Safeguarding Adults Review
7 Minute Learning Summary

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

Daniyal

Daniyal, aged 59, had been known to local agencies since 2016 due to concerns about his wellbeing, social isolation, and possible undiagnosed neurodiversity. Daniyal was Muslim, of Pakistani origin.

Daniyal lived with his mother, Bhakti, who was believed to have mental-health needs and was described as being very over-protective towards Daniyal. As a result, Daniyal was never left in a position where he could speak independently with professionals or accept help. Agencies raised concerns about Bhakti's controlling behaviour on several occasions; however, the cause of this behaviour was never explored.

Professionals suspected Daniyal may have had difficulties with self-care and executive functioning, but due to a lack of access, no formal diagnosis was ever made or capacity assessment completed.

Daniyal had not been registered with a GP since 1988, meaning he received no routine health monitoring or access to primary care for decades.

Both Bhakti and Daniyal were extremely socially isolated. Concerns had been raised for years about the condition of their housing, their ability to manage daily living tasks, and refusal of support.

By late 2022, Daniyal and Bhakti had lost their private rented home and were moved between hotels due to providers withdrawing their offers of accommodation due to Bhakti's presentation and behaviours. The Housing Needs Team offered Bhakti multiple properties, including Extra Care accommodation, but Bhakti either declined or disengaged.

Despite repeated involvement from police, social care, housing and mental-health services, Daniyal never received a Care Act assessment. A Court of Protection application was drafted in 2023 to enable the completion of an assessment when access was blocked by Bhakti, but this was never submitted, resulting in a lost opportunity to make best-interests' decisions about Daniyal's care, support and accommodation.

In January 2025, after several days during which hotel staff had not seen him, it was identified that Daniyal had sadly passed away in his bedroom.

- Daniyal died after nearly ten years of missed opportunities for coordinated assessment, support, and risk management.
- Repeated concerns raised by multiple agencies were treated as isolated incidents rather than part of a long-standing pattern of risk, controlling behaviour, and self-neglect.
- Daniyal experienced chronic social isolation and unassessed cognitive and health needs.
- Bhakti's mental-health difficulties and controlling behaviours restricted Daniyal's autonomy, with professionals often unable to speak to him alone.
- The indicators of Bhakti's controlling behaviours were not explored, limiting safeguarding responses.
- The absence of a shared multi-agency chronology prevented professionals from understanding the cumulative nature of concerns.
- At times capacity was assumed rather than assessed, despite signs of impaired decision-making, neurodiversity, and situational factors, which should have warranted assessment. Where there were differences in professional judgements about mental capacity, these were not unpicked or escalated.
- Multi-agency discussions frequently omitted key partners such as health, police, GP, and housing, despite each holding important information.
- Case closures often relied on statements made in Bhakti's presence.
- Agencies attempted to engage, but access was continually blocked or refused.
- Key legal processes were not pursued to conclusion; a drafted Court of Protection application was never submitted.
- Professionals lacked clarity about alternative legal routes (e.g. Mental Capacity Act 2005, Care Act powers).
- Daniyal was not registered to a GP and had no GP contact for decades; long-term absence from primary care should have triggered safeguarding concern.
- Positive cultural sensitivity was acknowledged. There was also a recognition that further learning can build on existing positive practice.
- Significant housing risks and numerous safeguarding concerns were present, but these risks factors and the barriers to engagement were not addressed through co-ordinated multi-agency planning.
- No agency retained ownership of the overall risk profile.
- Frequent changes in workers, teams, and legal advisers created drift and gaps in oversight.
- High-risk, complex cases require sustained leadership, clear escalation routes, contingency planning, and continuity.
- Daniyal died amidst unresolved risk, unmanaged health needs, and a lack of effective professional oversight.

West of Berkshire Safeguarding Adults Board
Reading, West Berkshire & Wokingham

7-minute Learning Summary

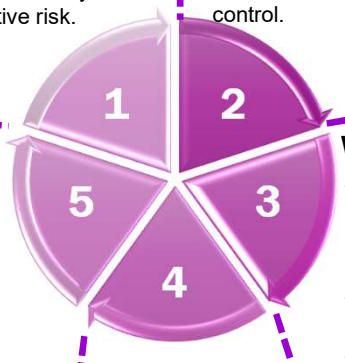
Safeguarding Adults Review Daniyal

Multi-Agency Working

- Multi-agency working and safeguarding meetings are essential for effective collaboration among professionals by enabling the sharing of information, collective risk assessment, and the determination of appropriate actions to safeguard individuals who are at risk of, or are experiencing, abuse or neglect.
- Information sharing is essential as no single professional or agency can have a complete picture of a person's needs. Effective sharing of information is crucial for identification of needs and risks.
- Involve GPs and relevant health professionals in system planning, particularly where diagnosis pathways are unclear.
- Build chronologies across partners to understand long-term patterns of risk, missed opportunities, and escalating concerns.
- Complex cases require system-wide visibility to avoid missing escalating or cumulative risk.

Controlling Behaviour

- Controlling behaviour can be hidden within family care arrangements and reinforced by gender stereotypes or cultural expectations. It may present as signs of care, over-protection or advocacy, making behaviour harder to challenge.
- Professionals should recognise that controlling behaviour can occur within parent to adult child dynamics.
- Indicators of controlling behaviour includes repeated obstruction of access, isolation and dependency.
- Actively seek the adult's views through private conversations wherever possible, reflecting on and learning from barriers to direct engagement.
- Multi-agency working is essential where controlling behaviour is suspected. Housing, health, police and social care information should be actively shared and coordinated to avoid siloed decision making.
- A rights-based approach must balance respect for autonomy with protection from harm. Making safeguarding personal includes being honest about risk, using advocacy and legal frameworks where needed, and not allowing long term control to go unchallenged.
- A trauma informed approach is essential for both the parent and adult children living within a controlling environment. Adults may demonstrate fear, withdrawal, apparent compliance or difficulty engaging. Professionals should prioritise emotional safety, build trust over time and avoid approaches that may unintentionally reinforce control.



Cultural Competence

- Effective safeguarding requires understanding how cultural beliefs, stigma, or family expectations may affect help-seeking and decision-making.
- Cultural sensitivity is an integral part of making safeguarding personal and delivering effective intervention.
- Explore cultural beliefs, stigma, and family dynamics that may influence help-seeking, resistance, or shame surrounding mental health.
- Use culturally appropriate communication, including matching workers by language or cultural background where possible to enhance engagement.
- Avoid assumptions; ask open, respectful questions to understand people's cultural identity, religious practices, and social expectations.
- Recognise how intersectionality (e.g., age, migration history, isolation, stigma) may compound barriers to accessing healthcare or safeguarding.
- Incorporate cultural context into risk assessments, capacity assessments, and care planning to avoid misinterpretation of behaviour.
- Use professional curiosity: Ask open questions; respect identity and language; be honest about gaps in knowledge; don't guess, ask gently.

Wellbeing - Access to Healthcare

- Long-term absence from primary care should never be viewed as routine; it may indicate hidden risk, neglect, or lack of capacity.
- Health professionals must be involved early in complex safeguarding.
- Ensure adults at risk have access to a GP and diagnostic pathways and use safeguarding processes when healthcare access is repeatedly blocked.
- Consider reasonable adjustments to enable assessment where neurodiversity, mental ill health, or controlling behaviour limit engagement.
- Monitor early signs of health deterioration, especially for individuals with long-term lack of medical oversight or high-risk conditions.
- Use proactive outreach (e.g., welfare checks, GP-initiated reviews) when adults have long gaps in health contact.
- Integrate physical health, mental health, and social care information to prevent missed opportunities for early intervention.

Housing Pathway

- Where homelessness and safeguarding concerns are both present, practitioners should take a person-centred approach that recognises housing insecurity as both a risk factor and a barrier to engagement, rather than separate issues.
- The focus should remain on the adult's care and support needs, their lived experience of harm or risk, and the impact that homelessness has on their ability to stay safe, exercise choice and access support.
- Multi-agency working between housing, adult social care and health is important. Information sharing and proportionate safeguarding responses will support better outcomes for the adult.
- Practitioners should use both strengths-based and trauma-informed approaches, to reduce immediate risks while addressing the underlying causes of homelessness, to support stability, dignity and longer-term safety rather than inadvertently increasing exclusion or harm.

Thank you for taking the time to read this practice note. If you would like to provide any feedback or have any questions regarding the Board, please contact: sabwestofberkshire@reading.gov.uk The full Daniyal SAR can be found here: Add Link