



Healthwatch
Kingston
Making
Safeguarding
Personal Report
2023-24

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1. Introduction

Making Safeguarding Personal (MSP) puts the person experiencing a safeguarding concern at the centre during a safeguarding enquiry – from the beginning to the end. This approach is supported by the [London Association of Directors of Adult Social Services](#) (LondonADASS) and the [Local Government Association](#) (LGA).

[The Making Safeguarding Personal Project](#) in Kingston aims to use experiences of the safeguarding process to improve provision, in the hope that this will in turn improve personal safeguarding outcomes for service users.

Building upon the work of [Healthwatch Kingston's](#), Adult Safeguarding Community Reference Group, [the Royal Borough of Kingston upon Thames](#) (RBK) Adult Social Care asked Healthwatch Kingston to independently collect feedback from people who have experienced the Kingston adult safeguarding process as a service user, to help inform future Kingston adult safeguarding process.

Originally the scope of the MSP pilot focused on adults at risk with Learning Disabilities. RBK then expanded it to include people being supported by the Mental Health Social Care Team, and in July 2021 it was extended to all Adult Social Care Teams.

This Healthwatch Kingston report provides anonymised feedback shared by local people who have been through the Kingston adult safeguarding service. This report compares this year's data (April 2023 – March 2024) with last year's report (April 2022 – March 2023), and highlights any changes in people's experiences.

The [Making Safeguarding Personal Project](#) in Kingston focuses on developing personal outcomes that support people to improve or resolve their circumstances where there has been a concern about their safety. It engages people throughout their safeguarding journey about the outcomes they want and then works with them to ascertain the extent to which these outcomes were realised at the end of the process.

2. Community engagement methodology

Healthwatch Kingston worked with RBK Adult Social Care to co-design a survey to collect personal experiences of the Kingston adult safeguarding process.

The aim of the MSP survey was to find out if people:

- Felt involved during their safeguarding journey
- Thought they were being listened to during the safeguarding process
- Were happy with their outcomes
- What would help people feel more listened to, involved and happier with their outcomes.

Learning from the MSP survey in 2022–23 was that some people felt the survey was ‘A bit long and complicated in places’, we therefore, adapted the MSP survey for 2023–24, to improve the flow and make the survey more accessible. We also added more opportunities for qualitative feedback, so people could share their experience in their own words. The survey was made available online via the Healthwatch Kingston website, as well as provided in plain English/Easy Read paper copies to support accessibility of information.

The anonymised survey responses were shared with Kingston Adult Social Care quarterly and Healthwatch Kingston provided frequent feedback to the Kingston Adult Safeguarding Board (KSAB).

The survey was shared with people that had been through the Kingston adult safeguarding process who consented to take part in the engagement. Some people chose to complete it themselves online, some family/friends supported survey responses and others were completed with help from a member of Healthwatch Kingston staff via a telephone conversation.

3. Community engagement limitations

45 people responded to the Making Safeguarding Personal survey 2023–24. Not all respondents provided sufficient information or answered all questions, and we have removed incomplete responses from our final analysis (31 respondents in total have informed this report).

Percentages provided in the pie charts within this report are based on the number of people who responded to each specific question.

Healthwatch Kingston notes that completion of the MSP survey was voluntary, and some respondents were supported by others to complete their survey, such as family members/relatives/representatives.

It is important to acknowledge that people who have been supported through the Kingston safeguarding process may not always wish to share their experiences at the end of their safeguarding journey. Healthwatch Kingston offers a confidential interview to service users which includes support to complete our MSP survey, but uptake is voluntary. Some people do engage with us, others do so at a later stage. Our responses to the 2023–24 MSP survey may seem low in number, but the feedback we receive from service users is rich and informative.

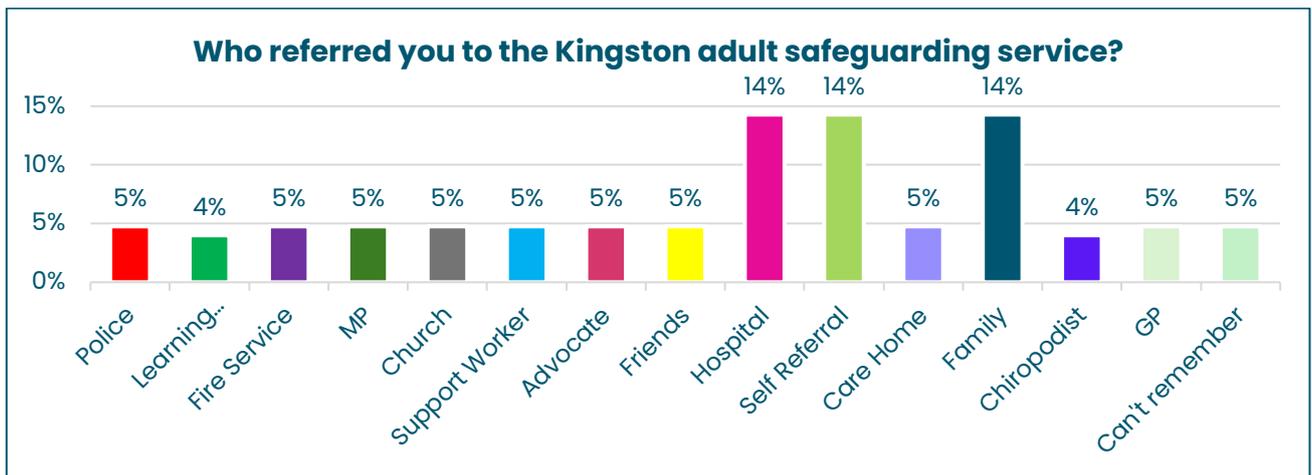
4. Start of your safeguarding journey

The following section, including pie charts are a representation of how MSP survey respondents, felt about their introduction to the Kingston safeguarding journey.

4.1 Being referred to Kingston Adult Social Care

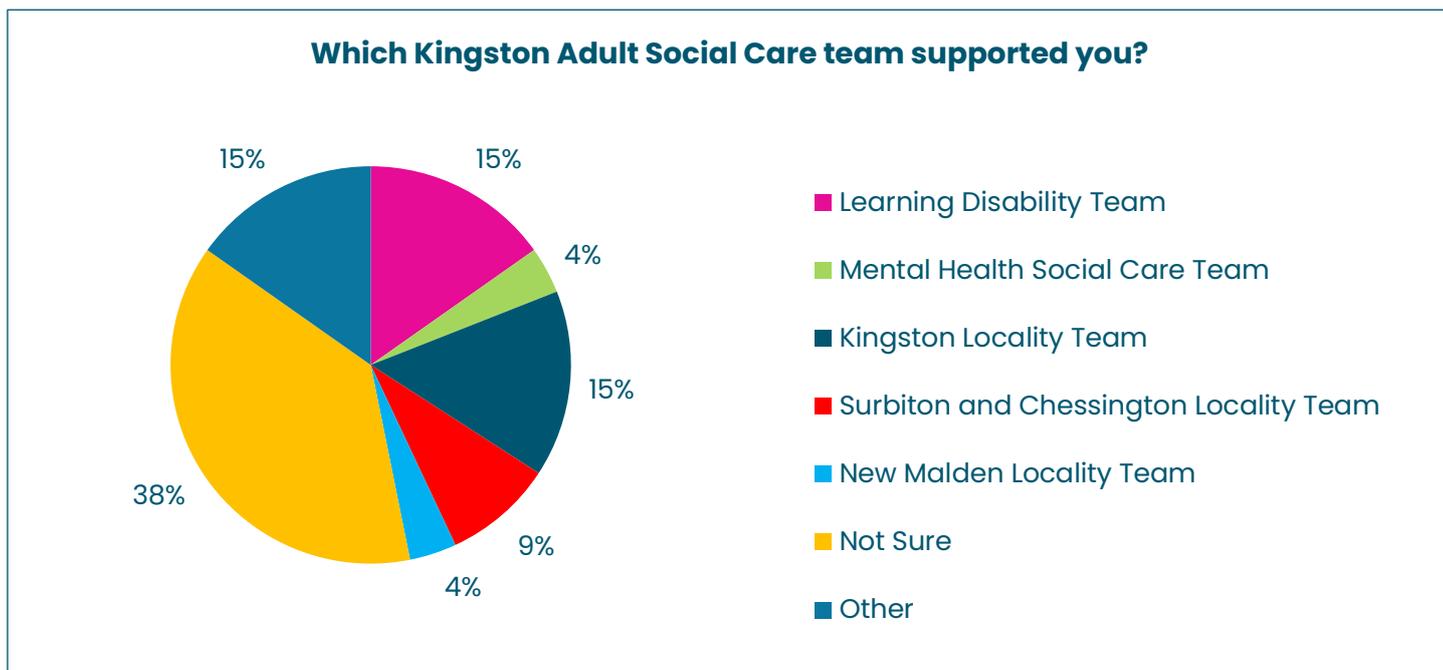
Responses to the survey showed that 61% said they knew how they had been referred into the Kingston adult safeguarding service (provided by RBK Adult Social Care). 4% said the referral had been anonymous, however, 35% of respondents were not aware of who or how they had been referred into the adult safeguarding service. RBK Adult Social Care noted that not knowing you have been referred to the Kingston adult safeguarding service could create a barrier for the social worker when they made initial contact with the person being referred.

While 35% of respondents to the survey, told us that they did not know who or how they had been referred into the adult safeguarding service, 61% shared that they were aware, and that referrals were made by a wide range of professionals, as well as friends and family members. The largest percentage of referrals were from: 'hospital' (14%), 'self-referral' (14%) and 'family' (14%).



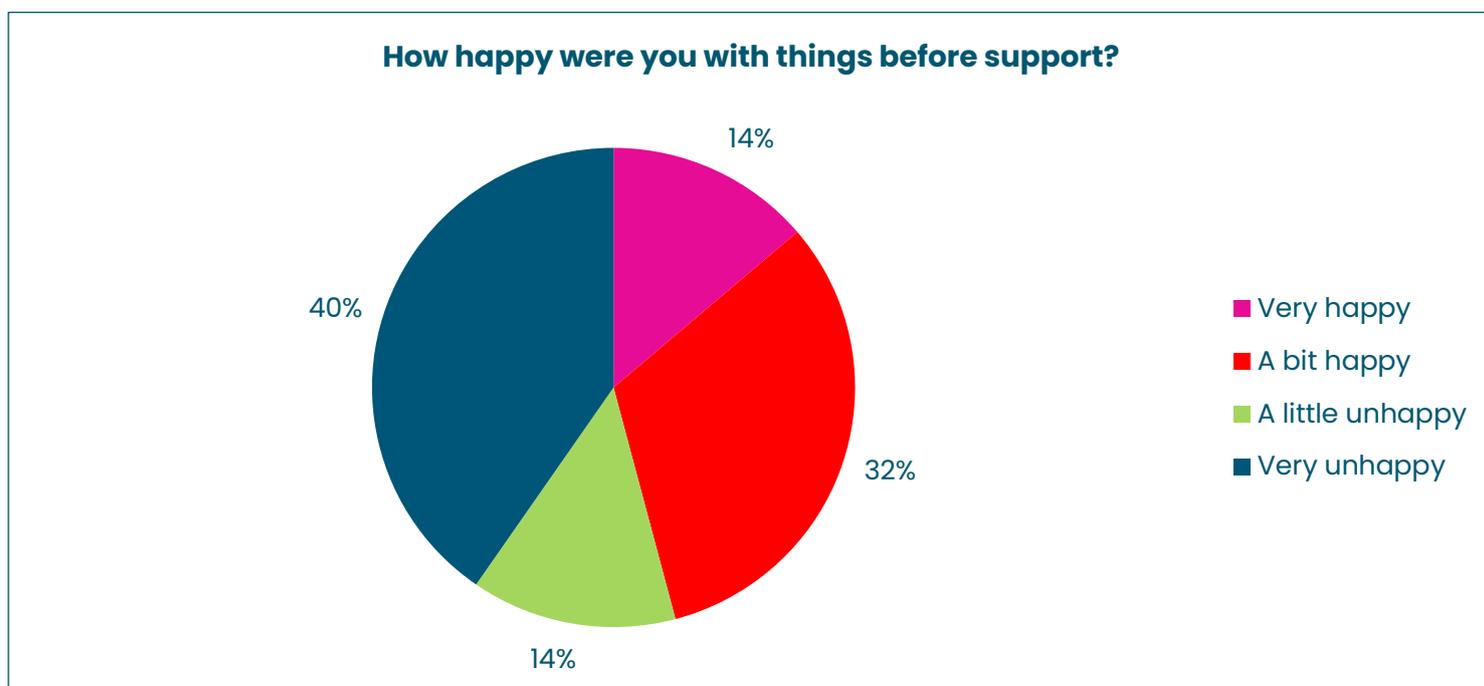
4.2 Different social care teams

We asked respondents if they knew which RBK Adult Social Care team had provided them with support. Responses showed there was a fairly even split across the teams, however the highest percentage (38%) of respondents were 'not sure' about what team they were supported by and 19% of respondents said 'other'.



4.3 How happy people were before support was provided

The safeguarding process starts from the moment someone has a concern and makes a referral to RBK Adult Social Care. In the survey we asked respondents how happy they were before the safeguarding process, to gauge if there had been improvements in how people felt after support. Before support, 54% of respondents to the survey said they were a ‘little’ or ‘very unhappy’, and 46% a ‘bit happy’ or ‘very happy’.



Some service users who said they were ‘very happy’ before support, commented on their situation, explaining that they felt the safeguarding referrals were unnecessary. One said

“safeguarding concerns were raised for no reason by a family member. This was a constant thing for a few years”. Another explained that concerns were raised by a carer over suspected financial abuse. Whilst the carer who raised the referral followed process to protect the vulnerable adult they were supporting, after further investigation it was found that financial abuse wasn’t happening.

Other service users explained why they felt safeguarding support was necessary:

“I was going through a lot of family dynamics, so know the intervention was needed.”

Another explained that the safeguarding concern was raised whilst their father was waiting for a place in a care home: “Dad was discharged from hospital to a care home. It took a while to discharge him as he was waiting for a place that could meet his needs.”

More information on how people feel after support through the safeguarding process is [here](#).

5 Speaking up and making a plan

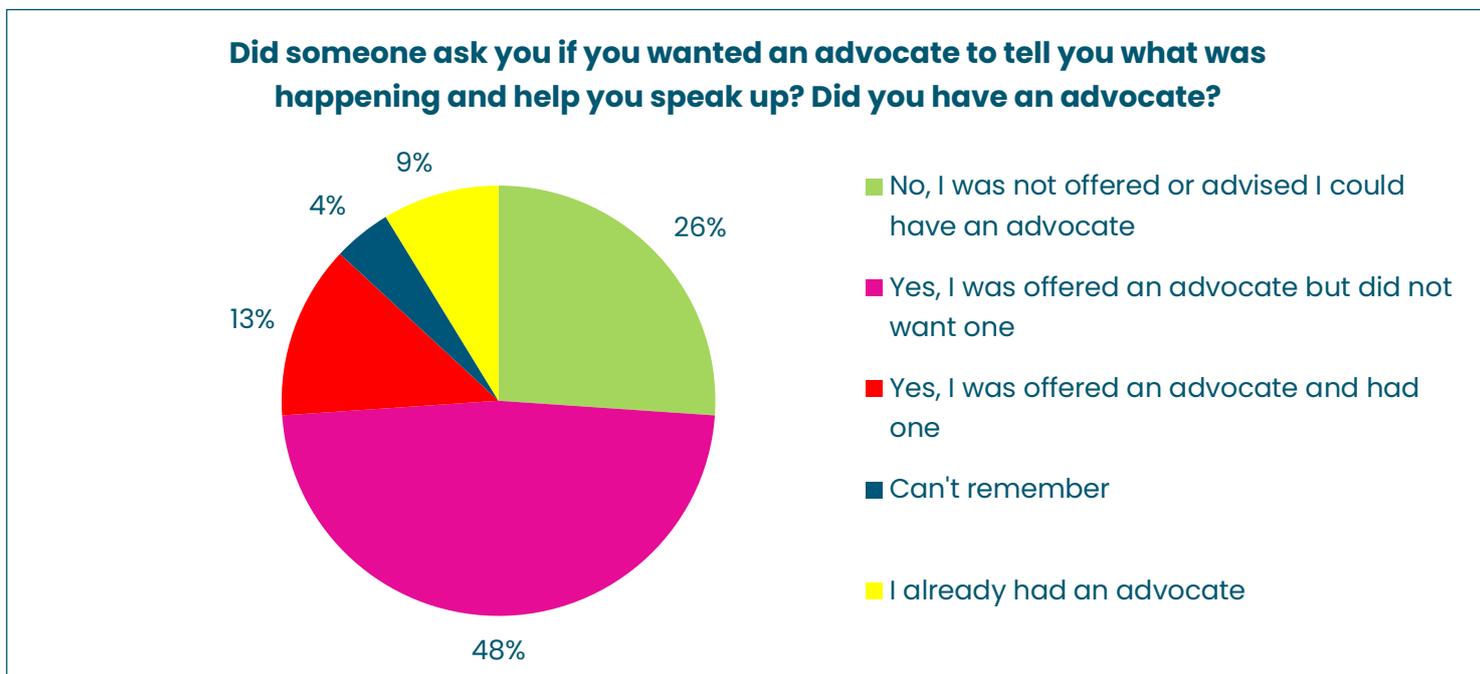
The following results from the survey look at how respondents felt about speaking up during the safeguarding process, when making a safeguarding plan, the offer of advocacy support and if they felt heard.

5.1 Advocacy

Respondents were asked about advocacy support. In our survey we explained that an advocate was someone who could help people to speak up, and that the advocate could have been either a professional advocate or a friend or family member.

NICE ‘[Advocacy services for Adults with health and social care needs](#)’ guidelines suggest that services: ‘Offer advocacy to people who are not covered by the *legal entitlement but who would otherwise not be able to express their views or sufficiently influence decisions that are likely to have a substantial impact on their wellbeing or the wellbeing of someone they have caring or parental responsibility for.’ (*Legal entitlement for advocacy is described in the [Care Act 2014](#), [Mental Capacity Act 2005](#) and [Mental Health Act 1983](#)).

From the responses to the question about advocacy, we learned that 26% of people said they were ‘not offered or advised they could have an advocate’, and 48% said they ‘were offered an advocate but did not want one’. However, 13% told us that they ‘were offered an advocate and had one’, and 4% ‘could not remember’. In total 61% were offered advocacy support.



Further exploration of the survey data indicated respondents who were offered an advocate (or declined advocacy support) displayed more positive outcomes at the end of their safeguarding journey, compared to those who did not have advocacy support.

One respondent noted how important they believed advocacy support was during the safeguarding process: *“As soon as a social worker enters your life you should be handed a leaflet about advocacy and support networks such as the domestic violence hub”*.

Several other respondents shared further insights about their experience of advocacy support:

“I supported X, but we were not offered support or advice.”

“I already had a professional advocate from a local advocacy charity/service. However, due to illness, she could not attend most of the safeguarding meetings with me, so I was not able to stand up for my rights because I did not know what they were.”

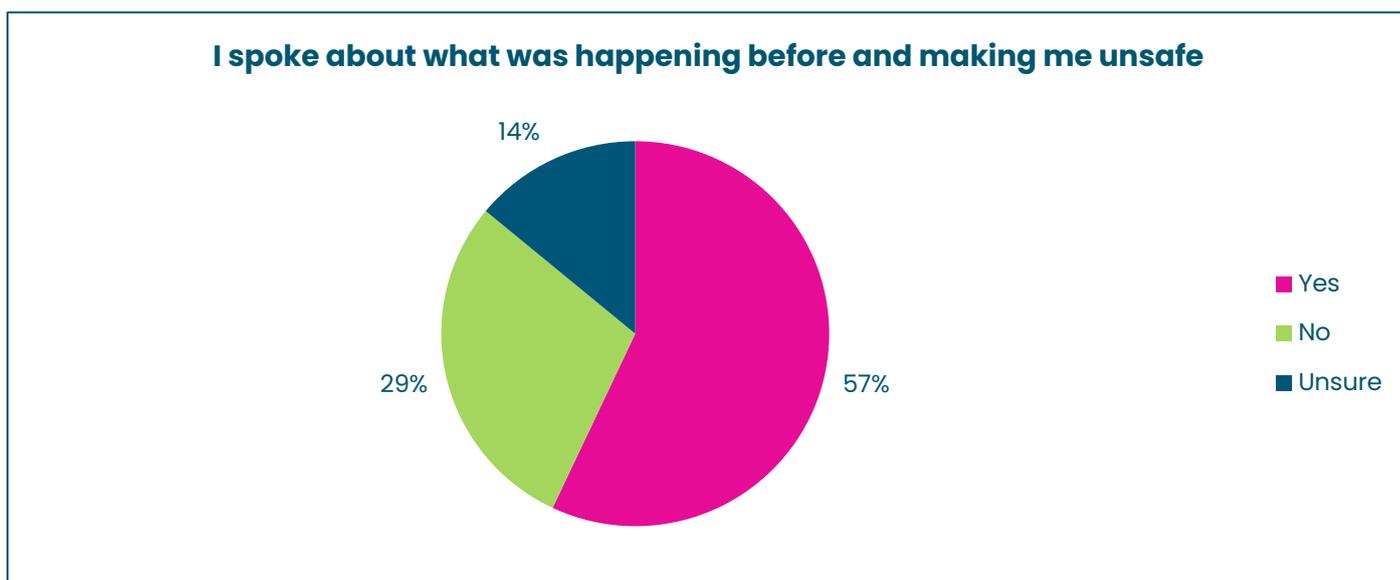
“It was not until an advocate challenged them around two years later that they agreed they are in fact responsible.”

“I’m already speaking on behalf of mother, but not offered further support.”

Key Observations

- 26%, (just over 1 in 4 people) shared that they were not advised about advocacy services.
- Whilst advocacy services are for people who would experience substantial difficulty in understanding, retaining or using information given, it would be beneficial to speak to family or friends who are advocating for an individual to check they are confident in their abilities to manage the situation.

5.2 Speaking about what was making you feel unsafe



We asked if respondents felt they had the opportunity to speak about how they felt prior to their safeguarding journey, and what had been making them feel unsafe. Healthwatch Kingston was concerned that only 57% of respondents said they had the opportunity to speak about what had been making them feel unsafe before they began their safeguarding journey. 29% said they did not have the opportunity, and 14% were unsure if they did or not.

One respondent told us that they were only asked about what had been making them unsafe at the end of the process: *“Only when they spoke to me about closing the cases. There were three which all came about close together. They called me to say they were going to close the cases, and we spoke for an hour about the cases, and I shared information they did not have/know.”*

One service user explained that there was a safeguarding concern raised against their son’s carers and that their Disabled son was to be kept in hospital over-night as the carers were currently unable to offer their support in the home. The parent felt they were capable of looking

after their son for a short period of time and were happy for their son to be discharged from hospital to their care. The parent felt that staying in hospital on their own over-night would be more distressing for him than being at home. “But I had to raise my own safeguarding concern with the hospital to allow X to come home that night.”

One respondent, who was a family member providing support to the person going through the safeguarding process, told us they felt they could have helped the process if there had been better communication, and they were given an opportunity to share their insight as a supporting family member. “I understand why there were concerns about carers, but I could have easily cleared their name if someone had asked.”

Further exploration of the data indicated that of the 57% of respondents who were given the opportunity to speak about what was happening before support from Kingston Adult Social Care, 100% said they felt ‘safer’ at the end of their safeguarding journey and most felt happier. Some responses from those who said they were a little unhappy, was due to waiting for further support from required services or for the safeguarding concern to be closed.

Key Observations

- Speaking to people about what had caused their safeguarding concern can lead to improved outcomes.

5.3 Making a plan together

We asked respondents if they felt they were involved in making a plan to be safe again. Of the responses, 55% of respondents said they felt ‘they were involved’, 25% felt ‘they were not involved’ and 20% were ‘unsure’. Some respondents shared further insights into the safeguarding plan:



“Social worker was amazing, called (Care Home) and moved quickly. He was alive there for 3 or 4 weeks and they were amazing.”

“The plan was simple; X could not return to where he was previously.”

“So many organisations involved, and you get so much information. You cannot gather who said what and where they came from.”

“They made a suggestion which everyone was happy with, no need to have long conversations about it.”

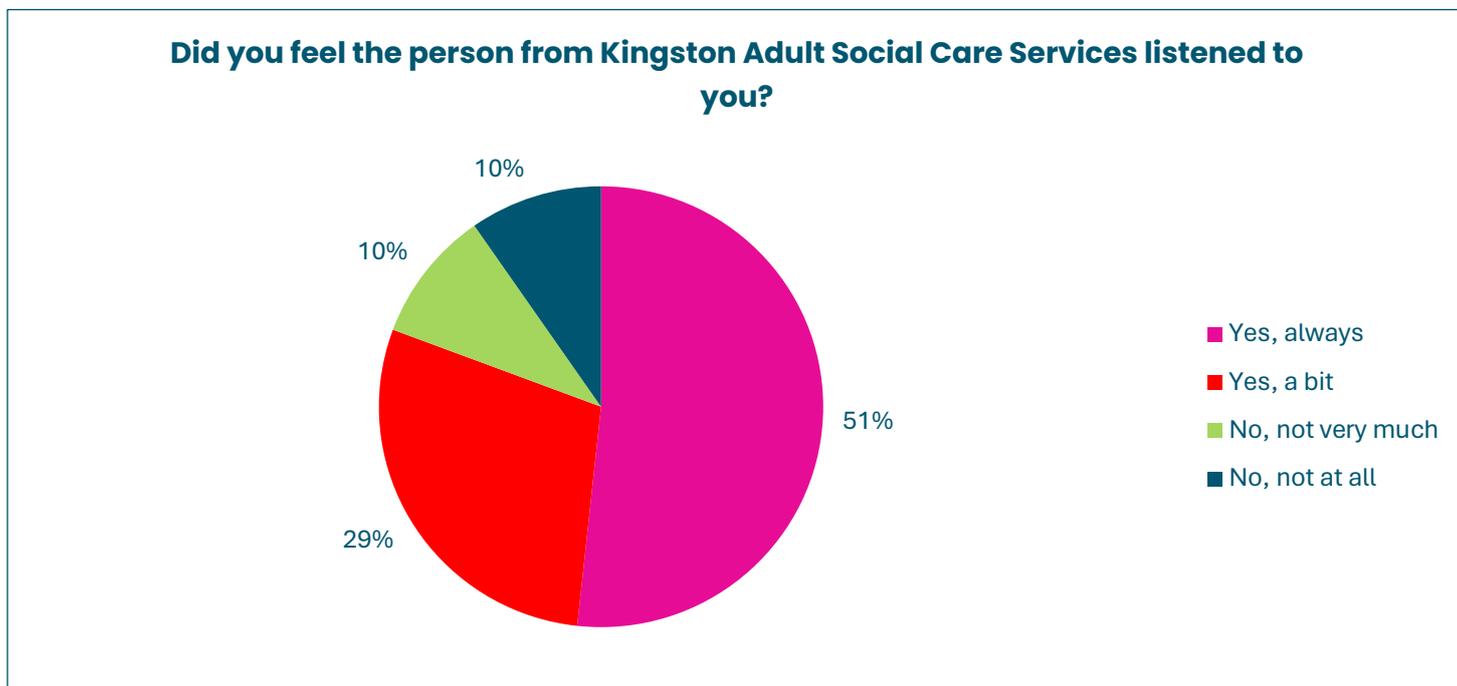
“We talk about what I need support with together.”

Further analysis of the data suggested that service users who ‘made a plan with their social worker’ felt happier and safer after safeguarding support.

Key Observations

- Feeling involved in making your safeguarding plan can lead to better outcomes for people experiencing a safeguarding concern.

5.4 Being heard



We asked respondents if they felt listened to when in discussion with a social worker, or someone from the Kingston Adult Social Care during their safeguarding journey.

One person who had been through the safeguarding journey more than once said, "It varies from case to case". Most people we engaged with felt listened to with 51% of respondents sharing that they always felt listened to and 29% saying 'Yes, a bit' (collectively 80%).

Other comments from services users include more positive experiences of being heard:

"Takes a long time, but she does listen to me and appears very helpful."

"When I call now for support, they do listen, but it took a long time to be heard at the beginning (13/14 years ago)."

"I felt the social worker heard what we were saying but was let down by those in charge who were providing services that were the cheapest, rather than the best or safest."

"They were great. I had power of attorney and often had questions which they always listened to. They always answered our calls and took time for us, time I am sure could have been spent supporting someone else who needed it. "

“Social worker was really good at having quiet time and talks with grandma. She felt really supported to stand up to a family member that was causing an issue. They always put her needs first.”

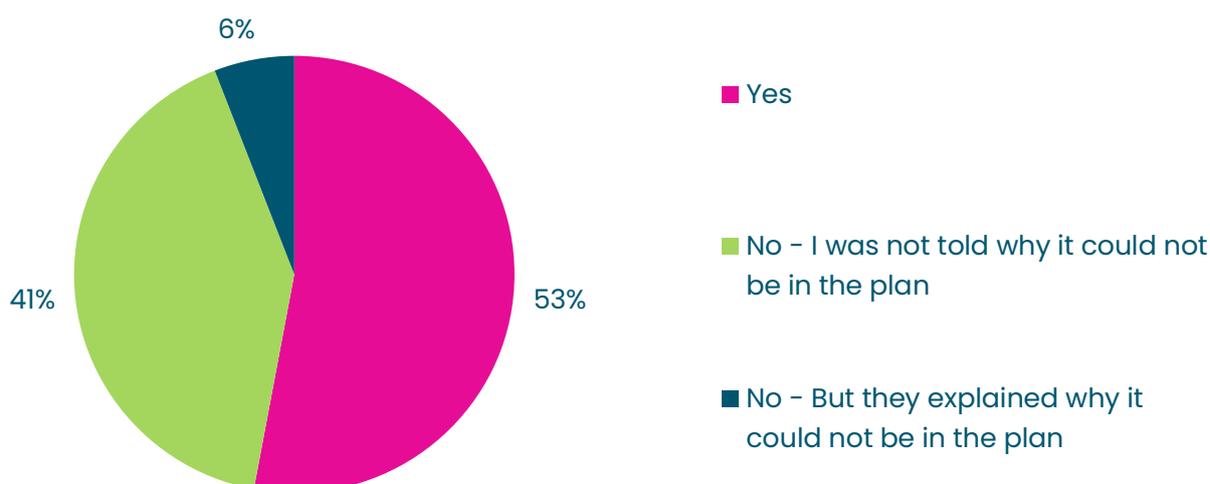
“Very good at listening to us while we were often in tears.”

Key Observations

- Information not being followed up in a timely manner can mean that resolutions to concerning situations take longer to find.
- Social workers giving their time to support people in need, was appreciated by service users receiving support.

5.5 Safeguarding Plan

Was everything you wanted to happen in the plan?



We asked respondents if everything they wanted to happen in the safeguarding process was in their safeguarding plan. 53% of respondents said, 'yes' everything they wanted was in the plan. 41% of respondents said 'no' and they were not told why. Only 6% of respondents said 'no' but there was an explanation as to why not everything they wanted to happen was not in their plan.

Our analysis of the data indicated that respondents who said, things were not explained to them, felt less happy and less safe at the end of their safeguarding journey.

Some respondents who answered this question added:

“They do not always talk to me. Often, they make appointments through the home or with my brother. I am very capable of talking for myself.”

“I was just given a plan and told to follow it. I am an adult that was made to feel I have to follow their rules. Made to feel like a little kid.”

One respondent explained their thoughts about their father’s safeguarding plan and their concern about care that was in place being removed: “My ongoing concern has always been with the CHC [NHS Continuing Healthcare] decision to discontinue funding for my father’s 1-2-1 care. Since then, he has had several falls (which was why the funding was granted in the first place), and multiple cases of bruising, some of which went unnoticed and unreported by the nursing team.”

Key Observations

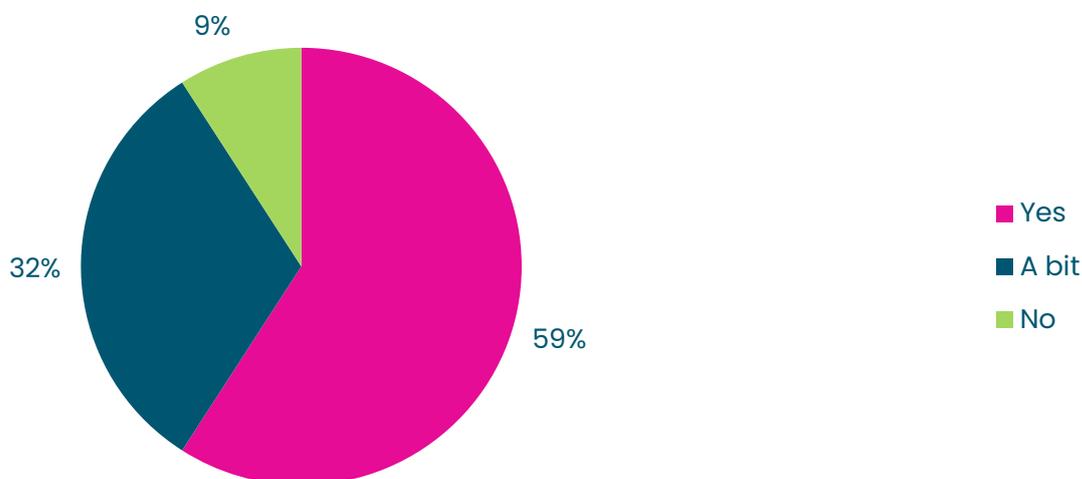
- More involvement in, and explanations about key decisions, can help service users (their family/friends) reach positive outcomes.
- Taking away support that was put in place for vulnerable people that had then been assessed as ‘no longer required’, left some service users ‘back where they started’ and had confused them (their family/friends), as to why support had been removed.

6. Feeling safe and future risk

The following feedback from the survey showed how respondents felt after receiving safeguarding support. We asked respondents to the survey, if what happened during their safeguarding journey made sense to them and whether ongoing and future risks were discussed. We also asked if respondents felt safer and happier after safeguarding support and if there have been changes since receiving safeguarding support.

6.1 Understanding the safeguarding process

Did you understand why people did what they did to keep you safe during the safeguarding journey?



59% of respondents to the Healthwatch Kingston MSP survey said they understood why decisions were made during their safeguarding journey. 32% shared that they had some understanding of what happened and 9% stated that they did not understand why some actions were taken. Comments from service users who did not understand why staff in the safeguarding process did what they did to keep them safe included: "I am not happy being in the care home, but it makes sense" and "No explanation for decision making was shared with me."

One mother whose Disabled son was found to have injuries which were falsely attributed to carers explained: "Being told to stay in hospital, by the hospital safeguarding lead rather than go home made no sense and was more dangerous than going home".

Further analysis of the data indicated that, people who had an advocate or who were offered an advocate and declined had a greater understanding of the safeguarding process, and a better understanding of 'why people did what they did to keep them safe'. The data showed that 100% of people who had or were offered advocacy support said they understood the process.

With the respondents who said they were not offered an advocate, there is some indication that they felt there was less understanding of the safeguarding process and decisions made. Similar findings regarding advocacy were found in our [Making Safeguarding Personal Report 2022-23](#)

People who did not understand why actions were taken, shared the following feedback:

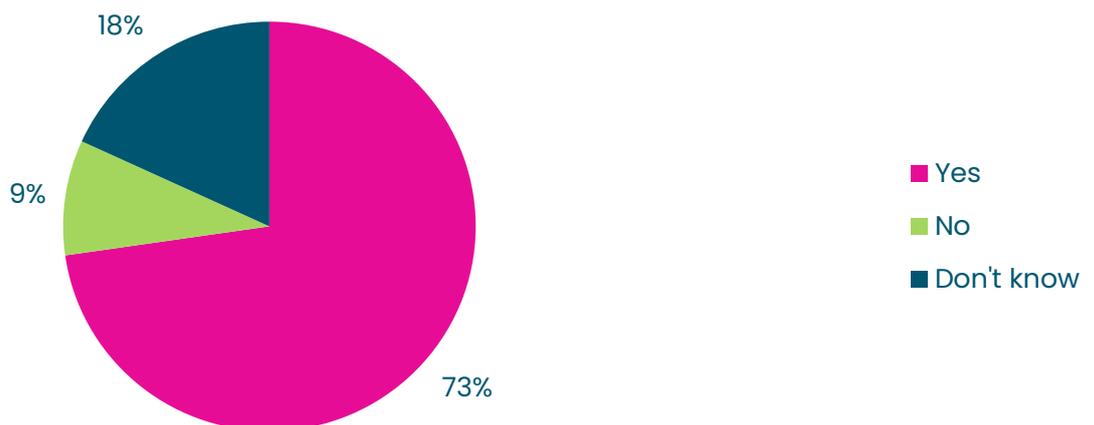
“Nobody has ever come back to me and explained the decision made or offered me support with it.”

Key Observations

- As findings in our [Making Safeguarding Personal report 2022-23](#) noted: Advocacy can help people to understand why decisions have been made.
- Outcomes and procedures for dealing with safeguarding concerns can cause people to feel like they do not understand decisions.
- Communication is key. Taking time to explain decisions may not be easy, but this will leave service users with a better understanding of what has happened and why decisions were made, or no action was taken.

6.2 Ongoing risks

Did you talk about ongoing risks? (A risk is a chance of the abuse/issue happening again)



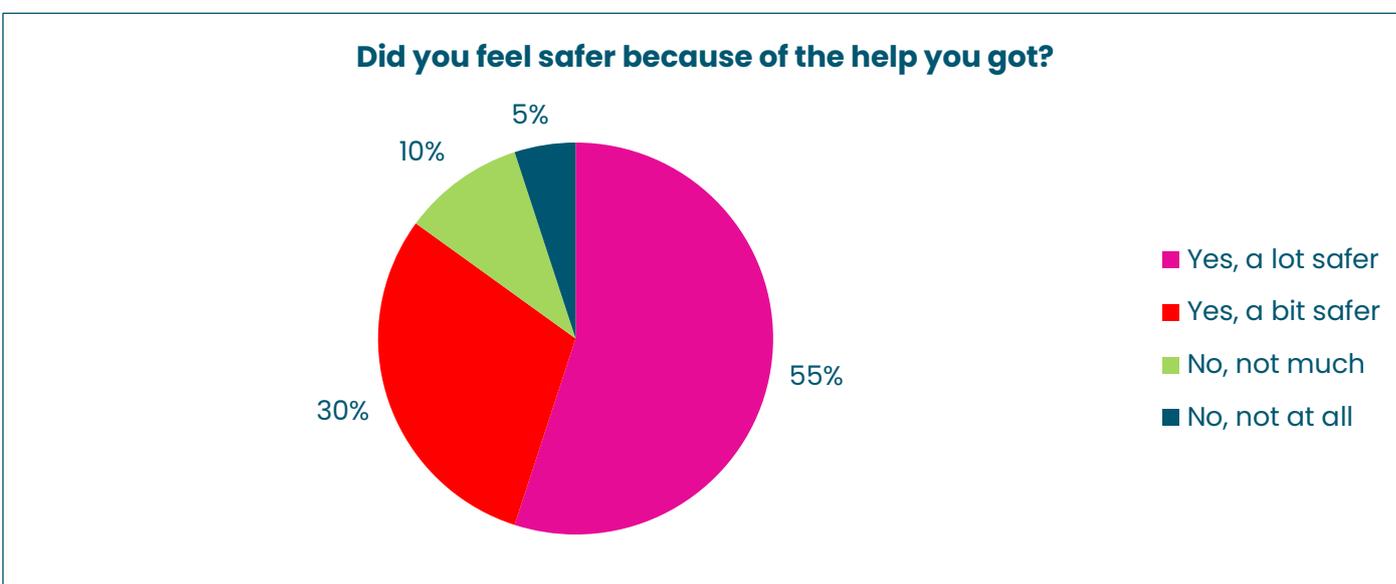
Where this question was relevant to respondents, 73% had had discussions with someone in the Kingston Adult Social Care about future and ongoing safeguarding risks.

This is an improvement when compared to our Making Safeguarding Personal Report 2022-23 where 57% said they had discussions about ongoing risks. Conversations about ongoing risk could help to prevent future safeguarding issues.

Key Observations

- The risks for vulnerable people, who rely on support of others for all aspects of their lives, can remain the same, without further mitigation, once the initial concern has been resolved.

6.3 Feeling safer



We asked respondents to the survey if they felt safer due to receiving support from RBK Adult Social Care. Positively, a combined total of 85% shared that they felt 'A lot' or 'A bit safer' due to the support they received. However, some of the respondents said they did not feel safer (15%).

One respondent stated that they were disappointed with the outcomes and how their safeguarding issues had been managed. Some respondents said they felt there was a lack of transparency in the system, and one person explained that they felt the processes for staff, who were themselves the subject of safeguarding investigations was inadequate and the processes confusing. These were contributing factors to why some did not feel safer after their safeguarding journeys. Another shared that they were unhappy when staff were not suspended from duty when a safeguarding allegation had been made against them.

Other respondents, with more positive experiences of ‘feeling safer’ after safeguarding support included:

“X now travels in a car and not on a shared bus. We are much happier with this situation.”

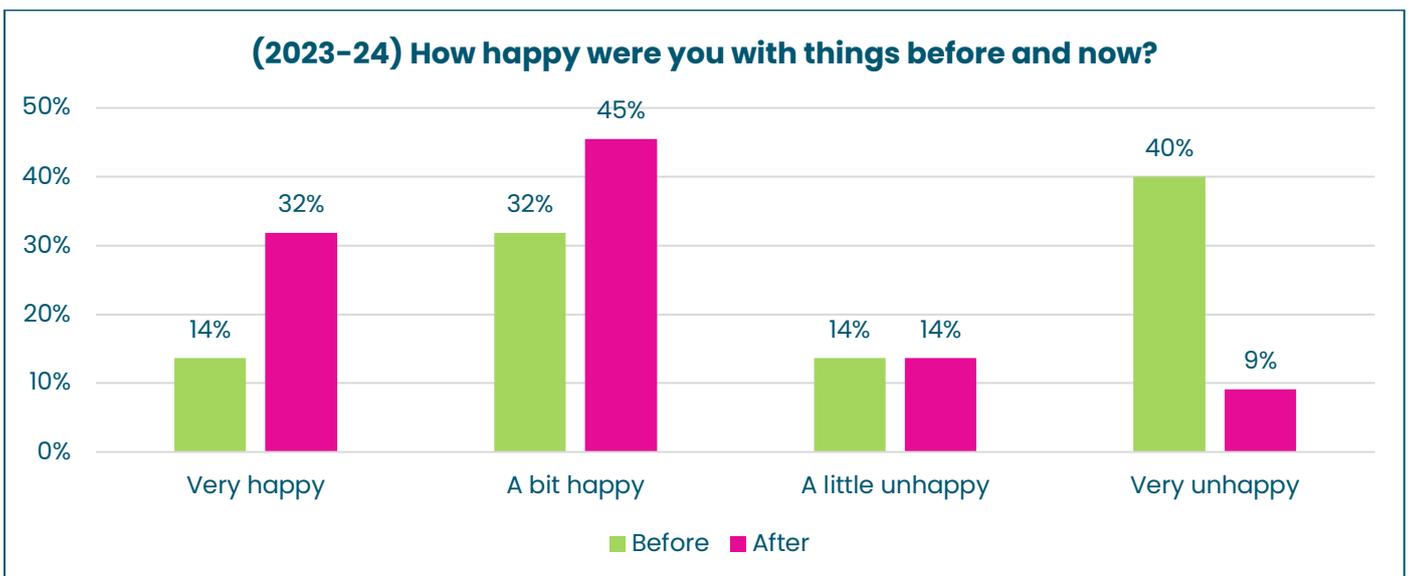
A family member whose relative now lives fully supported in a care home said, “X doesn’t show much emotion for anything anymore. But I know she is content and well looked after.”

Another respondent now receiving care at home said, “I feel safe because I have people around me who are looking after my interests. If I have an accident, I know somebody is going to come and see me”.

Key Observations

- Some service users (their family/friends) indicated that further guidance was needed about what to do if safeguarding concerns were not being raised by professionals. These guidelines could also include what actions to consider, alleviating the situation while an investigation takes place.

6.4 Feeling happier



We asked respondents to state how happy they were before their safeguarding journey, and if this had changed after receiving safeguarding support. Responses showed that with support from Kingston Adult Social Care, more respondents felt positive at the end of their

safeguarding journey than when they began. In total 77% of respondents were either 'very happy or a 'bit happy' and the end of their journey, and 23% said that were a little or very unhappy. In comparison only 46% of respondents were 'very happy' or 'A bit happy', prior to their safeguarding referral.

One respondent who said they were still unhappy after their safeguarding journey explained this was due to their personal circumstance rather than the safeguarding journey. This person shared that they did feel 'safer' due to support: "I don't like being in the care home. It needs to be done, but the home is meant for people with dementia. I don't have that. There is no one to have a chinwag with. They have been great with my medical support but i do not like being here. There is nothing they can do, it's just how it is."

Key Observations

- Most people felt happier after support from a social worker.
- People are not always going to feel happier with their outcomes, but some explained that they did feel safer.

6.5 How things have changed for respondents

Respondents to the survey shared how they felt things had changed for them since their initial safeguarding referral, and after the safeguarding process:

"My Mum now has the physical aids to help her, but I am not sure about the staffing levels (in the care home)."

"Dad was in a much better home."

"Supported by a social worker and the triage team, with lots of information on what we could and couldn't do in our situation."

"X is now in a care home with carers 24/7. This is much better for them."

"I have a district nurse come in once a week along with a carer in the morning and a carer in the evening. The carers help with my medication as well as food. My nephew also comes over once a week and helps with my finances as I cannot see the statements."

"Regular checks on financial documents, still happy. X knows who to contact if needs help."

“I found out what my disability was. I have freedom on my spending, I have people I can talk to who listen to me and not going on about money all the time. I feel I have my independence back.”

7. Positive safeguarding experiences

We asked respondents to provide their feedback on what went well during the safeguarding process. Their responses have been grouped into common themes:

7.1 Satisfied service users and positive experiences:

Some of the respondents that experienced a safeguarding journey were very grateful for the help they received. When asked for suggested improvements two people responded with “No. All good” and “Nothing. Very happy”

“The support workers we have now are great. I feel happy knowing X is supported to get ready otherwise she would stay in bed all day and not take her medication. There is a structure to her day which is good for her.”

“I feel a lot safer. People coming in (carers and nurses). Pleased with my care team.”

7.2 Safeguarding being made personal

Making Safeguarding Personal aims to ensure, where possible, that the needs and wishes of service users are at the centre of their safeguarding plan. Some respondents to the survey shared how they felt treated as individuals.

“I could perhaps get more help and do more, but I like to be independent and do things for myself.”

“I am really happy. I feel the local authority is looking after my situation well. I have checks on me to keep an eye on my health. One or two ladies come round and have a chat with me about the services I have and make me aware of what else is available.”

“I get regular visits, and they speak about how I am and talk about what other support is available to me.”

“I have kept my independence. I am very capable and have my functions. I don't feel alone and know there are people I can call when needed.”

“Just a process for me. I am not sure things have changed, but it's a process that has taught me a lot. Perhaps it's made me stronger.”

7.3 The importance of being heard

As noted earlier in this report, being listened to and involved in the safeguarding process is important to service users. Some of the respondents to the survey shared their experience of positive outcomes and how they felt listened to:

“They ask questions about how I am getting on and how I feel about the attention I have had, my thoughts are, it’s been a very good service.”

“They have explained the funding for the changes well. we could not take a loan out at our ages. The money will be borrowed against the house and when sold we will owe some of the sale for the changes made. Much better for us than a loan.”

“They always took our phone calls. no matter how busy. Never made to feel like we were wasting their time. They were always ready to listen and make notes (on our case). Always made us feel heard. The fact we were listened to, and things logged made me feel like we were helping to safeguard Grandma. All I remember is feeling supported. Grandma always felt like a weight was lifted after speaking with them.”

“I felt seen and heard and that my deep concerns were being investigated thoroughly and to my satisfaction. Communication was prompt, clear and professional and my social worker was swift to respond to my emails and questions, and accommodated a change of date for a Zoom meeting at short notice.”

“Social worker listened to us and once they were aware of things, dealt with them quickly.”

“Social worker was incredibly sensitive and supportive whilst being very fair and pragmatic.”

“We felt listened to and fully supported by X who was generous with her time and kept us updated via telephone and email. She listened to our fears and concerns and kept us informed at every step of the process. She was kind caring, sympathetic, empathetic and extremely helpful. We feel confident under her guidance, and she was a tower of strength.”

We also heard from one service user who said “I was offered information in large font” demonstrating that consideration had been given about how best to provide accessible information in a range of formats that people would find helpful.

8. Areas for improvement

We asked respondents to the survey who had been through the safeguarding process, if they thought there were any changes that could be made to improve the safeguarding journey.

8.1 Improving services and their understanding of safeguarding

The [Healthwatch Kingston Making Safeguarding Personal report 2022–23](#) identified that other service providers, like general practice (GPs, nurses and other staff), the police, hospitals and care homes can impact positively or negatively on a service user's experience of a safeguarding intervention. In 2023–24, MSP survey responses, such as *“the social worker was great. They were not the problem; the care was the problem”*, indicate that joint working in support of safeguarding is still an issue, and underlines the importance of effective teamwork across health and social care services when addressing safeguarding concerns.

Some respondents were unclear about who was providing their safeguarding support, or what service or department within larger service providers were directly supporting them. The confusion sometimes caused negative experiences that could be wrongly attributed to the service provided by the RBK Adult Social Care Team.

8.2 Appropriate time and place for meetings

Two separate service users explained that meetings with them were held while still in hospital. They felt this to be inappropriate and could have waited until they were home and feeling better.

“Not given large files, information or signing things while in hospital and under medication (intoxicated). Again, an advocate at this point would have been helpful. Advocate can explain what did/didn't happen.”

“To leave people alone in hospital. I was there and social worker came in twice and started having a case conference with me. I just needed to recover. At that time I was frail and exploded in anger as I was in a lot of pain.”

8.3 Information on professional advocates for all

It was clear that respondents felt having an advocate could help with safeguarding outcomes. Some also suggested that people who were self-advocating or were being helped by their family/friends might also benefit from professional advocacy. In addition, there was some suggestion that advocacy support might help with [assessment processes](#).

“I only got an advocate through own research, which is fundamental for mental health patients.”

8.4 Being proactive and listening to service users

Some respondents shared with us that they felt the safeguarding process could have been improved if professionals had listened to them, and/or communication improved.

One parent told us she believed the information she was sharing with different medical professionals, was not being shared with social workers, and this breakdown in communication was causing confusion:

“Had they have just spoken to me; I could have easily cleared up any issues.”

Some respondents also felt they were not kept informed of their vulnerable family members’ issues, nor provided with advice about how best to support them:

“As a non-medical person I can tell the home was dirty and a bit chaotic, but I do not know how to tell if the bed sores are dangerous or not.”

Another respondent shared:

“Involving family fully, when they are supporting a non-verbal adult & the family are not the accused.” This respondent also commented that they felt services were not always transparent and that confidentiality was used to withhold information.

8.5 Closing cases

Some respondents to the survey shared that they had experiences of safeguarding cases being closed without any discussion of communication. One respondent told us that their case was closed without their knowledge. A different respondent said:

“I did not know anything about a case closing and I’ve not heard anything since.”

Another explained that they only found out their safeguarding case was closed when they contacted RBK Adult Social Care about a separate matter. And another shared:

“Nobody has ever come back to me and explained the decision or offered me support with it.”

Healthwatch Kingston notes that speaking to service users at the end of a safeguarding intervention was important to safeguarding service users as well as giving the reasons for any decision to close cases.

8.6 Speaking to the person involved, not just support network

Making Safeguarding Personal is about putting the person first. It may sometimes be easier to speak to a person’s support network rather than the individual going through the safeguarding process. However, MSP survey respondents made it clear that when the person has capacity, it was important they be included in the safeguarding conversations, assessments and decisions.

“Would rather they talk to me more than they do the care home and my brother. I am more than capable. just because I can’t walk doesn’t mean I can’t speak.”

“They spoke more to learning disability nurse and support worker, but I was always involved.”

8.7 Practical support for those in need

One person told us that they felt the safeguarding support they received was not considerate of their mental health issues. The [Healthwatch Kingston Including Communities: Engagement Report March 2022 – October 2023](#), notes that mental health assessments and counselling can be traumatic and leave people feeling exhausted, upset and overwhelmed. Safeguarding and other support services need to be understanding of people who are receiving mental health support:

“More training on supporting people with poor mental health. I feel they have at times made things more difficult for me with the tasks given, without support and lack of empathy when speaking to me. For example going to trauma therapy then coming home to look after children after a session as naturally in trauma and in low mood.”

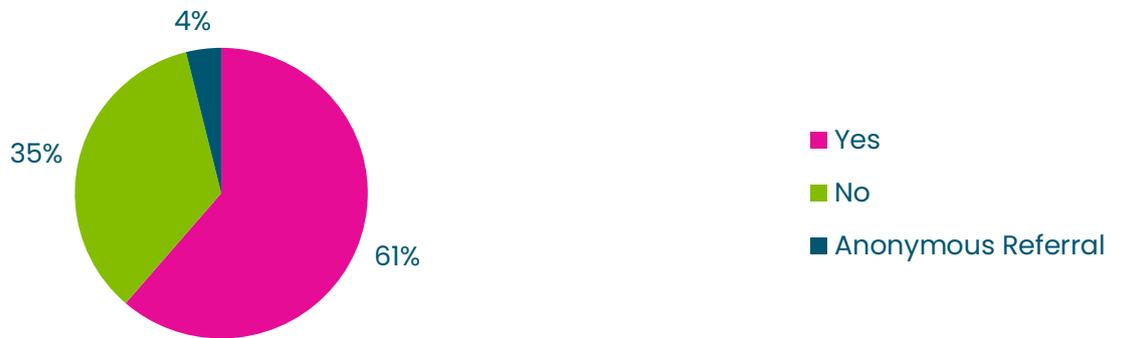
9. Comparing last year’s findings (2022-23) with this year (2023-24)

Based on learning from our survey in 2022-23, the Healthwatch Kingston MSP survey questions were revised for 2023-24. Where possible we have compared last year’s data to this year to provide insight on how the safeguarding process has developed during 2023-24. Sometimes the insights shared by respondents may be historic rather than current issues, but we felt their feedback was important to share and include in this report to support future improvements.

9.1 Do you know how you were referred to the Kingston adult safeguarding service?



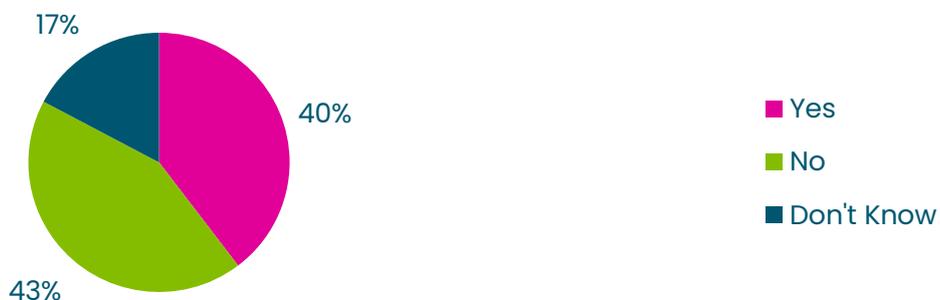
(2023-24) Do you know how you were referred to the Kingston adult safeguarding service?



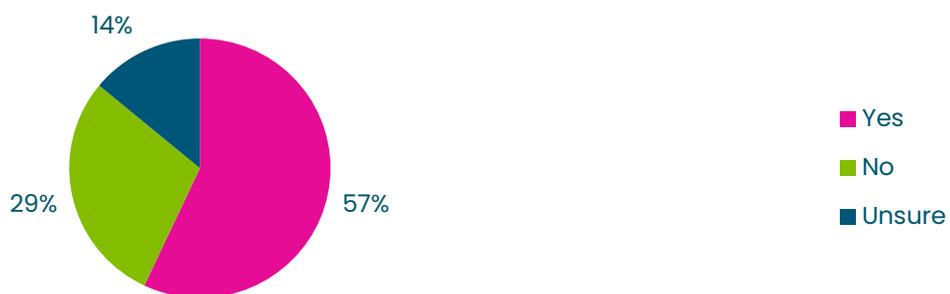
Do you know how you were referred to the Kingston adult safeguarding service?			
	2022-23 (last year)	2023-24 (this year)	Variance
Yes	79%	61%	Down 18%
No	21%	35%	Up 14%
Anonymous	Not applicable	4%	Not applicable

9.2 Did someone talk to you about feeling unsafe?

(2022-23) Did the council help you to talk to someone about the time when you didn't feel safe?



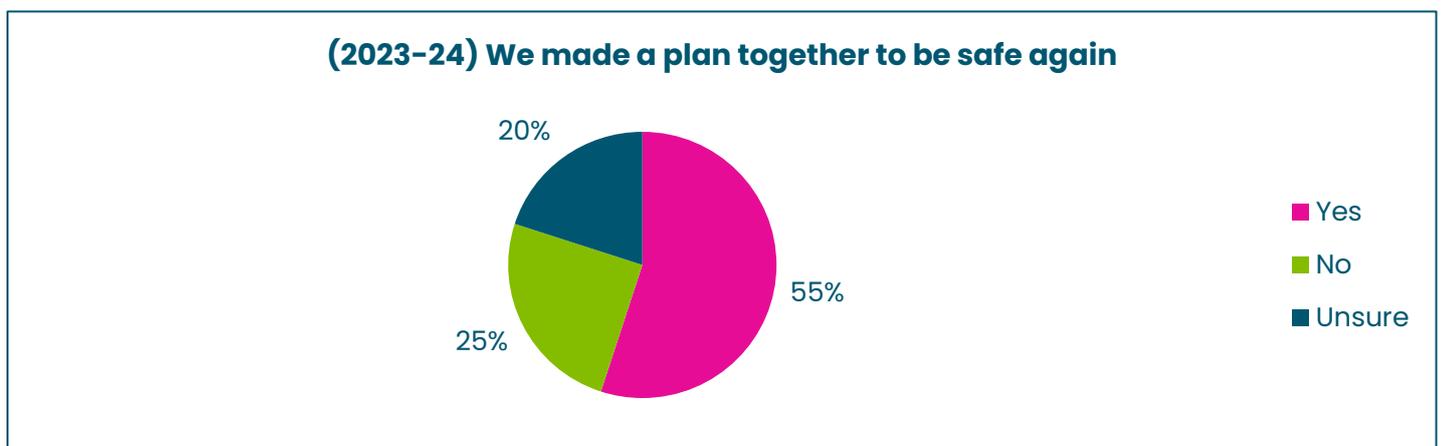
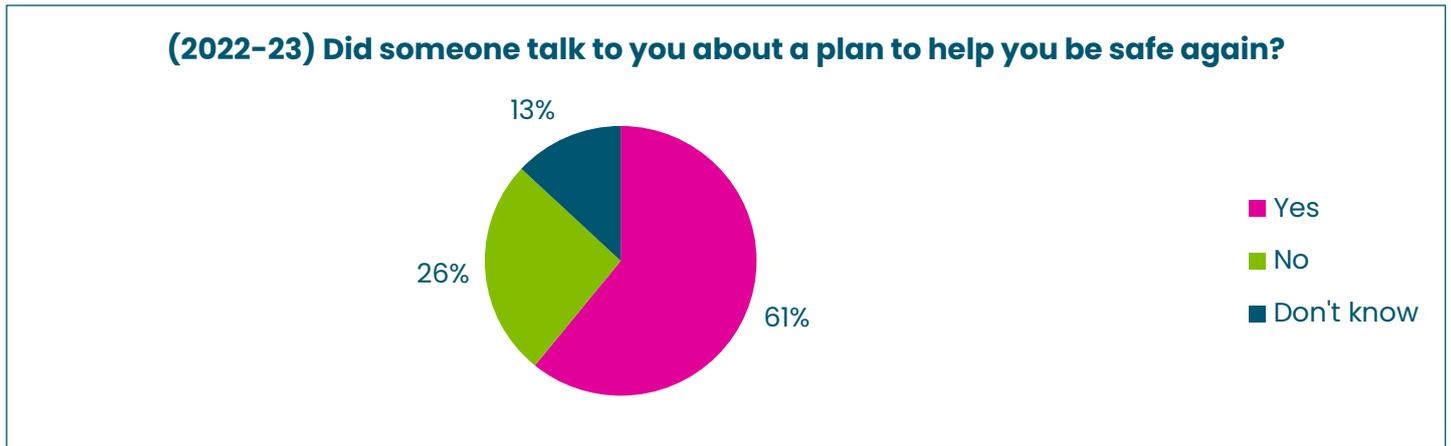
(2023-24) I spoke about what was happening before and making me unsafe



Did you speak about what was happening before and making you unsafe?

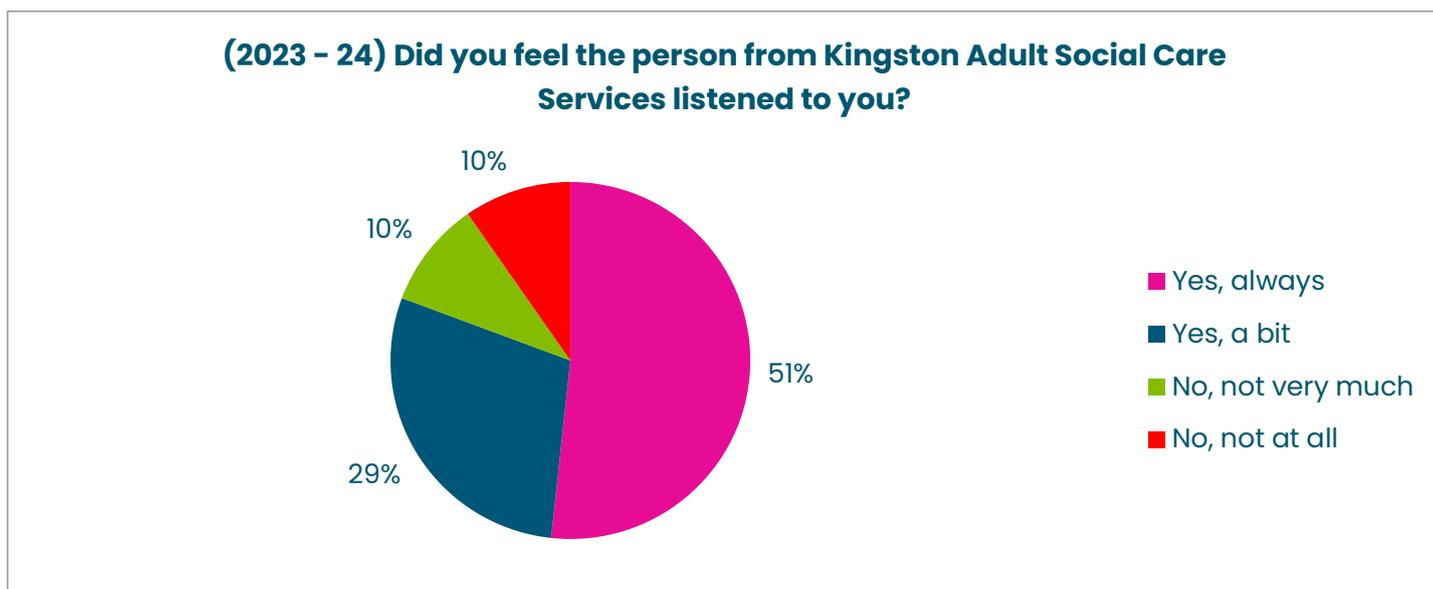
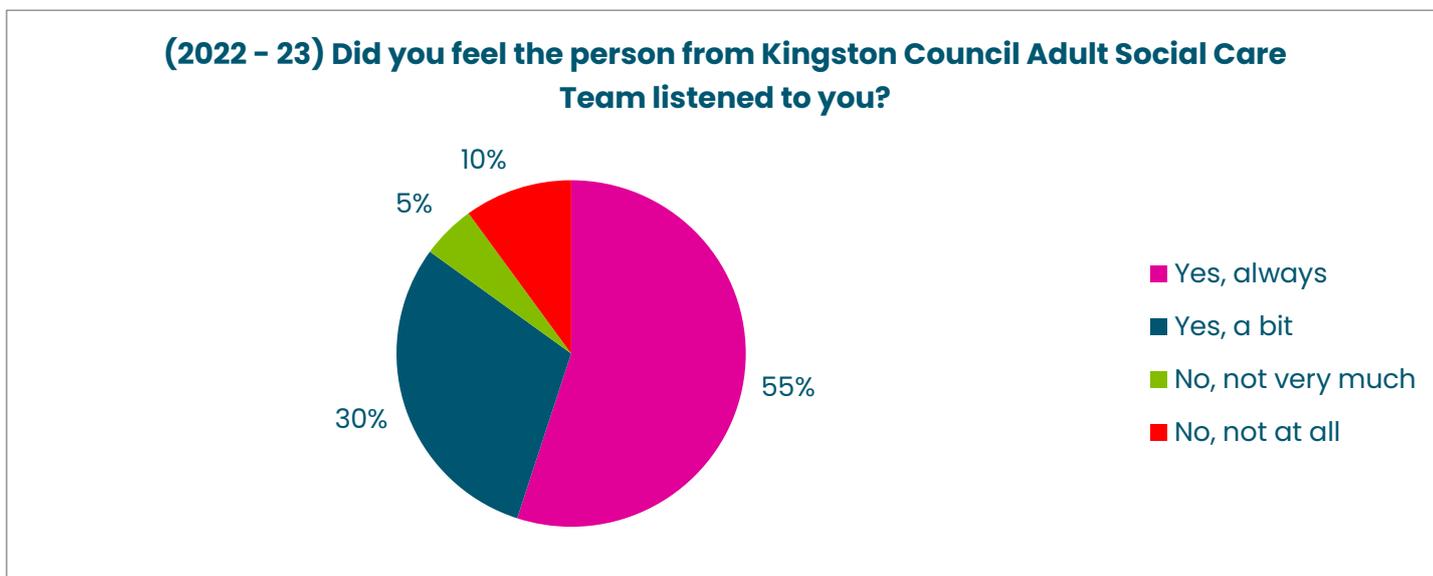
	2022-23 (last year)	2023-24 (this year)	Variance
Yes	40%	57%	Up 17%
No	43%	29%	Down 14%
Don't Know/Unsure	17%	14%	Down 3%

9.3 Did someone talk to you about a plan to be safe again?



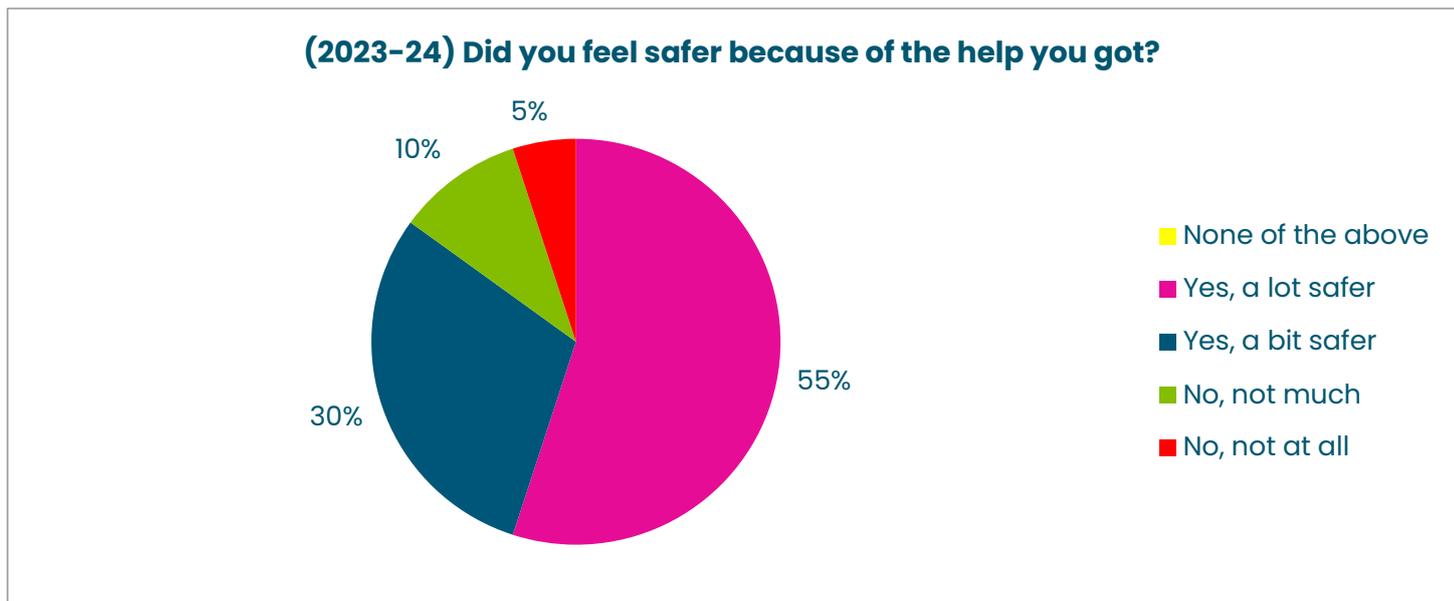
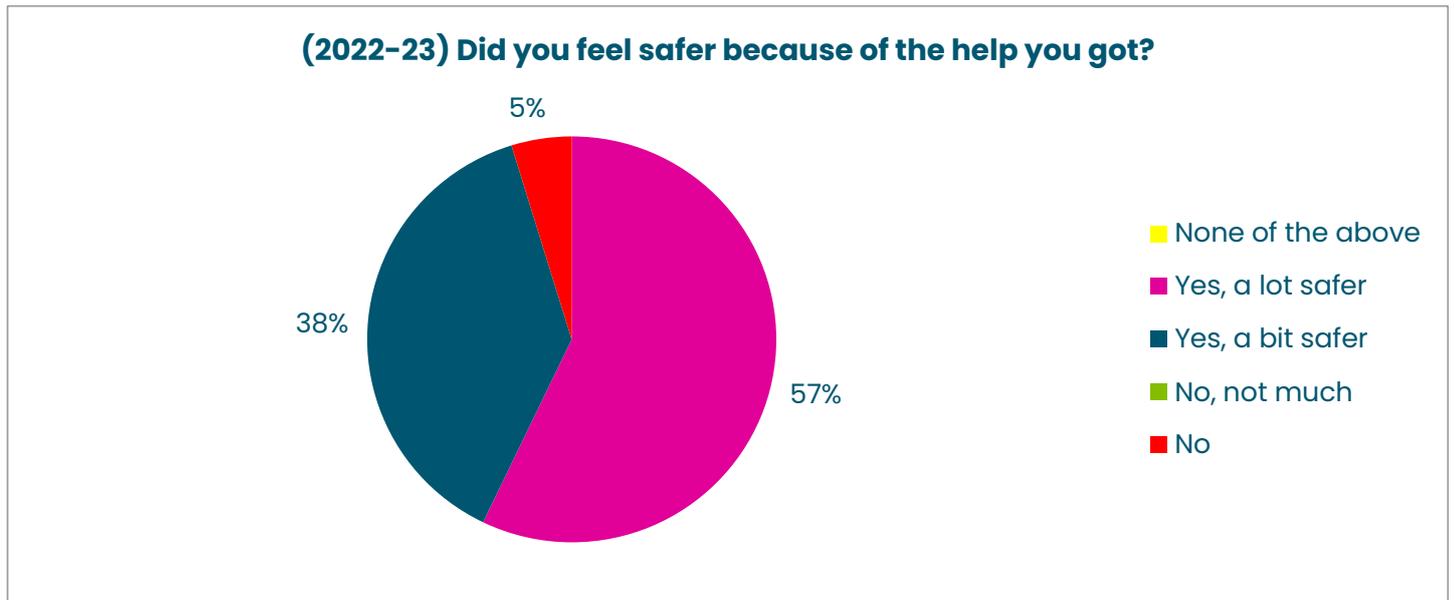
Did you talk about a plan to be safe again?			
	2022-23 (last year)	2023-24 (this year)	Variance
Yes	61%	55%	Down 6%
No	26%	25%	Down 1%
Don't Know/Unsure	13%	20%	Up 7%

9.4 Did you feel the person from Kingston Council Adult Social Care Team/Services listened to you?



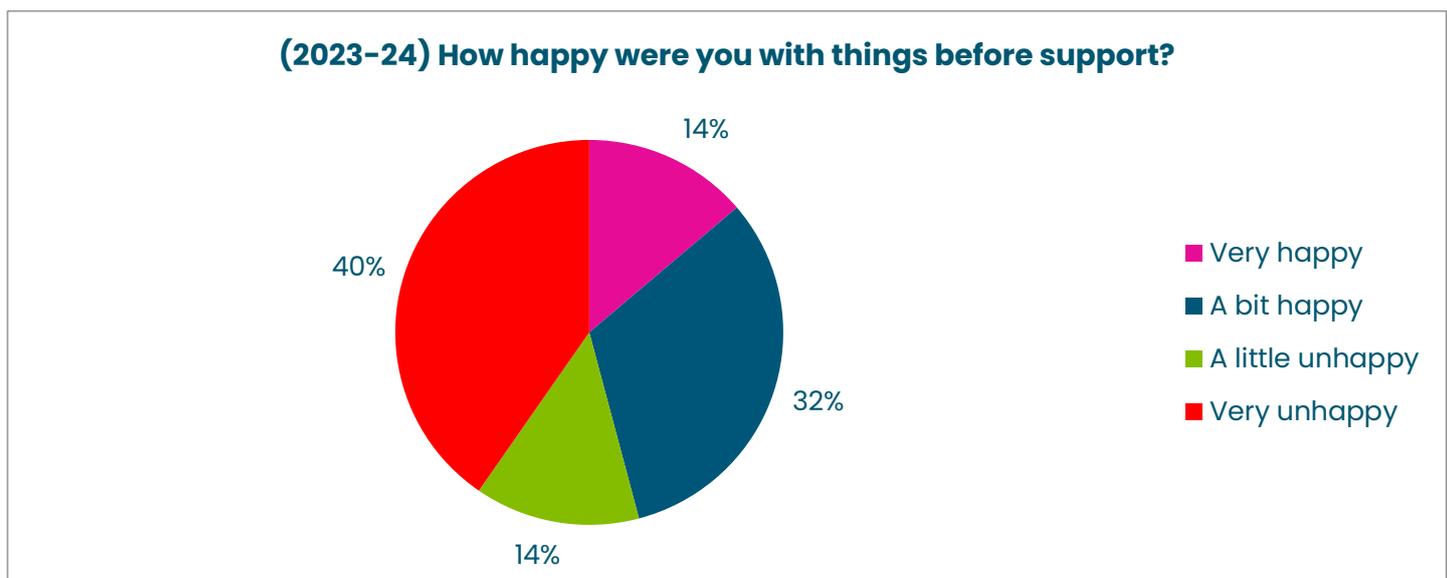
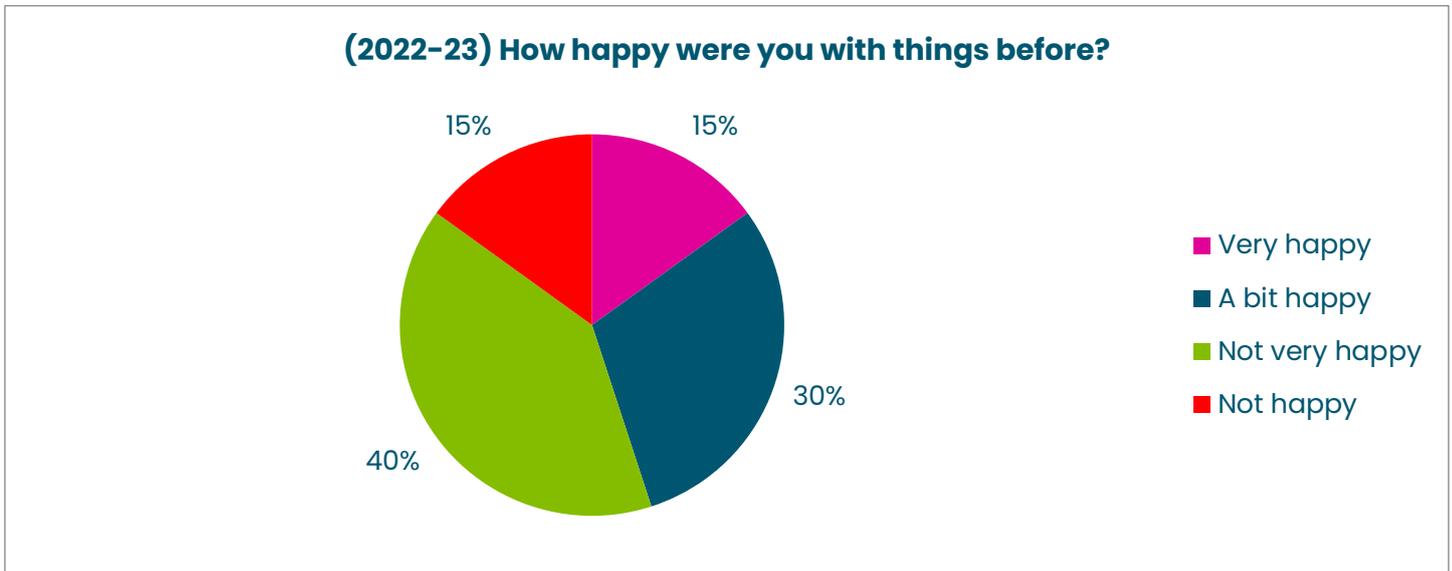
Did you feel the person from Kingston Adult Social Care listened to you?			
	2022-23 (last year)	2023-24 (this year)	Variance
Yes, always	55%	51%	Down 4%
Yes, a bit	30%	29%	Down 1%
No, not very much	5%	10%	Up 5%
No, not at all	10%	10%	None

9.5 Did you feel safer because of the help you got?



Do you feel safer because of the help you got?			
	2022-23 (last year)	2023-24 (this year)	Variance
None of the above	0%	0%	Same
Yes, a lot safer	57%	55%	Down 2%
Yes, a bit safer	38%	30%	Down 8%
No, not much	0%	10%	Up 10%
No/No, not at all	5%	5%	Same

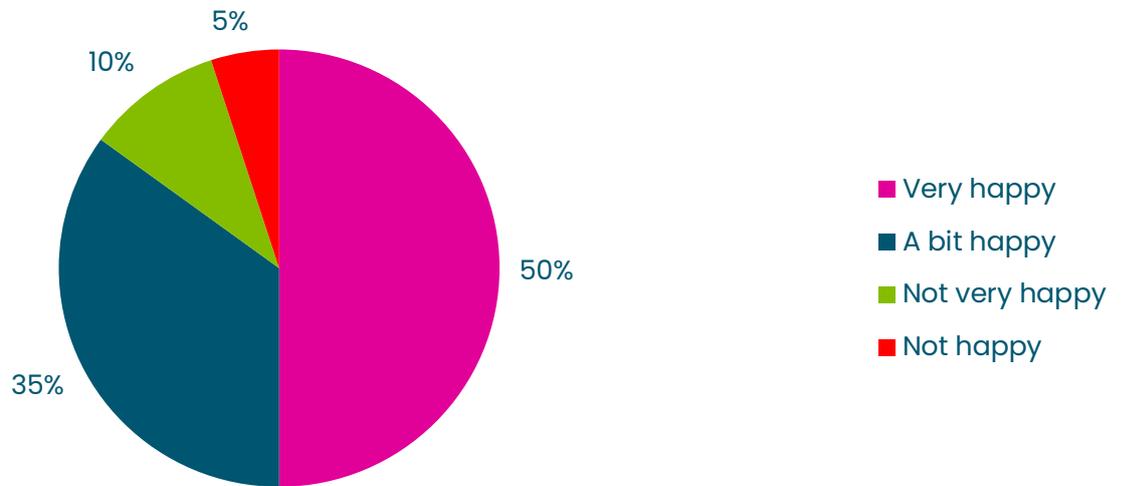
9.6 How happy were you with things before support?



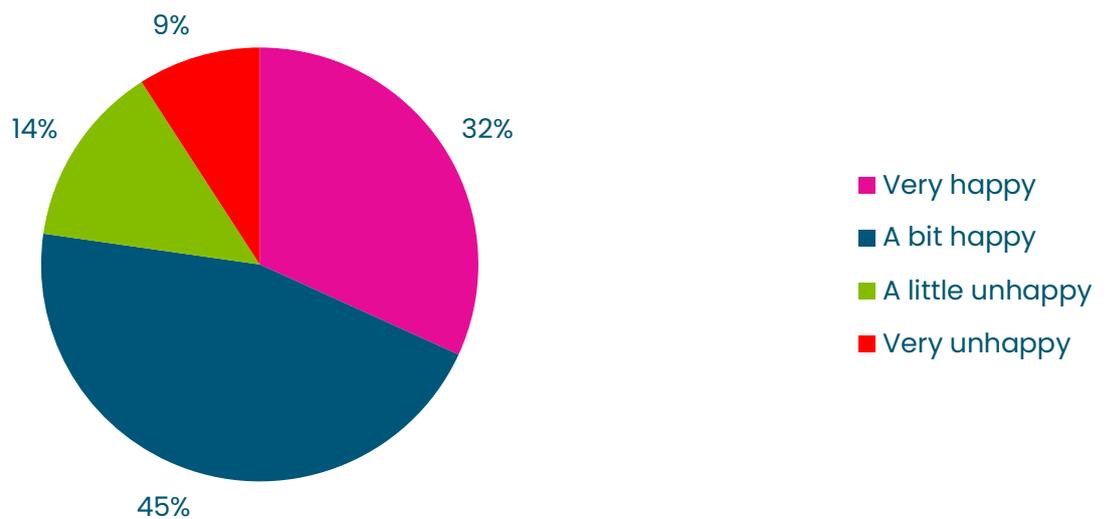
How happy were you with things before support?			
	2022-23 (last year)	2023-24 (this year)	Variance
Very happy	15%	14%	Down 1%
A bit happy	30%	32%	Up 2%
Not very happy	40%	14%	Down 26%
Not happy	15%	40%	Up 25%

9.7 How happy are you after support?

(2022-23) How happy are you with how things are now?



(2023-24) How happy are you with how things are now?



How happy are you with things now?			
	2022-23 (last year)	2023-24 (this year)	Variance
Very happy	50%	32%	Down 18%
A bit happy	35%	45%	Up 10%
Not very happy	10%	14%	Up 4%
Not happy/Very unhappy	5%	9%	Up 4%

Key Observations

- Comparing the data from both reports shows that feedback on key questions (feeling safer, feeling happy, being listened to) is very similar across both years.
- Some questions were altered slightly which makes comparison more difficult, others were changed completely so data cannot be compared.

10. Conclusion

Most respondents that had direct experience of the safeguarding process in Kingston, said they were happier and felt safer after support from Kingston Adult Social Care.

During the 2023-24 engagement with service users, we heard that one of the key issues was the need for improved direct communication with the service user and/or supporting family/friend throughout their safeguarding journey. This should include being involved at the care planning stages, updated throughout the process, and discussed at the end of the process.

In some cases, service users shared that they felt wider support services were not always in step with RBK Adult Social Care provision, or not always following best safeguarding practice. Some respondents asked for further guidance and more transparent safeguarding processes made accessible to them.

Our findings suggest that conversations about what was happening before the safeguarding concern was raised, and making a plan together created a better understanding and better outcomes for the individuals involved and their family/friends. And, where relevant, discussions about future risk may prevent further safeguarding concerns.

There are positive examples of safeguarding practice being tailored to the needs of the service user, and this was appreciated.

The evidence from last year's [Making Safeguarding Personal 2022-23](#) report showed some similarities in the data collected, however the qualitative responses received this year were richer, meaning we were able to share more firsthand experiences of services users' safeguarding journeys.

It is worth noting that both Healthwatch Kingston MSP reports include both current and historic experiences.

11. Recommendations

Recommendations for RBK Adult Social Care:

1. Healthwatch Kingston recommends that Principal Social Workers (PSWs) review this Healthwatch Kingston Making Safeguarding Personal Report 2023–24 to identify how the learning and findings can be integrated into their RBK Adult Social Care developmental offer. We recommend particular attention to the following practice issues:
 - a) Ensure that they ask the safeguarding service user what had made them feel unsafe and what they feel the future risks might be and how the service user can avoid these.
 - b) Ensure that social workers are adhering to best practice for advocacy as advised in the Care Act 2014 and conversations about support from professional advocacy are happening with friends and family as well as service users.
 - c) Ask service users (and any family/friends helping them) about what was happening before they were referred to Kingston Adult Social Care. And that information is shared with social workers to improve understanding and support better outcomes for the safeguarding service user.
 - d) Proactively engage with the people surrounding the service user (this should include any family/friends and others, such as neighbours), who might provide situational insight and help to mitigate future safeguarding risk.
 - e) Ensure safeguarding service users (and any family/friends helping them) receive (in a suitably accessible format), a clear explanation about how and why a care needs assessment decision has been reached, how to appeal a decision and when a case is to be closed.

- f) Ensure client records are reviewed prior to a session, so that service users (and family/friends helping them) do not have to keep repeating their reason why they are being supported.

- g) Consider where best to hold case meetings with safeguarding service users, to ensure the service user feels comfortable.

Recommendation for hospital, general practice and other professionals:

- 2. Healthwatch Kingston recommends guidance from clinical professionals is provided to family/friends who are supporting vulnerable people at home, so that they are better informed about what medical issues to look out for to prevent deteriorating health which might lead to inadvertent safeguarding concerns (such as how to identify bed sores, how to tell if someone is not managing diabetes).

Recommendations for Kingston Safeguarding Adults Board:

- 3. Healthwatch Kingston recommends the Kingston Safeguarding Adults Board communications subgroup, creates a visual guide of the referral pathway into and throughout the safeguarding service, with indicative timelines, so that service users (and their family/friends helping them) are clear about the process and their expectations can be managed.

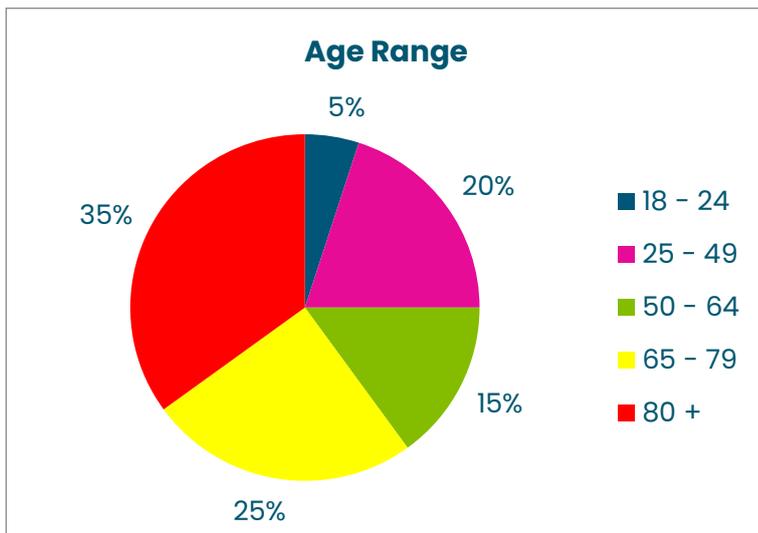
- 4. Healthwatch Kingston recommends Kingston Safeguarding Adults Board members (and those they work with), ensure that anyone being referred to the Kingston Adult Social Care safeguarding service is made aware of their referral (where safe to do so).

12. Demographics

Age Range

35% of respondents were 80 years old or older, 25% aged 65 – 79 years old, 15% aged 50 – 64 years old, 20% aged 25 – 49 years old and 5% aged 18 – 24 years old.

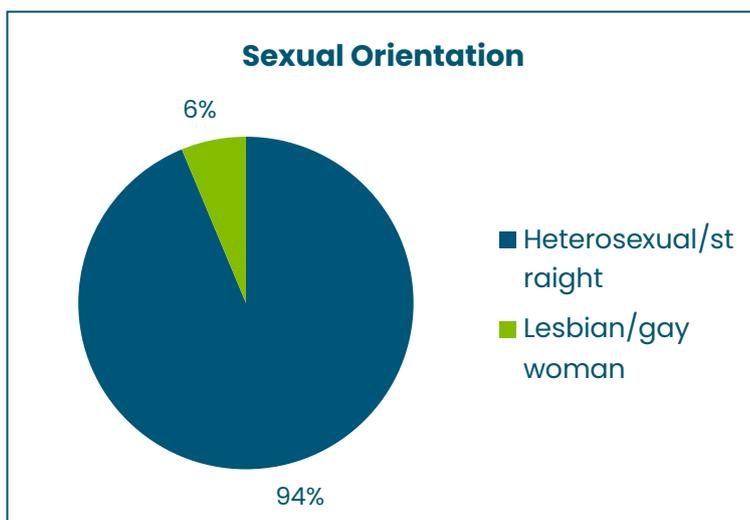
Combining the two oldest age groups. The majority of respondents (60%) were aged 65 years and over.



Sexual Orientation

94% of respondents identified as heterosexual/straight and 6% as lesbian/gay.

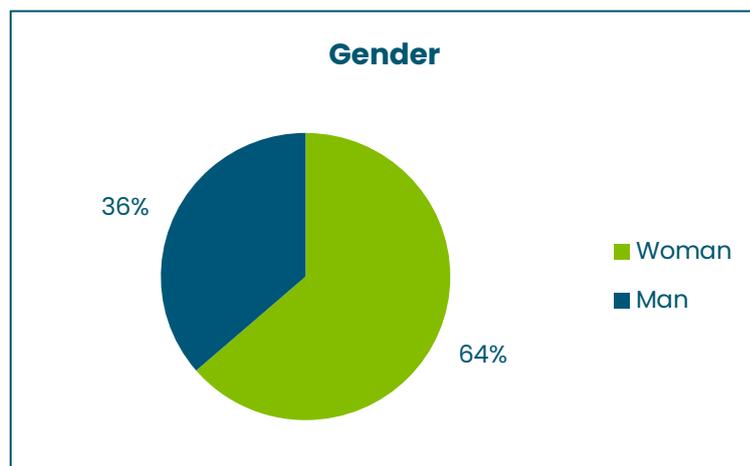
Other options were available, but not selected.



Gender

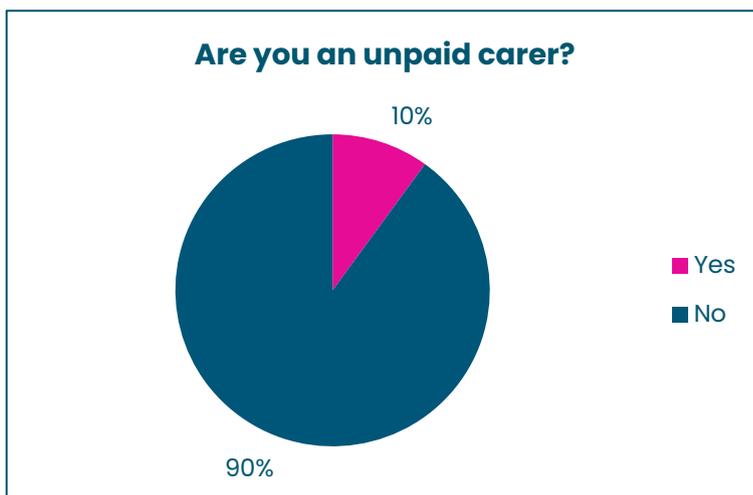
64% of respondents identified as female and 36% of respondents identified as male.

Other options were available but not selected.



Unpaid carer

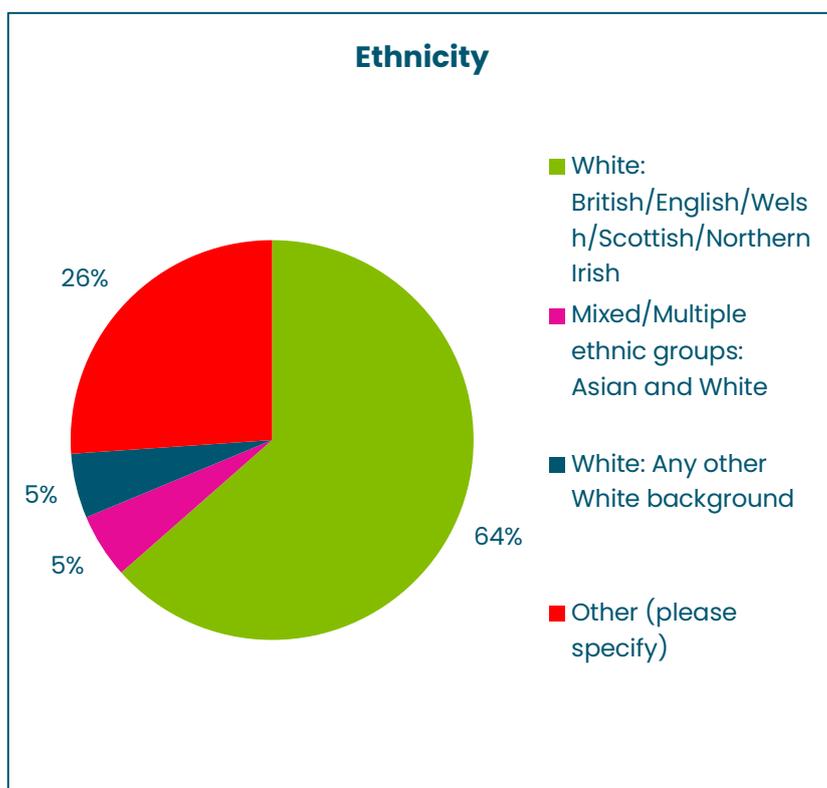
90% of respondents said there were not an unpaid carer and 10% of respondents said they were.



19 out of the 31 respondents (61%) answered the MSP ethnicity question

64% (12 respondents) identified as white: British/English/Welsh/Scottish/Northern Irish, 5% (1) as White: any other background, 5% (1) as mixed/multiple ethnic groups: Asian and White and 26% (5) as others:

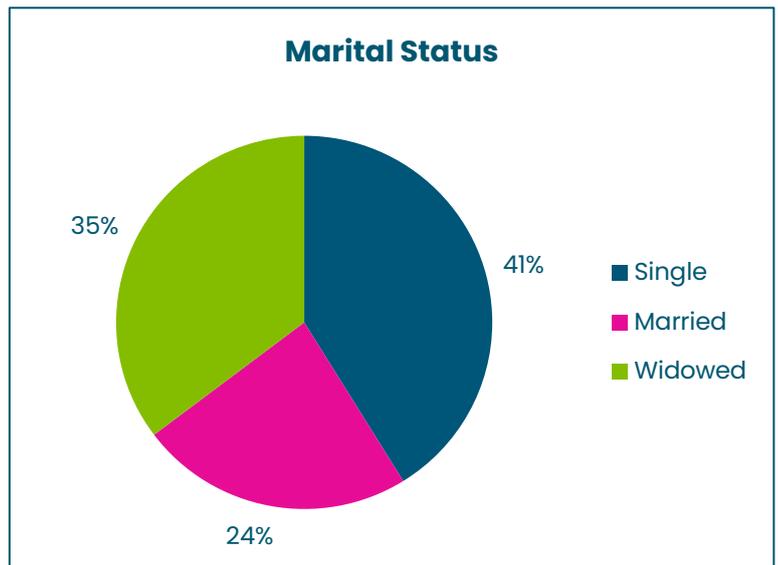
- Portuguese
- Irish/Middle Eastern
- Mediterranean
- White Italian
- West Indian English.



Marital Status

From our respondents 41% said they were single, 24% said married and 35% widowed.

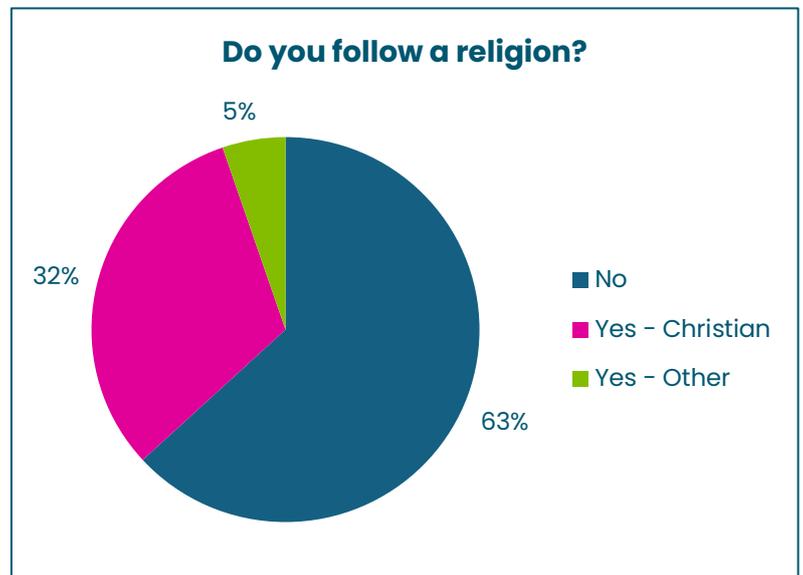
Other options were available but not selected.



Religion

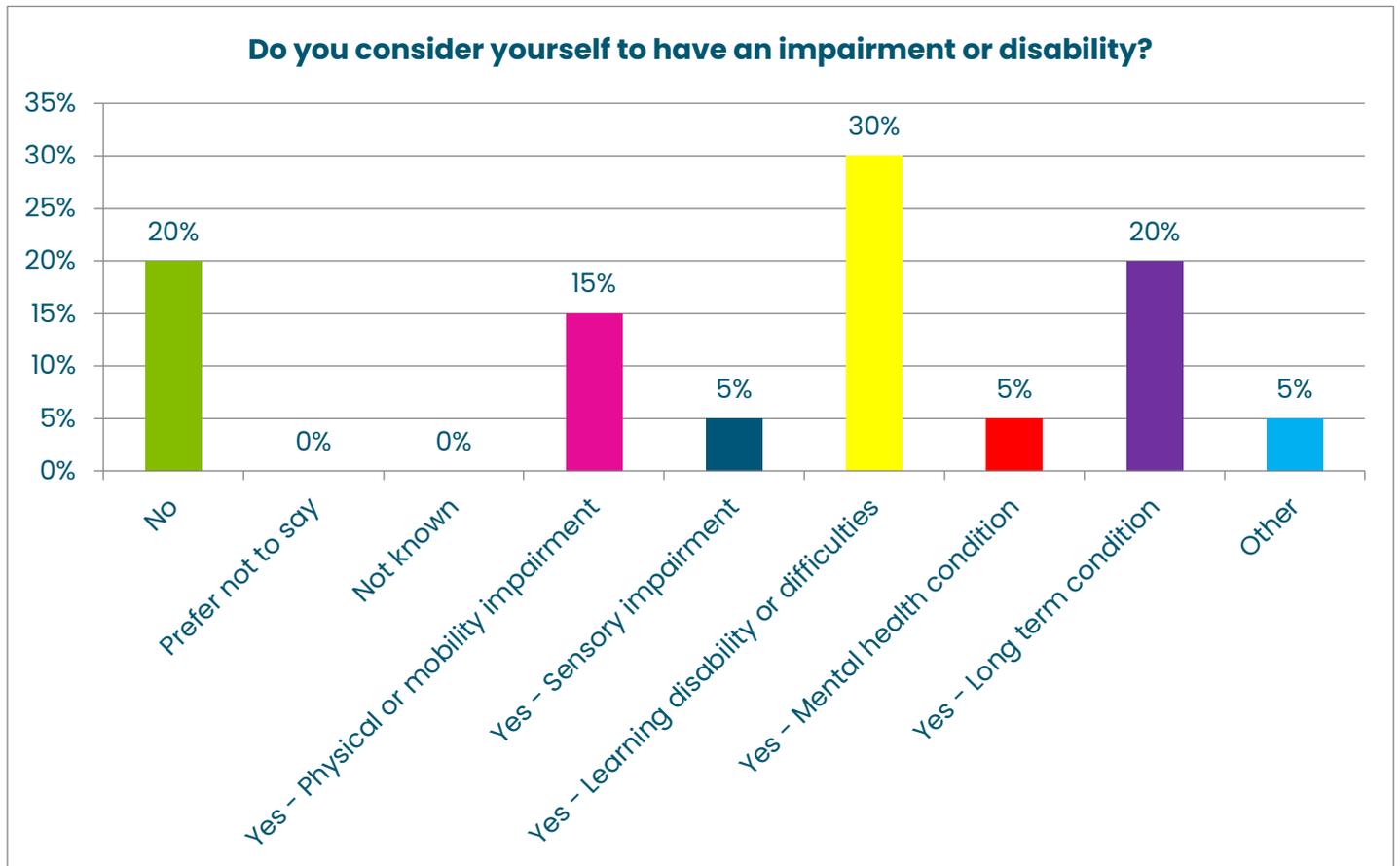
Our respondents said that 63% did not follow a religion, 32% said they were Christian and 5% chose other.

Other options were available but not selected.



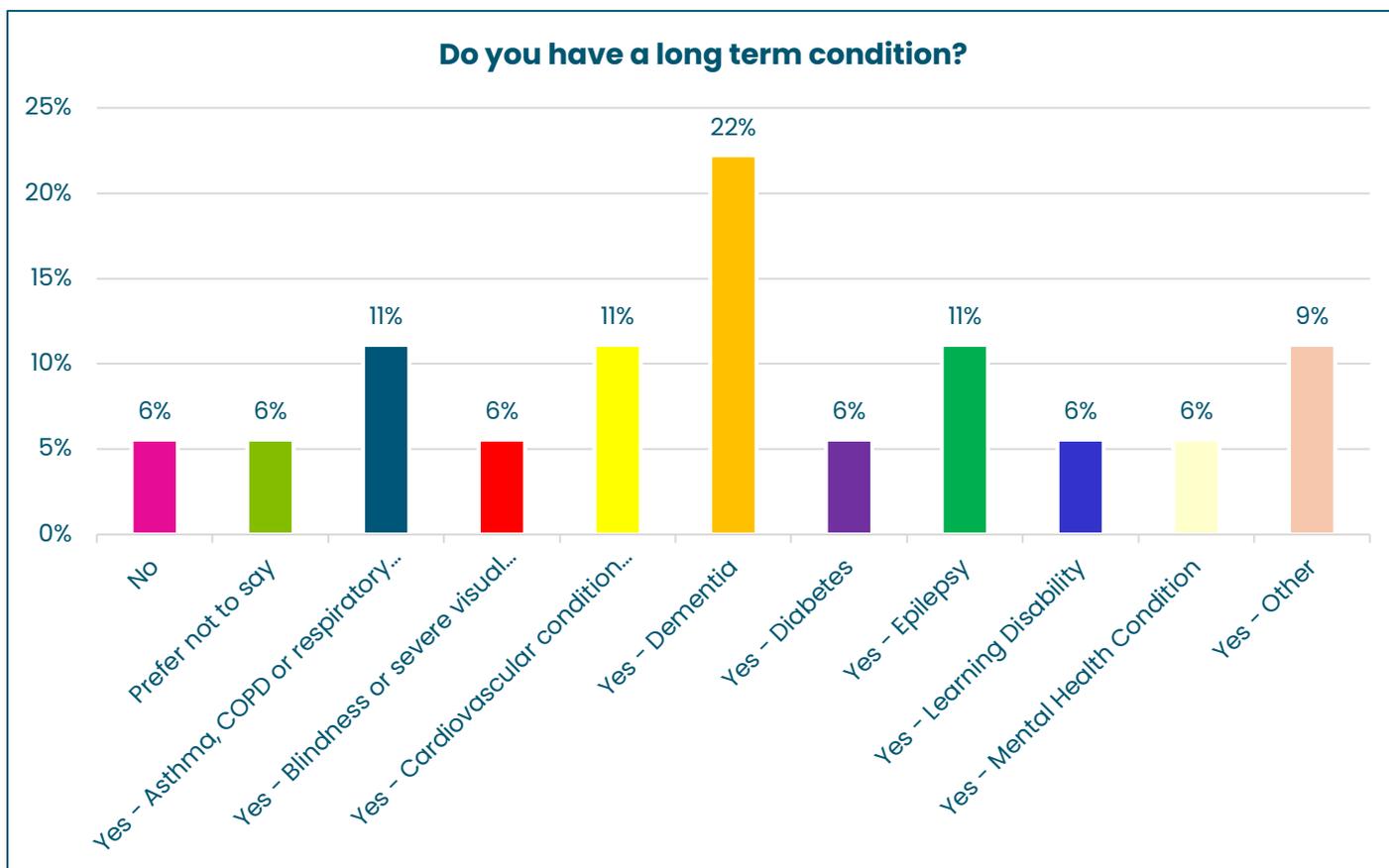
Disability

20% of our respondents said they did not consider themselves to have a disability, 15% had a physical or mobility impairment, 5% had a sensory impairment, 30% said they have a learning disability or difficulties, 20% living with a long-term condition and 5% other (no details were provided).



Long-term conditions

The survey allowed respondents to select more than one option to allow for multiple diagnosis. 6% of respondents said they did not have a long-term condition, 6% preferred not to say, 11% said asthma, COPD or respiratory, 6% blindness or severe visual impairment, 11% cardiovascular condition, 22% dementia, 6% diabetes, 11% epilepsy, 6% learning disability, 6% mental health condition and 9% other.



Demographic observations

From the demographic information, Healthwatch Kingston notes that 88% of respondents consider themselves to have a long-term condition (12% said 'no', or preferred not to say), with dementia being the highest reported long-term condition. 80% of respondents said that they have a disability with 'learning disability' as the highest reported condition. 60% of respondents said they were aged over 65.

13. Thank you and next steps

Healthwatch Kingston would like to thank all participants, their families/friends and advocates for taking time/helping someone to complete this Making Safeguarding Personal survey 2023-24. We are unable to include all feedback in our report. Healthwatch Kingston do raise concerns separate to this report in meetings with senior staff from Kingston Adult Social Care.

We would also like to thank [Kingston Council](#) staff for their support establishing and continuing to support the Making Safeguarding Personal Project.

[Healthwatch Kingston](#) will share this report and recommendations with members of the [Kingston Adult Social Care](#) team, the [Kingston Safeguarding Adults Board](#) and we will also publish this report on our [Healthwatch Kingston website](#). In addition, we will share the report with [Healthwatch England](#), who will use our anonymised report findings to inform their national work. We will also share with the London Safeguarding Adults Board and [London Safeguarding Voices](#). Your information will be used and stored for the purpose of this project, and in accordance with the [Healthwatch Kingston upon Thames' Privacy Statement](#) which can also be provided in paper form on request by email: info@healthwatchkingston.org.uk

14. Appendix – About Healthwatch Kingston

Healthwatch Kingston upon Thames was set up by the [Health and Social Care Act of 2012](#) to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers, and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with [Healthwatch England](#) and the [Care Quality Commission](#) who make sure that the government put people at the heart of care nationally.



Tell us what you think about the NHS and social care.

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