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Safeguarding Adults Annual Report 2024-25

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1. Introduction

Reading Borough Council (RBC) hosts the strategic partnership arrangement between Reading, West Berkshire and Wokingham which forms the basis of the West of Berkshire Safeguarding Adults Board which operates across the 3 local authorities along with the other statutory partners in Health and the Police. The Board manager is supported by services in Reading including some administration, IT, payroll etc and is line managed by the Deputy Director (Safeguarding, Quality and Practice). The Board is led by an Independent Chair who works closely with the Board manager as an independent safeguarding expert.

RBC has a Safeguarding Adults Team (SAT) who undertake the role of the initial screening of referrals and concerns, decision making as to whether Care Act duties are enacted for persons to be assessed, whether signposting to other services is required, and determining whether to initiate a section 42 (s42.1) part one concern and (s42.2) part two enquiry. These interactions determine how to safeguard an individual at risk. All referrals are screened by SAT, if the referral requires a safeguarding concern (s42.1) all concerns will be completed by SAT unless making safeguarding personal supersedes this and if so, the concern is sent to allocated worker. s42.2 may be undertaken by SAT or allocated to the relevant team to carry out s42.2 duties.

2. Safeguarding Activity

Reading Annual Performance Report 2024/25

The 2024-25 Safeguarding Adults Collection (SAC) records the details of safeguarding activity for adults aged eighteen and over who live 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.

Section 1 Concerns and Enquiries

Table 1 shows the Safeguarding activity within Reading over the previous 3 years in terms of Concerns raised, s42 Enquiries opened and the conversion rates over the same period.

There were 1832 Safeguarding Concerns received in 2024/25 which is a decrease for the third year running (down 245 from the previous year and down 542 since 2022/23).

682 s42 Enquiries were opened this year which is an increase of 198 over the year (up 41%), with a conversion rate from Concern to s42 Enquiry of 37% (up 14% in the year) which is now higher than both the national average (Approx. 29%) and the South-East average (Approx. 34%) for 2023/24. This makes Reading slightly higher as compared to the other West Berkshire authorities for 2024/25 and on a par with other current comparator averages such as the South-East ADASS Q4 2024/25 benchmarking (Approx. 36.2%).

The conversion ratio has improved this year due to the number of Concerns falling significantly, coupled with the increase in Enquiries started. This was due to the continued focus on reducing the 'out of scope' referrals as well as updating the local processes to robustly record this data. The numbers of TVP referrals coming into the system have reduced by 5.7% over the past 2 years (although slightly up by 2.6% this year) and Health referrals have fallen 4.1% this year. This has resulted in only those with the assessed safeguarding criteria having been met progressing to further S42 enquiries. This is audited regularly locally, and issues addressed with external agencies.

There were 567 individuals who had an s42 Enquiry opened during 2024/25 which is an increase of 172 over the year. Enquiries for individuals have risen by 44% mainly because of the decrease in

inappropriate concerns raised coupled with putting through more of the remaining cases where further investigation was needed.

Table 1 - Safeguarding Activity for the past 3 Years since 2022/23

Year	Safeguarding Concerns received	Safeguarding s42 Enquiries Started	Individuals who had Safeguarding s42 Enquiry Started	Conversion rate of Concern to s42 Enquiry
2022/23	2374	434	358	18%
2023/24	2077	484	395	23%
2024/25	1832	682	567	37%

Section 2 - Source of Safeguarding Concerns

As Figure 1 shows the largest percentage of safeguarding concerns for 2024/25 were once again referred from 'Health' staff (38.5%) although there was a drop of 4.1% over the year.

'Social Care Staff' were the next biggest source of referrals and make up 31.5% of the total which was a rise of 5.2% over the year. 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.

The 'Police' (11.7%) are the next largest source of Concerns received. They have risen by 2.6% over the period which is a slight increase in real numbers from 190 to 214 although this is still a lot lower than the numbers coming through in 2022/23 (had been 413 which was 17.3% of the total at the time). TVP have continued with more robust safeguarding training practices, and this is having a positive effect on the quality of referrals as well as slowing down the number submitted.

The 'Other' category includes sources such as the Fire Service, DWP, Berkshire Women's Aid and Age UK which made up 9% of all Concerns started this year (down 3.7%). The Fire Service has continued to make more referrals because of ongoing joint work with the service facilitated by improved connections and training courses run in tandem with Reading Borough Council. The SAR fire safety learnings has also contributed to the rise in referral

Increased training and ensuring the three-part safeguarding criteria is met which informs decision making to progress the initial screening to a concern is now only made by the safeguarding adult team duty social workers. Thus, the number of concerns has decreased and the amount of screenings progressed to a concern as also decreased. However, the s42.2 enquiries has increased by 198 in comparison with last year's figures. This gives RBC quality assurance that legal duties are applied in the correct way and all risks are managed through a full enquiry.

Figure 1 - Safeguarding Concerns by Referral Source - 2024/25

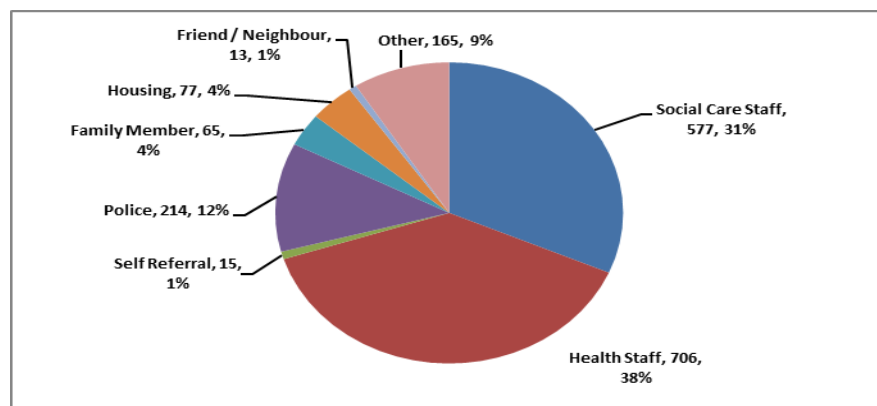


Table 2 shows a more detailed breakdown of the number of safeguarding concerns by Referral Source over the past 2 years since 2023/24.

In 'Social Care' the actual numbers coming in have remained fairly like last year, so as mentioned above; this proportionately now makes this group 31.5% of the overall total.

Numbers of referrals coming in from 'Health Staff' have decreased from 885 to 706. Proportionately it now makes up 38.5% of the overall total (down from 42.6% in 2023/24). Most of the drop is found in the 'Secondary Health Staff' category (down 8% of all Health referrals).

'Other Sources of Referral' over the year now make up 21% of the overall total (up 2.6%). As a proportion of those in this category the biggest increase as mentioned previously has been in the 'Police'. Those referrals coming in from 'CQC' have also risen as a proportion (up 4.1%).

Table 2 - Safeguarding Concerns by Referral Source over past 2 Years since 2023/24

	Referrals	2023/24	2024/25
Social Care Staff	Social Care Staff total (CASSR & Independent)	546	577
	Domiciliary Staff	95	108
	Residential/ Nursing Care Staff	239	250
	Day Care Staff	0	0
	Social Worker/ Care Manager	91	111
	Self-Directed Care Staff	2	2
	Other	119	106
Health Staff	Health Staff - Total	885	706
	Primary/ Community Health Staff	316	304
	Secondary Health Staff	483	329
	Mental Health Staff	86	73

Other sources of referral	Other Sources of Referral - Total	382	384
	Self-Referral	14	15
	Family member	66	65
	Friend/ Neighbour	23	13
	Other service user	2	0
	Care Quality Commission	11	27
	Housing	89	77
	Education/ Training/ Workplace Establishment	11	5
	Police	190	214
	Other	240	133
	Total	2077	1832

The work RBC has undertaken with the fire service as a result of safeguarding adult reviews recommendations has seen an increase in the number of referrals received from RBFRS. Social care staff have also increased their referrals due to a new safeguarding manual launched, increased training and a new duty system implemented within the adult safeguarding team provides a quicker response from the safeguarding team.

Section 3 - Individuals with Safeguarding Enquiries

Age Group and Gender

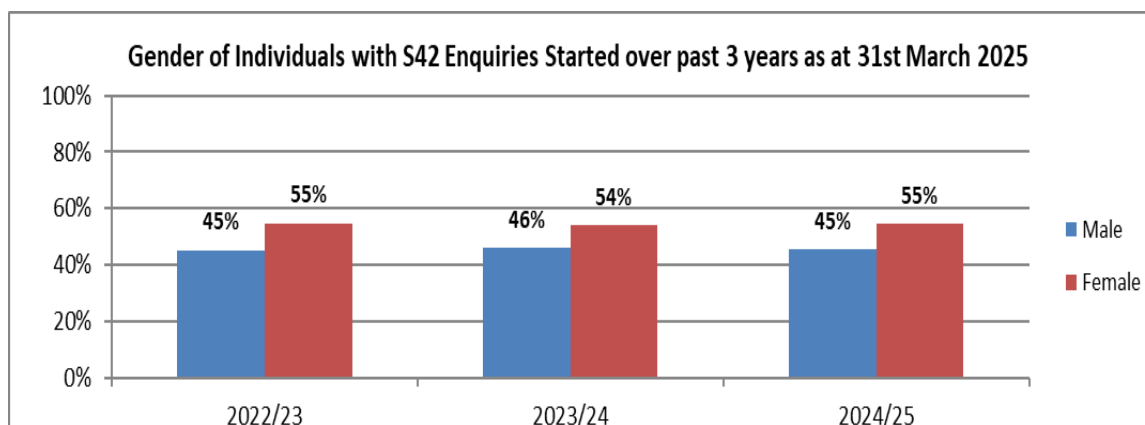
Table 3 displays the breakdown by age group for individuals who had a safeguarding enquiry started in the last 3 years. Most enquiries still relate to the 65+ age group which accounted for 63% of enquiries in 2024/25 which is higher than last year (was at 52% for 2023/24). The numbers in the 18-64 group however fell by 11%. In all the other age categories for the 65+ group the enquiries have all risen between 2%-4%.

Table 3 - Age Group of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2022/23

Age band	2022/23	% of total	2023/24	% of total	2024/25	% of total
18-64	152	43%	191	48%	212	37%
65-74	46	13%	49	12%	79	14%
75-84	77	22%	69	18%	126	22%
85-94	66	18%	76	19%	120	21%
95+	17	4%	10	3%	29	5%
Age unknown	0	0%	0	0%	1	0.2%
Grand total	358		395		567	

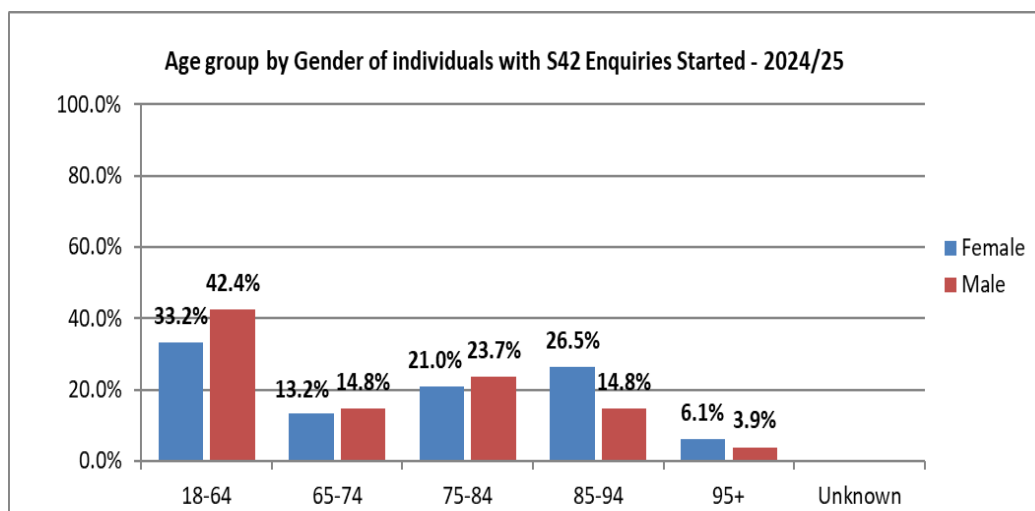
In terms of the gender breakdown there are still more Females with enquiries than Males (Females were up 1% to 55% of the total for 2024/25). This is shown in Figure 2 below (*See Table A in Appendix A for actual data*).

Figure 2 - Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2022/23



When looking at Age and Gender together for 2024/25 the number of Males with enquiries is larger in comparison to Females in those age groups from 18 until 84. After 84 years of age the number of Males in each age group drops away. The largest proportion of enquiries is still in the 18-64 age group for both genders although Males make up 42.4% compared to Females 33.2%. Those Females in the 85-94 age group make up 26.5% of their total compared to only 14.8% in the Males group. This breakdown is all shown below in Figure 3 (See Table B in Appendix A for actual data).

Figure 3 - Age Group and Gender of Individuals with Safeguarding s42 Enquiries - 2024/25



Ethnicity

82.4% of individuals involved in s42 enquiries for 2024/25 were of a 'White' ethnicity with the next biggest groups being 'Black or Black British' (6.7%) and 'Asian or Asian British' (5.3%). The 'White' group has increased this year (up 2.4%). The 'Asian or Asian British' group has decreased by 0.5% as has the 'Black or Black British' group (down 2.7%). The 'Mixed / Multiple' group has risen slightly by 0.3%. Those 'Not Stated' have stayed similar over the year (around 1.9% of the total). This Ethnicity breakdown is shown in Figure 4 below.

Figure 4 - Ethnicity of Individuals involved in Started Safeguarding s42 Enquiries - 2024/25

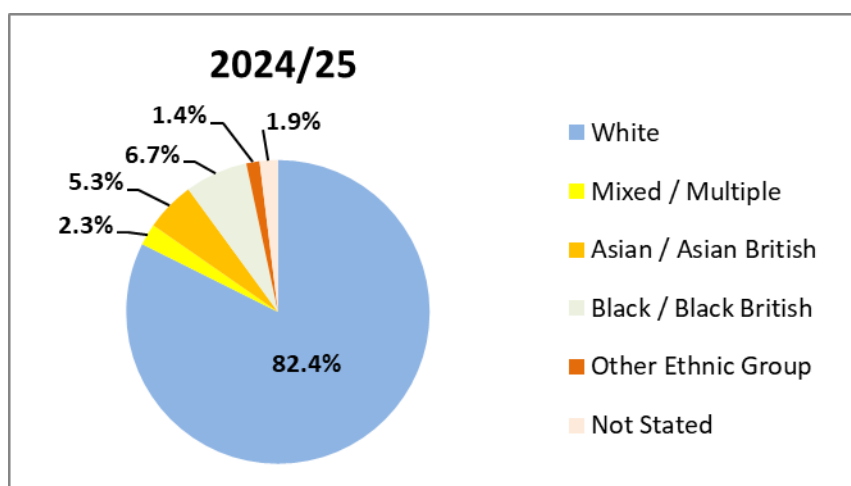


Table 4 shows the ethnicity split for the entire population of Reading compared to England based on the ONS Census 2021 data along with the % of s42 Enquiries for 2023/24 compared to 2024/25. Any Enquiries where the ethnicity was not stated have been excluded from this data to be able to compare all the breakdowns accurately (*).

Table 4 - Ethnicity of Reading Population / Safeguarding s42 Enquiries over 2 Years since 2023/24

Ethnic group	% of whole Reading population (ONS Census 2021 data) *	% of whole England population (ONS Census 2021 data) *	% of Safeguarding s42 Enquiries 2023/24	% of Safeguarding s42 Enquiries 2024/25
White	67.2%	81.0%	80.0%	82.4%
Mixed	5.1%	3.0%	2.0%	2.3%
Asian or Asian British	17.7%	9.6%	5.8%	5.3%
Black or Black British	7.2%	4.2%	9.4%	6.7%
Other Ethnic group	2.8%	2.2%	0.8%	1.4%

The numbers evidence that people of 'White' ethnicity are referred more to safeguarding than those of different heritage. This does not reflect the community's population with more identifying from a global majority group. These numbers have increased over recent years, however continued engagement with the community is needed for the numbers to reflect the local population. This evidences that individuals of an 'Asian or Asian British' are less likely to be referred, contrary to those individuals of 'Black or Black British' heritage who have a higher referral rate than the England proportion and is on a par with the Reading population.

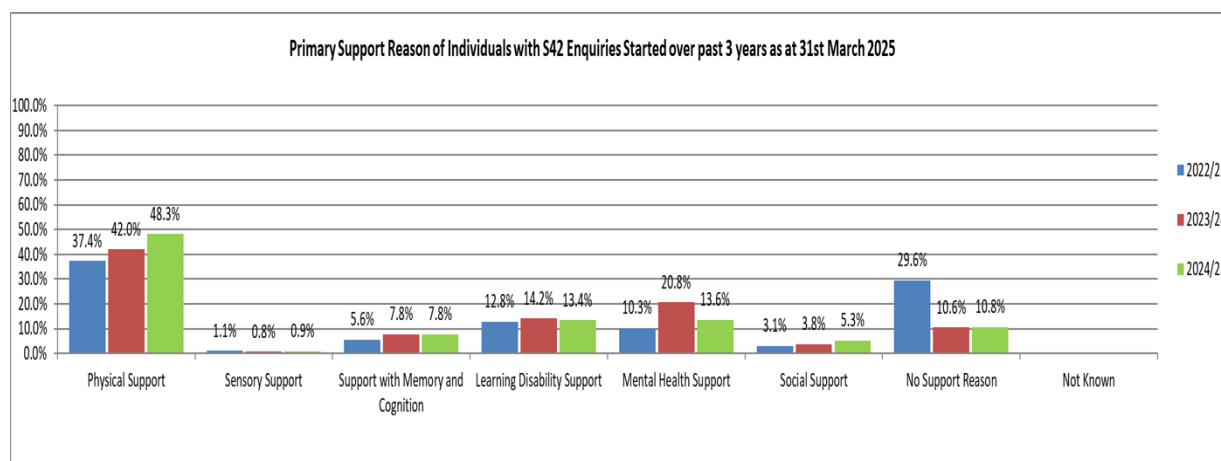
Primary Support Reason

Figure 5 shows the breakdown of individuals who had a safeguarding enquiry started by Primary Support Reason (PSR). The largest number of individuals in 2024/25 had a PSR of 'Physical Support' (48.3%) which is a 6.3% increase in its proportion over the year.

The 'Learning Disability Support' group has fallen this year by 0.8% (from 14.2% in 2023/24 to 13.8% in 2024/25). 'Mental Health' clients are still the second biggest group but have fallen considerably by just over 7% since last year (now only make up nearly 14%).

Those recorded as having ‘No Support Reason’ in 2024/25 (so could include self-funders or people who are not known to Adult Social Care) have remained at similar levels to last year (around 11%). This is due to the recording of this category improving to make sure data reflects the criteria within the statutory guidance and is only used when appropriate. (See Table C in Appendix A for actual data).

Figure 5 - Primary Support Reason for Individuals with Safeguarding s42 Enquiry over past 3 years



Section 4 - Case details for Concluded s42 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 2024/25 were for ‘Neglect and Acts of Omission’ (43.2%), ‘Financial or Material Abuse’ (20.6%), ‘Self Neglect’ (17.4%) and ‘Physical Abuse’ (14.8%).

‘Neglect and Acts of Omission’ is still the largest abuse type in the year and has increased by 8%. ‘Organisational’ has also risen by 1.9% although only makes up the 6th largest group (abuse type in only 5.3% of cases).

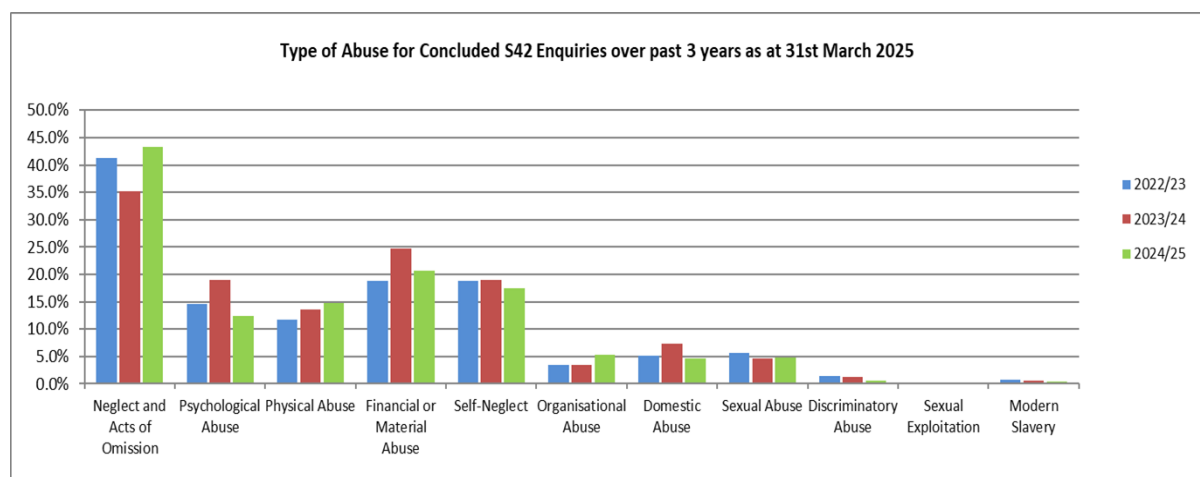
There has been a decrease in ‘Financial or Material’ cases (down 4%) and now makes up 20.6% of abuse types which is the 2nd largest group. ‘Psychological’ has also seen a fall in numbers and makes up 12.4% of abuse types (down 6.6%). There has also been a slight fall in ‘Domestic’ (down 2.7%) although this only makes up 4.6% of the cases and is only the 7th largest group.

Table 5 - Concluded Safeguarding s42 Enquiries by Type of Abuse over past 3 Years since 2022/23

Concluded enquiries	2022/23	%	2023/24	%	2024/25	%
Neglect and Acts of Omission	166	41.2%	178	35.2%	310	43.2%

Psychological Abuse	59	14.6%	96	19.0%	89	12.4%
Physical Abuse	47	11.7%	69	13.7%	106	14.8%
Financial or Material Abuse	76	18.9%	125	24.8%	148	20.6%
Self-Neglect *	76	18.9%	96	19.0%	125	17.4%
Organisational Abuse	14	3.5%	17	3.4%	38	5.3%
Domestic Abuse *	21	5.2%	37	7.3%	33	4.6%
Sexual Abuse	23	5.7%	23	4.6%	34	4.7%
Discriminatory Abuse	6	1.5%	6	1.2%	4	0.6%
Sexual Exploitation *	0	0.0%	0	0.0%	0	0.0%
Modern Slavery *	3	0.7%	3	0.6%	3	0.4%

Figure 6 - Type of Alleged Abuse over past 3 Years since 2021/22



Targeted Safeguarding training and a number of presentations delivered to Providers in 2024 including health to improve understanding of what constitutes making a safeguarding referral and this is reflected in the increase of neglect and acts of omission referrals from providers.

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' (56.3% in 2024/25) which has seen a drop of 5.3% compared to last year. There has also been a decrease in Hospital Locations recorded (down 2.2%) mainly in the 'Community Hospital' setting.

Those cases recorded as taking place in a 'Care Home - Residential' have risen by 6.1% (up to 20.6% of the total) as have those in a 'Care Home - Nursing' setting which have risen by 1.9% (up to 4.5%). Compared to Wokingham and West Berkshire however we are likely to still have more cases in a hospital environment (due to the proximity of RBH in our area) and less in a care home setting.

Table 6 - Concluded S42 Enquiries by Abuse Location Type over past 2 Years since 2023/24

Location of abuse	2023/24	% of total	2024/25	% of total
Care Home - Nursing	13	2.6%	32	4.5%
Care Home - Residential	73	14.5%	148	20.6%

Own Home	311	61.6%	404	56.3%
Hospital - Acute	15	3.0%	21	2.9%
Hospital - Mental Health	12	2.4%	14	2.0%
Hospital - Community	9	1.8%	1	0.1%
In a Community Service	6	1.2%	8	1.1%
In Community (exc Comm Svs)	41	8.1%	64	8.9%
Other	25	5.0%	25	3.5%

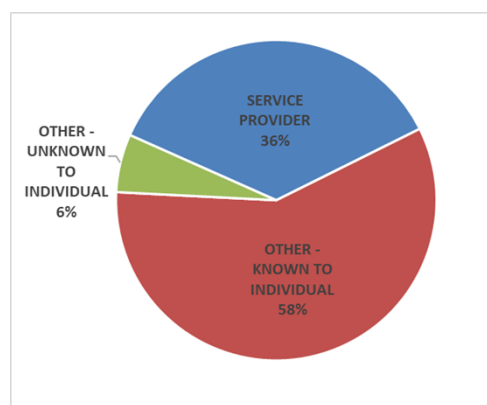
Source of Risk

In terms of source of risk for concluded enquiries those related to a 'Service Provider' have risen 7% (36% of concluded enquiries). 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.

Those related to a 'Known Individual' have fallen by 7% (58% of concluded enquiries) whereas those related to 'Unknown Individuals' have stayed the same (6% of concluded enquiries).

This is shown below in Figure 7.

Figure 7 - Concluded Enquiries by Source of Risk 2024/25



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.

There has been a further 7% decrease this year in those with a recorded outcome of 'No Further Action Under Safeguarding' (decrease of 5% in those where 'No Risk was identified', a 1% decrease in those where the outcome was 'Inconclusive' and a 1% decrease in those where the 'Enquiry Ceased at an Individuals request').

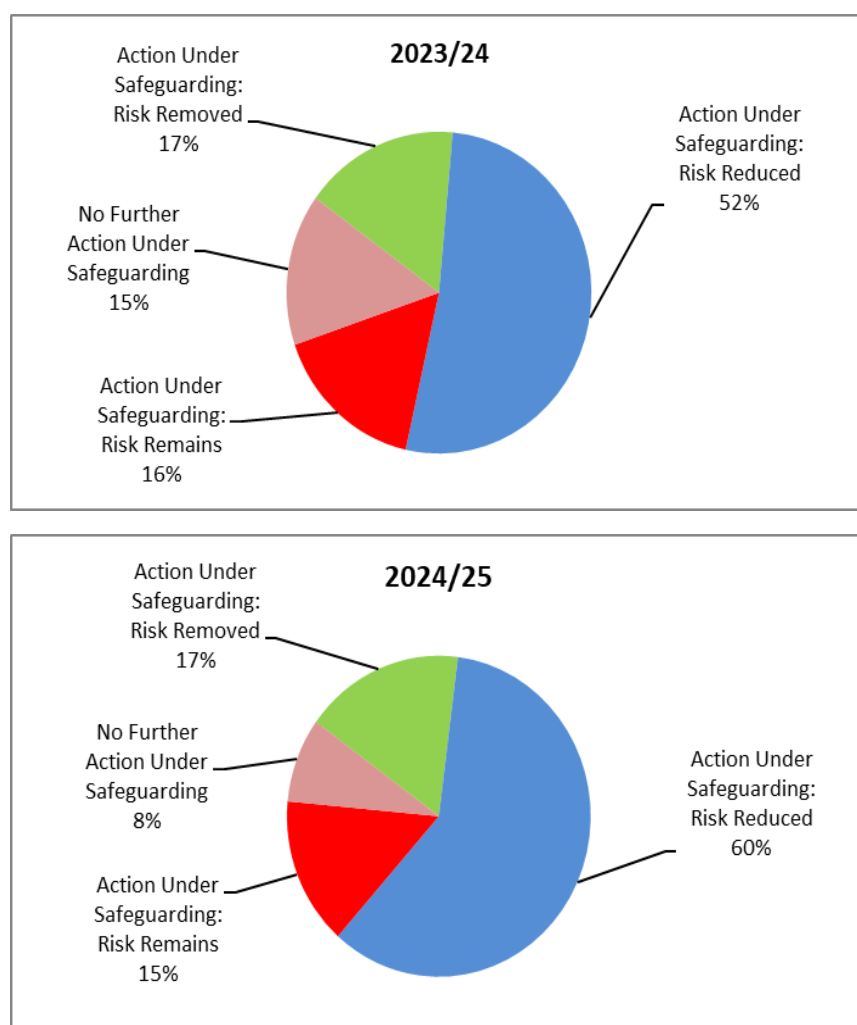
Those where a 'Risk was Removed' have increased by 0.6% (up to 17% of cases) compared to those where a 'Risk was Reduced' which have increased by nearly 8% (up to 60% of cases). Consequently, those where a 'Risk Remains' have decreased by just over 1% (down to 15% of cases).

Table 7 - Concluded Enquiries by Action Taken and Result over past 3 Years since 2022/23

Result	2022/23	% of total	2023/24	% of total	2024/25	% of total
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Action Under Safeguarding: Risk Removed	99	25%	83	17%	122	17%
Action Under Safeguarding: Risk Reduced	162	40%	263	52%	427	60%
Action Under Safeguarding: Risk Remains	53	13%	82	16%	107	15%
No Further Action Under Safeguarding	89	22%	77	15%	61	8%
Total Concluded Enquiries	403	100%	505	100%	717	100%

Figure 8 - Concluded Enquiries by Result, 2023/24 and 2024/25



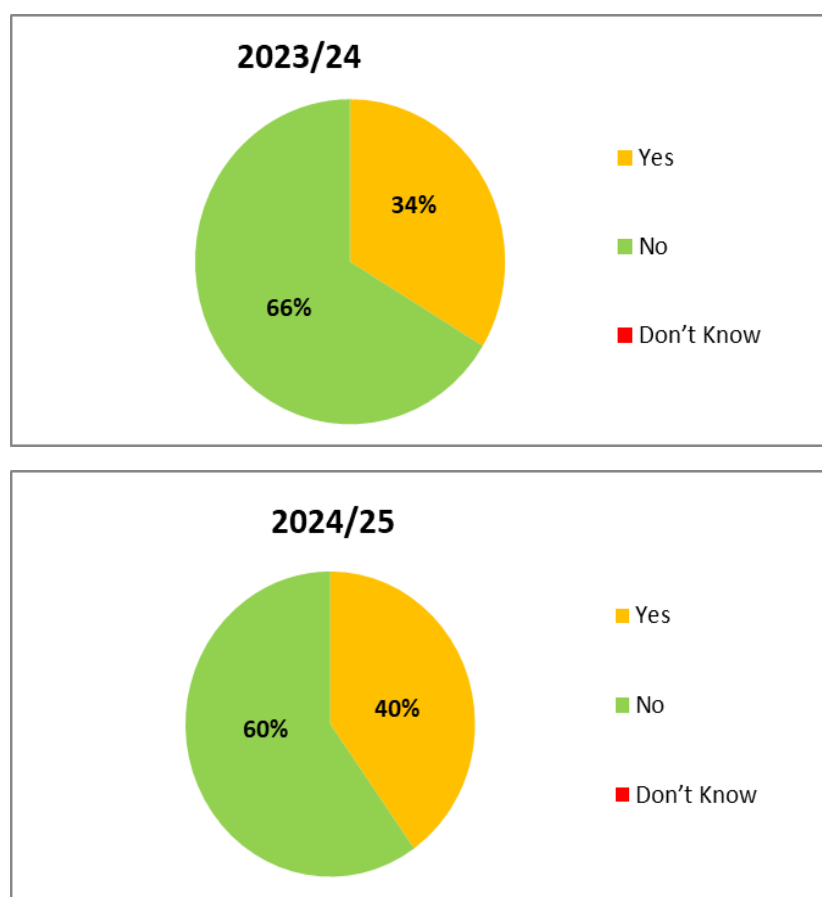
Risk reduced has increased due to teams increased intervention and creatively looking how risks can be managed whilst ensuring outcomes/wishes are met. Risk remains has increased which reflects applying making safeguarding personal in supporting individuals who wish to continue making risky decisions however measures are undertaken to review safeguarding's and other mechanisms to monitor on-going risk. The new mosaic safeguarding module which launched in April 2025 allows practitioners to complete a risk assessment and give analysis on why risk remains.

Section 5 - Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries over the past 2 years since 2023/24 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 6% (up to 40% of all service users). 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 S42 Enquiries by Lack of Mental Capacity over past 2 Years since 2023/24



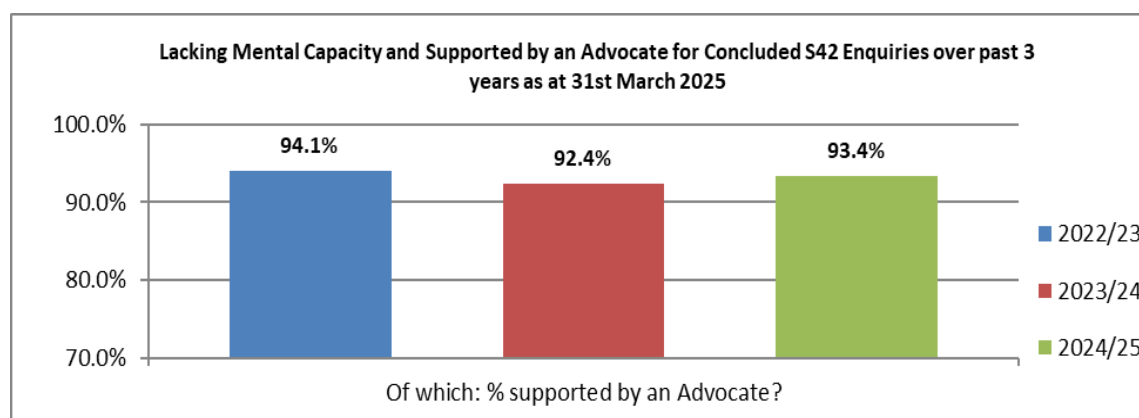
Of those 288 concluded enquiries where the person involved was identified as lacking capacity during 2024/25 there has been a 1% increase in those supported by an advocate, family, or friend than in the previous years (up to 93.4%). This has put Reading in line with our 2 comparator authorities based on preliminary 2024/25 figures as well as at a higher level than the national figure also. Approximately 75% of all those recorded as having an advocate for RBC are recorded as having an 'Informal Advocate'.

Table 8 and Figure 10 shows these numbers and proportions.

Table 8 - Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2022/23

Lacking Capacity to make Decisions?	2022/23	2023/24	2024/25
Yes	135	170	288
<i>Of which: how many supported by an Advocate?</i>	127	157	269
<i>Of which: % supported by an Advocate?</i>	94.1%	92.4%	93.4%

Figure 10 - Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2022/23



Section 6 - Making Safeguarding Personal

As at year end, 86.2% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 5.9% of those did not express an opinion on what they wanted their outcome to be (in 2023/24 this overall figure was 86.5% of which 6.3% did not express what they wanted their outcomes to be when asked).

Approximately 93.2% of all those asked also expressed an opinion in 2024/25 which is a positive outcome and signifies a 0.5% increase since 2023/24 (up from 92.7%). Those who were 'Not Asked' are regularly audited to make sure recording is accurate in such areas. This also allows the authority to identify any reasons for service users not being asked and to act upon any issues raised. We carry out work at year end to look at reasons for non-engagement.

This is shown below in Figure 11.

Figure 11 - Concluded Enquiries by Expression of Outcome over past 3 Years since 2022/23

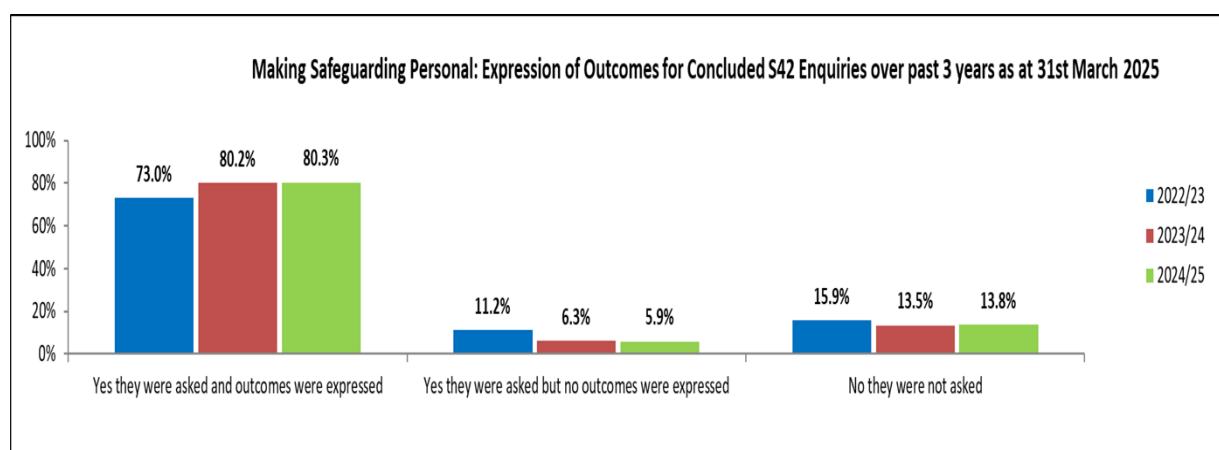
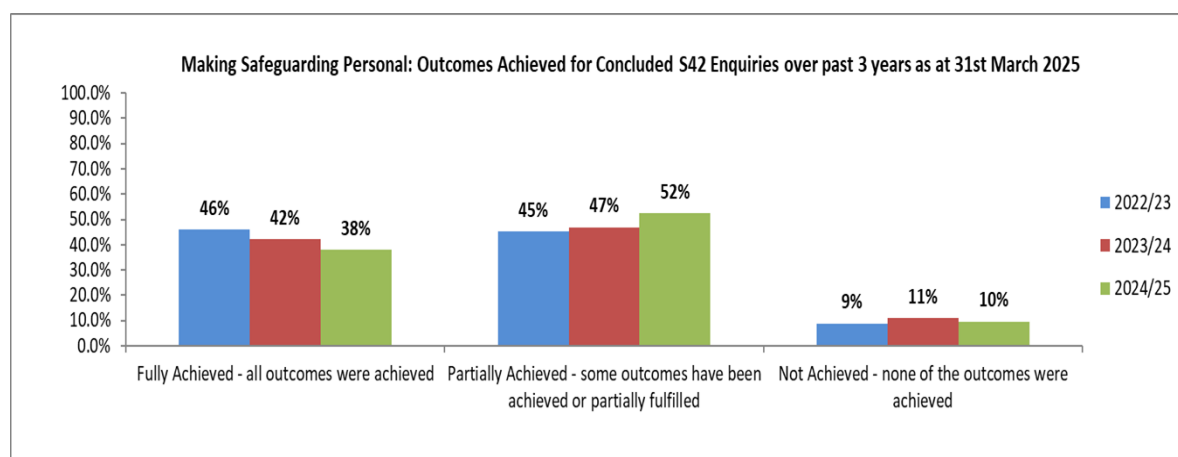


Figure 12 - Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since



Of those who were asked and expressed a desired outcome, there has been a further decrease of 4% (from 42% in 2023/24 to 38% in 2024/25) for those who were able to achieve those outcomes fully, because of the intervention by safeguarding workers.

However, a further 52% in 2024/25 (up 5% since 2023/24) managed to partially achieve their stated outcomes meaning 10% did not achieve their outcomes during the year which is on a par with the previous 2 years.

This reflects changes in the complexity of the cases and the way in which cases have been signed off. The sign-off process is now far more robust, and all decisions are monitored by the Safeguarding Lead to check for accuracy of recording. The new processes brought in since April 2025 should make a difference to this breakdown going forward. This is shown above in Figure 12.

RBC plan's to do more training in 2025/2026 regarding making safeguarding personal to build on the increase of the expression of outcomes recorded. The feedback form embedded in the safeguarding mosaic module will also give quality assurance individuals voices are heard.

Appendix A

Table A - Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2022/23

Gender	2022/23	% of total	2023/24	% of total	2024/25	% of total
Male	162	45%	181	46%	257	45%
Female	196	55%	214	54%	310	55%
Total	358	100%	395	100%	567	100%

Table B - Age Group and Gender of Individuals with Safeguarding s42 Enquiries - 2024/25

Age group	Female	Female %	Male	Male %
18-64	103	33.2%	109	42.4%
65-74	41	13.2%	38	14.8%
75-84	65	21%	61	23.7%
85-94	82	26.5%	38	14.8%
95+	19	6.1%	10	3.9%
Unknown	0	0%	1	0.4%
Total	310	100.0%	257	100.0%
	55%		45%	

Table C - Primary Support Reason for Individuals with a Safeguarding s42 Enquiry over past 3 Years since 2022/23

Primary support reason	2022/23	% of total	2023/24	% of total	2024/25	% of total
Physical Support	134	37.4%	166	42.0%	274	48.3%
Sensory Support	4	1.1%	3	0.8%	5	0.9%
Support with Memory and Cognition	20	5.6%	31	7.8%	44	7.8%
Learning Disability Support	46	12.8%	56	14.2%	76	13.4%
Mental Health Support	37	10.3%	82	20.8%	77	13.6%
Social Support	11	3.1%	15	3.8%	30	5.3%
No Support Reason	106	29.6%	42	10.6%	61	10.8%
Total	358	100%	395	100%	567	100%

National Comparative information for safeguarding concerns and enquiries

- England Conversion Ratio Average approx. 31% in 23/24 (SE - 36%)

- RBC Conversion Ratio Average approx. 23% in 23/24
- RBC Conversion Ratio Average approx. 37% in 24/25
- Current SE ADASS Benchmarking puts median at around 36% up until Q4 24/25
- Conversion Rate (Enquiries/Concerns) = (Total SG Enquiries/Total SG Concerns) * 100

In 2023/24 when looking at the number of 'Safeguarding Concerns' completed and then how many of those go on to a 'S42 Enquiry' or 'Other Enquiry'; nationally the conversion ratio figure was 31% with South-East figure being 36%. Conversion Ratio for Reading for 2023/24 was lower at 23% whereas in 2024/25 was now 37%. Preliminary data for Quarter 4 for the SE ADASS group showed the conversion ratio as 36% so we are around the median value of our comparators for 2024/25.

- Gender breakdown for RBC for 24/25 (M = 45% and F = 55%)
- Gender breakdown for England and SE for 23/24 (M = 42% and F = 58%)

Data for 2023/24 shows that the gender breakdown for Safeguarding Enquiries Started Nationally and for the South-East was very similar to Reading with slightly less Males (42%) and more Females (58%) in those 2 comparators as compared to Reading in 2024/25.

- Risks Identified - RBC 24/25 - 92% of cases
- *Of Risks Identified* RBC Remain - 19% / Reduce - 65% / Remove - 16%
- Risks Identified - England and SE 23/24 - 78% of cases
- *Of Risks Identified* England Remain - 10% / Reduce - 66% / Remove - 24%
- *Of Risks Identified* SE Remain - 10% / Reduce - 67% / Remove - 23%

In terms of Risk Outcomes, 78% of all Safeguarding Enquiries concluded were found to have risks identified Nationally and for the South-East in 2023/24 whereas in Reading for 2024/25 the figure was much higher at 92%. Of those identified 19% of Reading's cases had some sort of risk 'Remaining' whereas Nationally and for the South-East this figure was more around 10%. 'Reduction' of risks was very similar across all 3 at around 66% on average. Those where risks were 'Removed' were around 16% in Reading for 2024/25 whereas for comparators for 2023/24 figures were closer to 23%.

- PSR 'No Support Reason' - RBC 24/25 - 11%
- PSR 'No Support Reason' - England 23/24 - 16%
- PSR 'No Support Reason' - SE 23/24 - 11%

Those recorded as having 'No Support Reason' when the Enquiry started (so could include self-funders or people who were not known to Adult Social Care prior to the safeguarding referral) made up 11% of all cases in Reading for 2024/25 which is the same as the proportion for the South-East for 2023/24. For England the figure was higher at 16% of all started Enquiries

- Advocacy - RBC 24/25 - 93%
- Advocacy - England 23/24 - 75%

- Advocacy - SE 23/24 - 89%

Where Capacity was assessed to be lacking; about 93% of all concluded Enquiries in Reading for 2024/25 had an identified Advocate recorded compared to 75% Nationally and 89% in the South-East for 2023/24.

- MSP Asked - RBC 24/25 - 86%
- MSP Asked - England 23/24 - 87%
- MSP Asked - SE 24/25 - 90%

In terms of Making Safeguarding Personal, 86% of those with a concluded enquiry in Reading for 2024/25 were asked for their wished outcomes as a result of intervention compared to 87% Nationally and 90% in the South-East for 2023/24.

- RBC 24/25 - Fully - 38% / Partially - 52% / Not Achieved - 10%
- England 23/24 - Fully - 69% / Partially - 25% / Not Achieved - 6%
- SE 23/24 - Fully - 65% / Partially - 31% / Not Achieved - 4%

Of those asked, 90% within Reading for 2024/25 had their wished outcomes either 'Fully' or 'Partially' achieved as compared to 94% Nationally and 96% in the South-East for 2023/24.

1. Achievements

Safeguarding Improvement Plan

In May 2024, a Safeguarding Improvement Plan was developed by the Deputy Director and Strategic lead for safeguarding to identify key areas to improve upon. These included:

- Addressing the significant back log in safeguarding concerns and section 42 enquiries
- Developing a robust duty system
- Developed and launched a Safeguarding Manual to clearly benchmark good practice and offer a range of tools to assist workers undertaking safeguarding enquiries
- Improved the adult social care safeguarding recording tool (mosaic)
- Introduced a feedback form so RBC can capture peoples experience of the safeguarding process and
- Improved awareness and recording of Persons in a Position of Trust (PiPOT) referrals.

Key successes

- A central PiPOT recording point was put in place In June 2024 and a PiPOT procedure/referral form was launched since its introduction and through the new safeguarding duty system and launch of the new manual has supported more

awareness of what constitutes a PiPOT referral to adult social care staff. This is reflective in the increase of referrals in comparison to 2023/2024. This has also been a topic of conversation at SAB subgroups and there was general agreement of better understanding of PiPOT needs to be embedded across all agencies. As a result, RBC will be commissioning PiPOT training for staff in 2025/26.

PIPOT Referrals	2023/24	2024/25
Total	4	26

- Customer Fulfilment Centre trained in May 2024 and any referrals to be sent to SAT for decision-making
- Presentations of the new RBC safeguarding duty pathway was presented to all provider sectors
- Dedicated weekly meetings with Prospect Park Hospital began in May 2024
- A dedicated a dedicated worker was allocated to complete and manage Royal Berkshire Hospital referrals
- By July 2024 the back log had been cleared and a new duty system was in place
- By the end of the financial year a new mosaic module was developed
- By the end of the financial year a safeguarding feedback form had been added to mosaic
- March 2025 the safeguarding Manual was completed

a) Hoarding and Self Neglect

RBC were able to secure a grant to create a Hoarding and Self-Neglect Protocol including a risk assessment tool and pathway, and a self-neglect training offer as well as a dedicated project worker to evaluate the local challenges and promote the work. Whilst recruiting a successful project worker took some time to achieve, the funding enabled RBC to define the self-neglect pathway to “Safe Environments” which included hoarding and other environmental factors impacting on a person’s ability to live safely within their normal place of residence.

This work was a priority for RBC for 2022/23 and into 2024 as it was identified there were several delayed discharges from hospital which were resulting from self-neglect and hoarding in the person’s own home and insufficient resources and an apparent lack of confidence by staff working with people who were self-neglecting and/or hoarding in being able to meet the needs of this safeguarding area of work.

With additional funding Adult Social Care were able to secure a part-time project lead and an OT/SW who could work directly with people who hoard. Additional capacity also enabled the creation and embedding of the self-neglect pathway including risk assessments. The new hoarding

protocol was created and shared with partners and the website updated in November 2022 to promote the protocol. Within 2023-24 the hoarding SW and Hoarding social care coordinator were aligned with the Mental Health Team to form a Hoarding team and have received on average 10 referrals a month, with 54 cases allocated over that period, and an average case load of between 12-15 cases and a waiting list of 6 cases, either waiting for allocation or further information. A pending action was agreed RBC would set up a monthly Hoarding multidisciplinary meeting for case discussion and service development to start September 2025.

b) Safeguarding and Provider concerns. Fire Safety- to address the learning from the Fire Safety SAR in January 2024 and to improve awareness across the West of Berkshire around the increased fire risks for vulnerable people.

Reading Borough Council has continued to work closely with Royal Berkshire Fire & Rescue Service, Care Providers, and the Adult Social Care (ASC) operational team to ensure that training and awareness around fire safety is optimised within the community. Over 460 support workers employed by care agencies across the borough, and 160 adult social care professionals directly employed by Reading Borough Council have been trained by the fire service in relation to what to look for and how and when to refer a person in receipt of care for a 'Safe & Well' referral. This is also a mandatory training requirement for all staff to complete annually.

The previously reported changes to the council's adult social care system have now been embedded with the fire service continuing to report on the numbers of referrals being made for the Reading area. These figures remain high, and this is evidence of the positive impact the training and associated system changes are having on support the people of Reading in relation to fire safety.

The fire service has also completed a presentation at the council led Homecare and Supported Living forums on 1st and 2nd May 2025 - both forums were well attended.

A new guidance has been launched called "Risk Reduction Guidance: People who Live Alone or have Restricted Ability to Respond" This guidance outlines key considerations for assessing and managing risks for individuals who live alone or have limited capacity to respond to emergencies such as fire, illness, or intruders. It emphasizes the importance of evaluating personal support networks, emergency response capabilities, environmental and fire safety, use of Technology Enabled Care (TEC), and mental capacity. Practitioners are advised to make referrals to the Royal Berkshire Fire & Rescue Service where appropriate and to involve relevant stakeholders in risk assessments and contingency planning to ensure safety and well-being. The new guidance was widely shared in March 2025 alongside a well-received face to face learning from SARs and launch of new guidance session led by the PSW with Adult Social Care practitioners delivered online

There is however further work that is now being considered by the council to ensure that the important message around fire safety continues and to ensure that the message is accessible for as many of our residents as possible. This includes but is not limited to:

1. Revamping the fire service training video available to providers and council staff with regards to the 'Adult at Risk Programme' - a relaunch of this planned around September / October 2025.
2. Regular meetings between the fire service and council are continuing with a view to improving the TEC offer available regarding specialist and linked alarm systems with additional aims to enhance and strengthen collaboration and coproduction.
3. Professional relationships between the fire service and the councils Carers Lead are due to be established to ensure support, reach and knowledge of what the fire service can offer is

explored and expanded where possible. This will also include but is not limited to people from different ethnic backgrounds, cultures, and languages.

4. Ongoing work with Fire Service, Tec providers, Reading Borough Council Tenants services and Safety Compliance Teams, to share knowledge, improve communication and raise awareness and risk of fire amongst residents in Reading. This has seen an increase in requests from the Fire Service for Monitored Tec.
5. Sessions with operational staff to increase awareness of the importance of fire safety monitoring through Tec. From Period 3 2025-26 TEC uptake report shows that over 37% of our TEC installs from April-June 2025 were targeted at managing Fire risks. This reflects a steady increase in fire safety uptake.
6. Tenants survey on Fire Risk and Evacuation plans ongoing

c) Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) training

Training on Mental Capacity and deprivation of Liberty Safeguards is a key part of the training offer for relevant staff across Adult Social Care in Reading. Much of it is commissioned from Edge Training and Consultancy who are experts on health and social care law and are widely used and well regarded across the sector. “How to Assess Mental Capacity” training for 72 RBC staff online training 3 hours duration.

In 2024/25 further mental capacity training was completed by 101 staff members. Mental capacity recording on mosaic was reviewed and an updated procedure was published to further support staff. A mental capacity drop-in 1:1 monthly session with the DoLS team manager was also introduced.

MCA -

DoLS for beginners	Joint Legal Team	21
OT's MCA	Edge Training	11
MCA & Mental Health interface	Joint Legal Team	35
MCA & Self-Neglect	Edge Training	11
MCA How to assess	Edge Training	17
MCA & Self-Neglect	Edge Training	9
MCA How to assess	Edge Training	13
OT's MCA	Edge Training	17
		134

Reading staff now have access to a Mental Capacity Monthly Drop In to learn more about mental capacity, discuss practice and ask questions.

The Deprivation of Liberty Safeguards (DoLS) procedure was updated in 2023/24 as well as the procedure for the court application process (community DoL) supporting staff to identify deprivation of liberty and to ensure that restrictions are reduced when supporting a person's wellbeing and that the appropriate legal process is used. In 2024/25 RBC have undertaken work to embed a recording system for DoLS into mosaic this is now complete.

2. Improving Safeguarding services for Adults in Reading

The priority areas of focus for 2024/25 outlined in last year's report from Reading detailed:

- i) **Seeking to manage safeguarding referrals through a single point of contact for blue light agencies and self-referrals through the Customer Fulfillment Centre.**

Progress: Due to the high volume of safeguarding referrals into the Customer Fulfillment Centre (CFC), it was proposed referrals would flow into the hub to be screened, however this has yet to be fully achieved. The Safeguarding Adults Team continues to manage the referrals. However, all safeguarding referrals are now screened by the safeguarding adult team and CFC screen welfare referrals. The emphasis throughout the year has been on improving timescales for managing contacts and the timely completion of s42 enquiries. Work has commenced on depleting the safeguarding back log and there is a safeguarding improvement plan in place.

As of October 2023 - 18% of Open S42 Enquiries were open for 'Less than 4 weeks' compared to 75% of Open Enquiries being open for '6 Weeks+'

As of October 2024 - 55% of Open S42 Enquiries were open for 'Less than 4 weeks' compared to 27% of Open Enquiries being open for '6 Weeks+'

As of April 2025 - 67% of Open S42 Enquiries were open for 'Less than 4 weeks' compared to 16% of Open Enquiries being open for '6 Weeks+'

- ii) **Engage with wider preventative programs and link with other workstreams such as those being led by Public Health to ensure any harm from abuse and neglect is prevented.**

Progress: There are examples through the year of wider preventative programs. The work by the Quality Concerns Managers described above details some of these. This continues to be a priority for 25/26, particularly in respect of multi-disciplinary preventive work such as the continuing work around hoarding and self-neglect, exploitation and modern slavery and other key areas of existing and emerging safeguarding priorities. The Suicide First Aid tool was incorporated into the safeguarding manual produced by RBC Public Health in partnership with adult social care and the Berkshire Heal Foundation Trust (BHFT). In June 2025 a joint presentation to staff by SAT, the principle occupational therapist and Public Health is planned. RBC now have a team dedicated to those who are experiencing hoarding

- iii) **Strengthen the interface between quality assurance and safeguarding to provide a proactive response to quality concerns and improvement through the Serious Concerns Process**

Progress: The Provider Quality Monitoring procedure was embedded in February 2024 and is being used effectively to monitor the improvement work needed with Providers where there have been safeguarding and care quality concerns identified. The Serious Providers/Standards of Care Framework ensure where care providers are not able to rectify concerns raised, or where the nature of those concerns is such that the Council puts restrictions in place. An amber or red flag is issued to place restrictions upon such providers with the potential of restricting or setting such conditions that may impact their ability to accept new packages of care/placements. The framework is supported by partners across health and social care including the Care Quality Commission, where regulatory activity is identified. SAT representative attends meetings and reports back on

safeguarding returns and monthly meets between SAT and QPM have been put in place and the strategic safeguarding adults lead and the team manager for QPM also meet monthly.

- iv) **Ensure that the voices of adults at risk are sought, heard and acted on and our approach to making safeguarding personal and co-production will be enhanced along with partners.**

Progress: The requirements of Making Safeguarding Personal (MSP) to ensure that people experiencing interventions through safeguarding are consulted and involved at all stages has remained challenging. However, with improved management oversight there is clear evidence MSP is being applied, and this has also been highlighted in the annual SAB audit return completed by RBC. The learning from SARs and case audits has shown through the year, there has been significant improvement in 2024-25. A high percentage of audits found we undertake compassionate, professional and person-centred safeguarding enquiries. We know the people we work with well and this is evidenced within the audit findings. Audit evidence also shows that those people making safeguarding adult referrals are communicated with about the outcome of the enquiry.

In 2024/25 learning from SARs has continued in adult Social Care. Learning is disseminated using the Learning Briefings in team discussions, Practice Forums for Social Workers, Occupational Therapists and unregulated staff. The RBC Principal Social Worker delivered a good practice presentation which was well attended, positive feedback was received. The key messages included, good mental capacity practice, applying professional curiosity, unconscious bias and the importance of multi- agency input and planning

- v) **Revisit the safeguarding training pathway for staff employed by RBC particularly decision makers and we will audit compliance with safeguarding training.**

Progress: Safeguarding training was regularly monitored and reported on through the Workforce Board throughout 2024/25. Most of the training throughout the year was on-line, largely for efficiency and cost reasons, given the volume of training required in safeguarding across the Council and its partners. A further review of safeguarding training is was commenced in 2024/25. As a results level 4 training was procured and delivered to safeguarding adult managers (SAM's) and SSW.

Attendance from 2024-25 on all SG Levels 1-4:

Safeguarding Adults Level 1	116
Safeguarding Adults Level 2	55
Safeguarding Adults Level 3	21
Safeguarding Adults Level 4	14
All	214

- vi) **Introduce an audit program to ensure continuous professional practice.**

Progress: In January 2023 work commenced to introduce an audit program across adult social care which included a focus on safeguarding audits. This was incorporated into the quality assurance framework for the Department approved later in July 2023 and an audit template for recording audits was also developed. Audits of a sample of safeguarding cases across the teams were

undertaken with managers and the themes from those audits were feedback to workers and their managers and underpinned the improvement work across safeguarding.

Embedding the audit work is a key focus for 2024/25 to ensure consistency of auditing practice through the introduction of moderation methodologies, auditing practice and training for managers and quality assurance to reflect inspection requirements issued by the Care Quality Commission.

vii) Ensure SAB priorities are fully embedded.

Progress: SAB priorities are linked and underpinned into the priorities of safeguarding in Reading. The learning from SARs and other directives issued by the SAB partnership and considered at monthly meetings of the Care and Quality Board along with learning from unexpected deaths and serious incidents.

This continues to be a priority for 2024/25 along with continued support of the Safeguarding Adults Board and its sub-committees.

viii) Learning from SARs and other reviews are embedded into practice.

Progress: As described in (vii) above.

The Reading MARM process has been updated, including a published Reading procedure and a video describing the Reading process which is available on the SAB website.

ix) Respond to concerns regarding modern day slavery and exploitation and ensure these are fully explored and vulnerable service users protected.

Progress: In February 2023 Adult Social Care in Reading launched and led “Operation Rivermead” in response to allegations of possible modern-day slavery in the delivery of services by 4 Providers who were commissioned to work with service users in Reading. All 4 Providers also operated in neighbouring authorities, and some provided jointly funded services across health and social care. Chaired by the Assistant Director for Safeguarding, Quality and practice in Reading and supported by a senior commissioner, and multi-disciplinary meetings were held involving representatives from the local authorities, Health, Police, the Home Office, the Care Quality Commission and the Gangmasters and Labour Abuse Authority (GLAA). These meetings enabled sharing information about reports across the agencies represented and considered information received concerning all 4 Providers. Operation Rivermead continued to meet through 2023, concluding in November 2023.

Key three areas RBC will be focusing on 2025-2026

In 2025/26 RBC safeguarding will be focusing on making safeguarding personal through training and learnings from the feedback form now available to those who have experienced the safeguarding process.

It has been acknowledged like most local authorities and partner agencies RBC need to raise the profile of PiPoT both as a directorate and corporately to recognise the need to raise a PiPoT referral. Past referrals have led to significant improvements and well-being in a person’s life. Specialised training and general awareness workshops will be undertaken in 2025/2026.

Transitional safeguarding work will begin in partnership with public health to explore preventative measures and increased opportunities for young people navigating into becoming an adult. We want to improve collaborative working, open up opportunities within the council for possible employment and expand eligibility to services already benefiting our informal carers.

REPORT END



Risk Reduction Guidance: People who Live Alone or have Restricted Ability to Respond

A. Introduction

This guidance is for all practitioners who undertake Adult Social Care assessments, including needs assessments, reviews, risk assessments, care & support plans, safeguarding concern and enquiries and Occupational Therapy Assessments. It equally applies to council managed care and support plans, support plans arranged via direct payments, and those who fund their own care.

Both national and Local SARs have identified that people who live alone and/or who have restricted ability to respond to an emergency such as a fire, an intruder or the onset of a sudden illness require a risk assessment of their living arrangements and the support available to them, including Technology Enabled Care (TEC).

Please read the local [Fire Safety themed SAR published in 2024](#) to understand the local recommendations regarding fire safety.

Detailed advice and the link to a Safe and Well referral process on Fire Safety is available here: [Are you a referring agency? | Royal Berkshire Fire and Rescue Service](#)

Throughout this guidance the term “emergency” will apply to a fire, an intruder or the onset of a sudden illness or fall. It also includes any unpredictable situation such as power cuts, water leaks, heating failure etc.

All assessments and review processes must include consideration of the following fire safety and emergency factors:

B. Consider the person you are assessing and reviewing:

1. Who do they live with? Is there support within the home? What support do friends and family offer?
2. Who would call emergency services should there be an emergency?
3. Is the person able to see or hear indicators that there is a emergency, such as a fire alarm. Does the alarm work and is it tested?
4. Does the person have the physical or mental ability to respond to a fire or emergency? Can they do this 24 hours a day? Consider hearing aids which may be taken out at night and the effect of night-time medication.
5. Does the person have a pendant alarm and fire alarms that are linked to a call centre?

6. Have there been any changes in the person's independence skills since the last assessment or review? What impact does this have on their emergency safety?
7. Does the person use paraffin-based emollient creams, which could fuel a fire.
8. Are there times when the person is intoxicated or impaired by the use of alcohol or drugs.
9. Does the person smoke? Are there risks associated with where they smoke such as in bed or how they manage their smoking equipment (lighters) or dispose of ash.
10. Does the person have health equipment that can increase the fire risk: oxygen cylinders, air flow pressure relieving mattresses or incontinence aids? Are they stored safely?
11. Does the person sit or sleep near a potential source of fire?
12. Does the person have mental capacity to make decisions about where they live, their care and any identified risks.
13. Is there a lasting Power of Attorney in place who can support the person with their property? Or a family member that could support the person?
14. Does the person require a referral to the council's deputies team for support with their finances or property.
15. Do they have care and support from a provider? What does the care and support providers care plan say about fire or emergency risk? Does it seem safe? Is there a provider risk assessment?
16. If the person is in a placement, extra care or sheltered housing are regular fire drills taking place?
17. Is there a contingency plan to deal with emergencies?
18. Is there a requirement for a personal emergency evacuation plan (PEEP)? See [Regulatory Reform \(Fire Safety\) Order 2005 \(FSO\)](#) (details of who is a responsible person and their duties can be found on this link). This legislation does not apply to single residential dwellings (e.g. bungalows, houses, flats, supported living or care homes)

C. Consider heating in the home –

1. Is it modern and safe?
2. Are there any naked flames left on when the person is alone?
3. Does the owner need to review or update the heating?
4. Do they need financial or practical help to update their heating. A referral to [Cosier Home Energy Advice](#) can be made.
5. Do they have a CO² alarm in place if they have a fuel burning appliance (e.g. a cooker, boiler or fireplace). If there is no working CO² alarm, refer to the Fire Service for a Safe and Well visit.
6. Have there been annual safety checks for gas and heating? This should be arranged by own home-owners (or their legal representatives), local authorities for council housing or housing associations.
7. Is there a lasting Power of Attorney in place who can support the review and upgrade of heating? Or a family member that could support the person?

D. Consider the environment –

1. Are there items that would fuel a fire next to or near a source of heat?

2. Is there any sign of self-neglect, hoarding or excess belongings. Please follow the [Hoarding Protocol](#) and associated pathways on TriX.
3. Do you have any concerns about the electrical overload or faults? Electrical Items not working or in poor condition, lack of supply, overloaded sockets, recharging batteries arrangements? Look out for daisy chaining of extension leads or scorch marks around plug sockets. This website gives more information [Overloading Sockets | Electrical Safety First](#)
4. Is the kitchen and its appliances safe? Are appliances clean and free from oil fat and food deposits? Consider the person's ability to use the appliances. Would stove guards or timers be helpful.
5. Does the person live in a high-rise accommodation?
6. Are the doors and windows secure and can the person lock/unlock them?

E. Consider a safe and well referral to the Royal Berkshire Fire & Rescue Service (RBFRS) [Safe and Well Service](#). This must always be done when

1. The person lives alone.
2. The person is unable to respond independently to fire incidents.
3. The person is cared for in bed or has limited mobility.
4. The person has sight or hearing loss.
5. The person's mobility or ability to respond to emergencies has changed or deteriorated.
6. The person has reduced mobility or cognitive issues.
7. The person's environment is giving cause for concern (see sections C&D)
8. The picture below the equipment that can be given by the Fire Service as part of the Safe and Well visit outcome



F. Consider Technology (TEC)

1. What technology is in place to support the person?
2. Is there a pendant alarm is it accessible 24 hours a day? Are they able to press the button?
3. Is the person able to speak to the call centre? Is the base unit in the right place?
4. Are there suitable responders in place, can they attend when called?

5. Is the fire alarm and carbon monoxide device linked to the Apello system so that the fire service can be called even when the person cannot respond.
6. Has the fire service provided suitable equipment to reduce fire risk?
7. What does the council and the service provider say about the use of technology? is this safe?
<https://intranet.reading.gov.uk/section/how-do-i/technology-enabled-care-tec-guidance>

Emergency Risks and Mental Capacity

Where risks exist, including those that cannot be managed a risk assessment must be completed with the person, family and informal carers, care providers, partner agencies such as health practitioners and the fire service.

Practitioners must consider whether a mental capacity assessment is required and, where the person lacks capacity, make best interest decisions.

If risk cannot be managed and or the person lacks capacity to make a decision to remain in their home, accommodation with higher levels of care or oversight may be required.

Where risks cannot be resolved through risk assessment and mental capacity pathways the case may need to be considered under safeguarding or the MARM process. In some cases, legal advice or processes may be required. This must always be discussed with your supervisor and team manager.

Priority Service Register

Home owners and families can also register with all the Utility Services for priority help see links below:

[Energy Supplier Priority Registration](#)

[Thames Water Priority Service Registration](#)

Read fire safety SAR and Learning Brief (links)

Read the SAB [Fire Safety Awareness Information](#)

Adult at risk Training ([RBFR Fire Safety Training Video](#))

Search top tips on [RBFRS website](#)

Service Providers and Fire Safety

DCASC's Quality and Performance Monitoring Team work with the Fire Service and service providers to ensure that providers have up to date knowledge about fire safety, the safe and well service and how to ensure that these services reach all people and communities regarding fire safety. For more information please contact QPM@reading.gov.uk.