefold:

- RBC hosts the strategic partnership arrangement between Reading, West Berkshire and Wokingham and operates as the lead organisation, hosting the joint Safeguarding Adult Board across the 3 areas. The Board team consists of one administrator, a Board Manager and an Independent Chair.
- RBC also has a dedicated operational Safeguarding Adults Team (SAT) who undertake the role of initial screening of concerns and referrals; decision making as to whether the Care Act duties are engaged; signposting where relevant and commencement of safeguarding enquiries where these are indicated. They do not hold cases long term and where service users are already known these are signposted to the relevant teams. The team comprises Social Workers, Senior Social Workers, Administrative staff and a Team Manager.

For some time, the safeguarding service has been experiencing significant challenges as referrals and concerns shared with the team have increased over time. This largely relates to the perception of the public and partner agencies as to what constitutes a safeguarding issue which needs to be brought to the attention of the local authority. A high volume of information is shared informally with the team which does not relate to a safeguarding concern, (in Care Act 2014 terms) but nonetheless often does concern people who may have needs of care and support. There is work underway to move to a single point of contact in early July 2022 so that there is one 'front door' of the Council for all referrals concerning adults with care and support needs.

This should hopefully support partners and the wider public to ensure anyone who is vulnerable or in need of services is signposted to the most appropriate agency or pathway as appropriate.

SAFEGUARDING ACTIVITY – OUR DATA

The 2021-22 Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over in England. It includes demographic information about the adults at risk and the details of the incidents that have been alleged and has been collected since 2015/16.

Concerns and Enquiries

Table 1 shows the Safeguarding activity within Reading over the previous 3 years in terms of concerns raised, Section 42 Enquiries opened and the conversion rates over the same period.

There were 2,969 safeguarding referrals received in 2021/22 which is a considerable increase since last year (up 1380 over the previous year).

400 Section 42 Enquiries were opened this year, with a conversion rate from Concern to Section 42 Enquiry of 13% which is lower than both the national average (Approx. 33.9%) and the South-East average (Approx. 34.2%) for 2020/21. This makes Reading much lower as compared to the other West Berkshire authorities and with other current comparator averages such as the South East ADASS Q4 benchmarking (Approx. 28%).

More robust recording and triaging at referral stage coupled with increase in ‘out of scope’ concerns over year has led to a significant change in this conversion ratio.

There were 335 individuals who had a Section 42 Enquiry opened during 2021/22 which is a decrease of 100 over the year. It shows that whilst Concerns have risen sharply this year the number of individuals starting a Section 42 Enquiry has decreased over the previous year.

Table 1 – Safeguarding Activity for the past 3 Years since 2019/20

Year	Safeguarding Concerns received	Safeguarding Section 42 Enquiries Started	Individuals who had Safeguarding Section 42 Enquiry Started	Conversion rate of Concern to Section 42 Enquiry
2019/20	960	543	462	57%
2020/21	1589	493	435	31%
2021/22	2969	400	335	13%

The 13% figure is affected by a large number of referrals which did not require a safeguarding response. The figure may also be affected by the lockdowns in 2021 where both residents and referring partners had less access to community resources.

Source of Safeguarding Concerns

As Figure 1 shows the largest percentage of safeguarding concerns for 2021/22 were referred from 'Health' staff (38.6%) although those have fallen by 3.1% over the year.

The 'Police' (31.6%) were the next largest source of Concerns received and in contrast to Health have risen by 9.9%.

'Social Care Staff' are the next biggest source and make up 14.6% of the total.

The 'Social Care' category encompasses both local authority staff such as Social Workers and Care Managers as well as independent sector workers such as Residential / Nursing Care and Day Care staff. The 'Health' category relates to both Primary and Secondary Health staff as well as Mental Health workers.

Figure 1 - Safeguarding Concerns by Referral Source - 2021/22

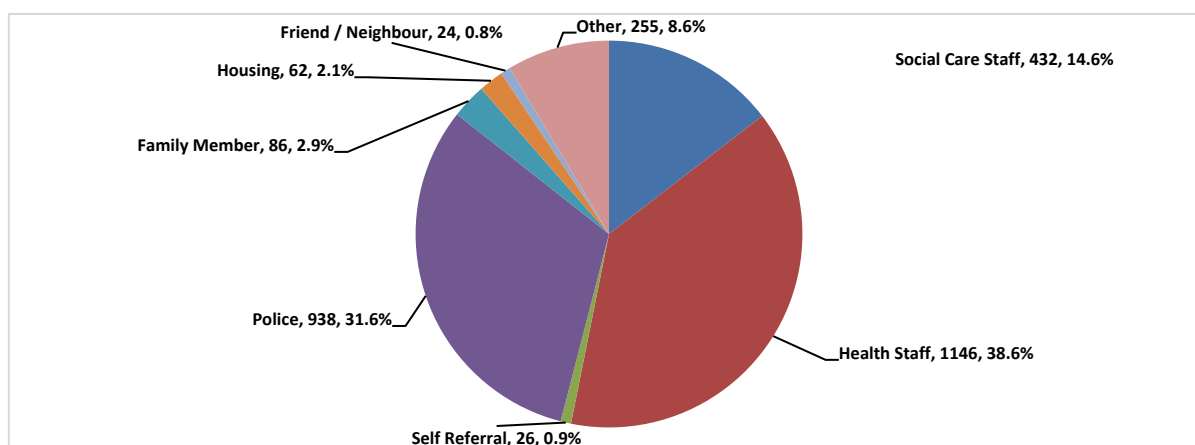


Table 2 shows a more detailed breakdown of the number of safeguarding concerns by Referral Source over the past 2 years since 2020/21. There has been a rise in numbers across all areas as Concerns overall have risen by a large amount in the year.

In 'Social Care' the actual numbers coming in have increased over the year by 138, but as mentioned above; this proportionately now makes this group only 14.6% of the overall total (down from 18.5% in 2020/21). Most of this proportionate decrease has been due to less referrals being made from 'Domiciliary Staff' and 'Other Social Care Staff' where numbers have fallen by around 5.6% for both. In contrast a larger proportion of these types of referrals have come via Residential / Nursing Care Staff (up 9.8% of the total 'Social Care Staff' referral source).

Numbers of referrals coming in from 'Health Staff' have increased sharply from 663 to 1146 since 2020/21. Proportionately it now makes up 38.6% of the overall total (down from 41.7% in 2020/21).

The biggest rise in numbers in this group has come from 'Secondary Health Staff' where referrals have risen over the year by 8.6% when looking at the proportion. 'Mental Health Staff' referrals have also risen by about 1.3% of the 'Health' total. 'Primary / Community Health' group referrals meanwhile have fallen over the year by 8.8% when looking at the 'Health' proportion overall.

'Other Sources of Referral' over the year have increased by 3.1% this year and now make up 38.3% of the overall total. As a proportion of those in this category by far the biggest rise has been in the 'Police' where it has risen by nearly 21% of the proportion of 'Other Sources of Referral'. The overall total (up 9.9%) is due to a lot of more 'Out of Scope' referrals being received during and post Covid over the last year from this source. As per safeguarding responsibilities these referrals were investigated as Concerns in the interim.

Table 2 - Safeguarding Concerns by Referral Source over past 2 Years since 2020/21

	Referrals	2020/21	2021/22
Social Care Staff	Social Care Staff total (CASSR & Independent)	294	432
	Domiciliary Staff	75	86
	Residential/ Nursing Care Staff	86	169
	Day Care Staff	0	0
	Social Worker/ Care Manager	49	75
	Self-Directed Care Staff	1	4
	Other	83	98
Health Staff	Health Staff - Total	663	1146
	Primary/ Community Health Staff	358	506
	Secondary Health Staff	226	489
	Mental Health Staff	79	151
Other sources of referral	Other Sources of Referral - Total	559	1136
	Self-Referral	37	26
	Family member	85	86
	Friend/ Neighbour	24	24
	Other service user	0	5
	Care Quality Commission	4	11
	Housing	68	62
	Education/ Training/ Workplace Establishment	1	4
	Police	345	938
	Other	68	235
	Total	1589	2969

Individuals with Safeguarding Enquiries

Age Group and Gender

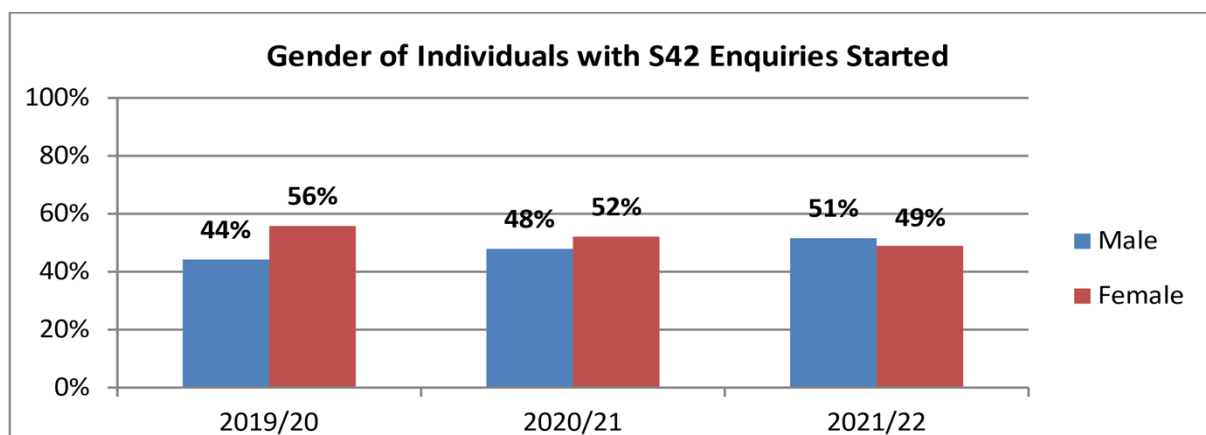
Table 3 displays the breakdown by age group for individuals who had a safeguarding enquiry started in the last 3 years. Most enquiries continue to relate to the 65 and over age group which accounted for 61% of enquiries in 2021/22 which is higher than last year (was at 56% for 2020/21). Between the ages of 75 and 94 more enquiries have been raised as compared to last year where there has been an 8% overall rise in the proportion in these groups (75-84 was up 3% and 85-94 was up 5%).

Table 3 – Age Group of Individuals with Safeguarding Section 42 Enquiries over past 3 Years since 2019/20

Age band	2019/20	% of total	2020/21	% of total	2021/22	% of total
18-64	194	42%	191	44%	132	39%
65-74	67	15%	68	16%	43	13%
75-84	99	21%	82	19%	72	22%
85-94	86	19%	76	17%	75	22%
95+	16	3%	18	4%	13	4%
Age unknown	0	0%	0	0%	0	0%
Grand total	462		435		335	

In terms of the gender breakdown there are now more males with enquiries than females (males up 3% to 51% of the total for 2021/22).

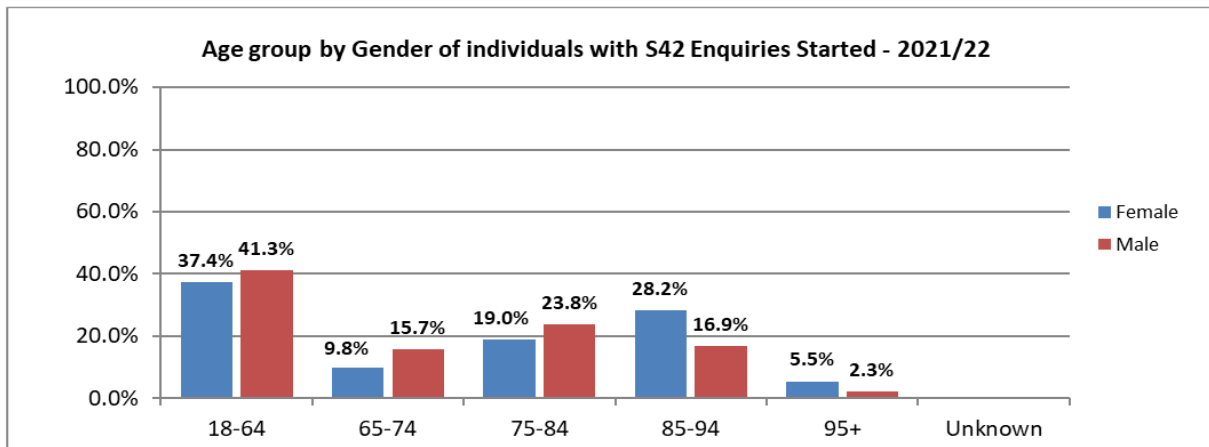
Figure 2 – Gender of Individuals with Safeguarding Section 42 Enquiries over past 3 Years since 2019/20



When looking at age and gender together for 2021/22 the number of males with enquiries is larger in comparison to females in every age group from 18 until 84. The largest proportion of enquiries is still in the 18-64 age group for both genders although males make up 41.3% compared to females 37.4% in that group. For females there is a larger proportion in the over

85 age groups which makes up 33.7% of that total whereas the proportion is only 19.2% for the females in that group. This is shown below in Figure 3.

Figure 3 – Age Group and Gender of Individuals with Safeguarding Section 42 Enquiries – 2021/22



Ethnicity

80% of individuals involved in Section 42 Enquiries for 2021/22 were of a 'White' ethnicity with the next biggest groups being 'Black or Black British' (6.9%) and 'Asian or Asian British' (5.1%). The 'White' group has stayed the same this year whereas the 'Black British' and 'Asian or Asian British' groups have fallen by 1.1% and 1.6% respectively. Those 'Not Stated' have risen by 2% over the year (up to 4.8% of the total). This Ethnicity breakdown is shown in Figure 4 below.

Figure 4 – Ethnicity of Individuals involved in Started Safeguarding Section 42 Enquiries - 2021/22

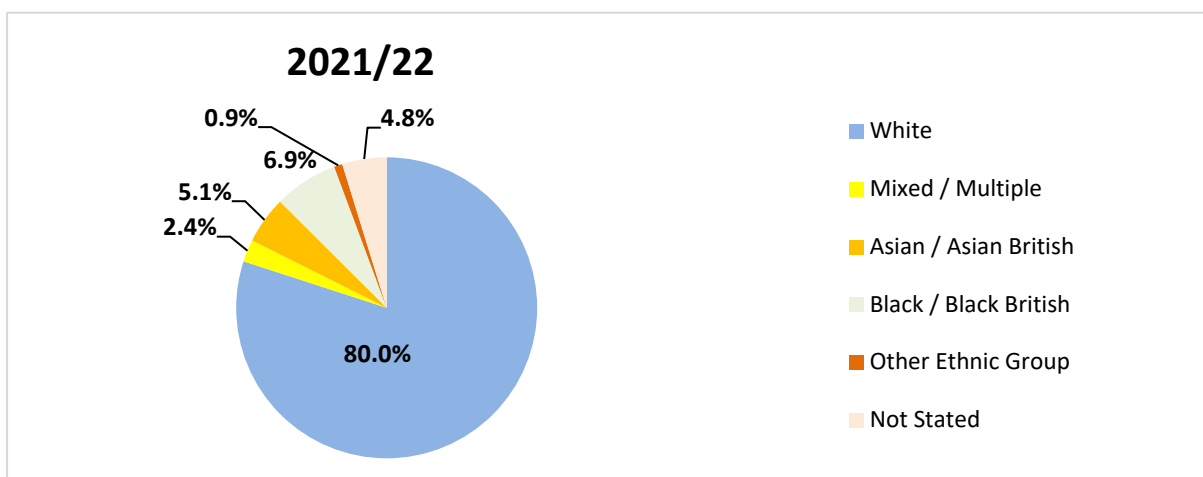


Table 4 shows the ethnicity split for the whole population of Reading compared to England based on the ONS Census 2011 data along with the % of s42 Enquiries for 2020/21 compared to 2021/22. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to be able to compare all the breakdowns accurately.

Table 4 – Ethnicity of Reading Population / Safeguarding Section 42 Enquiries over 2 Years since 2020/21

Ethnic group	% of whole Reading population (ONS Census 2011 data) *	% of whole England population (ONS Census 2011 data) *	% of Safeguarding s42 Enquiries 2020/21	% of Safeguarding s42 Enquiries 2021/22
White	74.8%	85.4%	82.3%	84.1%
Mixed	3.9%	2.3%	1.6%	2.5%
Asian or Asian British	12.6%	7.8%	6.9%	5.3%
Black or Black British	7.7%	3.5%	8.3%	7.2%
Other Ethnic group	1.0%	1.0%	0.9%	0.9%

The numbers above suggest individuals with a 'White' ethnicity are more likely to be referred to safeguarding. Their proportions are much higher than for the whole Reading population although they are marginally lower than the England Population from the 2011 Census data.

It also especially shows that those individuals of an 'Asian or Asian British' ethnicity are less likely to be engaged in the process especially at a local level. Once again, the 'Black or Black British' ethnic group is more comparable to the local picture and is higher than that at a national level. The 'Mixed' group has risen this year by 0.9% locally and is more comparable to the national levels.

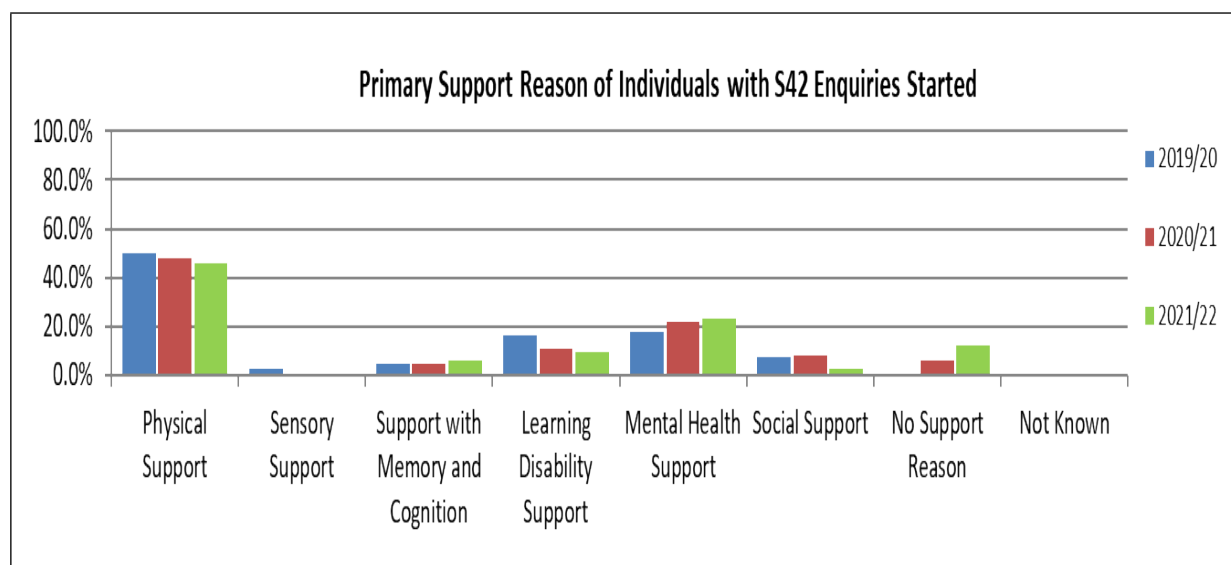
Primary Support Reason

Figure 5 shows the breakdown of individuals who had a safeguarding enquiry started by Primary Support Reason (PSR). The largest number of individuals in 2021/22 had a PSR of 'Physical Support' (46.3%) which has seen a decrease in its proportion of 2% over the year.

The 'Learning Disability Support' one has fallen again for the second year running (from 16.2% in 2019/20 to 10.6% in 2020/21 and now to 9.3% in 2021/22) whereas the 'Mental Health Support' group has risen by 1.7% (up from 21.6% in 2020/21 to 23.3% in 2021/22).

For 2021/22 the number of those individuals with 'No Support Reason' has increased by 5.7% (up to 11.9% of the total) due to more robust and accurate recording within the authority. The reason for having an enquiry when there is no support reason is because we need to assess the care and support need and this data is captured at the point of contact, rather than enquiry completion.

Figure 5 – Primary Support Reason for Individuals with Safeguarding Section 42 Enquiry over past 3 years



Case Details for Concluded Section 42 Enquiries

Type of Alleged Abuse

Table 5 and Figure 6 show concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types (*) were added in the 2015/16 return.

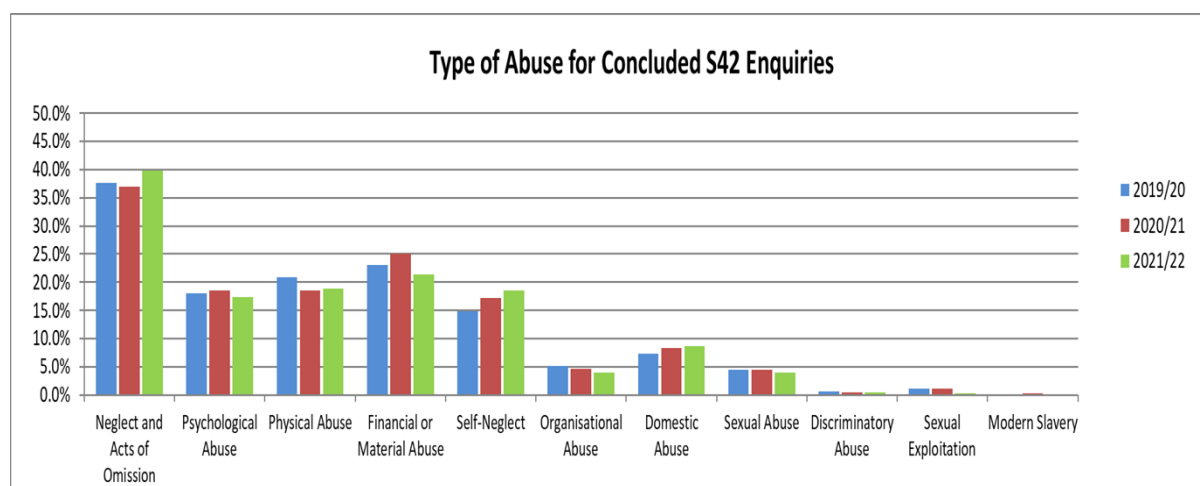
The most common types of abuse for 2021/22 were for ‘Neglect and Acts of Omission’ (39.9%), ‘Financial or Material Abuse’ (21.4%) and ‘Physical Abuse’ (18.9%).

‘Neglect and Acts of Omission’ and ‘Self-Neglect’ saw the largest proportionate increases (up 2.9% and 1.3% respectively) with ‘Financial or Material Abuse’ falling the most (down 3.7%).

Table 5 – Concluded Safeguarding Section 42 Enquiries by Type of Abuse over past 3 Years since 2019/20

Concluded enquiries	2019/20	%	2020/21	%	2021/22	%
Neglect and Acts of Omission	202	37.6%	177	37.0%	179	39.9%
Psychological Abuse	97	18.1%	89	18.6%	78	17.4%
Physical Abuse	112	20.9%	89	18.6%	85	18.9%
Financial or Material Abuse	124	23.1%	120	25.1%	96	21.4%
Self-Neglect *	80	14.9%	82	17.2%	83	18.5%
Organisational Abuse	28	5.2%	22	4.6%	18	4.0%
Domestic Abuse *	39	7.3%	40	8.4%	39	8.7%
Sexual Abuse	24	4.5%	21	4.4%	18	4.0%
Discriminatory Abuse	3	0.6%	2	0.4%	2	0.4%
Sexual Exploitation *	6	1.1%	5	1.0%	1	0.2%
Modern Slavery *	1	0.2%	1	0.2%	0	0.0%

Figure 6 – Type of Alleged Abuse over past 3 Years since 2019/20



Location of Alleged Abuse

Table 6 shows concluded enquiries by location of alleged abuse over the last two years only.

Still by far the most common location where the alleged abuse took place for Reading clients has been the individuals ‘Own Home’ (69% in 2021/22) which has seen a 2.8% decrease proportionately compared to last year. Those in ‘Care Homes’ have seen a rise of 2.2% overall (a fall of 1.6% in the ‘Care Home – Nursing’ location and a rise of 3.8% in the ‘Care Home – Residential’ location). Those in a ‘Hospital’ location have risen 4.2% over the year. For those ‘In a Community Service’ there has also been a 3.6% fall in the numbers.

Table 6 – Concluded Section 42 Enquiries by Abuse Location Type over past 2 Years since 2020/21

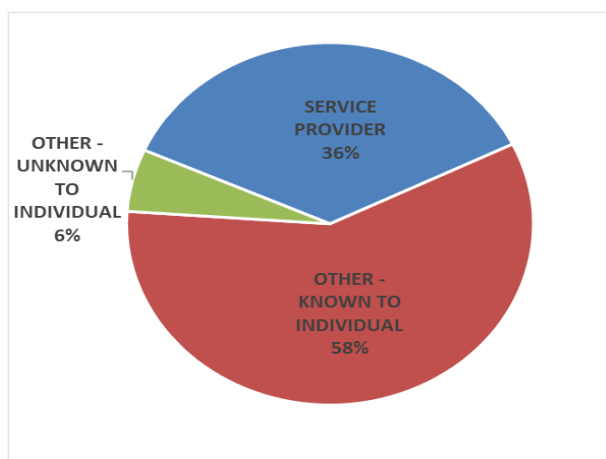
Location of abuse	2020/21	% of total	2021/22	% of total
Care Home - Nursing	31	6.5%	22	4.9%
Care Home - Residential	18	3.8%	34	7.6%
Own Home	343	71.8%	310	69%
Hospital - Acute	15	3.1%	32	7.1%
Hospital – Mental Health	12	2.5%	14	3.1%
Hospital - Community	4	0.8%	2	0.4%
In a Community Service	2	0.4%	3	0.7%
In Community (exc Comm Svs)	38	7.9%	18	4.0%
Other	15	3.1%	14	3.1%

Source of Risk

58% of concluded enquiries (down 1% on 2020/21) involved a source of risk ‘Known to the Individual’ whereas those that were ‘Unknown to the Individual’ only make up 6.0% (no change since 2020/21). The ‘Service Provider’ category which was formerly known as ‘Social Care

Support' refers to any individual or organisation paid, contracted, or commissioned to provide social care. This makes up 36% of the total (up 1% on 2020/21). This is shown below in Figure 7.

Figure 7 – Concluded Enquiries by Source of Risk 2021/22



Action Taken and Result

Table 7 below shows concluded enquiries by action taken and the results for the last three years whereas Figure 8 compares the last 2 years directly in terms of the concluded enquiry outcomes.

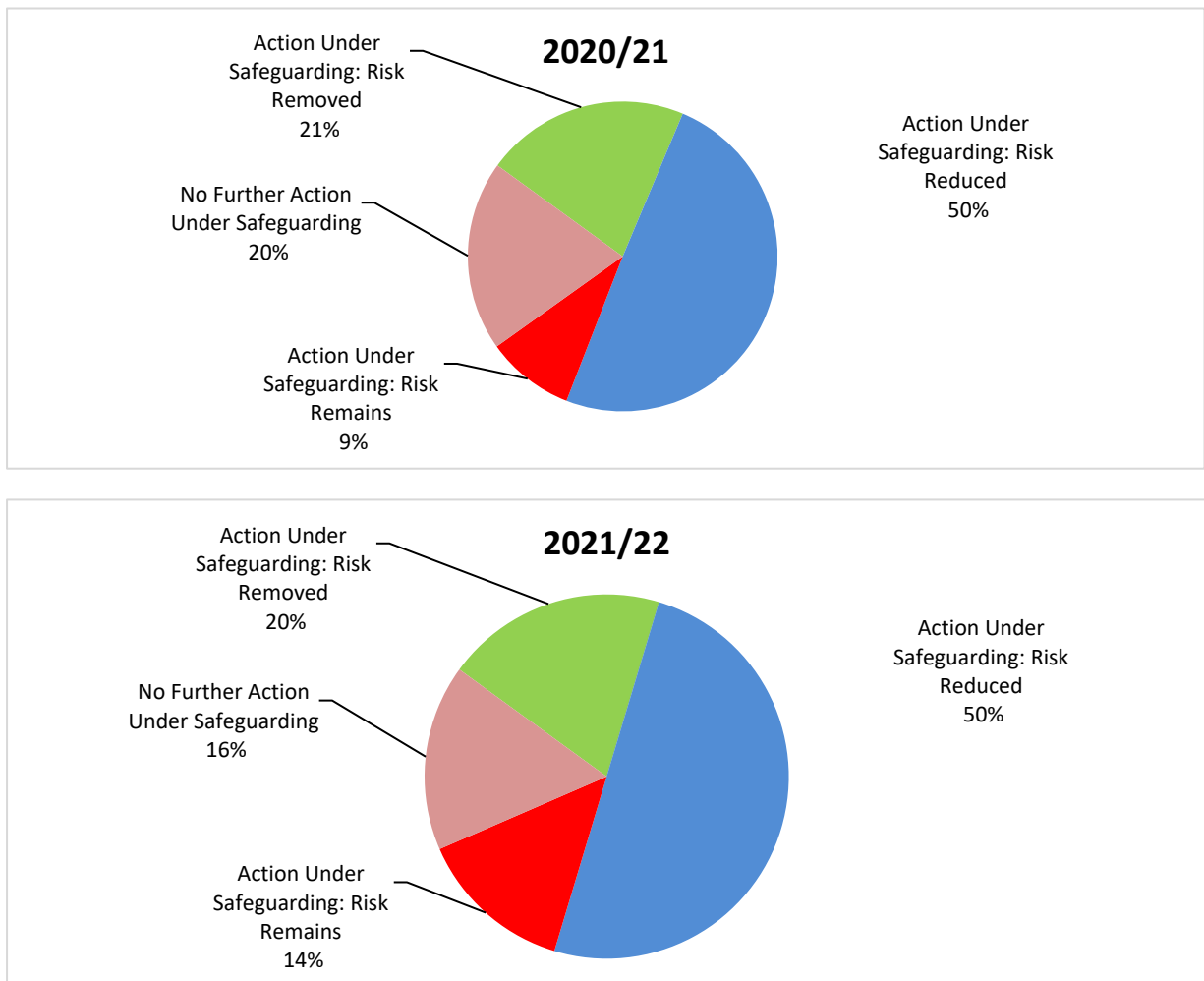
In 2021/22 the data has changed again due to the rise in 'Out of Scope' concerns although less came through because of more robust recording and initial investigation processes. Those with 'No Further Action' have decreased back down to 16% of all concluded enquiries (was 20% of the total in 2020/21).

The risk was 'Reduced' or 'Removed' in 71% of concluded enquiries in 2020/21 whereas this has decreased to 70% of the total in 2021/22. Those where a 'Risk Remains' has increased by 5%. These situations often involve circumstances where people have mental capacity in relation to decision making and it is therefore important that their rights and choices are respected, even if this means they are at risk of continued harm.

Table 7 – Concluded Enquiries by Action Taken and Result over past 3 Years since 2019/20

Result	2019/20	% of total	2020/21	% of total	2021/22	% of total
Action Under Safeguarding: Risk Removed	137	25%	102	21%	88	20%
Action Under Safeguarding: Risk Reduced	266	50%	237	50%	224	50%
Action Under Safeguarding: Risk Remains	55	10%	44	9%	62	14%
No Further Action Under Safeguarding	79	15%	95	20%	74	16%
Total Concluded Enquiries	537	100%	478	100%	449	100%

Figure 8 – Concluded Enquiries by Result, 2020/21 and 2021/22

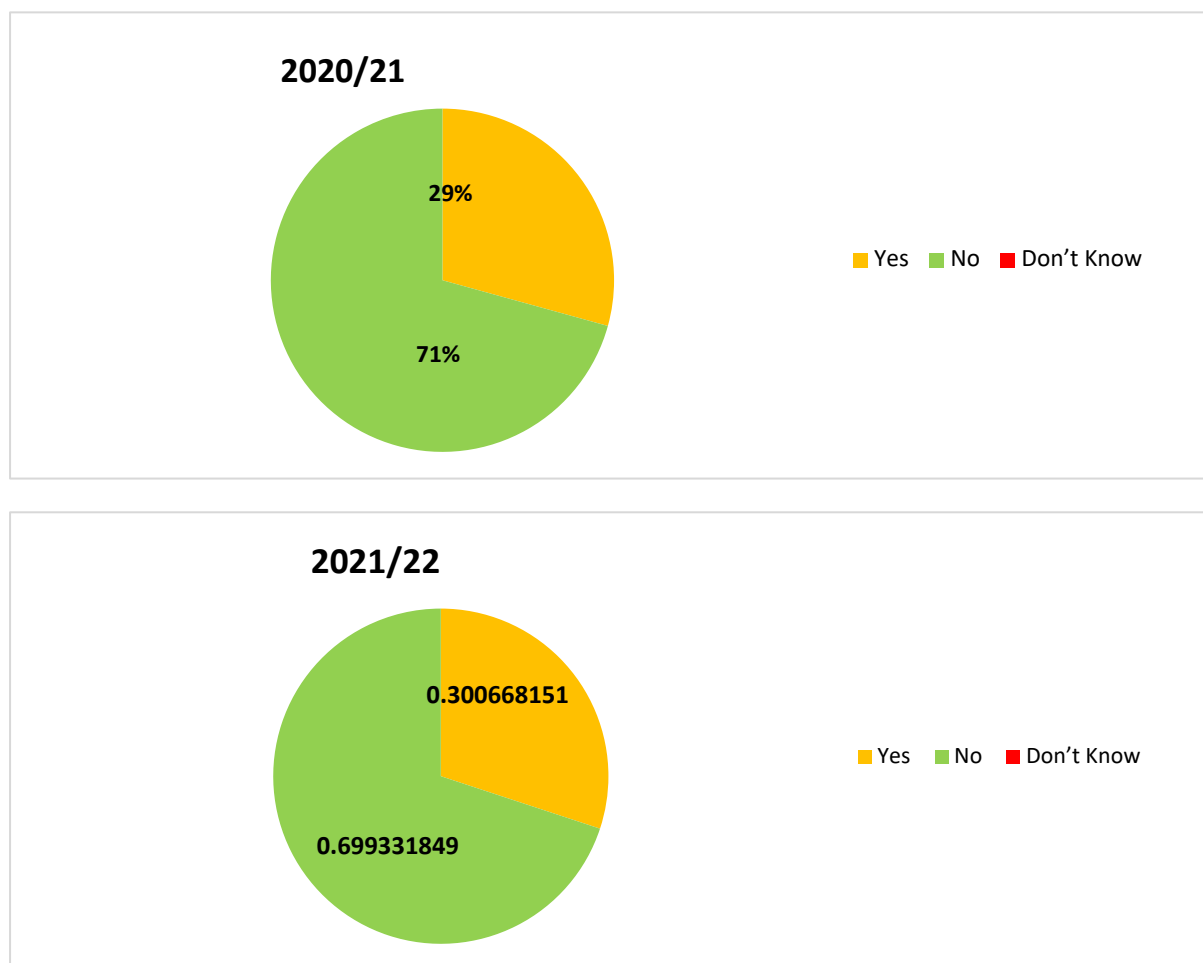


Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries over the past 2 years since 2020/21 and shows if they lacked capacity at the time of the enquiry.

The data shows that over this year those that lacked capacity has increased by 1%. Over the past 2 years those concluded enquiries where the mental capacity was not fully identified have been reduced to zero as work has been completed to make sure capacity is always considered during the enquiry process.

Figure 9 – Concluded Section 42 Enquiries by Mental Capacity over past 2 years since 2020/21

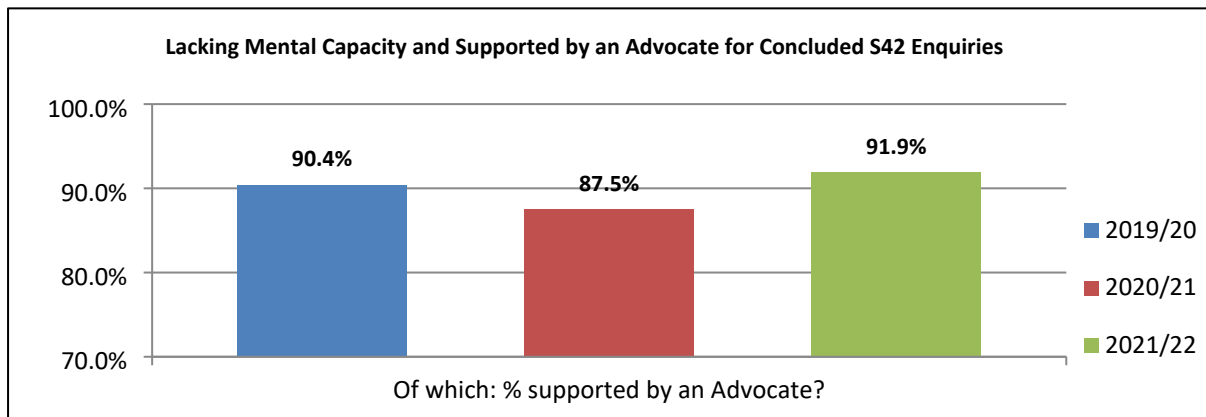


Of those 135 concluded enquiries where the person involved was identified as lacking capacity during 2021/22 there has been a 4.4% rise in those supported by an advocate, family, or friend than in the previous years (up to 91.9%). Table 8 and Figure 10 show how the numbers and proportion fell last year but had risen again up to a higher level than was seen in 2019/20.

Table 8 – Concluded Section 42 Enquiries by Mental Capacity over past 3 years since 2019/20

Lacking Capacity to make Decisions?	2019/20	2020/21	2021/22
Yes	198	136	135
<i>Of which: how many supported by an Advocate?</i>	179	119	124
<i>Of which: % supported by an Advocate?</i>	90.4%	87.5%	91.9%

Figure 10 – Concluded Section 42 Enquiries by Mental Capacity over past 3 Years since 2019/20



Making Safeguarding Personal

As at year end, 76.2% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 11.4% of those did not express an opinion on what they wanted their outcome to be (in 2020/21 this figure was 84.5% of which 10% did not express what they wanted their outcomes to be when asked).

Approximately 85% of all those asked also expressed an opinion in 2021/22 which is a positive outcome although this figure has reduced by 3% since 2020/21 (down from 88.1%).

This is shown below in Figure 11.

Figure 11 – Concluded Enquiries by Expression of Outcome over past 3 years since 2019/20

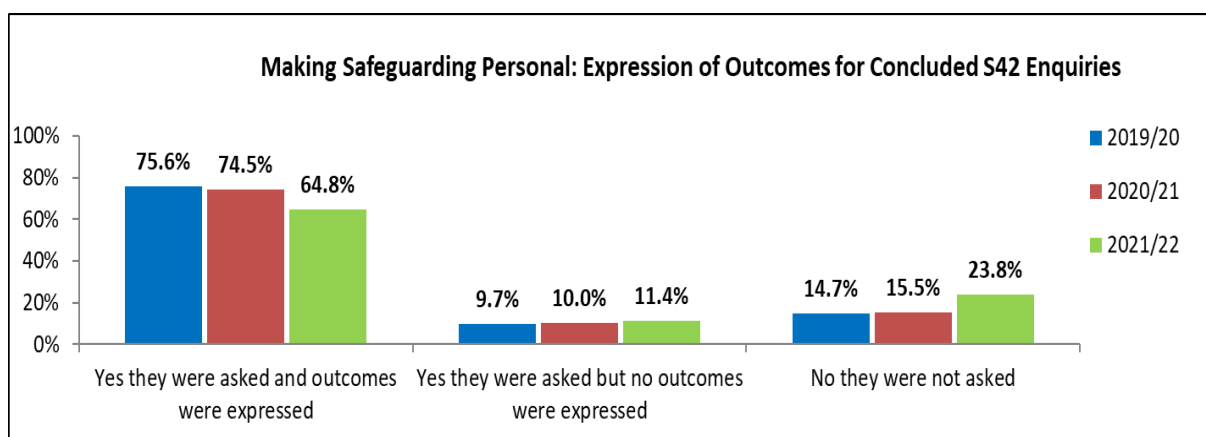
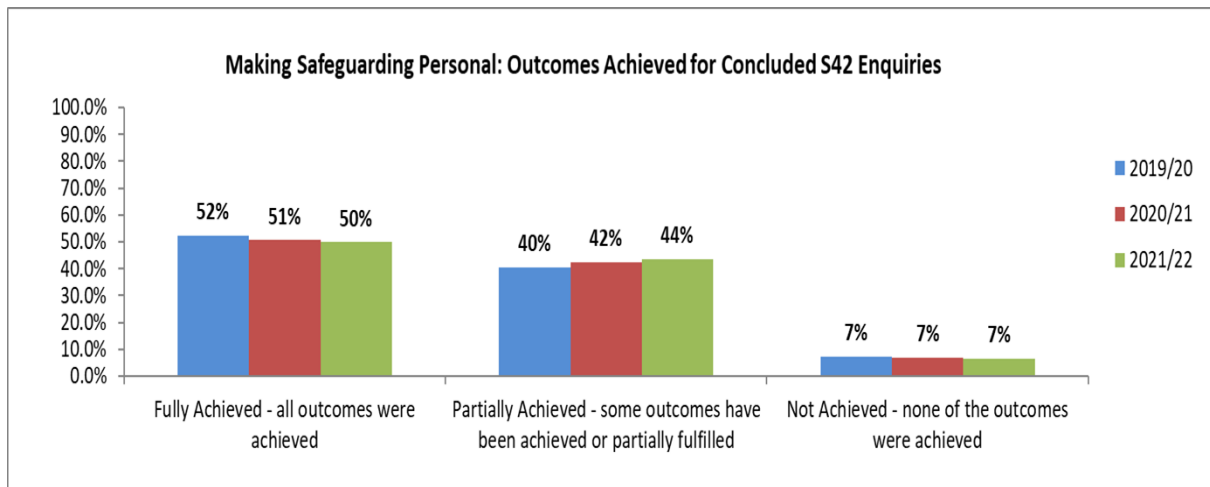


Figure 12 – Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since 2019/20



Of those who were asked and expressed a desired outcome, there has been another slight decrease of 1% (from 51% in 2020/21 to 50% in 2021/22) for those who were able to achieve those outcomes fully, because of the intervention by safeguarding workers.

However, a further 44% in 2021/22 (up 2% since 2020/21) managed to partially achieve their stated outcomes meaning 7% did not achieve their outcomes during the year which was on a par with the figures in both of the last 2 years. This is shown above in Figure 12.

ACHIEVEMENTS

The SAB Business Plan for 2021/22 set the priorities for the partnership.

These were:

Priority 1 - To consider Board learning in regard to self-neglect; to understand what more we need to do to ensure that our ways of working with people who are self-neglecting are consistent and effective in mitigating and preventing risks.

Priority 2 - To consider Board learning in regard to pressure care management and understand what the partnership need to do to ensure that our way of working with people at risk of pressure sores is consistently of best practice standard.

Priority 3 - To consider Board learning in regard to organisational safeguarding and identify what the partnership need to do to transform our way of working with provider agencies to promote and ensure good quality, safe and consistent standards of care.

Priority 4 - The Board will continue to carry out the following business as usual tasks in order to comply with its statutory obligations.

Without doubt, the Covid-19 pandemic has had a significant impact on the nature of the development work undertaken during year 2020/21. However, the service has continued to support all SAB activity and maintained the safeguarding response throughout the pandemic, redeploying staff from other teams as necessary and prioritising all safeguarding work.

In addition, Reading Borough Council has introduced a Safeguarding Improvement Programme to further develop its safeguarding response and ensure consistency of practice across all key areas of safeguarding.

This has included a focus on:

- **Addressing of outstanding concerns** – concerns are now managed in much more real time with improved processes for workflow management and screening of concerns.
- **Development of an operating framework** – to ensure clarity of roles and responsibilities across the Adult Social Care Teams.
- **Communication of a safeguarding advice line** – to provide advice and guidance to professionals with a query.
- **Whole system safeguarding approach** – including a focus on prevention and early intervention and use of processes such as the Multi-Agency Risk Management Framework.

Operational Teams

The Adult Safeguarding Team continues to undertake the screening process for all the safeguarding concerns for Reading Borough Council and the Operational Teams undertake most of the Section 42 enquiries.

There remains in place a robust oversight of all Section 42 enquiries by managers.

Safeguarding Leadership

We have appointed a Principal Social Worker, who alongside our Principal Occupational Therapist will provide leadership and direction to support our safeguarding responses.

Hoarding and Self Neglect

During the Covid-19 pandemic Adult Social Care has noted an increase in referrals for individuals who needed help to address their hoarding and self-neglect, and many situations had become acute. The challenges for all professionals during the pandemic were that, because of reduced interaction in the community, people in these circumstances were not identified until a later stage. The impact of hoarding and self-neglect can be significant and risks which are associated with the condition may include:

- Delays in hospital discharge
- Fire hazards
- Poor physical and mental health
- People may not receive the support they need
- The potential for individuals presenting on multiple occasions to several services

This created ongoing challenges for all agencies working alongside Adult Social Care, which resulted in reaching an agreement to produce a hoarding and self-neglect local procedure and pathway for the residents of Reading Borough Council.

Adult Social Care identified that there were opportunities to apply for a hoarding grant and were successful in securing funding of £58,030 from the Social Impact Voluntary and Community Grant. The grant which Reading Borough Council was awarded has been used to develop a multi-agency hoarding and self-neglect procedure and pathway.

Benefits of the project

- Promoted independence and support for a group of people who often find it difficult to access support and require a specialist and skilled approach over a long period of time.
- Increased access to services to support mental wellbeing, reduce social isolation and stigma.
- Increased access to community and health services.

- Prevent crisis and hospital admissions through preventative work.
- Enabling people to stay healthy and active in their community and at home.
- Specialist training and service development support offered from Hoarding UK.
- Development of a Reading Hoarding and Self Neglect pathway.

Mental Capacity Act Training

An intensive programme of mental capacity training has taken place, which includes equipping staff with a detailed understanding of the Mental Capacity Act principles and its application as well as enhanced preparedness for the Liberty Protection Safeguards, new legislation due to come into effect soon which will replace the Deprivation of Liberty Safeguards.

IMPROVING THE FUTURE OF SAFEGUARDING ADULTS IN READING

The aspirations for 2022/2023 are:

- We will ensure that the voices of adults at risk are sought, heard, listened to and acted upon and our approach to making safeguarding personal will be developed and enhanced along with partners.
- We will engage with wider preventative programmes and link with other workstreams such as those being led by Public Health to ensure any harm from abuse and neglect is prevented
- We will continue to support partners with their understanding of the guidance for safeguarding referrals and the appropriate pathways and routes for addressing the care and support needs of adults.
- We will seek to manage safeguarding referrals through a single point of contact and will utilise the Council's 'front door'.
- Using the national and local data to better understand any inequalities in accessing safeguarding services, we will meet with groups and partners in the black, Asian and minority ethnic communities to raise awareness and understand the barriers and reasons for the inequalities.
- We will progress the interface between quality assurance and safeguarding to provide a proactive response to quality concerns. Through a restructure the team will become a Quality & Safeguarding Team, responsible for the continuum of quality and safeguarding, with an emphasis on preventing harm.
- We will revisit the safeguarding training pathway for staff employed by Reading Borough Council, particularly decision makers and we will audit compliance with safeguarding training.
- We will introduce an audit programme to ensure continuous professional practice.
- We will pay particular attention to understanding the context of risks for young people and introduce a transition protocol.
- We will ensure all staff are conversant with any new or emerging legislation and policy in relation to safeguarding, through the direction of our Principal Social Worker.
- We will seek to undertake a programme of audits to evaluate our practice and ensure continuous improvements.
- We will ensure SAB priority areas are fully embedded.